

**AN EVALUATION OF
DUTCH HUMANITARIAN ASSISTANCE
2000-2004
SUDAN CASE STUDY**

Final Report

**ETC UK Ltd
and
Project Design & Management Pty Ltd**

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List of Abbreviations and Acronyms

ACF	Action Contre le Faim
ASAP	Appeal for the Sudanese Assistance Programme
CAP	(United Nations) Consolidated Inter-agency Appeal
CDC	Centers for Disease Control and Prevention
CHAP	Common Humanitarian Action Plan
DFID	Department for International Development (UK)
ECHO	European Commission Humanitarian Office
EDM	Enfants du Monde
IDP	Internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
IGAD	Inter-governmental Authority on Development
IGGAD	Inter-governmental Group Against Drought
(I)NGO	International non-governmental organisation
IOB	Policy And Operations Evaluation Department of The Netherlands Ministry of Foreign Affairs
IRC	International Rescue Committee
LRA	Lord's Resistance Army
MSF-H	Médecins sans Frontières - Netherlands
NSCSE	New Sudan
OFDA	Office of US Foreign Disaster Assistance
OHCHR	Office of the United Nations High Commissioner for Humanitarian Affairs
OLS	Operation Lifeline Sudan
SC-UK	Save the Children - UK
SPLA/M	Sudan People's Liberation Army/Movement
SRRA/C	Sudan Relief and Rehabilitation Association/Commission
SV	Stichting Vluchteling/en
ToR	Terms of Reference
TSP	Transport Support Package
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
(UN)OCHA	United Nations Office for the Co-ordination of Humanitarian Affairs
WES	Water and environmental sanitation
WFP	World Food Programme

Glossary

Camp Management Project. Although guidelines exist for many technical activities such as water and sanitation and for camp construction, there has been a lack of guidance for the comprehensive management of camps. The quality of performance has varied between implementers. The Camp Management Project seeks to develop better practices.

Coping strategies. Coping strategies are the means by which people manage to survive difficult conditions. Classically, coping strategies have been investigated particularly in famines and in relation to food security but coping strategies will be used in the face of conflict or forms of violence. Some coping strategies, such as migration away from the source of the problem, may create more vulnerability.

(Humanitarian) Access. The ability to contact, aid and protect people in need. This may be restricted by insecurity, episodes of violent conflict, a lack of a suitable mode of transport, the difficulty of transport owing to wet season conditions, distance, the 'invisibility' of the people in need and a lack of cooperation, or even deliberate obstruction, for whatever reason, from *de facto* powers. Factors such as gender, health, age, knowledge and prejudice may be involved. Access is a two-way process: access by the needy and access by the agency.

Deng Principles. The United Nations Organisation *Guiding Principles on Internal Displacement*, UNOCHA, 1998.

Humanitarian action. Activities based on humanitarian principles such as those in the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non Governmental Organisations in Disaster Relief*. The prime motivation for humanitarian action is the alleviation of human suffering, which must be delivered on the basis of need alone and in accord with the humanitarian principles of humanity, impartiality, neutrality and independence. There is currently a debate about the links between humanitarian action and political objectives.

Humanitarian aid plus. The concept developed in the 1990s with the realisation that the satisfaction of beneficiaries' basic needs alone was not sufficient to secure a durable beneficial outcome from an emergency. It seeks to support progress to more developmental activities and may in itself be developmental. It may also link to political ends such as the promotion of peace and good governance. It is particularly relevant to the connectedness of humanitarian activities.

IDP. 'internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border' *Guiding Principles on Internal Displacement*, UNOCHA, 1998

Livelihoods. Means of creating a living based on tangible and intangible assets, in the form of capitals, which are: natural, human, financial, social, physical and political. The support of livelihoods is people-centred, prioritises assets and abilities to withstand shocks. The focus in livelihood support is on capabilities and strengths rather than needs. Transition from emergency must incorporate support for livelihoods.

Nutritional survey. A nutritional survey uses systematic measurements of samples of the population, particularly children, including height, weight and upper arm circumference. These are analysed in relation to age, sex and other factors. In acute nutritional emergencies the population is likely to show wasting. Chronic malnutrition leads to stunting.

Peace Process. In 1993 IGAD started attempts to create peace in southern Sudan. The Declaration of Principles was signed in 1997. The Netherlands strongly supported the process through diplomatic activity. The Naivasha Peace Accord in September 2003 marked the end of major conflicts in the south. The Comprehensive Peace Agreement was signed between The Government of Sudan and the SPLM/A in Nairobi in January 2005. It was widely believed that support for this peace process diverted attention from the Darfur conflict.

Protection. Activities aimed at fully respecting the rights of individuals in accordance with the letter and spirit of the relevant bodies of international human rights, humanitarian and refugee laws constitute protection. It entails provision of material humanitarian aid and services and protection against various forms of violence. A properly functioning state, *ipso facto*, protects its citizens; hence, humanitarian assistance directed towards reinforcing, or enabling the rehabilitation of a state is protective activity. Protection thus entails diplomatic action as well as provision of assistance. The protection of humanitarian agents is defined as security. Protection is a recurrent theme in the Deng Principles but the extent to which, and the manner in which, agencies should involve themselves in advocacy against violence is contentious on the grounds that it may contravene neutrality.

Refugee. A refugee is 'a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.' 1951 *United Nations Convention relating to the Status of Refugees and its 1967 Protocol*. There are currently about 500,000 refugees from southern Sudan and 200,000 from Darfur.

Reproductive health. In crises such as those in Sudan there has been increasing emphasis over the last decade on: safe motherhood, family planning, sexually transmitted infections, HIV/AIDS and gender-related violence. The last of these has been a major issue in Darfur. Reproductive health is an issue of both human rights and public health.

Returnee. A former refugee or IDP who has returned, in this report, to the part of Sudan in which they formerly lived. In some cases this is notionally their home area because they may in fact have been born elsewhere: some twenty year old 'returnees' from Khartoum to southern Sudan were born in informal settlements near Khartoum. Many of the returnees to southern Sudan were previously near Khartoum. Increasing numbers of IDPs returned to the south from early 2003. Some returnees are prosperous and have their own transport, money and material goods; many more, however, are destitute and have to walk much of their journey.

Refugees from Uganda and Kenya have been returning since 2000, though numbers are now increasing. There are still about 500,000 southern Sudanese outside the country as refugees. Most returnees need some humanitarian assistance while reintegrating. Netherlands aid has been used in the support of returnees to southern Sudan. If they are returning after a long period they also need to re-establish their entitlements. Many returnees, having become accustomed to a quasi-urban lifestyle settle informally in existing urban areas like Rumbek but without a basis for a sustainable livelihood. Numbers are uncertain but the report accepts

a figure of 4,500,000 probable returnees to southern Sudan by the end of 2007. The Government of Sudan is very strongly encouraging these returns. Eventually some 2,000,000 will return to Darfur.

Security. The report uses two meanings that are clear from the contexts: first, the safety of individual humanitarian personnel/agencies, and second the general issue of safety and accessibility in various levels of violent conflict. Agencies withdraw humanitarian personnel if insecurity increases. Both have been a recurrent problems in Darfur. UNOCHA advises on security and produces maps of Security and Access.

Victim. It is possible that returnees, IDPs and local people may be perceived purely as victims of their stressed situations. In conflicts, droughts, food emergencies, and epidemics they may in fact be victims, but the label gives a misleading impression of impotence and passivity. Investigations of livelihood strategies and people's management of their own lives permit a more balanced view.

Vulnerability. The product of circumstances that put people at risk: a reflection of their personal and/or communal insecurity. Vulnerability is determined by, for example, poverty and being forced to live in hazardous locations. The level of vulnerability varies in time and space, with specific vulnerabilities relating to food, water, habitat, gender, ethnicity and age.

Chapter 1 Main Findings and Issues

1.1 Introduction

This evaluation was commissioned by the Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs (IOB). It covers humanitarian aid provided by The Netherlands for Sudan in the period 2000-2004. During this period Dutch humanitarian aid amounted to € 99,638,454, some 8.6 per cent of the € 1.155,250,114 provided by the international community for the Appeal for the Sudan Assistance Programme (ASAP) during the same period. About 65 per cent of The Netherlands funds were via the multilateral route and 35 per cent through NGOs: eighteen per cent was to Dutch NGOs and one per cent via the Netherlands Red Cross. Approximately half of the Dutch contribution was for 2004 and in response to the events that had started in 2003 in Darfur and Chad. From 2000 to 2003 the Dutch contribution, which was largely focused on southern Sudan, had been gradually reducing. To the extent possible, the agency activities that specifically used Dutch funding were investigated.

The Netherlands interventions investigated in detail were channelled through ten agencies: five in southern Sudan and five in Darfur and Chad. In southern Sudan, the interventions were United Nations Children's Fund's (UNICEF) multi sector efforts, including co-ordination of Operation Lifeline Sudan (OLS), Save The Children's Fund, United Kingdom (SC-UK) interventions in both health and water as well as their animal health interventions, Stichting Vluchteling's (SV) intervention, through the International Rescue Committee (IRC) in water and sanitation and the psychosocial care programme of EDM. In Darfur, the interventions were World Food Programme (WFP) co-ordination and delivery of food, Action Contre le Faim (ACF) food aid and Médecins sans Frontières - Holland (MSF - H) medical care. In Chad, The Office of the High Commissioner for Refugees' (UNHCR) multisector refugee work, supported by the Netherlands Red Cross through the IFRC's (International Federation of the Red Cross and Red Crescent) refugee camp management, and WFP's emergency food programme and humanitarian air service activities were investigated. The evaluation is not of the implementing agencies as such but investigates the use of Netherlands' funds against humanitarian evaluation criteria.

The lack of security was a constraint on the evaluation in Darfur and southern Sudan. In consequence some locations could not be visited where interventions took place. A further limitation was the lack of documentation for some interventions.

1.2 Findings

1. The Dutch supported interventions were appropriate

The Netherlands decisions on the funding of activities were based on information from the Netherlands Embassies in Khartoum and Nairobi, from the UN system, other donors and from the agencies that they chose to support, all of which had previous presence in Sudan, in most cases in the areas of operation. They were all agencies with which the Ministry of Foreign Affairs had experience of working. The decisions to support were well founded in sound information that demonstrated an understanding of the different humanitarian crises in Sudan, the linkage between them and the need to tailor specific responses to the individual challenges thrown up by each crisis.

In general, the activities were relevant, efficient and effective although attention must be drawn to the high cost of interventions because of transport distances, poor infrastructure and seasonality. Questions still arise, however, about the co-ordination of the intervention by the implementing agencies, coverage against patterns of need and timeliness of interventions when crises arise. These questions are not unique to the Netherlands experience but are of concern system wide in humanitarian aid delivery.

2. The Peace Process in southern Sudan was both an opportunity and a threat

Within southern Sudan progress in the Peace Process, albeit with reverses in 2002, encouraged transitional activities and progress towards development, though there was a continuing need for emergency responses. Donors' concern to maintain the momentum of the Peace Process in the south contributed to an unwillingness to raise the issue of humanitarian abuses in Darfur with the Government of Sudan and acknowledge the severity of the humanitarian needs there. This led to some delay in the international response to the humanitarian emergency, though The Netherlands was among the quickest to respond both through humanitarian aid and diplomatic actions.

3. The Netherlands humanitarian response was paralleled by appropriate diplomatic actions

In southern Sudan the Ministry of Foreign Affairs continued the humanitarian responses through OLS that had been used during the 1990s, but with increased attention to the issue of diversion of aid to support the SPLM. There were in fact two Dutch responses to the prolonged humanitarian emergency: first was the direct humanitarian response through OLS. This included increased transitional activities as the improved security situation allowed. Parallel to this was continued and active support to the Peace Process. The two Ministry of Foreign Affairs activities were, advisedly, carried out separately. In Darfur the diplomatic response was separate from but supported the humanitarian aid. Diplomatic action, in association with that of a number of other donors, sought to reduce the level of conflict, improve access and reduce humanitarian outrages. Humanitarian responses focused on support to the satisfaction of immediate needs.

1.3 Issues

The issues of co-ordination, timeliness and coverage come together to raise issues of gaps in activities: these gaps occur at the beginning, during and after the crises. At the beginning, there was a gap between the knowledge of the magnitude of the crises, in both Darfur and Chad, and the interventions although wide scale famine was prevented. During the Darfur and Chad crises, there was a gap between available resources and the number of agencies to effectively deliver action on the ground, particularly in Darfur – lack of humanitarian staff capacity, rather than lack of funding, was the key problem. Most importantly, there is a gap, which will have to be addressed by building local capacity for delivery, between the end of the crises and a future return to an unknown development path, not least for an estimated 6.5 million returning refugees and internally displaced persons (IDPs).

The present repatriations and returns of IDPs in southern Sudan and the future returns of Darfur IDPs and refugees from Chad will make it necessary for renegotiation of previous entitlements within new systems of governance if livelihoods are to be restored and unsupported urbanisation avoided. Many will not be able, or will be unwilling, to return to

their previous rural livelihood systems. Many of the younger ones, especially from southern Sudan, have never known a rural livelihood. For a number of reasons the displaced have lived, and will live, an urban or quasi-urban life for a number of years and have been unable to continue a land-based livelihood. On their return, it has already been noted that southerners have tended to look to an urban lifestyle rather than return to their place of origin: this is also likely to be the experience in Darfur. It would be advisable to avoid the development of informal settlements of people without the basis of a livelihood, but if such settlements are to develop, there should be an appropriate system of governance.

If returnees are to be enabled to return to rural areas it will be necessary to renegotiate entitlements in the areas to which they return. This will require the rehabilitation of agricultural production and other rural based income generating activities supported by donors, international financial institutions and appropriate UN agencies. But the scale of the return to rural livelihoods entails a large-scale reorganisation and strengthening of the system of governance. This strengthened system of governance will be more equitable and effective if in a pluralist mode supported by donors and appropriate international agencies. The United Nations development Programme (UNDP) is probably the most appropriate UN agency to undertake such a programme. In rebuilding after the crises it is better to continue in a model of humanitarian aid plus rather than substantially move to traditional development aid mechanisms.

Chapter 2 Introduction to the Sudan Evaluation

2.1 Background

The IOB is responsible for evaluations of Dutch foreign policy. Its current evaluation programme includes an evaluation of Policy Article 3: Humanitarian Assistance. The focus of the evaluation of humanitarian assistance is twofold. It entails a comprehensive analysis of the humanitarian assistance policy of The Netherlands and the ways in which the administrative and managerial procedures have been established and are being implemented, as well as an empirical analysis of a sample of completed and ongoing humanitarian assistance activities in recipient countries, where a wide range of implementing agencies have been funded wholly or in part by The Netherlands. One of the cases for evaluation is Sudan.

2.2 Purpose

The purpose of the Sudan evaluation was to carry out an independent assessment of the results of Dutch humanitarian assistance in the period 2000-2004. The evaluation focused on the implementation and results of humanitarian activities supported by The Netherlands, as well as a review of Dutch humanitarian policy and administrative procedures for its implementation in Sudan.

By providing an account of the humanitarian support, the evaluation will provide lessons for policy and programme improvement. It examines the relevance, effectiveness and efficiency of the support, notably in terms of connectedness, coherence and co-ordination. Security, protection and access will also be examined, so, too, will the possibilities for the transition to more developmental forms of support.

A number of other activities, relevant to the Ministry of Foreign Affairs' activities, particularly relating to diplomatic activity are relevant to the humanitarian situation and humanitarian aid. These include advocacy, lobbying, human rights, the securing of humanitarian access through political activity, directly protective activities, for example through military action. At various points these are mentioned but no attempt is made to evaluate them. They are relevant to humanitarian actions but as policy issues they relate to other fields.

2.3 Main Evaluation Criteria

The following evaluation criteria and main questions are covered by the evaluation.

Relevance

Was the humanitarian assistance provided to Sudan in line with the humanitarian policy and procedures of The Netherlands, as well as the needs, priorities and rights of the affected populations?

Effectiveness

To what extent did the humanitarian assistance provided to Sudan achieve its purpose?

What have been the wider effects of the Dutch humanitarian interventions in Sudan?

Efficiency

Were the financial resources and other inputs efficiently used to achieve results?

Connectedness

To what extent have the humanitarian activities taken into account the specific context in Sudan with its longer-term and interconnected problems?

Coherence

Are humanitarian policy and programming at field level coherent with those of other actors?

Co-ordination

How effective has policy, strategic and implementation co-ordination been?

2.4 Methodology

The broad methodology was in three parts:

- The response to the main evaluation questions laid out in the Terms of Reference (ToR) by the evaluators was to try to grasp the logic of the evaluation purpose including the incorporation of four sectoral cross cutting issues.
- The logic of the actual actions was captured, however crudely, in a logframe analysis of Dutch interventions against the evaluation questions.
- A draft checklist was drawn up of field questions, which, while seeking quantitative information, allowed open ended discussion with respondents. The logic, logframe and response to the evaluation questions were detailed in the original bid proposal.¹

Interview schedules were established. For headquarter staff which, together with a detailed reading of the files provided by the Ministry of Foreign Affairs, allowed the production of an inception report.² This report allowed the evaluation to decide which data and respondents should be addressed.

The study required a combination of evaluative strategies and methods. Quantitative and qualitative data had to be collected through analyses of written material and field studies. Fieldwork involved a variety of methods, including stakeholder consultation and participation, as well as the involvement of beneficiaries.

Desk analyses of existing documentation and available data took place at the premises of the consultancy firm. Field studies were conducted in Khartoum, Nairobi, southern Sudan, Darfur and Chad.

¹ ETC UK and Project Design and Management Ltd (2005) An Evaluation of Dutch Humanitarian Assistance 2000-04: Sudan Case Study. The Hague, April 2005. Mimeograph.

² *ibid.*

A team of evaluators from the Dutch Ministry of Foreign Affairs provided oversight and guidance during the implementation of the case study; they provided significant input with interviews in both Khartoum and Nairobi of Netherlands Embassies and UN lead organisations.

During the course of the case study, the following outputs were produced: an inception report, proceedings of interactive feedback of initial evaluation results through in-country seminars/workshops and final report. Detailed interview transcripts were made after the interview process.

2.5 The Evaluation Process

The evaluation was broadly in five phases:

- Response to ToR bid documents (April, 2005).
- Inception report including detailed commentary on project documents and summaries of headquarter interviews (May, 2005).
- Fieldwork in Chad, Southern Sudan and Darfur coupled with interviews of key players: triangulation of results against embassies, agencies and International NGOs, (I)NGOs not part of this evaluation (June-July, 2005).
- Write-up of individual agency interventions and agency feedback (July-August, 2005).
- Draft report (September 2005).
- Final report (December, 2005).

2.6 Scope of the Evaluation

The evaluation of Dutch humanitarian assistance to Sudan consists of a sample of completed and ongoing humanitarian assistance operations in southern Sudan, as well as in Darfur and Chad (see Annex 4). The activities to be covered by field analysis have been selected on the basis of an inventory of activities. The selection represents a cross section of sectors and organisations involved in the implementation of humanitarian activities (UN, IFRC, international NGOs and, where appropriate, local NGOs). The selection is not statistically representative, but provides a sufficiently illustrative sample of humanitarian activities supported by The Netherlands.

It should be noted that activities other than humanitarian, undertaken or supported by The Netherlands, for example, support for peace-keeping forces or diplomatic interventions, were not evaluated. Attention was paid to effects of humanitarian assistance on the emergency situation and conflict.

2.7 Limitations of the Evaluation

This evaluation focuses on activities of a range of humanitarian agencies. It is not an evaluation of individual agencies *per se*.

It seeks to treat Sudan as a whole although, in the generation of the crises, significantly different factors, including political and diplomatic ones, influenced the course and resolution of these crises in Southern Sudan, Darfur and Chad. It is difficult, therefore, to address universal questions when context is so specific.

Accessibility because of political restrictions, as in Chad, because of emergency conditions, as in Darfur or because of distance, as in southern Sudan, raised problems of the coverage of interventions. In the event, no interventions were visited in Upper Nile Province as distance, cost and time indicated more in depth study in Bahr El Ghazal was more appropriate. The Limited documentation of events in 2003-2004 and inability to interview humanitarian workers who had been involved directly in the field at that time were limitations in Darfur and to an extent in other locations.

The activities specified in the ToR were those implemented during 2003-2004; where appropriate earlier activities, particularly in 2000-2002 are examined and assessed. Where appropriate reference is made to activities and events in 2005. By the time of the evaluation in June 2005, the threatened famine in Darfur had been averted, the refugee camps in Chad restructured and the peace process was encouraging refugees and IDPs to return to southern Sudan. The 2005 context was significantly different from that of 2003-2004.

The broader policy issues, beyond humanitarian assistance, were treated as contextual ones but they necessarily inform the evaluation; no evaluation judgement is attempted on these contextual issues.

2.8 The Context of the Evaluation

There were a range of issues that informed the evaluation process but were not the focus of the evaluation; these are contextual issues which are touched upon but where no judgement is forthcoming. The first of these is the size of the total humanitarian effort at a global level; other wars, particularly Afghanistan and Iraq but including the rehabilitation efforts in Kosovo, continue to dominate humanitarian aid budgets making crises in Africa seem to be of secondary importance. The second contextual issue is the African agenda, as covered, for example by the Africa Memorandum, particularly the drive for poverty alleviation and improvement of good governance. The governance issue impacts on complex emergencies in so far as western donors, including The Netherlands, seek to maintain the integrity of states in their present boundaries, to retain the sovereignty of existing governments and to help negotiate peace as the overriding agenda in any African complex emergency. The third contextual issue is a largely unspoken but generally acknowledged agency response to Netherlands humanitarian aid, where roughly The Netherlands Government picks up ten per cent of the humanitarian assistance bill and does so while not specifying (non-earmarked) the use of the funds (The Netherlands' Red Cross were explicit on this point and both the Nairobi and Khartoum Embassies indicated that was about their contribution to western government aid: obviously the aid effort is larger than that of western government donors with substantial monies raised from western private donations to international non-governmental organisations (INGOs) and with untold funds coming from Islamic charities). A fourth

contextual issue is the issue of IDPs,³ where The Netherlands, like other western donors, subscribes to the Deng Principles but in practice finds that IDPs are hard to access and that a solution to the IDP problem lies in political negotiation, rather than the provision of material supplies. A fifth issue is that The Netherlands relies on a global humanitarian response system headed up by the UN and supported by INGOs through which Netherlands humanitarian assistance is implemented, even though it is difficult to control, from a Netherlands perspective, the mission and purpose of those agencies. Finally, in the context of Sudan, Netherlands policy is clearly based on an understanding that they are permanent chronic conditions of underdevelopment, which require some form of humanitarian assistance not least because they peak to acute crises because of war or natural disaster.

³ The report discusses IDPs at several points. Data used in the report are based on a number of differing figures from various agencies. This report uses the figures of 1.8 million IDPs in Darfur. It also uses a figure of 4.0 million southern Sudanese IDPs. Some 700,000 refugees were located in other surrounding countries, including, 200,000 Darfuri refugees in Chad. Therefore the number of potential returnees assumed in the report is 6,500,000.

Chapter 3 The Context of Interventions

3.1 Sudan: a geographical outline

Sudan, the largest country in Africa, with an area of 2,505,810 square km, has a population estimated at 40,187,486 in 2005⁴ and with a still high growth rate of 2.6 per cent per annum. The median age of the population is 18 years and 43 per cent are under 14 years. In 2005 the estimated crude birth rate has fallen to 35 per thousand and the crude death rate is nine per thousand. The infant mortality rate is 63 per thousand live births. Life expectancy at birth is now 59 years. The total fertility rate of 4.9 children per woman in 2005 has fallen from 6.0 per woman in 1995. All the above data conceal big regional differences within Sudan; as a generalisation conditions are more favourable in the core area of central northern Sudan than in the peripheral areas of the south and west. While these data describe the context in which interventions are made they also in themselves constitute an important component of the crisis addressed by Dutch humanitarian aid. Map 1 shows the location of Sudan and the remoteness from seaports that made the importation of materials slow and expensive. This remoteness and inaccessibility contributed significantly to the delay in establishing satisfactory responses to the emergencies in Darfur and Chad and was a justification for Dutch investments in transport and communications.

Climates and ecosystems in Sudan vary from hot desert in the north through semi desert and savannah to open forest in the far south with some moist tropical mountain forest in higher areas of the south. Rainfall and its seasonal variability are critical climatic variables influencing both livelihoods and humanitarian actions. Livelihood opportunities, food production and health are strongly linked to rainfall. Droughts, floods and biological phenomena such as locusts and human and animal diseases are hazards linked to rainfall and are components of the current crises. Food insecurity and famines have been linked to these hazards, most notably in the late 1990s, but also in the period evaluated, though various forms of conflict have created food insecurity either directly or combined with other hazards.

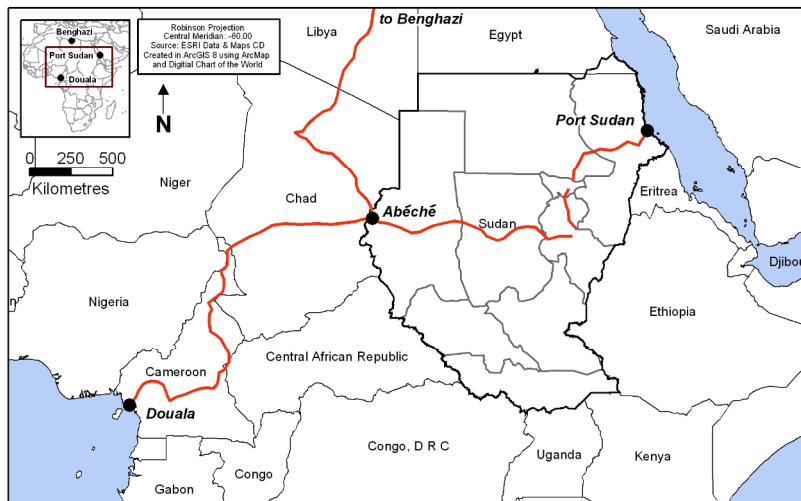
In 2001 the prevalence rate for HIV/AIDS amongst adults was 2.3 per cent and some 400,000 were then living with HIV/AIDS. Major water- and food-borne diseases are bacterial and protozoa diarrhoeas, hepatitis A and typhoid. Malaria, dengue and trypanosomiasis are locally endemic. Schistosomiasis is a widespread water-borne disease and meningitis epidemics are common.

The largest ethnic groups are black Africans (52 per cent and mainly in the south), Arab⁵ (39 per cent and mainly in the north) and Beja (six per cent and mainly in the east). Major religious groups are Sunni Moslem (70 per cent and mainly in the north), while indigenous belief systems (25 per cent) and Christianity (5 per cent) predominate in the south.

⁴ This figure, given by CIA, contrasts with a figure of slightly under 33 millions provided by UNDP in the 2004 Human Development Report. In fact there has been no systematic census for several decades.

⁵ Strictly speaking the categorisation as 'Arab' is inaccurate, though it is widely used. In fact the only true Arabs are the Rashaida in eastern Sudan, who are now in conflict with the Government. Many of those identified as 'Arab' are almost indistinguishable physically from those described as 'black African'. The latter are physically and culturally very diverse.

Map 1: Land Access Routes for Darfur and Chad



According to the World Bank Country Brief, Sudan has a rich potential for development but is one of the poorest countries in the world. It is 138th of 175 countries in the UNDP Human Development Index; there is widespread poverty and in 2001 there was an average per capita income of \$340. In 2004, 40 per cent of the population lived below the poverty line of one dollar a day.

An indication of the lack of development is that the country has only 4,320 km of surfaced roads. Indicators of human development are below average for sub-Saharan Africa; for instance the average enrolment rate in primary education is about 58 per cent; but in some states, particularly in southern Sudan it is below 20 per cent. Similarly, though under-five mortality in Sudan has declined from 123 per 1000 live births in the early 1990s, in some areas, particularly those affected by war it is still very high. In fact, data for Sudan People's Liberation Army/Movement (SPLA/M) controlled areas tends to be omitted from Sudan data: conditions in SPLA/M areas tend to be worse than the rest of Sudan. As an example Department for International Development (DFID)⁶ reports that while under-five mortality was 105 per 1000 in the north during the late 1990s, it was 145 per 1000 in the south.

The same DFID report identifies factors underlying poverty in Sudan; these include:

- The effects of civil conflict such as displacement, damage, military spending
- Inadequate access to systems of justice
- Widespread human rights abuses
- Weak civil society
- Governance targeting benefits to elite groups and the economic core area
- Low social spending
- External debt
- Dependence on agriculture
- Proneness to natural disasters

⁶ DFID International Development Country Engagement Plan for Sudan 2004

Gross domestic product in 2004 was growing at 6.4 per cent, though from a low base. This increased rate was achieved partly because of the export of oil, which started in 1999, the year in which Sudan had its first trade surplus. Oil exports of 275,000 barrels a day in 2004 were then at four times the level of home consumption. Sudan is a Heavily Indebted Poor Country with about \$21 billions of external debt in 2003 but should be able to apply for debt relief.

The Government is preparing an Interim Poverty Reduction Strategy Paper with assistance from UNDP and the World Bank. After ten years without aid from the World Bank, the latter is starting to provide technical assistance in the Nile Basin Initiative, irrigation sector reform and the social sectors.

The Sudanese economy is still based on agricultural production, which occupies 80 per cent of the workforce and provides 39 per cent of gross domestic product. Rainfall variability is a big problem though. Major agricultural products are: cotton, groundnuts, sorghum, millet, wheat, gum Arabic, sugar cane, cassava, mango, papaya, banana, sweet potato, sesame and livestock. Sixty four percent of Sudanese exports are to China and 14 per cent to Japan.

3.2 The Origins of Humanitarian Crises in Sudan

The humanitarian crises in Sudan are many-dimensional and complex. They have been created by some of the environmental hazards mentioned above but also by interactions between these environmental factors and cultural, social and political-economic conditions. The direct and indirect effects of different types of violent conflict compound the environmental and socio-economic and political problems. Because these inter-relations are complex appropriate responses also need to be wide-ranging, incorporating a range of activities beyond the humanitarian assistance that is the object of this report. Some of the emergencies, as in Darfur, are acute while others, as generally in southern Sudan, are chronic and allow the incorporation of transitional activities.

In common with many humanitarian crises, those in Sudan, even some of the apparently straightforward environmental components, have their roots in history. The Congress of Berlin, held in 1878, established the present borders, but the country was not successfully colonised until the defeat of the Mahdi in 1898. Egypt and Britain, having forestalled French ambitions in the region, finally established their rule over northern and central Sudan in 1899. In the south, the Dinka, Nuer and Azande people successfully resisted the imperium until 1930. This matters because the imperium began the transformation of tribal relationships in the interest of securing its own relations of power – a policy subsequently pursued by the Sudanese Government. Prior to the imperium, as in all nomadic pastoral and pre-feudal settled agricultural societies, loose ethnic and infinitely variable and negotiable relationships (sometimes violent) between groups were common. These relationships were modified by the new order into a rigid hierarchical and autocratic structure with clan chiefs and leaders, even where no hint of such arrangements had previously existed. An image of nationality derived from the European model was forced onto these ethnic groups.⁷ Such inter-ethnic tensions, for example between Nuer and Dinka have contributed to present crises but are certainly not the only factors.

⁷ Kurita, Yoshiko, 1994, 'The Social Bases of Regional Movements in Sudan, 1960s – 1980s' in *Ethnicity and Conflict in the Horn of Africa*, London: James Currey.

Civil Wars

A series of civil conflicts including the First Sudanese Civil War (1955-1972), the Second Civil War (1983-2005) and the Darfur Crisis (2003-present)⁸ are central to the humanitarian crises. These constitute Africa's longest running civil conflict and has been widely interpreted as an ethnic-based "clash of civilisations" in which the Moslem north has been in conflict with the Christian south. This is misleading and over-simple: in both southern Sudan and Darfur many on both sides of the conflicts are Moslem and in the south Christians are in fact a small minority of the population. The 'ethnic' contrasts particularly in Darfur are much less marked than has been presented in media reports.

In fact the conflicts are more accurately interpreted as those between the Khartoum-focused core of the state and the peripheral areas of the south, west and east: thus the conflicts have a common structure. It is noteworthy that much of the Sudanese army is now stationed in eastern Sudan, in an attempt to control a developing conflict there that particularly involves a minority group, the Beja.

This marginalisation of the peripheral areas is not a new phenomenon: attempts to control the periphery have been the norm for at least 400 years. Marginalisation was expressed in a continuing extractive relationship between core and periphery, most graphically expressed in the extraction of slaves, particularly, but not only from the south, to the Khartoum area and also to the outside world. Sudanese slaves 'Nubians' were exported to Egypt four thousand years ago. Slaves were later exported to Arabia and some to the Americas. The capture of slaves increased during the nineteenth century and continued until the colonial era when the British officially banned⁹ slavery in 1898.

During the Second Sudanese Civil War the capturing of slaves, particularly from Bahr El Ghazal started again. In this case unpaid militias, principally from the Baggara¹⁰ and said to be armed but not paid by the Government of Sudan, captured slaves¹¹ as war booty, just as they stole huge numbers of cattle to sell in the north. The Special Rapporteur to the Commissioner for Human Rights made several recordings for the UN Report on Slavery during the 1990s. In 1994 he mentioned "persistent reports and testimonies concerning the abduction and traffic of children practised in central and southern Sudan on a mass scale by...paramilitary units." In 1996 he declared that the army, the Popular Defence Front and militias were involved in abductions to the north, especially of children from the south and Nuba Hills.

Slavery, like other aspects of the extractive relation between centre and periphery is important in two ways: first it has characterised a very long history of exploitative interactions and second it has continued to be an element in the conflict, as has competition to control oil reserves.

⁸ In truth the period between 1972 and 1983 can better be seen as a cease-fire than peace, because the promises of the 1972 Addis Ababa Accords, which were intended to allow significant regional autonomy, were never honoured.

⁹ It was many years before this ban became at all effective.

¹⁰ They acted as guards for trains bringing supplies to the Wau garrison and raided areas around the rail track.

¹¹ There is considerable uncertainty about numbers. One agency claims to have freed 110,000 such slaves by purchase at \$35 each, other sources suggest perhaps 10,000 slaves captured in the 1990s. Some sources state that most are children, others that most are women and children. Jok MJ (2001) *War and Slavery in Sudan*, University of Pennsylvania Press. finds that many young men were captured from cattle camps.

Marginalisation was institutionalised in colonial times when the south and north were separately administered, the south being effectively excluded from economic development. Until the 1930s there was little effective control over the pastoralist areas of the Nuer and Dinka in the south. Like the other pastoralist areas of the east and west these have continued to be areas of local conflict over grazing and water resources between and within ethnic groups.

Characteristics of the Second Sudanese Civil war have included:

- Guerrilla fighting in the peripheral areas, initially mainly in the south but later in the east and then the west
- Up to four million IDPs within southern Sudan and displaced to the north, particularly around Khartoum. (the largest number of IDPs in the world in one country) There were also about half a million refugees.¹²
- Humanitarian supplies abused to support combatants, particularly in the south.
- Splintering of anti-government forces into different factions
- Linkages between different areas of conflict for example the SPLA becoming directly involved with the National Democratic Alliance in the east. In 2003 the latter group also formed an alliance with Darfur rebel groups.
- In the south the conflict for control of the oil resource generated intense local conflict.
- Local long-established traditional conflicts as between pastoral groups or pastoral and agricultural groups have been grafted onto the larger conflict.
- Conflicts with and within surrounding countries have also added to insecurity. The Lord's Resistance Army in Eastern Equatoria is one example and the Chadian dissidents in Darfur another but there have been conflicts with Ethiopia and Eritrea, all of which have fuelled the civil conflicts. Several of these frontier conflicts have been created deliberately as part of the Second Civil War.
- At times, super powers and other outside interests have been willing to support conflict in Sudan as proxy wars.
- At times other peripheral areas like the Nuba Hills and Southern Blue Nile have become involved in conflict.
- The diversion of resources from peaceful or development activities, the destruction of infrastructures, the deaths, injuries, dislocation and disruption associated with prolonged conflict have created a chronically underdeveloped state in which, malnutrition, poor health, low school attendance rates and the various facets of poverty reinforce and are reinforced by the effects of war.
- Towards the end of this civil war the links between the three peripheral areas of conflict: southern Sudan, Darfur and eastern Sudan, became stronger as the 'rebels' sought to develop alliances against the Government of Sudan. For humanitarian assistance there is a very significant link between the Peace Process in southern Sudan and the developing conflict in Darfur. Donors, in attempting to support the Inter-governmental Authority on Development (IGAD) Peace Process, avoided upsetting the Sudanese Government by not drawing attention to the Darfur conflict and human rights abuse there.

¹² The numbers are discussed below in this chapter.

Though the different conflicts have a common deep structure, each also has a distinctive history, ethnic, socio-economic characteristics and dynamics requiring different humanitarian and political responses.

3.3 Darfur¹³

Darfur, a semi-independent Sultanate until 1916, is a remote region in western Sudan almost six times the size of The Netherlands; its capital was El Fasher.¹⁴ (See Map 2 for locations in Darfur). The population comprises as many as 36 ethnic groups – the name, which means ‘the land of the Fur’ is Arabic and first appeared in 1664; although its rulers and much of the population were Arabs, ‘Fur’ referred to the ethnically and religiously varied black inhabitants. Despite the commonly held view that Sudan’s people are either ‘Arab’ or ‘African’, the distinction is by no means clear cut and people of all shades are to be found in either group. Similarly, the view that ‘Arabs’ armed, in the past, by Libya and the Chad insurgents, were simply out to dispossess ‘Africans’ is far too simple a conclusion. Prunier summarises the situation:

[T]hese clichés contained elements of truth and ... were ultimately false if the causative criteria were to be taken to be ethnic or cultural ... In fact the reality has always been both political and domestic. Successive governments in Khartoum, going as far back as the British, had never cared about Darfur. Independence had not improved matters and now that catastrophe had finally hit, the Nile Valley rulers were trying to set up two largely imagined and constructed communities against each other in order not to be seen as responsible for the neglect shown to both ... [T]he new ‘democratic’ government in Khartoum [that of Omar Hassan al-Bashir] was going to subject Darfur to even worse treatment than the Nimeiry dictatorship had done because it added passive incitement to racial hatred and active support for community confrontation to the neglect shown by the former regime (Prunier, 58).

In the past, both pastoralism and settled agriculture co-existed in the region with no greater quarrels between them than is common in any such history in the world.

The current violence began in the 1980s when Libya’s ambitions in Chad were extended to Darfur. Although most people in the region were Muslims, over 40 per cent were not Arabs and were alienated by Khartoum’s policies of Arabisation. This difficulty was augmented by disputes between settled farmers and pastoralists, often loosely described as strife between Fur and Zaghawa people. Subsequently, repeated drought and consequent famine, to which Khartoum had no effective response, increased alienation to a point of region-wide unrest. Both crops and livestock were diminished and very many men migrated in search of jobs; coping strategies were, thus, progressively eroded and depopulation led to drastic changes in the patterns of land-ownership; all these elements led to substantial instability.

Khartoum further muddied the waters by insisting that sporadic clashes in Darfur were a consequence of ancient tribal animosities, an assertion, as Gérard Prunier has pointed out, which is remarkably free of evidence. Leaders in the region replied by accusing Khartoum of systematic demographic engineering designed to secure assets. By 2003, fighting, which had

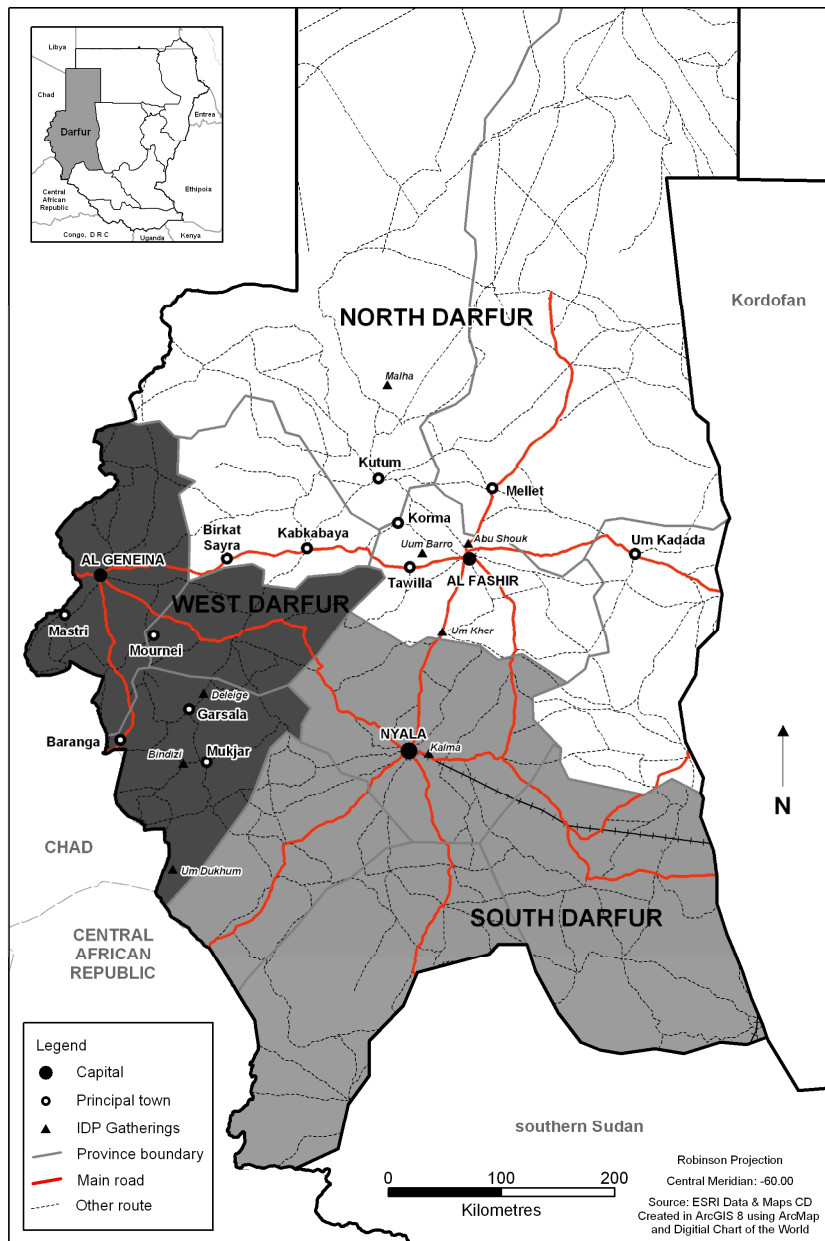
¹³ A timeline for events in Darfur is provided in Annex 2.

¹⁴ ‘Fasher’ means ‘palace’ and was founded by the Sultan Muhammad Tayrab in 1791 (Prunier, Gérard, 2005, *Darfur, the Ambiguous Genocide*, 15).

broken out between the two main opposition groups, the Sudanese Liberation Movement/Army and the Justice and Equality Movement, was added to by militia groups, backed by the Government of Sudan, and generally known as ‘Janjaweed’.¹⁵

¹⁵ ‘Janjaweed’, a word first coined in the 1980s, derives from ‘*jinn*’, which means ‘spirit’ and ‘*jawad*’ which means ‘horse’ and the word can be translated as ‘ghostly riders’ or as ‘evil horsemen’ (Prunier, xvi).

Map 2: Locations in Darfur



These militias are largely recruited from Arab pastoralists in Northern Darfur – an interesting example of a government increasing local hostilities by augmenting one side. Combined with existing strife, the Government sponsored attacks led to the displacement of about 1.2 million people and at least 50,000 deaths. Khartoum’s violence in the region is not simply misguided or malicious. It is a deliberate policy in exploiting the oil recently discovered in Darfur (Sudan’s oil corporation, ABCO, has begun drilling). The militias’ attacks were part of a

strategy to remove people from productive land and, latterly, from areas of possible oil production, thus avoiding awkward issues of human rights, and securing absolute control of assets.¹⁶

By mid 2004, of a total Darfur population of 4.5 millions, a large but unknown number had died either in violence or through disease or starvation. These are described as ‘excess deaths.’¹⁷ In March 2005 the Emergency Relief Co-ordinator estimated that 180,000 had died from hunger and disease during the previous 18 months; this figure, however, does not include violent deaths. The Coalition for International Justice¹⁸ estimated in April 2005 that, since February 2003, 140,000 had died violently and that the total of excess deaths was around 400,000. Numbers of displaced people also give a measure of the emergency. In September 2003 some 200,000 were internally displaced. By October 2004 there were 1,600,000 IDPs in Darfur,¹⁹ and 200,000 were refugees in Chad.²⁰ The total number of ‘conflict affected’ was 2.2 millions in September 2004. By August 2005 the ‘affected population’²¹ was recorded at 3,381,646²². In August 2005 the affected population were in 338 locations in Darfur. All of the IDPs were in need of assistance and it was anticipated that they would be so for at least a year²³. Most of the killed and displaced are Massalit, Fur or Zaghawa. Many of their home villages had been burned out in attacks by militias and, it is said, by the Government. Many IDPs have been forced to move from the bases of their livelihoods and were therefore in urgent need of basic survival goods and services. The crowded conditions in which they live, with inadequate shelter and provisions of basic needs for survival, mean that there is a huge and continuing need for the provision of relief supplies and services. There is also a continuing need for protection against violence. The difficulty and danger of securing access to the affected population has restricted the possibility of humanitarian intervention.

¹⁶ Sources: www.globalsecurity.org, www.alernet.org, www.crisisgroup.org.

¹⁷ Excess deaths are those beyond those anticipated in ‘normal’ circumstances

¹⁸ www.cij.org

¹⁹ Mengistu A and Christensen D (October 2004) Darfur Humanitarian Profile, Main Report OCHA

²⁰ This figure subsequently increased. Different authorities cited conflicting totals. A number, including OCHA, agreed on about 1.8 million IDPs in Darfur

²¹ ‘Affected population’ included those who had not been displaced

²² by HIC-Darfur

²³ Borton J and Erikson J (2004) *Lessons from Rwanda- Lessons for Today*, Danida.

3.4 Chad

Chad became involved in the Sudan emergency mainly as a refuge for some ten per cent of people displaced from their homes in Darfur: this percentage remained more or less constant throughout the emergency. A number of Chadians had earlier sought refuge in Darfur; their return to Chad has been of concern to the Chad Government, which fears that the Government of Sudan is attempting to overthrow it. From April 2003, Darfuri refugees began to cross the frontier into eastern Chad. Initially, they settled near the frontier and although some had money, animals and a small amount of food, many were destitute and unable even to make a shelter. While they were in the border area, they were at risk of attack from Darfur.

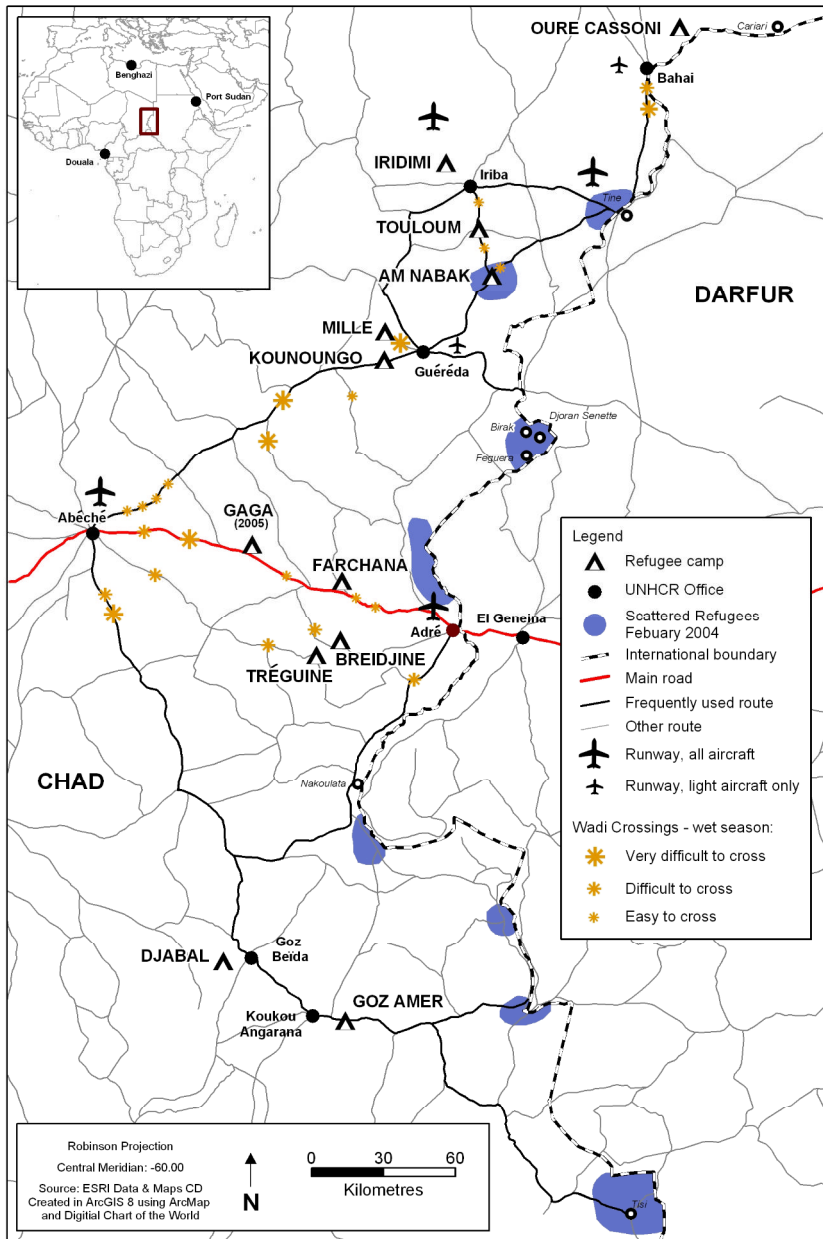
Chad has a population of 8.9 millions growing at an estimated 3.27 per cent – one of the highest in the world. The fertility rate is 6.5 and life expectancy 51.3. Eighty per cent live below the poverty line and about 85 per cent depend on subsistence agriculture. The country since Independence in 1960 has experienced civil conflict and a protracted war with Libya. Though the far south is agriculturally productive, much of the country is desert or semi desert. Only three per cent is cultivated and drought, locusts and a severe lack of reliable water supplies are major hazards.

The environment of eastern Chad is directly comparable to that of Darfur and the same ethnic and cultural groups are found on each side of the border. Some towns are actually split by the border. The socio-economic conditions of the population of eastern Chad are very similar to those in Darfur. In the harsh environment, as in Darfur, water and fuel wood are scarce and transport is very difficult, particularly in the six months of the wet season. Before the crisis the indigenous population of about 700,000 in eastern Chad was fully exploiting the limited resources: within 18 months more than 200,000 Darfuris had arrived as refugees. The environment was not propitious for hosting so many additional people, and the effects of the rapidly increased pressure on physical resources in eastern Chad have been of great concern.

Chad is landlocked and more than 2,500 miles from the sea; it takes at least a month for commodities to reach the country by trucks travelling from Douala in Cameroon. (See Map 3) There are virtually no surfaced roads and the road network is vestigial. From May to October, in the rains, the roads can be impassable.

From September 2003, UNHCR and WFP began support for refugees, but their numbers increased. In January 2004, UNHCR began to move refugees to camps, where feasible 50 km or more from the border. Map 5 shows the location of camps in Chad. By the end of 2004, 200,000 refugees were accommodated in eleven camps. Supplying the needs of refugees during the rains had been very difficult and some transport was by air. The development of a trans-Saharan transport route has eased the problem.

Map 3: Locations of Refugee Camps and Access Routes in Chad



3.5 Southern Sudan²⁴

Twenty-one years of civil war, together with a state of chronic underdevelopment have made living conditions in southern Sudan among the most difficult in the world. The New Sudan Centre for Statistics and Evaluation (NSCSE)/UNICEF baseline survey of 2004²⁵) gives a picture of a catastrophic human environment. A few indicative data from the *Baseline* are given below.

In 2003 severe acute malnutrition was at 4.5 per cent: this entails a high risk of death. Malnutrition is so common that a nutritional emergency is declared only when global acute malnutrition reaches 15 per cent; in other countries the emergency level is 10 per cent. Some 50 per cent of the population suffer malaria – one of the world's bigger killing diseases. Routine under-one measles immunisation reaches only 12 per cent: measles is a killer disease. In reality only about 20 per cent use safe water and no more than 10 per cent use satisfactory latrines. In 2000 the primary school completion rate was 2.4 per cent (less than one per cent for girls).

During 2002 an unknown number of people were living displaced within southern Sudan²⁶ and up to four million IDPs may return from the north by 2007, with perhaps half a million refugees from Uganda, Kenya, Ethiopia and The Democratic Republic of the Congo²⁷. Refugees and IDPs were returning throughout the period considered by the evaluation. Most returnees needed and will continue to need support while resettling. The time line on southern Sudan (Annex 2) provides information on aspects of the conflict, for instance data on the numbers of bombing attacks by the Government and attacks by ground forces. Such attacks were major contributors to food insecurity in 1998-9, 2001, 2003 and 2004. Episodes of violent conflict occurred between the Government and SPLA/M until 2005, though it became less widespread from 2002, but violence continued to be associated with the Lord's Resistance Army²⁸ (LRA) and inter-tribal conflicts.

Conflict between the south and the north has occurred since before the establishment of the present Sudanese state. The extraction of slaves was one early cause of resentment as was the seventeenth century attempt to control cattle herders. In 1946 the British gave in to pressure from the Arabic speaking north to integrate with the south. The language of administration in the south had been English, while that in the north was Arabic. Northerners gained control of the administration of the south, a domination which was accentuated on Independence in 1956. Even before Independence troops in Equatoria Province mutinied in Torit (See Map 4 for locations in southern Sudan) because the British were not establishing the promised federal structure. Thus began fourteen years of civil strife in which some in the south aimed

²⁴ A timeline for events in southern Sudan is provided in Annex 2.

²⁵ New Sudan Centre for Statistics and Evaluation/UNICEF (2004) *Towards a Baseline: Best Estimates of Social Indicators for southern Sudan*, NSCSE Series Paper 1/2004. Netherlands humanitarian aid was used for the production of this report.

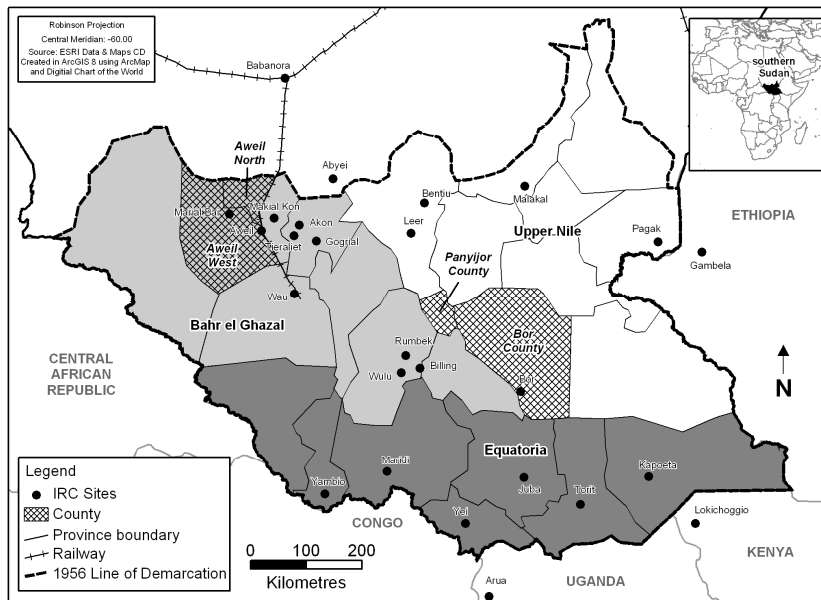
²⁶ Brookings-SAIS Project on Internal Displacement, November 2002.

²⁷ The number of IDPs of southern Sudanese origin is not known. It is thought that some four million were in northern Sudan and the Government of Sudan plans their return to southern Sudan by 2007. There was an unknown number of IDPs in southern Sudan, for example 30,000 around Malakal town. Some IDPs were from northern Sudan, for example the Nuba Hills; the evaluation encountered and interviewed IDPs from Darfur in northern Bahr El Ghazal. Other IDPs were displaced within southern Sudan.

²⁸ The LRA, about 1,500 strong, is opposed to the Government of Uganda. It found refuge in southern Sudan from which it made violent attacks across the border. Until 2005, it also attacked local Sudanese people. The SPLA and Government of Sudan troops combined in attacks on the LRA during 2005.

for regional autonomy and others for secession. The Addis Ababa Accords in 1972 allowed a cease fire, with a promise of regional autonomy. In 1977, though, the discovery of oil in southern Sudan increased the desire of the north to maintain control there.

Map 4: Locations in southern Sudan



President Nimeiry’s Islamisation campaign in 1983 aimed to transform Sudan into a Moslem state. This was resented in the south, leading to the Second Sudanese Civil War. By this time the Sudanese army, trained and armed by the Soviet Union was more than 50,000 strong and had many tanks, aircraft and much artillery; this created a more violent conflict than the earlier civil war, with 1.9 million civilians being killed. The Second Civil War was notable for the savagery of the violations of human rights by the Government forces with rapes, tortures, abductions and enslavement. Violations were not only carried out by the Government forces and ethnicity-related conflict within the south contributed to them. The centre of southern protest was the city of Bor, in which the SPLM was formed; SPLM guerrillas became organised into the SPLA.

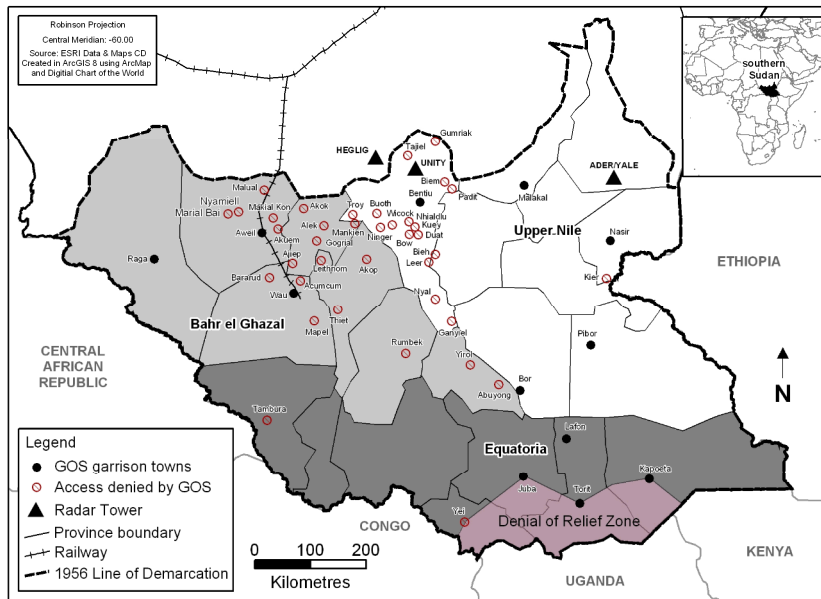
By 1991 SPLA under John Garang controlled most of the south and had extended its actions to southern Kordofan, Southern Darfur and Blue Nile provinces. The Government still controlled Juba, Malakal, Wau and 21 other garrison towns by 1995, thereafter the number reduced as they were captured by the SPLA. Most of the garrisons were supplied by air. But by 1991 internal dissent in the SPLA led to splits into a number of factions such as those led by Kerubino and Bany: conflict between these factions, partly instigated by the Government prolonged the war. The Government exploited long-standing mistrust and cattle raiding between the Nuer and the Dinka²⁹ by supporting the former. A key aim of the Government was to destabilise the areas of the oilfields so as to force local populations to leave.

²⁹ The Dinka are the main power base of the SPLM/A.

Attempts to create peace were started in 1993 by the IGAD. Because it was by then losing the war, the Government signed the IGAD Declaration of Principles in 1997. These principles involved power sharing, limitations on religion in the state and the right of self-determination in the south. Already by 1995 a coalition of opposition parties and the SPLA had created the National Democratic Alliance, which, with the extension of conflict in the east emphasised the core-periphery nature of the conflict.

In January 2002 a ceasefire was signed in the civil conflict in the Nuba Mountains, and in July 2002 the Government and SPLA agreed a framework for peace in southern Sudan, though this did not cover the three contested regions in central Sudan (Abyei, Nuba Mountains and Southern Blue Nile). In July the Government of Sudan still restricted the accessibility of considerable areas of southern Sudan. (See Map 5) A truce in October 2002 was followed by some violations of the ceasefire but talks continued and in September 2003 the Naivasha Peace Accord was agreed. It called for withdrawal of the Government army from the south, the withdrawal of rebels from the north, the establishment of a joint force in the southern and central regions. Additional protocols followed in May 2004. At this time the eastern (Beja) and Darfuri rebels were attempting, unsuccessfully, to be involved in the agreements. In November 2004 the LRA attacked Sudanese in the south. Combined southern Sudanese and Government-aided militias responded to these attacks.

Map 5: Restrictions on Humanitarian Access to southern Sudan in July 2002



Further Naivasha protocols and the Comprehensive Peace Agreement were signed by the Government and SPLM/A in Nairobi in January 2005. This agreed that Islamic law would be restricted to the north, the south would be autonomous and there would be a vote on independence in 2011, Central Government power and oil money would be shared. The death of John Garang, for 21 years the leader of SPLM/A in August 2005, and slow progress towards implementation of the agreement have led some to question the efficacy of the Peace Agreement. In March 2005 the Security Council agreed that 10,000 international peacekeepers including some from the African Union would be placed in southern Sudan.

The lack of investment in southern Sudan during the War resulted in a “lost generation” who had missed education opportunities, access to training and access even to basic health services. Those who became refugees, however, were able to receive an education and access to health services; and many of them are now repatriating. This gap in development was in addition to the direct damage caused by the war. During the last five years security conditions have stabilised in most of southern Sudan, nevertheless it remains one of the least developed areas of the world.

Operation Lifeline Sudan

The Netherlands Government was a prime supporter of the need for OLS³⁰ and supported it very strongly until the OLS Review of 1996; thereafter it continued to use OLS as the main route for multilateral aid to Sudan. Notwithstanding some organisational problems, OLS was critical to the co-ordination of the implementation of the response to the emergency in southern Sudan. OLS was a tripartite agreement to allow humanitarian access in both southern and northern Sudan. In northern Sudan UNDP worked through the Government in disbursing aid. UNICEF had the co-ordinating role in southern Sudan. Nairobi was the centre for the co-ordination of OLS, though many co-ordination activities were carried out in Lokichoggio in Kenya until 2005.

In March 1989 the Government of Sudan had agreed with The UN, donor governments and the SPLA the *ad hoc* Phase I of the OLS plan which allowed the movement of 100,000 tons of food into Government and SPLA-controlled areas in response to severe food insecurity. Phase II of OLS, again *ad hoc*, was approved in 1990, in time to respond to a two-year food shortage which threatened eight millions in both north and south. In 1992, however, matters had degenerated to a point where it was thought that as many as six million people were on the verge of famine. The OLS agreement, which was formalised in 1994, had first been developed as a response to the 1988 famine in Bahr El Ghazal in which 300,000 had died. In subsequent periods of food insecurity in 1999 and 2000-2001, OLS agreements allowed response to food need in southern Sudan³¹. Not all agencies were members of OLS in southern Sudan, and ICRC, for example maintained a separate transport operation. Other agencies, while outside OLS because of their need for independence from the OLS agreement, were able to benefit from its transport and security activities.

From 1990 The Netherlands had used multilateral aid through OLS as its main support to Sudan and stopped the provision of bilateral aid because this was deemed unsuited to a

³⁰ Information included here reflects, *inter alia*, the findings of van Baarsen MV (2000) *The Netherlands and Sudan: Dutch Policies and Interventions with Respect to the Sudanese Civil War*, The Clingendael Institute, ODI (1999) *Evaluation of Danish Humanitarian Assistance Volume 7, Sudan*, Danida, Karim D et al. (1996) *OLS: A Review, ETC – UK (1999) Disasters Emergency Committee: Sudan Crisis Appeal Evaluation*

³¹ Droughts contributed to food-insecurity but conflict was also a direct cause.

country involved in civil war. In fact The Netherlands was the main donor to Sudan between 1992 and 1997. In other years of the 1990s it was second or third largest donor. During the 1990s and the start of the 2000s the Dutch strategy in Sudan was two-pronged: the support for humanitarian needs through OLS and the search for peace through the Inter-governmental Group Against Drought (IGGAD) and subsequently IGAD processes. In 1995 The Netherlands became Chair of the 'Friends of IGAD', a group of donors who supported the Peace Process. From the mid 1990s The Netherlands became very concerned about the 'taxing' of aid³² to OLS and in 1999 threatened the withdrawal of support because of the Sudan Relief and Rehabilitation Association's (SRRA) diversion of aid to support the war. In 2000 several NGOs withdrew from southern Sudan because of SPLA 'taxing' particularly of food aid. This was a severe threat to the viability of OLS because these agencies were major implementers of OLS activities.

By 2003 the security situation in southern Sudan was improving and from January 2003 it was no longer necessary to request permission for OLS flights, but simply to inform the Government of them. The improvement in security and easing of the problem of delivery of aid, but particularly the approach of the peace agreement in the south changed the context of OLS activities, though the Dutch Government continued to support OLS, while in its support for the peace process working towards a time that OLS would no longer be necessary. Even in late September 2004, though, The Netherlands, as Chair of the Sudan Donor Co-ordination Committee, Nairobi, was urging that the OLS system be kept in place until an effective alternative could be established: this was because the humanitarian situation was regarded as still very fragile.

Thus The Netherlands continued to support OLS from its initiation and throughout the period evaluated. The evaluation considers that The Netherlands was right:

1. To have taken a lead in setting up and continuing to support OLS as a means of securing humanitarian access in Sudan.
2. To have been closely associated with a humanitarian access process that did not entail outside military support. The provision of military support in 2005, after the Peace Agreement is a different matter.
3. To support a broader view of humanitarian need, going beyond the provision of no more than food and shelter (the narrower view was held by some other donors).
4. To support transitional activities during the evaluated period at the same time as humanitarian support.
5. To object forcefully to the abuse of aid supplied through OLS, because aid was used directly to fuel conflict, and at the cost of depriving needy people, This was an important issue as late as 2000, in the early part of the evaluated period.
6. To support humanitarian needs (via OLS) and peace creation (through IGAD) separately. The separation of the two desirable aims meant that the one did not necessarily depend on the other. The Government constantly used humanitarian access as a political weapon in OLS until 2002, but via the IGAD system it was still possible, simultaneously, to carry out completely separate peace negotiations in a different arena and involving a different set of parties. Humanitarian needs, during much of the existence of OLS, were immediate and delay could quickly cause deaths, particularly during food emergencies, as in 2001, 2003 and 2004, but also, for example, when medical supplies were delayed. It was also desirable to separate the

³² At times more than half of the food aid was diverted to the militias.

provision of OLS transitional activities from the Peace Process, even if some of them in fact supported peace. Peace was a longer-term objective and its creation needed a different momentum.

OLS, as agreed in 1994, was a negotiation of humanitarian access that did not depend on military protection either for access or for beneficiaries. On several occasions as in 1995 and 1998 the government denied all access for a period of time and thus froze the humanitarian response, however, OLS respected the sovereignty of The Government of Sudan, critical to a resolution of the conflict. In southern Sudan the UN with co-ordination by UNICEF was clearly leading the implementation of the humanitarian response. Access by air, often using air drops, because large planes could not use most airstrips, was an essential component of OLS and the great increase in the number of usable and accessible airstrips during the 1990s was important in its success. Similarly the number of NGOs within OLS increased from six initially to more than 40. Other NGOs, while able to use the security system and transport facilities of OLS, remained outside it, in some cases, such as ICRC, for reasons relating to neutrality. The original OLS remit emphasised the saving of lives, protection and promotion of self-reliance; through time more of the activities were in the fields of capacity building, particularly in the *de facto* government's agencies and communities. In most respects OLS activities were in close accord with Netherlands humanitarian aid priorities. From January 2005 the co-ordination functions of OLS were transferred to United Nations Office for the Co-ordination of Humanitarian Affairs (UNOCHA).

As the sequel to OLS The Netherlands takes the view that financial support for Sudan should be through Multi-donor Trust Funds to be managed by The World Bank. These funds will be €150 millions for 2005-2007; of this one half will be for the north and one half for the south. The Netherlands supports the reconstruction aid in the south being dealt with through a single donor office in southern Sudan, run by The Netherlands, the UK, Norway and Sweden, which will share staff, and jointly administer and develop policies. The total cost of reconstruction for 2005-2007 is estimated at USD 7.9 billions. The sectors to be involved include: roads, water, energy, education, health, agriculture, governance and knowledge transfer.

3.6 Summary of Contextual Factors

This is the background to the situation in which those agencies and organisations funded by The Netherlands operated in the period subject to the evaluation; but events which affected operations continue beyond that period. The effects of John Garang's death produced immediate and violent responses in Khartoum and history has yet to relate the consequences, if any, for unity between northern and southern Sudan. Brutal social engineering continues in Darfur and, despite a the suspension of attacks by the Sudanese armed forces, the militias continue their attacks. The problems of the displaced and of the refugees in Chad are still not addressed politically – the only way in which a long-term solution can be reached.

Over many years, war and tyranny, combined with frequent drought, have led to an extended humanitarian crisis. From place to place it has developed at different times and in differing intensities and, although a peace settlement in southern Sudan has been reached, it will take a long time for whatever counts as normality to return. At the time of writing, there is little evidence that the crisis in Darfur, and its associated problems in Chad, will be resolved rapidly. In both the south and in Darfur, the humanitarian emergency continues, but, at least in Darfur, it seems to be following a now familiar pattern and is becoming a chronic crisis

with occasional events which lead to immediate crises. In such circumstances, exit strategies are in short supply.

Chapter 4 Netherlands Humanitarian Policy

4.1 Netherlands Humanitarian Policy

The Netherlands prefers multilateral humanitarian aid and, in order to allow greater flexibility to UN agencies, does not normally earmark these funds. In general, the Ministry of Foreign Affairs would prefer to contribute 70 per cent of its funds through the United Nations Consolidated Inter-agency Appeals (CAPs) and 30 per cent through Dutch and international NGOs, in practice, the ratio is closer to 60:40.³³

The UN Interagency Consolidated Appeal for the Sudan Assistance Programme (ASAP) is the major organising principle underlying the international response to the humanitarian needs of the Sudanese population.³⁴ The Netherlands' support for southern Sudan is channelled through OLS. Other donors to the ASAP commonly earmark their contributions by implementing agency and sector; in practice, their funds are often pooled to finance specific activities.³⁵ The Dutch decision to prefer the generic CAP mechanism ('multilateral where possible, bilateral where necessary') is based on the understanding that this route gives three benefits: an overall framework for co-ordinating policy, an organising framework for individual implementing agencies, particularly INGOs and NGOs and an efficient and effective way of disbursing funds in emergencies.

Dutch policies for humanitarian assistance have evolved significantly since the Cold War era and in response to rising emergencies during the 1990s. Two publications from the Ministry of Foreign Affairs set out the bases for change: *A World of Difference*³⁶ argues for coherence between political and humanitarian actions and against compartmentalising aid. *A World of Dispute*³⁷ explains that poverty reduction is needed to reduce conflict. Macrae and Leader of the Overseas Development Institute (UK), suggest that a fundamental aim of Dutch policy at this time was the creation and maintenance of a stable world order, hence the focus on peace building.³⁸

In May 1999, the Dutch Government advocated a wider, more flexible, integrated approach to humanitarian assistance including rehabilitation, conflict prevention, reconciliation and reconstruction. Thus its humanitarian policy, at the time of this report, had moved away from concentrating on basic needs and physical survival and towards a more complex approach, which included recognising the need for a transition to more structural development and peace building. As Macrae and Leader note, aid is not now a substitute for politics, but part of them. This shift is summarised by Smit (late of the Ministry of Foreign Affairs):

[H]umanitarian aid is most efficient when accompanied by peace building and rehabilitation activities. The Netherlands and a number of other donors have launched

³³ Interviews in the Netherlands Ministry of Foreign Affairs.

³⁴ One of the main goals of the CAP/Sudan, 2003, is to assist in the integration/protection of IDPs, minorities, refugees and returnees and other vulnerable groups by enhancing efforts aimed at building: local/national protection capacity and participation in governance; increasing humanitarian access; raising awareness among populations and local authorities; and developing and promoting durable solutions.

³⁵ As a consequence, activities funded within the CAP framework offer possibilities for joint evaluation.

³⁶ Netherlands Ministry of Foreign Affairs, 1990.

³⁷ Netherlands Ministry of Foreign Affairs, 1993.

³⁸ Macrae J., Leader N., 2000.

what we call 'humanitarian aid plus'³⁹ as a first step in this direction ... it means thinking about AIDS awareness, education and employment ... Within the framework of emergency aid programmes, it enhances a society's inherent strength.⁴⁰

Dutch humanitarian aid policy is currently under revision. The Minister for Development Co-operation, Ms Agnes van Ardenne, in a lecture delivered in 2002, gave an indication of the new directions.⁴¹ Most of the aid is for countries in conflict - Sudan is a typical case. Humanitarian assistance is an integral part of both foreign policy and development co-operation. It must respond to immediate needs, help to remove the causes of conflict and be linked to the post conflict phase. Ideally, aid is reduced slowly, but must avoid creating dependence. It is conceptualised as 'humanitarian aid plus', which allows, for example, the creation of conditions for the return of IDPs. The challenge is successfully to link humanitarian aid with peace building, the creation of security, reconciliation, reconstruction, development co-operation and private investment. Neutrality and impartiality continue to be essential and aid must be separated from military action ('as civilian as possible, as military as necessary').⁴²

The humanitarian imperative is central to The Netherlands' support. In the Africa Memorandum of 2003, five priorities were identified:

- Peace, security and stability through conflict management and prevention.
- Good governance and good policy.
- Investments in people, particularly in health and education.
- Pro-poor growth.
- Sustainable development.

Though The Africa Memorandum is not a review of humanitarian assistance policies it relates to humanitarian interventions particularly in the transitional activities and the matter of connectedness.

4.2 Policy Framework Sudan

General policy framework for humanitarian assistance

In the period 2000-2004 the Government of the Netherlands published annual conflict policy framework documents. These provide annual country indicative budgets and policies. The Subsidy Instruction (2004) focuses largely on NGOs but provides the objectives of The Netherlands including those related to the ASAP.

The Netherlands considers the co-ordination of international assistance activities as important. The UN, through co-ordination by OCHA, is the preferred channel of Netherlands humanitarian assistance. In southern Sudan, for the period covered by the evaluation, UNICEF was the principal coordinator operating in OLS. Often executing agencies need to

³⁹ 'Humanitarian aid plus' is aid that supports activities beyond the satisfaction of the beneficiaries' immediate needs. It seeks to strengthen links to more developmental activities and in some cases may in itself be developmental; it may also link to political ends such as the promotion of peace. It is implicit in the structure of the Directorate of Human Rights and Peace Building.

⁴⁰ Smit F., 2000.

⁴¹ Ardenne A. van, 2002.

⁴² *ibid.*

actively and cooperatively participate in the UN co-ordination structure where possible, as well as coordinate their activities with other NGOs. Not all the NGOs supported by The Netherlands were members of OLS, some, like MSF-H, for reasons of impartiality and some, like ICRC, because their mandates demands neutrality, but in general only NGOs which work in the context of OLS in southern Sudan are eligible for support. There is a preference for NGOs which have experience in Sudan and whose activities have been financed before. All the NGOs in the evaluation sample fitted the above criteria.

The striking thing about files available to the evaluation is the depth of policy statements of the emerging Darfur crisis. There is ample evidence of Darfur activities in 2004/5 but they were not consolidated into a subsidy instruction until 2005 – a date beyond the scope of the evaluation.

The Netherlands has continuously provided humanitarian assistance to Sudan for very many years. In the period 2000-4, some €99,634,454 was spent,⁴³ making Sudan one of the largest recipients of Dutch humanitarian assistance during that period. Before the UN Special Appeal for Darfur (March, 2004), most aid was focused on southern Sudan. Total ASAP funding from all donors in 2000-4 was €888,503,824. The Netherlands is one of the country's major humanitarian donors.

Dutch humanitarian assistance for Sudan is provided through a diversity of channels. UN agencies, national and international NGOs are all eligible for funding. The ASAP is the major organising principle underlying the international response to the humanitarian needs of the Sudanese population. Most donors providing funds to the ASAP earmark their contributions by implementing agency and sector. In practice, their funds are often pooled to finance specific activities. For instance, a specific activity carried out by UNHCR can be funded by more than one donor. The Netherlands only provides funding to UN agencies having consolidated their funding requirements in the ASAP. In the case of NGO support, The Netherlands prefers NGOs to be involved in the Common Humanitarian Action Plan (CHAP), which precedes the UN Consolidated Appeal Process. MSF and ICRC remain outside of CHAP for reasons of their own mission but inform the CHAP process of their action.

Humanitarian aid to Sudan focused on providing relief for acute and chronic needs of the most vulnerable people, irrespective of their religious background or political belief. Support was provided to IDPs, women and children and to refugees living outside Sudan. Depending on the dynamics of the conflict, activities supported over the years were directed to relief and/or to rehabilitation.⁴⁴ In 2003, constraints on the budget for humanitarian assistance resulted in a budget cut for Sudan and a concentration on emergency relief at the expense of support for rehabilitation. In 2004, the allocation of funds increased sharply to cover the need for emergency relief in Darfur (see Figure 1). Food supply dominated requirements.

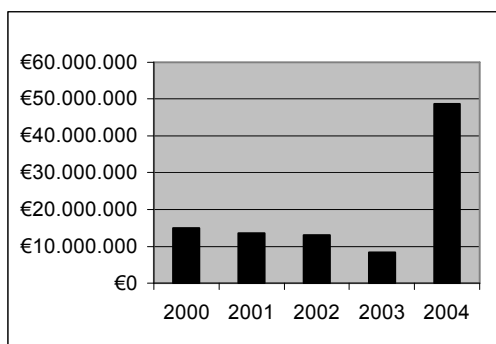
⁴³ Based on data from the Ministry's management information system (MIDAS/Piramide).

⁴⁴ Sectors that have been eligible for funding are food aid and food security, basic health care, water and sanitation, education and capacity building.

Table 1: Total contributions per sector, ASAP Sudan 2000-2004

Sector	Total contributions 2000-2004 (US\$)	Percentage of total contributions
Food	768.909.471	66,56
Co-ordination and support services	85.216.452	7,38
Multi-sector	81.339.787	7,04
Health	61.132.334	5,29
Water and sanitation	31.402.158	2,72
Protection / HR / Rule of Law	28.382.704	2,46
Not yet specified	25.515.785	2,21
Agriculture	17.808.326	1,54
Security	13.630.187	1,18
Economic recovery and infrastructure	12.134.685	1,05
Mine action	10.732.851	0,93
Education	10.541.427	0,91
Family shelter and non-food items	8.503.947	0,74
Total	1.155.250.114	100

Source: Terms of Reference, based on CAPs.

Figure 1: Annual Dutch Humanitarian Assistance to Sudan, 2000-4

Source: Terms of Reference.

In response to the crisis in Darfur, the UN launched a revision to the Sudan Consolidated Appeal in March 2004, to which the international donor community contributed €244,805,719 of the requested €295,286,481, covering 83 per cent of the requirements. Food aid again was the single largest sector, receiving almost 60 per cent of the contributions.

In the period 2000-4, The Netherlands allocated a total of €98.638.454 to support humanitarian activities in Sudan. Most of the support provided during the evaluation period was targeted towards the crisis in southern Sudan. In 2004 the allocation of funds increased sharply to cover the need for emergency relief in Darfur.

In the period 2000-4, approximately 65 per cent of The Netherlands humanitarian assistance to Sudan was channelled through multilateral organisations, while 35 per cent was channelled through INGOs (Table 2).

Table 2: Types of organisation supported in Sudan, 2000-4

Type organisation	Activities	Expenditure 2000-2004 (€)	% Total expenditure
Multilateral organisation	44	63.811.621	64,69
Dutch NGO	46	17.922.110	18,17
NGO in other donor country	32	6.926.281	7,02
ICRC	3	5.066.462	5,14
International NGO	9	2.047.078	2,08
Local NGO	7	1.737.108	1,76
Dutch Red Cross	1	1.000.000	1,01
Other ⁴⁵	2	127.794	0,13
Total	144	€98.638.454	100

Source: Terms of Reference.

Major "sectors" supported by The Netherlands through these channels are multi-sector⁴⁶ (36,14 per cent), food aid (20,77 per cent) and (reproductive) health care (13,45 per cent) (Table 3).

Table 3: Sectors supported in Sudan, 2000-4

Sector	Expenditure (€)	% Total expenditure
Multi-sector	35.646.043	36,14
Food aid	20.483.635	20,77
(Reproductive) Health care	13.268.507	13,45
Agriculture	7.271.702	7,37
Co-ordination and support systems	6.294.089	6,38
Other	5.678.936	5,76
Water and sanitation	3.090.140	3,13
Education	2.393.323	2,43
Reintegration and rehabilitation	1.090.220	1,11
Capacity building	1.035.630	1,05
Repatriation	999.900	1,01
Psychosocial care / Trauma processing	699.816	0,71
Disaster preparedness	465.546	0,47
Protection	220.967	0,22
Total	98.638.454	100

Source: Terms of Reference.

4.3 Netherlands Humanitarian Assistance, 2000-04, by Organisation

The provision of aid, specified by organisation, is broadly defined in Table 4. Emergency food dominates, through contributions to WFP. Support to UNICEF is the second budget level of support – much of this is explained by the role UNICEF played in OLS. UNHCR's budget reflects the issues of other national refugees in Sudan, and returnees to the south, but does not include Darfuri refugees to Chad. These three organisations account for more than half the expenditures and demonstrate commitment to multilateral channel required by

⁴⁵ Directorate-General for International Co-operation (DGIS) of The Netherlands Ministry of Foreign Affairs.

⁴⁶ This category covers a mix of activities and includes voluntary contributions to humanitarian agencies, framework agreements, as well as contributions to the ASAP and Emergency Appeals.

existing policies. Leading Dutch INGOs received substantial support, but others were not excluded. SC-UK and ACF, both linked to Dutch organisations, also received support. In the case of International Committee of the Red Cross (ICRC) annual consultations took place over global requirements making it difficult to identify specific activities in Sudan funded by the Netherlands. In the case of IFRC, contributions were assessed as Netherlands support to IFRC global appeals, usually, according to the Netherlands Red Cross, at 10 per cent of the appeal.

Table 4: The Netherlands support to Agencies in Sudan, 2000-2004

Organisation	Type	Activities	Expenditure 2000-4 (€)	% Total expenditure
WFP	Multilateral	11	26.281.752	26,65
UNICEF	Multilateral	16	19.626.388	19,89
ICRC ⁴⁷	NGO	3	11.809.389	11,97
UNHCR	Multilateral	3	7.498.395	7,62
Stichting Vluchteling (NL)	NGO	18	5.185.826	5,26
SHO (NL)	NGO	1	5.000.000	5,07
FAO	Multilateral	6	4.749.018	4,81
Save the Children Fund UK	NGO	13	3.197.047	3,24
ZOA Vluchtelingenzorg (NL)	NGO	5	3.133.448	3,17
MSF Holland (NL)	NGO	14	2.893.826	2,93
WHO	Multilateral	2	2.743.200	2,78
OCHA	Multilateral	5	2.704.267	2,74
Action Contre le Faim	NGO	7	1.780.536	1,81
MedAir	NGO	5	1.352.945	1,37
Vétérinaires Sans Frontières	NGO	5	1.079.679	1,09
Red Cross Netherlands (NL)	NGO	1	1.000.000	1,01
Care Netherlands (NL)	NGO	2	797.213	0,81
IRC (Sudan)	NGO	1	739.561	0,75
Remedial English & Science Course Centre	NGO	3	651.155	0,66
Enfants du Monde	NGO	3	522.623	0,53
Tearfund GB	NGO	3	441.932	0,45
ADRA (NL)	NGO	2	403.269	0,41
Christian Mission Aid	NGO	3	346.392	0,35
The Carter Presidential Centre	NGO	2	346.234	0,35
NOVIB (NL)	NGO	2	310.639	0,31
UNDP	Multilateral	1	208.602	0,21
Transcultural Psychosocial Organisation (NL)	NGO	1	177.193	0,18
Care International	NGO	1	171.510	0,17
DGIS	Other	2	127.794	0,13
MSF Belgium	NGO	1	48.440	0,05
Oxfam	NGO	1	32.413	0,03
World Vision (NL)	NGO	1	20.695	0,02
	Total	144	98.638.454	100

Source: Terms of Reference.

⁴⁷ The figure is provided by the External Resources Division of ICRC; the Netherlands does not earmark its annual contributions to ICRC at country level.

4.4 Aid Management

The operation of humanitarian aid followed an annual exchange of views on funding, needs, the ASAP annual plan and development issues between the Netherlands Embassy in Khartoum, The Netherlands Embassy in Nairobi, the Humanitarian Aid Division and the Ministry of Foreign Affairs where individuals have certain responsibilities for countries or regions, and the relevant country focused humanitarian representative in the local embassy. This exchange of views considers humanitarian requirements largely focused around the ASAP plan for Sudan from the Office of the Humanitarian Coordinator but also seeks to address broader development issues. In the case of Sudan, the representative for the Darfur crisis was based in the Netherlands Embassy in Khartoum while for southern Sudan that responsibility lay with the Netherlands Embassy in Nairobi. Nominally responsibility for Chad rested with the Netherlands Embassy in Abuja, until May 2005 when the newly-opened Netherlands Embassy in Cameroon assumed responsibility for Chad. But, as Chad was treated as part of the Darfur crisis, *de facto* operations were overseen by the Netherlands Embassy in Khartoum in Sudan.

Decisions on what activities to support and therefore, by implication what UN agencies or international NGOs, were made by the Humanitarian Aid Division, advised by the relevant Embassies. This required an oversight of the nature of the humanitarian crisis on the ground; sudden onset emergencies can significantly derail planned interventions, but in the case of Sudan the emergency was not of sudden onset. That oversight is gained partly from UN and INGO reports but backed up in the case of Sudan by a limited number of field visits from both Netherlands Embassy in Khartoum staff and staff from the Netherlands Foreign Ministry. The Nairobi Embassy staff were able to make few field visits. Overall there was little field monitoring of project activities by embassy staff. Fuller reporting of activities, especially those with unearmarked funding would allow a better sense of the progress of implementation. In the case of Sudan, over the last 18 months, oversight for The Netherlands has been partly improved by seconding temporary placements of humanitarian staff from The Hague to the Netherlands Embassy in Khartoum. But even with extra staff, the Netherlands Embassy in Khartoum continued to experience difficulty in overseeing operations. From January 2005 the Netherlands' representative in the Joint Liaison Office in Rumbek⁴⁸, though not specifically tasked for humanitarian assistance should allow improved information on these activities.

The evaluation considered levels of documentation in both The Netherlands and at embassy level to find written evidence of how the overview and oversight was established. In The Hague copies of summary evaluations, contracts and agency reports were all available, although reportage from UN agencies tended to be less specific about activities than that from NGOs. Documentation was also found at embassy level where, in addition, there was significant additional material reflecting ongoing discussion not simply with the implementing agencies but with other donors. This information, including accounts of other donor actions, was used in the determination of The Netherlands' own intervention activities.

At embassy level, those interviewed supported the broad drive of Netherlands embassy policy including a preference to use multilateral channels of aid. They noted however, that there was variable performance in UN agencies in the field, such as UNICEF's in Darfur, and therefore

⁴⁸ The UK and Norway also have representation in the Rumbek office

they found themselves shifting slightly to favour intervention by INGOs, where they were more assured of performance and reporting on the delivery of humanitarian assistance. There was concern, especially in the chronic emergency in southern Sudan, that funding declined in 2003. Both the Netherlands Embassy in Nairobi and the Humanitarian Aid Division, as well as the agency that ceased to have certain functions supported (SC-UK), commented favourably on the way in which The Netherlands Government sought other funders when a shortfall in its own funding cycle became apparent.⁴⁹

In both Nairobi and Khartoum the evaluation sought the views of other bilateral donors to get an idea of how they viewed The Netherlands' activity. In Nairobi, there was strong support for The Netherlands' role, which was one where, while not directly involved in the peace negotiations they willingly following the IGAD-EU peace initiative. The Netherlands led and chaired the donor group on humanitarian and development action in southern Sudan. The respondents emphasised that by being clear of political involvement in the peace negotiations, The Netherlands were able to help establish a shared humanitarian and development agenda in southern Sudan. They also emphasised that because there was a long-term presence of a Sudan-focused official in the Netherlands Embassy in Nairobi, significant institutional capacity and learning was available. The evaluation considered that there was a sophisticated interpretation of the situation, informing the southern Sudan intervention, not least because it was not built on a simplistic analysis of the war being essentially one of Christians versus Muslims.

In contrast to this, in Khartoum, other donors emphasised how important it was that The Netherlands representative, at the highest level, coordinated with the Americans and the British to drive an agenda, especially an agenda of access, in Darfur. Here again there was strong support for The Netherlands' policy negotiation position and a recognition that, as US and UK embassy staff had substantially changed, in Khartoum, the Netherlands Embassy staff were significant for the institutional memory and capacity for continued negotiation, because of the continued presence of senior staff.

In 2005, following on the peace process significant change in Netherlands policy towards Sudan emerged. The visit by the Dutch Minister for Development Cooperation signalled a strong interest in humanitarian and development activities in the Sudan. The peace process itself calls for some USD 35 billion in reconstruction aid, an extension of the humanitarian aid that has been provided through the ongoing chronic crisis in southern Sudan. The Netherlands Government has indicated that it is willing to contribute to this effort through Multi-donor Trust Funds rather than through bilateral action.

Partly in recognition that the sovereignty of Sudan is maintained by the peace process, The Netherlands have decided to close the Sudan desk in the Netherlands Embassy in Nairobi and to transfer its responsibilities to the Netherlands Embassy in Khartoum. The transfer of responsibility from the Netherlands embassy in Nairobi to that in Khartoum caused some problems because donor co-ordination for southern Sudan is still Nairobi focused and because of the need to take on additional responsibility for an unfamiliar area that was very difficult to access. In the long term the transfer of activities to Khartoum carries an important message about The Netherlands' commitment to the unity of Sudan and the validity of the Peace Agreement; in the short term though there are problems in knowledge of field conditions. Therefore at the time of the transfer of responsibility to the Netherlands Embassy

⁴⁹ Details are provided in the review of SCF-UK activities.

in Khartoum, Netherlands representation was established in Rumbek, the *de facto* capital of southern Sudan. This representation reports directly to the Netherlands Embassy in Khartoum. It is through this embassy that there will be oversight of future humanitarian and other assistance in Sudan as a whole.

The Netherlands has also played a key role and co-ordinated with other donors in the decision to open a Joint Donor Office in Juba. The Netherlands has also co-operated in the establishment of Multi-donor Trust Funds to support the Government of Sudan's use of money from the sale of oil to allow the reconstruction of southern Sudan.

4.5 The Evaluation Sample

The activities chosen for inspection consisted of a sample of completed and on-going humanitarian activities in southern Sudan, Darfur and Chad. While the selection represents a cross-section of implementing organisations and types of support, it is not statistically representative: but it does provide useful illustrative material of humanitarian activities supported by The Netherlands. The sample covered some 30 per cent of the Netherlands' expenditure in Sudan. About 80 per cent of the sample was through multilateral channels, compared with some 65 per cent of the total Dutch donation to Sudan. Two of the donations were through Dutch NGOs that do not themselves implement – SV and Netherlands Red Cross. These are useful in giving information on this mode of donorship. The range of activities in the sample represents well the range of Dutch supported activities in Sudan. Details of The Netherlands' donations to the ten organisations are included at the start of Chapters 5 (Southern Sudan), 6 (Darfur) and 7 (Chad).

4.6 Evaluation Sources

This evaluation draws on others, including:

- The OCHA-managed Interagency Evaluation of the Humanitarian Response to the Darfur Crisis, launched in August 2004. An evaluation team made visits to the region in September 2004, January - February 2005 and June 2005. The team consisted of two independent consultants, one member seconded by the CARE Steering Committee on Humanitarian Response, and one OCHA staff member. This report is referred to as the 'UN Interagency Evaluation'.
- The 'Joint UNICEF-DFID Evaluation of UNICEF Preparedness and Early Response to the Darfur Emergency' was published in late February 2005, based on earlier field visits. A four-person team led by François Grünwald of Groupe URD was comprised of staff from UNICEF, DFID, and URD. This evaluation is referred to as the UNICEF evaluation.
- A real time evaluation of UNHCR's response to the emergency in Chad, published in August 2004, following a two-week visit by two agency staff, Dominik Baartsch and Nageette Belgacem to Chad in June.
- CARE International produced two reports for its real time evaluation of CARE's response to the Darfur crisis. The report of the first phase covered the period through May 2004, without benefit of field visits. The report of the second phase, which included field visits to both Darfur and eastern Chad, evaluated activities from June -

October 2004. The process was led by Jock Baker, CI's Emergencies Quality, Standards and Accountability Coordinator. A 'Darfur Emergency Assessment Report' was published, April 4, 2004, following rapid assessments by a seven-person team in South Darfur in late March 2004

- A 'Real Time Evaluation of Oxfam Darfur Crisis Response' is an internal review by Oxfam-Great Britain and Oxfam International, based on visits to the region in July and September 2004,
- 'Darfur 2004: A Review of MSF-Holland's Responsiveness and Strategic Choices' was published in January 2005, based on research carried out by an independent consultant, Frances Stevenson, in November - December 2004.
- ALNAP Annual Review Chapter. 'Lessons Learned: The Darfur Experience' was published in October 2005.
- Borton J and Eriksson J (2004) Lessons from Rwanda-Lessons for Today: Assessment of the Impact and Influence of the Joint Evaluation of Emergency Assistance to Rwanda, Danida.
- ODI (1999) evaluation of Danish Humanitarian Assistance, Volume 7 Sudan, Danida.

For southern Sudan, two evaluations completed in 1999 were used: the Evaluation of DEC Funds from the Sudan Appeal and ETC Evaluation for the Netherlands Embassy and the British High Commission of WFP's Activities in the Sudan Emergency.

Box 1 summarises and synthesises the findings of six evaluation reports on activities in Darfur and Chad.

Box 1: A Synthesis of six evaluations of humanitarian action in Darfur

On the basis of four realtime evaluations: an OCHA-led interagency study, UNHCR activities in Chad, and evaluations by Oxfam and CARE, and two post-implementation evaluations by MSF-H and UNICEF, Minear identified three critical issues: a crisis of **operationality**, the limited **coherence** of humanitarian action and other aspects of the response, and the relative **amnesia** of the humanitarian enterprise.

The crisis of **operationality** involved slowness in donor and agency response to the crisis and limitations of reach, surge capacity, and competence in the global system. It took 12 to 18 months from February 2003 to firmly establish humanitarian operations. Four things caused this tardiness: the Sudanese authorities' politicization of access, the size and remoteness of Darfur, the delicacy of North-South peace negotiations, and competition from higher political profile emergencies elsewhere.

By September 2004, 88 per cent of the two millions affected were reached. Thereafter, as the affected population increased, aid agencies were running to catch up. There were also questions about the adequacy of the assistance provided and uneven coverage among sectors. In September 2004, of the accessible populations 70 per cent received food and 67 per cent primary health care. But only 40 per cent had potable water and 42 per cent sanitation: overall coverage of accessible persons hovered in the sixty percent range.

Protection activities, including violence against women, were given particular attention and the response achieved a better-than-usual balance between protection and assistance activities. No UN agency, however, had a clear protection mandate for IDPs and NGOs carried out this activity; only a small proportion of the NGOs were regarded as effective in terms of their expertise. Many international staff were first missionaries. The MSF study noted: "There has been a shift in focus in the activity of 'humanitarian' agencies from delivery to human rights and protection advocacy and this is detracting from operational capacity."

In the matter of **coherence** the issue was not of integrating humanitarian action but rather how the various pieces of the international engagement in Darfur fitted together. In fact the humanitarian crisis was at its core a political crisis with humanitarian repercussions. Higher priority given to advocacy, however, did not produce the necessary reinforcing political, diplomatic, and military action. Some agencies, noting tensions between advocacy and operations, gave clear priority to the latter. Too few significant donors and diplomatic missions provided strong support for the humanitarian operation in Darfur by way of funding, secondment of personnel and advocacy.

Lessons from other theatres outside of the Sudan have gone largely unrecognized. Agency analysis of the Darfur context was weak.

Source: Minear L, Dec.2005, The International Response to the Darfur Crisis 2003-2005, lecture to ALNAP Biannual Meeting, Brussels.

Chapter 5 Interventions in southern Sudan

5.1 The Evaluation

The Terms of Reference selected the activities implemented by four agencies to be evaluated in southern Sudan: UNICEF, SCF-UK and IRC (see Table 5).⁵⁰ The evaluation was not of the agencies *per se* but of The Netherlands choice to support them as instruments of Dutch humanitarian policy and of the implementations in relation to these policies. The evaluation of EDM activities was carried out via Khartoum, because Wau, under the control of the Government of Sudan, is not accessible from southern Sudan. All other evaluations were carried out via Nairobi for ease of accessibility and because during the period in question activities in southern Sudan were run from The Netherlands Embassy and agencies in Nairobi.

5.2 UNICEF's Utilisation of Dutch Humanitarian Assistance in southern Sudan 2003-04.

From 1989 to 2005 UNICEF was the lead UN organisation and had the co-ordination role for OLS in southern Sudan.

The Netherlands donated €10,486,800 to support UNICEF's operations in Sudan through the ASAPs for 2003 and 2004. These unearmarked donations were to cover activities from 1 January 2003 to 31 December 2005 and included a substantial additional contribution in November 2004. There was also an earmarked contribution for Security and Staff Safety (Project Number 10998) in November 2004. Contributions by all donors through the ASAPs for southern Sudan in 2003 were €24,428,410 and in 2004 €26,818,666 millions: a total of €51,247,076 for the two years

In six programmes in 2003 and eight in 2004, Dutch funds were used in: health and nutrition, water and environmental sanitation, education, community capacity building, emergency preparation and response, information and communication, policy planning and monitoring and child protection and youth participation. These funds were used in a wide range of ways including: the procurement and transport of materials, travel, training, supervision, incentives for communities, technical support, salaries, support for offices and workshops, support for policy development and for vehicle maintenance.

Other donors

During 2003, donors for Sudan included: Japan, The UK, European Commission Humanitarian Office (ECHO), Norway, Sweden, Italy, The Netherlands, USAID/Office of US Foreign Disaster Assistance (OFDA), Finland, Denmark, Canada and Switzerland. In 2004 donors to southern Sudan were: DFID, Netherlands, Norway, Sweden, Centers for Disease Control and Prevention (CDC), USAID/OFDA, Switzerland, ECHO, The World Bank, Finland and various national committees for UNICEF.

⁵⁰ Annex 4 Terms of Reference.

Table 5: Projects selected in southern Sudan

Project	Sector	Organisation	Expenditure (€)	Location	Date
Non-earmarked contributions to UNICEF in 2003 and 2004 (ASAP, Framework Agreements)	Multi-sector	UNICEF	€10,486,800	Not specified; focus on activities in Bahr El Ghazal	01/01/03 – 31/12/06
Support of basic health care system and improvement of water and sanitation supply in southern Sudan	Health/Water and sanitation	IRC through Stichting Vluchtelingen* SCF-UK	€1,312,791	Billing, Ganyliel (Bahr El Ghazal, Upper Nile)	01/08/01 – 28/02/06
Animal health programme (training, capacity building, vaccination) in southern Sudan	Animal health/ Agriculture	SCF-UK *	€1,221,395	Gogrial County, Aweil South, Bieh State, Phou State, Bahr el Ghazal, Upper Nile	01/06/98 – 31/12/04
Support to provide better access to safe drinking water and sanitation in southern Sudan (plus capacity building)	Water and sanitation	SCF-UK	€978,587	Gogrial County, Aweil South, Bieh State, Phou State, Bahr el Ghazal, Upper Nile	01/09/00 – 31/12/04
Psychosocial care and rehabilitation of war-affected children in southern Sudan	Psychosocial care	Enfants du Monde	€522,623	Wau (Bahr El Ghazal) Accessed from Khartoum	01/06/01 – 03/06/05

* Supported since 1996

Source: Annex 4 Terms of Reference.

Implementing partners

In southern Sudan within the OLS Consortium UNICEF had formal partnerships with seven UN agencies and 41 NGOs. In practice the actual number of implementation partnerships is very much greater than this.

Objectives

In broad terms the objectives of UNICEF programmes, were to:

- Ensure a rapid and effective response to emergencies arising from conflict or natural disasters.
- Build capacity of Sudanese authorities and other counterparts.
- Promote community-based approaches in collaboration with local partners.
- Re-establish and expand basic social services (health care, nutrition, safe drinking water, improved sanitation and basic education) for children and women.
- Accelerate girls' education initiatives.

UNICEF also:

- Promoted awareness among children and young people to prevent HIV/AIDS transmission.
- Protected and cared for orphans and separated children.
- Advocated against children's recruitment into armed forces.
- Promoted women's empowerment, including eradication of female genital mutilation.
- Implemented a mine risk education programme.
- Analysed and disseminated social service data.
- Identified the most vulnerable children.

Strategy

UNICEF's strategy was based on the need to maintain activities, particularly in health, water and environmental sanitation and basic education that respond to the chronic emergency in much of the area and the severe emergency that, at any one time, affects about ten per cent of southern Sudan. A second strand of its strategy has been to develop capacity in counterpart institutions. It has also, in conjunction with SPLM,⁵¹ developed principles, policies and action programmes to be incorporated in the evolving governance structures. This is particularly important for the sectoral secretariats (the future ministries), but is also carried out at county and community levels. UNICEF has supported research in demographic and sectoral data, making a much-improved knowledge base available for disaggregated population data, morbidity, mortality, health facilities, education facilities and water provision.

More peaceful conditions allowed an extension of the geographical areas served by health, water and sanitation and education, though the coverage in Upper Nile is limited. Since 2001, UNICEF intensified coverage in six Focus Areas: Aweil North and West, Nuba Mountains, Panyijar, Rumbek, Shilluk and Yambio. Here, the health, education, water and sanitary facilities have been located close together to gain from proximity and also to allow the participation of the communities in their combined management.

⁵¹ Sudan People's Liberation Movement.

Activities

In 2003 the Netherlands-supported UNICEF activities in Sudan were in the following programmes: Health and Nutrition, Water and Environmental Sanitation, Basic Education, Rights, protection and peace Building, Planning, research, Monitoring and Evaluation (Community Capacity Building) and Communication and Advocacy. UNICEF activities during 2004 in southern Sudan and supported by The Netherlands included; Basic Education, Water and Environmental Sanitation, Health, Nutrition, HIV/AIDS Awareness and Prevention, Child Protection and Youth Participation, Community Capacity Development, Quick Start Community Improvement, Information and Communication, Policy Planning and Monitoring, Support for OLS, Emergency Preparedness and Response, and Security.

Modifications to objectives

The broad objectives of the programme were constant, though the details of the individual programmes altered in response to changing opportunities, for example the health programme's focus shifting to prevention. They also changed in response to experience, so that the Community Capacity Development was to be phased out and late in 2003 was being replaced by Quick Start Community Improvement.

Relevance

Programmes in: Health and Nutrition; Basic Education; Water and Environmental Sanitation; Child Protection (though not Youth Participation); and Emergency Preparation and Response (as relating to IDPs, though possibly not to other returnees) were eligible for assistance. Those in Community Capacity Development *per se*, Policy Planning and Monitoring, Information and Communication were, *prima facie*, ineligible for Netherlands humanitarian aid. As discussion in the specific sections shows, in some cases, however, the activities could be considered broadly eligible. For instance Community Capacity Development contains significant elements of Health, Education and Water and Environmental Sanitation, while Policy Development underpins the areas that are unquestionably within the acceptable categories as are parts of Information and Communication.

All of the categories are relevant to the present needs of the people of southern Sudan, though a distinction can be made between those supporting immediate survival needs for food, water and health, and those supporting the empowerment of desperately poor people and a transition to a more equitable and sustainable system of governance, the strengthening of livelihood capabilities and the creation of a future in which development becomes feasible. There is an appropriate balance between the support of immediate needs, and responses, through transitional activities' to opportunities offered by the peace process. Food, health, safe water and basic education need continuing support in the present chronic emergency: the emergency is not yet over. Yet opportunities to prepare for more developmental activities are being taken.

Effectiveness

In the three basic sectors of health and nutrition, water and sanitation, and basic education, Dutch investments helped to achieve increases in coverage for children and women. Coverage increased significantly in under-five health services, girls' primary education and clean water supply. Netherlands investments in health, nutrition and water and environmental

sanitation helped reduce deaths and suffering. Investments in education are strengthening capacities, particularly those of girls. The Community Capacity Development Programme, for which The Netherlands was the sole donor, while failing to achieve the intended strong involvement of communities in management, was valuable in facilitating the concentration of the basic services.

There were more limited achievements in sanitation and in parts of the vaccination campaigns. Coverage remained uneven: the greatest improvements were, as intended, in the Focus Areas. Large areas of southern Sudan still have very limited facilities and people remain vulnerable through their material and non-material needs remaining unsatisfied: they depended on traditional coping mechanisms: for instance they migrated away from the source of the problem, such as violence. This removed them from the basis of their livelihood. The risk of severe nutritional emergency continues to be high especially in parts of northern Bahr El Ghazal.

Other Dutch investments helped, through the *Baseline*⁵², to underpin present and future work in basic needs by providing an authoritative basis of information for humanitarian investment. Many of the programmes supported the training of local people to deliver services to support basic needs and plan the future of southern Sudan. The Child Protection Programme prepared protective legislation and the agreement to demobilise child soldiers. Emergency Preparedness and Response supported a small number of returnees on arrival, and probably reduced conflict over resources. Information and Communication investments reached a small number only but helped support education and develop advanced capacities in the use of electronic media. Some of its products, such as an HIV/AIDS video were widely used.

Efficiency

Many practical problems had to be overcome in the humanitarian response. There are no surfaced roads: murrum roads quickly become impassable in the rains so air transport is the only option: transport and travel are therefore expensive. Access to many areas is slow and difficult so that it becomes impossible to secure the cold chain for medicines. Load size is limited so there are delays in transporting medicines. For these reasons coverage of some areas such as Upper Nile is particularly difficult and made much worse by the insecurity that has been a continuous problem in some areas⁵³.

The efficient delivery of programmes is also impaired by difficulties related to the human environment. Staff turnover is high, qualified or trainable local staff are difficult to find; and agencies compete for the competent ones.

In much of Bahr El Ghazal and Upper Nile the population is semi-pastoralist and mobile. This makes the delivery of basic services problematic. As an example, the completion of courses of vaccinations is very difficult if people move. Many pastoralists prefer to live in seasonal cattle camps. These have no schools, health posts, latrines or safe water supplies so that they lack access to basic services for much of the year.

⁵² *'Towards a baseline: Best estimates of social indicators for southern Sudan'*, New Sudan Centre for Statistics and Evaluation, NSCSE Series Paper 1/2004 (May 2004).

⁵³ According to UNICEF Security staff briefings, in about ten per cent of southern Sudan security is seriously impaired. This can be due to routine cattle raiding or ethnic conflict or may be due to specific factors such as the contested oil producing areas and border zones. Currently the Lords Resistance Army Triangle of Eastern Equatoria is insecure.

In view of the problems of staffing UNICEF successfully developed the capacities of local staff, through trainings of cadres, supervision on the job and workshops. This was essential for the delivery of both current and future programmes. Similar methods were used to build the capacities and institutions of the SPLM, so far with less success. For other activities such as the preparation of the *Baseline* and support for child protection, experts were used. The decision to build local capacity was appropriate to the state of the emergency and the emphasis on support to SPLM is timely. The development of the *Baseline* was also timely in view of the increasing accessibility of beneficiaries, the need to establish politically acceptable criteria for investment and the need to develop an information base for action by the nascent ministries.

Within programmes some technical problems restricted efficiency. In education, for example, large class sizes, the lack of trained teachers, lack of teaching materials, unimaginative pedagogy and limited community support for schools (payments for teachers, repairs to buildings) all led to a less efficient process. The unimaginative pedagogy in schools contrasts, though, with the effectiveness of the use of drama in Child Protection and water and environmental sanitation community sensitisation.

The reluctance of communities to play an active role in the communal management of the health, water and environmental sanitation and education centres reduced their value and made it less likely that they could be sustained. There were, however, successes in communal management of some water points. The fact that health, education, water and sanitation provisions were close together in the service centres was efficient for users because it encouraged their use. It was efficient for managers because the different uses supported each other and because it allowed quicker monitoring.

In the health programmes the move in 2003 to prevention helped efficiency. There were a number of efficient innovations: Plumpynuts⁵⁴ and high-energy biscuits allowed malnutrition to be treated at home. Health record cards provided through Dutch funding kept track of vaccination progress, even when people migrated.

UNICEF implements a wider range of humanitarian activities than any other agency. This allows the internal co-ordination of activities which otherwise would be split between different agencies. UNICEF implements through more specialised partners that it supervises and supports. This is efficient because it guarantees quality, allows economies of scale in training and sourcing and standardises methods, practices and technologies. It also allows the back-up of specialised resources that a large organisation can provide. UNICEF is also involved in developmental activities so that a transition is facilitated without transfer of control to another agency.

The wide scope of UNICEF, however, created a large challenge to their management abilities, particularly until in 2005 they were able to relinquish the OLS co-ordination functions. UNICEF asserts that it was able to supervise, monitor and co-ordinate the full range of activities, but in some cases this was beyond their capability, for instance a delay in the systematic recording of water quality data and in a failure to maintain cold chains. Against this must be weighed the huge physical and security difficulties they faced. It is not possible to identify any other agency that could have been more successful.

⁵⁴ Plumpynut is a peanut-based paste in plastic packets with which children can feed themselves. One packet provides one third of daily food needs. It can be used, with low defaulter rates, in home-based therapeutic feeding.

Netherlands funding to UNICEF was not earmarked, giving much-valued flexibility in resource allocation. UNICEF used the resources strategically to support activities that were not necessarily high profile but were absolutely necessary to operations. For this reason much was spent in transport or travel. Research in the Sudanese legal system, strengthening secretariats⁵⁵ and in creating the *Baseline* are examples of efficient use of investment to underpin the transition to a New Sudan with less need for humanitarian aid.

Connectedness, Coherence, Co-ordination

Connectedness

Success in this evaluative category depends on deep knowledge of, and agile response to, changing threats and opportunities in the continuing emergency, while searching for emergent opportunities to help governments and communities move towards a better future. The apparent success of the peace process made the 2003-2004 period appropriate for attempts to progress towards development, though events in 2005 show that there will be continuing and increasing need for humanitarian assistance.⁵⁶ Through its continuing support to basic services UNICEF responded to chronic and severe emergencies. At the same time, though with limited success, it trained communities in the management of these activities. Many of the non-basic service programmes supported with Netherlands aid: support for children's and women's rights; development of legal protection for children; and development of the information base, directly and indirectly supported the impetus to development. UNICEF's response to the needs of returnees and their reincorporation in the community was timely and showed foresight. Experience gathered will be of value if and when larger numbers return.

The wide range of activities in capacity building and strengthening of governmental, community and individual capabilities, with the development of supportive materials showed UNICEF's awareness of the need to prepare for and plan for a new and different future, not just a return to the status quo. Information Centres⁵⁷ are examples of this awareness, as is the emphasis on girls' education, the fostering of children's rights and the preventive focus of health activities. The Netherlands investment was used to support these transitional activities.

UNICEF had chosen to support the SPLM, because they saw that SPLM were the only player in the game who could be a feasible governmental partner and not to support them was to choose not to connect at all to a *de facto* government or to the future. Support for the proto ministries has so far had limited success, as has the attempt to strengthen community management. Both however have been correctly seen as *sine qua non* to progress towards an equitable, institutionally and politically sustainable future. UNICEF is both a developmental and a humanitarian agency so that withdrawal from southern Sudan is unlikely in the

⁵⁵ Secretariats are the central sectoral administrative units of the SPLM. They are in effect proto-ministries for the southern area of Sudan.

⁵⁶ The death of John Garang in August 2005, the probability of a large increase in the number of returnees from northern Sudan during the next two years and severe food insecurity in northern Bahr El Ghazal, partly resulting from the number of returnees, have caused both an increase in the risk of political instability and an increasing need for emergency intervention. In July 2005 the Sudan Relief and Rehabilitation Commission and the Humanitarian Aid Commission agreed that 3 million IDPs will return from the north in three big campaigns (November 2005, November 2006 and November 2007). The UN on the other hand wants to concentrate on spontaneous return, but is willing to let 'pilot groups' be returned in these campaigns.

⁵⁷ Information Centres allow young people access to computers, the internet, libraries and videos to allow them to access the modern world and enable their fuller participation in future governance activities.

foreseeable future and in that sense there is no exit strategy. In fact the exit from humanitarian activities is achieved, to the extent possible, through their transformation towards developmental activities and transfer to the government of southern Sudan.

Coherence

Coherence was to be achieved across a humanitarian space some of which was under UNICEF control and much was not. Partnership with the SPLM increased in importance as it, for example, took control of some joint committees. Nevertheless, in almost every aspect of its work, SPLM continued to need UNICEF support. UNICEF achieved coherence here by advocacy, persuasion, training and joint policy development. UNICEF worked with other UN agencies for example in the Emergency Preparedness and Response Programme making use of information on returnees collected in association with OCHA.

UNICEF was able to achieve internal coherence for instance in the Information and Communication Programme where there was a link between information centres and schools, both of which used videos, and the HIV/AIDS programme. Similarly, information centres provide links to health, girls' education, and children's rights. Another example is the linked basic needs provision in the service centres, where spatial concentration helped to raise the visibility of the activities. With The Netherlands' aid UNICEF also worked in the complementary fields of legislation, community sensitisation and information.

In health alone there were 76 implementing partners and to these were added the community partnerships. UNICEF considers that it was easiest to coordinate activities with those partners who they largely supported and that those with independent funds were more difficult as partners because agendas did not necessarily coincide.

In working with local communities UNICEF designed programmes to facilitate local participation. For instance, in the water supply, where feasible, UNICEF used an appropriate technology in accord with local competencies. Shallow pump wells were specified because their creation is within the competence of local communities, after appropriate trainings. For the same reason UNICEF is considering modifying the standardised design of pump handles to make their repair easier for local technicians. The justification for a standard design is that all agencies use the same pump so that the provision of spare parts is facilitated (economies of scale, store management, loans between agencies, speed of supply, possibility of transfer of responsibility between agencies, as happened in the sample). Above all the prime need is for a rapid extension of safe water. The cost of a standardised and relatively high technology system is in the limited ability of local people to maintain and repair the equipment. It is argued that a local design could facilitate this local repair. UNICEF had discussed with communities before the decision to use India Mach II pumps and showed a number of possible designs. Communities had selected the India Mach II because they were already familiar with it.

Co-ordination

During the period evaluated UNICEF co-ordinated OLS, in which the Government of Sudan, SPLM/A, UN system and NGOs participated: this helped the co-ordination of its own programmes. UNICEF was also the focal agency for six of the sectors in which Netherlands funds were used: Health and Nutrition, Water and Sanitation, Basic Education, Emergency

Preparedness and Response, Information and Communication and Child Protection and Youth Participation.

Undoubtedly the responsibility of co-ordinating OLS placed an unusual burden on UNICEF, but gave it a privileged position in the formulation of policy and strategy, both of which had implications for implementation of its own programmes which were notable for the large number of partnerships with INGOs, local NGOs, community-based organisations and agencies of the SPLM.

UNICEF formulated much of the policy frame and strategies for the Secretariats and thus the present and future co-ordination of activities. UNICEF encouraged the SPLM in taking an increasingly active role in management. The closeness of UNICEF's links to the SPLM risked a loss of neutrality *vis à vis* the Government of Sudan. There was, however, no suggestion of any loss of impartiality or humanity due to UNICEF's co-ordination activities.

5.3 International Rescue Committee

The Government of The Netherlands donated €1,312,791 to Stichting Vluchteling⁵⁸ for the period 1st August 2001 to 28th February 2006. SV, which does not implement activities, transferred this to the IRC, which had worked in southern Sudan since the early 1980s and with which SV has had a working relationship since the mid 1990s.

Other donors

Other donors provided a total of € 2,113,134. This included OFDA the largest donor, UNICEF and SV's own resources.

IRC partners

The Relief Association for Southern Sudan and the SRRA, local communities, County Health Departments, UNICEF, WFP (who provide food-for-training) and many NGOs operational in health, nutrition and food security.

Objectives

- Provide 260,000 people with sustainable Primary Health Services, increasing the population with access to the service by 20 per cent.
- Continue providing 215,000 people with access to Primary Health Care facilities and services and increase this access by 20 per cent (by creating six new Primary Health Care Units and upgrading two existing Primary Health Care Units to Primary Health Care Centres) for an additional 45,000 people in Northern Bahr El Ghazal and Upper Nile by 31st July 2002.⁵⁹

⁵⁸ SV is a non-sectarian and independent private organisation. It does not implement assistance programmes, but acts as a funding partner for both international and national NGOs operating in refugee situations.

⁵⁹ Primary Health Care Units are the basic level of health provision and should be staffed by Community Health Care Workers and Traditional Birth Attendants (TBA). The Primary Health Care Centre is the next level of Health Care Services and is staffed by a medical assistant, clinical nurse, midwife, maternal child health worker, community health care worker and traditional birth attendants.

- Provide an additional 240 well qualified health and sanitation workers and a health manager by supporting training in the Upper Nile, Bahr El Ghazal and Lakes regions by 31st July 2002.
- Support Primary Health Care Units and Centres facilities and services.
- Provide clinical and technical supervision.
- Provide water and sanitation services.
- Implement a cost recovery scheme for Primary Health Care Centres,
- Operate and support regional training centres.
- Train primary health workers.
- Train Sudanese for technical positions.

Strategy

The IRC strategy was to meet essential relief needs but also building the capacities of the indigenous and displaced populations of southern Sudan. A sustainable programme of primary health care was to be achieved through the promotion of a community-managed infrastructure linked to emerging civil structures in health management. Regional Training Centres were to be a critical element of this programme.

Activities

Thus IRC's activities included both implementation and capacity building. Implementation centred around 46 Primary Health Care Centres and Units, which were managed by Village Health Committees, and included providing water and sanitation services. Capacity building activities involved training health workers and other Sudanese staff; this was carried out in two Regional Training Centres in Bahr El Ghazal and Upper Nile. Trainees included: community health and mother and child health workers, hospital and auxiliary nurses, traditional birth attendants, Village Health Committees, expanded programme for immunisation teams and water and sanitation teams.

During the evaluation period, IRC supported more than 40 primary healthcare facilities, providing services such as water and sanitation and vaccination, and supporting two regional training centres for community health workers and mother and child health workers. The IRC also worked to improve women's access to emergency obstetric care, to raise awareness and understanding of the dangers of HIV/AIDS, ran a vocational skills training programme and recently started implementing another programme in the development of civil society.

At the end of 2004 IRC was no longer drilling wells, having handed over its rigs to Sudan Relief and Rehabilitation Commission, and did not construct any more latrines. It continued to maintain and repair the handpumps and latrines at and near those health facilities that continued to be supported by IRC.

Relevance

IRC's primary health care accords with the priorities and requirements of Dutch humanitarian aid. The catastrophically and chronically poor health of the population of southern Sudan and the important role that improved health can play in future development, makes the provision of primary health services (including water and sanitation) and capacity building extremely relevant to the needs of the people served.

Effectiveness

Table 6 indicates the outputs of IRC's activities for part of the evaluation period. Although these data form a useful starting point, the numbers should be treated with caution. Data for the first and last years of the evaluation period are lacking,

Table 6: Outputs of the IRC Primary Health Care Programme

Reporting period:	1-8-01 to 31-7-02	1-8-02 to 31-7-03	1-8-03 to 31-12-03*
PHCU supported	38	40	40
PHCC supported	5	6	6
PHCU established	3	2	-
Patients treated	270,876	261,000	148,046
Number of women receiving antenatal and postnatal services	-	28,273	16,993
Water points built or rehabilitated	39	45 (total wells 771)	22
Latrines built	306	334	100
Vaccination sessions	According to UNICEF, IRC achieved the highest number of vaccinations among all NGOs in 2002		
Drug Kits distributed	369 phi, 57 phi	333 phi, 50 phi	105 phi, 14 phi
ORS packets distributed	44,733	62,850	27,700
Average number of health workers supported per months	1,945	?	2,287
Number of RTC graduates	73	76	(92 students enrolled in Sept.) **
Participants in refreshment courses (CHW, TBA, PHC, EPI)	890	1251	854
Trained CHW	48	65	63
Trained MCHW	13	10	11
Trained water and sanitation committees	3	3	-
Trained TBAs	115	135	50
Trained PHC members	154	24	0
Trained EPI members	58	72	0

Source: final reports IRC to SV 2001, 2002, 2003.

Four month instead of 12 month period.

** No information on graduation because of the four month period.

PHCU Primary Health Care Unit; PHCC Primary Health Care Centre; ORS oral rehydration sachet; RTC Regional Training Centre; CHW community health worker; TBA traditional birth attendant; PHC primary health care; EPI Expanded Programme of Immunisation; MCHW mother and child health worker.

During the first years of the period under evaluation, objectives were achieved, but with no increase in the number of patients. From the end of 2001, IRC focused on the quality and

range of services within existing health facilities. There were problems of under-staffing, delays in delivery of drugs and materials such as mosquito nets and food for inpatients. In 2004, IRC handed over some of its water and sanitation activities to other NGOs and to the SRRA, but it is not clear that this improved their effectiveness. In practice, water and sanitation activities, are far from meeting Sphere standards.

Training and capacity building were effective and led to an increase in, for example, 'safe motherhood' activities like assistance with normal births and active hygiene promotion and outreach. The effectiveness of capacity building is supported by the relatively high quality of Sudanese met in the field.

Efficiency

Several staffing, logistical and security constraints reduced the efficiency of IRC's interventions. The effects seem mainly to have affected the efficiency of the primary health care facilities, services, water and sanitation, but the training activities were less affected. Under-staffing was due to over-extension and a high staff turnover. IRC responded by instituting an 18-month contract for people that they trained. Health workers were dependent on recovering costs (including the cost of their labour) from the community.

Transport was always difficult and expensive so materials were delivered late or according to space available in aircraft: sometimes it seemed Lokichoggio 'would just send a bit of everything' rather than what was needed.

An IRC team in Upper Nile (Pagak) had to be evacuated several times and, in 2003 finally withdrawn from the region. There were bombings at Malual Kon and two primary health care units were looted. In 2001, Upper Nile, including Ganyliel, was placed under a flight ban.

IRC has standardised reporting formats to increase the level of analysis; reports had been very statistics-based. The organisation has gained in efficiency through increased use of modern communication technologies like e-mail. Staff reported that due to technical and communication problems, information between the field and headquarters, in both directions, had not been getting through.

Co-ordination Coherence and Connectedness

UNICEF co-ordinates activities. IRC has its own funds and can afford a degree of independence but UNICEF controlled OLS, a structure of importance to the NGOs. Co-operation with UNICEF has been quite successful as when, for example, it drilled boreholes for IRC. Communication between agencies is good and competition between them is neither intense nor thought to be harmful.

IRC has a functional dialogue with the Secretariat of Health, but county health departments scarcely exist. It has a good relationship with local authorities though they may make excessive demands – for example claiming rights to transport.

For the continuity of its activities, rather than expensive short-contract expatriates, IRC prefers 'Sudanisation', the use of local staff, who can, in time, be trained to deliver a more sustainable service. IRC will hand-over management and administration of the primary health units to communities. They are perhaps not yet willing to take-over management. In its

regional training centres IRC has approached the issue of a phase-out strategy by developing a Board of Directors for each school.

In a more general strategy to deal with southern Sudan's long-term development, IRC has, since the peace agreement, gradually been shifting responsibility for internal short term and mid term planning and co-ordination from Nairobi to Rumbek.

SV charges 3 per cent overhead costs for the IRC projects in southern Sudan. Although the Foundation does not evaluate all projects annually, each year it selects some in its different countries for evaluation by external consultants. SV monitors all projects on the basis of interim and final narrative and financial reports, on which it gives information to donors and feedback to IRC. It also makes field visits for monitoring: a joint SV/IRC field visit will be made to southern Sudan in October 2005. From 2000-2004 SV and IRC had 12-month contracts. For 2004-2006 this has been increased to a two-year contract. The Director of IRC southern Sudan considers that SV adds value by contributions from its own funds and by the firm link to a The Netherlands public from whom funds are raised. This links to the SV role in advocacy both in The Netherlands and globally. The interviewees in the Netherlands Ministry of Foreign Affairs said that it values the role of SV as an intermediary because it takes over some of the workload in monitoring, reporting and selecting implementing partners.

5.4 Save the Children-UK Community Animal health programme - southern Sudan

Since 1991 SC-UK's has supported food security and the development of social cohesion in southern Sudan through complementary programmes in livestock, fishing and the distribution of seeds and tools. These programmes build household food security and rebuild local coping mechanisms. In May 1994, SC-UK established a livestock project in northern Bahr El Ghazal, central Upper Nile and northern Bor County. Initially, SC-UK was involved in eradicating rinderpest but as the disease came close to eradication included vaccination against a wider range of diseases.

From mid 1998 to December 2003 The Netherlands provided SC-UK with €1,221,395. The goal of the project was a community based, decentralised and cost recovering veterinary service that could be built on in the future. During the funding periods of June 1999 to July 2000 and August 2000 to December 2001, two no-cost extensions were granted because of difficulties in recruiting and retaining local staff and disruptions caused by conflict. The files provide no information on other donors of cash, if there were any. Other forms of support were provided by Oxfam who seconded a project officer in 1999 and UNICEF who provided material support and some training.

Partnerships

SRRA, SPLM, UNICEF, FAO and Vétérinaires sans Frontières-Belgium, Vétérinaires sans Frontières-Switzerland, Nile Relief and Development Society, Tufts University, local communities.

Main objectives

- To address some of the root causes of household food insecurity.
- To support pastoral society by enhancing local capacity to improve livestock.

- To eradicate rinderpest by collaborating with the Vétérinaires sans Frontières – Belgium’s Rinderpest Project and, later, the African Union Pan-African Control of Epizootics programme.
- To increase local capacity to diagnose and treat animal disease.
- To continue to support a decentralised, locally based animal health service.
- To treat individual animals affected by some of the main diseases and thus to increase milk yields, reduce mortality and enhance growth rates.
- To deliver and maintain a cold chain capable of delivering vaccines to the field.
- To train Community-based Animal Health Workers and other animal health workers to a more technical level, including refresher courses.
- To replace the initial cost recovery system by a direct purchasing system for veterinary drugs.
- To improve the availability of livestock products for children by controlling endemic diseases and epidemics.
- To reduce social exclusion by disease control in the livestock of disadvantaged groups, including women and girls.
- To improve children’s access to, and control of, benefits accruing from animal health services.
- To support training for local project owners and counterparts.
- To deliver starter herds to poorer women and schools.

Strategy

The main components of the SC-UK strategy were: first to intervene directly through vaccination and treatment of animal disease, initially with particular emphasis on the elimination of rinderpest. Second SC-UK sought institutional development, training and retraining to build local capacity. Third it provided technical support, for example the development of a cold chain. Fourth the strategy prioritised vulnerable people, particularly women and children.

From 2002 the programme was part of a FAO-led Emergency Livestock Programme of decentralised delivery of animal health services in which over 1,200 Community-based Animal Health Workers deliver services on a cost-recovery basis and cover approximately 60 per cent of southern Sudan.

Relevance

The programme was consistent with the objectives of Dutch humanitarian assistance. Livestock lies at the cultural and economic heart of southern Sudan: in Dinka and Nuer societies it represents social standing, wealth and options for trade. Livestock products contribute 20-60 per cent of food needs. Sudan’s complex chronic emergency marginalised livestock keepers and eroded normally robust coping mechanisms. Animal health services had collapsed. It is appropriate that The Netherlands supported an intervention that would aid the recovery of the mainspring of the economy and the dominant source of food in southern Sudan. This support to a dominantly rural activity had the benefit that it provided an alternative to a rootless urban location both for returnees and people still *in situ*. Support to an agency with a long-established programme relating to animal health, even though the emphasis was shifting from rinderpest was sensible. The animal health programme could have longer-term benefits if the wider marketing of animals became possible.

The SC-UK goat loans scheme was relevant to the needs of vulnerable groups. Goats, sheep and chickens were also supplied to three schools, which developed livestock clubs that supplied the most vulnerable children, particularly orphans, with milk. These animals were also used for training children in the techniques of basic animal husbandry.

Effectiveness

It is difficult to obtain a precise measure of outputs because reports over the six years varied in content. Since the evaluation was two years after the programme ended, it was difficult to check activities in the field. Table 7 summarises the claimed output, which shows a significant reduction in the vaccinations and some reduction in the trainings.

The rinderpest campaign was a significant achievement and in July 2002 Sudan was declared⁶⁰ provisionally free from rinderpest on a zonal basis and moved into a phase of intensive disease surveillance. In 2002, it is reported that approximately 84% of the cattle in Bahr El Ghazal survived as a direct result of SC-UK's interventions. While this is a bold claim, the achievement of forestalling possible outbreaks of rinderpest, (which has in the past killed up to ninety percent of cattle in parts of Africa) is considerable, though it might be better considered as a well-considered proactive intervention rather than an absolute achievement

Table 7: SC-UK animal health output

	Rinderpest vaccination	Other Treatments	CAHW * (Trained)	CAHW (Refresher)	Cold Chain	Other
1998-99	92,353	23,030	30	70	4	Handbook; Young Vets.
1999-00	36,306	38,693	16	18	3	Livestock in schools
2001	0	0	63	35	9	Privatise drugs; area reduction
2002	0	57,000	55	91	4, +2 repaired	Kerosene for cold chain
2003	0	0	0	70	0	52 female herds; 3 school herds

Source: SC-UK records.

* Community based animal health worker

Three areas of success were documented in the field, but not in the files. First, the School projects building skills in animal husbandry. In Akon the children and not the caretaker tended the herd. Only 5 of the 30 goats were being milked. The school claimed that the milk was distributed without charge to 'vulnerable' children: there was no indication of how these were defined. This project appeared less effective because of SC-UK's abrupt withdrawal and an embedded culture of dependency, so that the children involved had no sense of ownership. The goats were still producing some milk and were being tended by the children but the very

⁶⁰ 'Clearing out rinderpest's last reserves', FAO, 2002.

rapid handover has reduced the hope of sustainability. This project was a modest , but compromised success.

Second, in the goat loan scheme, pregnant goats were lent to poorer members of the community who could keep the offspring to start their own herds. This model of good practice, developed by SC-UK, was taken up by Vétérinaires sans Frontières-Belgium.

Finally, when SC-UK's funding was discontinued⁶¹, it tried to work with the Sudan Relief and Rehabilitation Association, in Wau, to explore ways of privatising the animal health service. It did not succeed, but the effort demonstrated its willingness to address sustainable solutions with the relevant local authorities.

In Upper Nile, SC-UK had less success than in Bahr El Ghazal because of prolonged armed conflict, limited access and logistical problems that meant the cold chain could not be maintained and local staff could not be supported.

The largest single problem, mentioned by all respondents, was the sudden termination of support in 2003: The Dutch Government had announced a three-year pull-out from the programme, but in the event ceased support after two years. No agency would take over SC-UK's work in animal health. The phase out was too rapid and there was no opportunity to explore community ownership. Local expectations were raised but not met, creating a poor reputation for SC-UK. While capacity building of the Community-based Animal Health Workers and other professionals was seen as useful they had to move to other jobs.

Efficiency

SC-UK initially provided full area coverage for rinderpest. Later projects focused on point coverage and a wider range of diseases: this increased effectiveness and efficiency. But efficiency was reduced by staff turnover and transport costs. The cold chain in southern Sudan remained incomplete, reducing efficiency and ability to vaccinate livestock in several areas.

School livestock clubs and the goat loan scheme still operate and require no further resources. These projects were efficient since they target the most vulnerable, provide milk and education, and strengthen livelihoods.

SC-UK had planned to withdraw from the programme over four years, but was forced, by a lack of funding, to withdraw a year early: no organisation was willing or able to take over their work. This abrupt loss of financial resources leading to a decline in both human and technical resources reduced the efficiency of the programme.

Co-ordination, Coherence and Connectedness

SC-UK field staff met regularly to share experience, examples of best practice and current challenges though this was limited during the rainy season. Field staff sent monthly reports to Lokichoggio with feedback to each staff member and to Nairobi. To ensure common goals,

⁶¹ The Netherlands had intended to fund SC-UK for four years but, probably because of limited resources, had to cease funding after three.

SC-UK co-ordinated with the SRRA, which is involved in most SC-UK projects. SC-UK also met county co-ordinators to share experience and discuss constraints.

To ensure maximum coverage and prevent overlaps SC-UK attended co-ordination meetings in Nairobi and southern Sudan. SC-UK also co-ordinated with other organisations such as FAO and Vétérinaires sans Frontières-Belgium but disagreed strongly with all the other organisations over charges for rinderpest vaccinations. SC-UK maintained it was irrational to charge for animal vaccinations partly because food was freely distributed, and because a healthy herd would substitute for food aid. A further point was that the evaluation was informed that Sudan is the only African country in which FAO had suggested a charge for rinderpest vaccination. The evaluation considers that the elimination of rinderpest is a higher priority than cost recovery and that SC-UK's view was correct.

SC-UK remained an active member of the OLS Consortium, providing an opportunity to challenge policies and practices. The SC-UK livestock team made annual activity reports to UNICEF/FAO as the lead agency in the OLS Livestock Sector. SC-UK attended and contributed in Livestock Co-ordination Meetings.

SC-UK developed links between all its projects, addressing the gap between relief and development. SC-UK strengthened local capacities wherever possible. People adopted animal health projects because by retaining livestock, they could reinforce their livelihoods and secure food and education. SC-UK encouraged community ownership of its projects, although a culture of dependency made this difficult. Ownership strengthened as SC-UK worked with local authorities to ensure community wide understanding of the overall goals.

5.5 SC-UK Community Water and Sanitation - southern Sudan

In 1991, SC-UK opened its programme in southern Sudan working in OLS; it engaged in the water sector in 1994. The central component of the SC-UK Southern Sudan Programme is support for food security and the social cohesion of communities, which is achieved through a range of complementary programmes in livestock, fishing, seeds and tools and rebuilding of local coping mechanisms.

From 1 September 2000 to 30 September 2003, The Netherlands was the main funder of SC-UK's 'Community Water and Sanitation Project in southern Sudan' providing €1,628,131. At the end of the period 2000 to 2001, SC-UK asked The Netherlands for a four month no cost extension.

Supplementary funders

SC-New Zealand and USAID/OFDA. The amount of the funding is not known. WFP supplied some technical support.

Partnership

Implementation of the community-based water supply project was in partnership with SRRA's Water and environmental sanitation sector.

Main objectives

- To increase access to safe water⁶² resources to a level of supply equivalent to 10 litres per head per day and, at the same time, build indigenous capacity to develop and sustain water sources.
- To reduce the incidence of water related diseases, particularly guinea worm and diarrhoea by providing better quality and promoting improved hygiene.
- To develop the capacities of the project team, water and sanitation committees, SRRA of Southern Sudan, local authorities and water teams to improve their management of community water, sanitation and the promotion of hygiene.
- To select eight schools, supported by SC-UK,⁶³ for an integrated Hygiene Promotion campaign, which would include hygiene education, providing water supply, pit latrine construction and soap manufacture for schools. Following the campaign, sanitation facilities and hygiene education and promotion services for children will be developed through SC-UK supported schools and villages within respective catchment areas.
- To contribute towards the development of a strategic plan for water supply provision and maintenance within southern Sudan.
- To conduct specialised and routine participatory monitoring and evaluation of water and sanitation projects in order to assess their impact on the health of the children.
- To continue to participate in networking and collaboration initiatives in the OLS Consortium.

Strategy

There were two main strategic components to this project: provision of safe water and promotion of hygiene. These activities were to be extended through Gogrial and Aweil South.

Activities

The three activities to support the strategy were hand drilling, hand-dug wells and hygiene and sanitation promotion. The hand drilling was by eight ten-member Sudanese teams with Vonder rigs. Casing and a filter were provided and India Mark II hand pumps added. The plastic filter was of the standard design used throughout southern Sudan. Hand-dug wells were used only in Wau County where ironstone is impenetrable to hand drills. Wells were capped and provided with India Mark II hand pumps. Communities were encouraged to use SC-UK kits to dig their own wells. Maintenance of each pump was carried out by a trained caretaker, paid (usually in food) by the community. Payment for work done by the community was through food-for-work. Hygiene promotion was a relatively new component of the project and was piloted in schools.

SC-UK provided water points, with a caretaker and a Village Water Management Committee consisting of 3 women and 2 men. The SRRA's water teams, in collaboration with SC-UK, selected and established these committees.

⁶² Safe water points include piped water, public tap, borehole/pump, protected well, protected spring and rainwater.

⁶³ Save the children support 28 schools in southern Sudan as a result of their child demobilisation programme. Eight of them were selected because their pupils included large numbers of demobilised child soldiers.

Teachers were trained in hygiene promotion. Pit latrine kits were provided for 25 schools. A further 112 latrines were constructed in households to reinforce the capacity of children to persuade their families to adopt better practices. Seven student hygiene clubs were formed during the evaluation period, targeting 1,733 students. These clubs used teaching, songs and role-plays to educate their fellow students and communities in good hygiene practices. In 2002, because the concentration on sanitation hardware proved to be of limited effectiveness, the organisation re-oriented its projects and concentrated on creating awareness. During 2000, 54,000 cases of Guinea worm were reported from 3,386 villages. Counterparts in the field assisted the Guinea worm eradication programme by distributing filter pipes provided by the Carter Center's Global 2000 programme.

Exit strategy

The programme was handed over in 2003 to the EC Humanitarian Plus Programme; The Netherlands had providing transitional funding. The hand over was delayed in Brussels and The Netherlands agreed to a further three month, no cost extension.

Relevance

The programme was consistent with the objectives of Netherlands humanitarian assistance. It also addressed the needs of local people. Safe water sources and sanitation are essential in preserving health and thus ensuring livelihood sustainability. SC-UK water and sanitation projects cover some of the most populous areas of Southern Sudan (Aweil and Gogrial). The Water Management Committee and the caretaker ensure that water points remain functional and safe meet these requirements. Teacher-training projects were relevant, since, by changing the behaviour and practices of younger generations, the whole community will eventually benefit. Hundreds of schools in southern Sudan are forced to close in the dry season because of the lack of clean water. Establishing safe water points and eradicating guinea worm is very relevant to meeting beneficiaries' needs.

Effectiveness

Between 2001 and 2003 the Sentinel Sites Surveys⁶⁴ show that access to protected water sources increased from 32 to 46 per cent access to safe water in southern Sudan SPLM areas. SC-UK contributed to this improvement between 2000 and 2003, SC-UK constructed 151 safe water points and repaired a further 137: all the SC-UK water points visited were operational and heavily used. Unfortunately, resources, staff shortages and access limited the extension of SC-UK's water points⁶⁵. Water points were well located, so that distances for most people were minimised. During the dry season, people from other villages (up to a three-hours walk away) used water points, resulting in long queues. The Water Management Committees prioritised pregnant women or sick people and prevented arguments and fighting in the dry season.

Water points constructed in the last two years are well maintained, fenced and cleaned: they have active Water Management Committees. Older water points suffered lacked maintenance,

⁶⁴ UNICEF has instituted a series of monitoring sites to allow the collection of reliable statistical data on socio-economic phenomena. The programme is known as the Sentinel Sites Survey. The technique is widely used to collect socio-economic, particularly health-related data.

⁶⁵ It is usually impossible to transport drilling equipment and well parts to most areas during the rainy season.

had poor or no fencing and were not clean. Most water points had stagnant pools, from which livestock would drink, at the end of the fencing. These are breeding places for mosquitoes.

Unlike older latrines, which seemed not to be used because of pit collapse during the rainy season and poor maintenance, newly constructed household latrines were used effectively and clearly illustrate a change in behaviour. The difference reflects the effectiveness of the Hygiene Promotion Programme.

Hygiene promoters and motivators visited schools and villages. They visited households where 'bad behaviours' were visible and successfully educated people to change their behaviour.⁶⁶ Behavioural change takes time and sometimes several visits were necessary.

Children were more willing than their elders to adopt new initiatives so school hygiene clubs and hygiene promotion within schools was widely adopted. Older students, particularly the females, understood the routes of disease transmission, methods of disease prevention and the importance of good hygiene practices. Failures occurred when teaching hygiene and sanitation was weaker due to a lack of training. In some cases, though, although children understood the importance of using latrines they were unable to use them because but none were operational.

Efficiency

A number of problems limited efficiency. Initially a large staff turnover reduced the efficiency of SC-UK projects and trained staff moved to other organisations. By 2003 and 2004, however, SC-UK has maintained a well-trained and committed local staff base. Because a thin coverage of staff made monitoring inadequate, SC-UK decided in 2002 that it would restrict coverage to areas that could be adequately staffed.

Transport costs were high and transport of digging equipment or spare parts was almost impossible during the wet season so To overcome these problems SC-UK successfully co-ordinating well digging with other organisations such as UNICEF.

The design and construction of water points is standardised for all agencies to facilitate repairs and maintenance, though there are insignificant differences in layout and according to the depth to the water table different excavation or drilling methods may be used. UNICEF has collected information on the condition of water points.

The reception of funds at a time when work is not possible hinders efficiency because money arrives in the wet season. A two-year funding cycle, or one that enables work to begin during the dry season, would be more appropriate.

Co-ordination, Coherence and Connectedness

SC-UK attends co-ordination meetings in Nairobi and southern Sudan to ensure optimal coverage and prevent overlap. Together with UNICEF and ODI, SC-UK now leads the post-conflict country water supply and sanitation policy and institutional development process for southern Sudan. At field level SC-UK co-ordinates the drilling of water points and use of

⁶⁶ Hygiene promoters were trained to identify 'bad behaviours' including indiscriminate faecal disposal and not washing hands before preparing food. They would also identify such households through levels of sickness; for example, by finding a child with diarrhoea.

vehicles with other organisations. SC-UK staff meet in the field to share experiences, and discuss best practice and current challenges, though this is limited during the wet season. Field staff report monthly to Lokichoggio and receive feedback.

SC-UK meets the SRRA and local authorities to ensure that all work towards the same goals and that projects have the support of local authorities. They also facilitate meetings among the county co-ordinators and co-ordinate with UNICEF and SRRA for water and sanitation, providing transport for national SRRA water and sanitation officials to attend the meetings.

Water and sanitation have been provided in a coherent manner with a range of both local and international NGOs co-ordinated through UNICEF. SC-UK remained an active member of the OLS Consortium and worked closely with other members in the formulation of policies and guidelines within the water and sanitation sector. They also participated in the OLS/Water and Sanitation Sub-sectoral Working Groups.

There are links between all SC-UK projects to address the gap between relief and development, to which end SC-UK has continuously aimed to strengthen local capacities. The water and sanitation projects reduce illness and improve health; the construction of water points, within villages and near schools, reduces the amount of time needed to fetch water. These factors increase resilience, ensure that people are able to work, and strengthen livelihood capacities.

5.6 Enfants du Monde-Droits de l'Homme (EM-DH) Psychosocial Support and Rehabilitation of Vulnerable and War-affected Children

This project is located in Wau town. At the time of the evaluation, Wau was an enclave controlled by the Sudanese Government in Khartoum, but surrounded by territory controlled by the SPLA but with which there were no links from Wau. The only access for the evaluation was by air (two flights per week) and special visas had to be obtained from the Sudanese Government for permission to visit Wau or to work there. There were very few other agencies present in Wau with which EM-DH could coordinate. EM-DH runs a psychosocial day centre in Wau; it takes groups of children at risk, street children and children in poverty and provides them with a programme of psycho-social development designed to get them back to, or to start, school.

The programme is implemented at four locations within Wau town:

- Eastern Bank IDP camp⁶⁷
- Salvation IDP camp
- EM-DH centre in central Wau
- Wau Civil Prison

The programme has been running since 1999, following attacks by Kerubino in 1998 and the effects of the 1999 famine, when 75,000 IDPs arrived in a short time. ECHO had previously supported the Centre until The Netherlands donated €522.623 to support the programme from the beginning of June 2001 until the end of June 2005. The Netherlands was therefore the only donor for the programme apart from a small amount from internal sources. Dutch funding had been intended to end in June 2004. An extension was requested to 30 September

⁶⁷ There are two other camps that cannot be safely accessed.

2004 to allow activities to continue until funding by the French Government or ECHO became available.

Partnerships

The programme partnerships were with UNICEF, FAO, WFP, ICRC, ACF, The Catholic Mission, Don Bosco Vocational Centre, IRC, MSF-H, Norwegian Church Aid, SC-UK, Warchild-NL

Objectives

The specific objectives of this project are to:

- Improve children's health and nutritional status.
- Promote health and nutritional awareness.
- Reduce the trauma displaced and war affected children aged from 6 to 14 years.
- Provide material assistance for IDP children.
- Enhance school enrolment.
- Expand the protection of children's rights by mobilising government and NGOs to adopt the Convention on the Rights of the Child.
- Promote participatory approach and innovative pedagogy.
- Promote peaceful relations between the different ethnic groups.
- Promote collaboration between the different government institutions and NGOs.
- Document the situation of children.
- Improve the communities' capacity for dealing with children's issues.

The strategy of the project was to restore traumatised children to some form of normality and then to transfer them to schools. The activities were with four groups of children: those attending the Centre for a three-month programme, those in prison, those in IDP camps and street children.

Admission to the Psychosocial Centre was to those living in difficult circumstances – IDPs, unaccompanied children, traumatised children, children of dysfunctional families and those with mental and physical disabilities. Those attending the Psychosocial Centre in Wau were mainly IDPs. Two-thirds were boys and 58 per cent of them were found to be suffering the symptoms associated with post-traumatic stress disorder. They were assessed for physical health by the nurse, psychologically assessed, attended for three months and were involved in a programme of sport and other therapeutic activities. Those attending the Centre and IDPs were provided with some clothing, soap, mosquito nets, a mat and books.

Those treated in prison were under-aged boys and women with children under two. Treatment was mainly through talking during the two-hour weekly visits. It was proposed in 2002-03 to increase the range of activities to include drawing, song, drama and sport.

Those in the two accessible IDP camps received treatment similar to that in the Centre but in a more limited form.

Street children treated were all boys. It was intended to contact girl street children but this proved very difficult. A few street children attended the Centre but most attended for football,

though from 2002 some attended a carpentry course run in the Catholic Mission and later the Don Bosco Training Centre.

In 2003-04 the age of the children to be dealt with was extended from 8 – 14 to 6 – 16. At this time UNICEF and SC-UK wished to become involved with street children. Throughout the programme attempts were made, with limited success, to include more girls. In 2003-4 the project was seeking ways of increasing community involvement in the response to psycho-social problems in IDP camps.

Relevance

EM-DH'S activities are consonant with the priorities and requirements of Dutch humanitarian assistance. Wau is a devastated city, cut off from normal supplies, communications and connections and is a place where a large number of children are in danger or traumatised; the programme went some way towards addressing that problem. The Netherlands Embassy in Khartoum has reported positively on the programme on several occasions.

The initial proposal indicated the age group of 8–14 years old children as primary targets of the programme. Later that was modified to 6–16 years old. The programme began including women on the principle that the lives of children cannot be improved without working with their principal guardians. This has resulted in certain extension to the mandate. While EM-DH's activities are important and responsive to the needs of the community, they have become, to a certain extent, *ad hoc*.

Effectiveness

EM-DH implemented most of the activities planned in the original proposals. These included improving children's health and nutritional status, promoting health and nutritional awareness, offering trauma counselling for war affected children and enrolling children in basic education. During 2002-03 EM-DH treated 214 in the Centre, 70 in prisons, 90 in the IDP camps and 29 street children regularly visited the centre and 18 street children attended carpentry training. From the start of the programme in 1999 to 2003 about 2000 had received some form of support.

Some activities which had not been foreseen in the original proposals have been undertaken, both these and the core activities could have benefited from a greater degree of training for the local staff. Some work, particularly that with women and their children who were in prison, improved the quality of life for the beneficiaries, but lacked strategic objectives and planning.

Under-funding meant that some children could be prepared for school entry, but could not be provided with the uniforms and equipment necessary for school attendance.

Efficiency

The funds were used very efficiently, in the sense that more was accomplished than had originally been expected. Additional activities were taken on in the face of great need, but this meant that funding also had to be spread a little more thinly.

One major problem, indirectly related to funding, was in transport. It was necessary to travel to those parts of the enclave where the children were to be found. Roads had been destroyed by bombardment and neglect; the consequent damage to vehicles was considerable. There were no spare parts in Wau and no technicians; everything had to be imported (including the technicians) at great cost from Khartoum. This was a major financial burden and a permanent worry.

Co-ordination, Coherence and Connectedness

Co-ordination

EM-DH is a member of the Child Protection Steering Committee based in Wau which is led by UNICEF and it works with WFP. It has also established relationships with local authorities. The Local Relief and Rehabilitation Committee held monthly meetings which were attended by EM-DH.

Coherence

Because of the isolation of Wau and the difficulty of communication, the only coherence possible was with the policies of local authorities. The local Ministry of Agriculture, the police and the administrative council were all supportive of EM-DH's work. For the sustainability of the programme it is necessary to train Sudanese staff to a higher level, to achieve more individual treatment and broader community involvement.

5.7 Specific Issues in the Terms of Reference: southern Sudan

Security, protection and humanitarian access

Until 2002 security and access were very difficult, with flight bans, bombing and looting. Security remains problematic in some ten per cent of southern Sudan at any given time: currently, parts of Upper Nile and the Lord's Resistance territory of Eastern Equatoria are particularly difficult. Traditional cattle raiding and inter ethnic conflict have continued up to the present. Because humanitarian access was not feasible in such circumstances, people had to depend on traditional coping strategies such as migration. The effect of migration is to move people away from the bases of their livelihoods and to stress the most vulnerable. The peace process has eased the security problem to some extent but demobilisation must be carefully handled if former soldiers are not to resort to banditry. The Ministry had intended to support security in OLS but the lateness of the decision to fund did not allow this during 2004. Consistent support for the IGAD peace process by the Netherlands showed that their interpretation of the emergency highlighted their recognition of conflict as the critical underlying problem.

UNICEF has addressed the security issue through OLS and has created emergency response capacity. In 2004, additional problems arose with 400,000 returnees: this number will increase and may cause conflict with local people whose resources are threatened.⁶⁸

⁶⁸ Sudan has more internally displaced people than any other country and a large number of refugees. Effective reintegration of these people will be the major challenge for humanitarian assistance in the next few years. Though the numbers will be huge, the level of conflict should be low and, in most of southern Sudan, it should be possible to deliver programmes in a more developmental mode.

UNICEF, in particular, has started to address the problem of domestic violence through advocacy and the development of legal protection for women and children. Other agencies have also prioritised women and children in their activities. An interesting development is the emergence of youths as agents of change in relation to women's rights.

The Gap Issue: Linking Relief, Rehabilitation and Development

Notwithstanding the progress towards peace, southern Sudan remains in a state of chronic emergency with regard to health, education and welfare, so humanitarian relief is still needed. The need for continued humanitarian assistance is manifest not only in the deplorable present condition of the population, whose living conditions are among the worst in the world, but also in the certainty of the need to reintegrate perhaps four and a half million returnees in two or three years and plan for future emergencies in, for example nutrition. It is essential that the capacity for timely emergency intervention be maintained. But this can be achieved within a transitional framework.

In fact, a transition towards development has been achieved in most sectors. The effects of many agency activities, including those supported by The Netherlands were simultaneously humanitarian assistance and developmental and justifiable as either or both. The increase of girls' access to education or provision of safe water are two examples of this.

Distinctions must, however, be made between the modes of delivery of humanitarian and developmental activities. In humanitarian delivery the priority is rapid provision. In emergency conditions this may be in an unsustainable manner: a minimum supply of clean water provided by outside agencies and with little community involvement or the construction of small part-time schools for girls. As acute emergency needs are fulfilled such modes become unacceptable and the same broad aim is achievable by more socially and culturally nuanced methods and with more emphasis on matters such as the broader positive and negative impacts of both the commodity and the delivery mode. Ideally emergency delivery does not compromise transition to development, but in saving lives and livelihoods this may occur. It is a truism that developmental modes must be sustainable and that this generally demands socio-cultural and not technical solutions. The implication is that Netherlands aid will need to be increasingly, and in the knowledge that this fits badly within short funding horizons, oriented to the facilitation of cultural change. Within the Netherlands-supported activities in southern Sudan it is possible to identify a continuum of these delivery styles. It is essential that the emergency intervention capacity and activities remain.

The critical indicator of transition to sustainable development is that at which communities are able and willing to participate fully in the management of activities: the failure of communities to accept responsibility for the fuller management of the UNICEF Community Capacity Development projects suggests this point has not been reached. Similarly the slow progress of the change of behaviour through hygiene education, without which the construction of latrines is of little value, shows that the line between humanitarian assistance and development has not yet been passed.

All agencies have addressed the transition issue in similar ways through capacity building, institution building, particularly of the SPLM, but also of community institutions, and the development of exit strategies involving handover to communal organisations. It must be admitted that the willingness or capacity of putative governmental institutions and communities to take over is at present questionable, and a severe test for transition, but for

sustainability there is no alternative. The unity of agency activity probably reflects the influence of UNICEF's co-ordination activities in OLS.

'Sudanisation' activities (dependence on local staff up to a high level), favoured by IRC and others, seems to be the best long-term hope for sustainability, but will depend on education beyond the primary stage if a suitable cadre of quasi-elite professionals is to develop. To some extent this is being overcome by the recruitment of staff by INGOs in refugee camps in surrounding countries, for example Kakuma, in Kenya. The evaluation found a significant number of high quality local staff: this is encouraging. That several agencies have sought to build the capacities of children is appropriate, particularly in view of their propensity to adopt new modes of behaviour and enable a different and developmental future. The strengthening of livelihoods implicitly underlay many activities: this, linked to targeted help for the vulnerable, is a feasible track towards development. The use of alternative technologies for well construction has allowed more direct local intervention. Several agencies have found that cost recovery, a more developmental mode, has created problems of access for the poorest.

None of the supported activities involved road improvement but, like the education of a professional class, this seems to be essential to the move to development. The lack of suitably educated people has limited the work of all agencies, whether in relief or in transition. The fact that several agencies are beginning to move the base of their activities from Lokichoggio, in Kenya, to Rumbek has supported the view that southern Sudan is moving towards development.

During the evaluated period, The Netherlands supported both purely humanitarian activities and transitional ones in southern Sudan. This reflected the long-held Dutch view in relation to OLS that it was necessary to take a broader view of humanitarian assistance than that it was a minimalist short-term life-saving activity with no more than food and shelter provided. It also recognised the need for some sort of transition towards development, with an exit strategy that allowed a gradual rather than sudden shift to developmental activities. For support to future recovery activities in southern Sudan The Netherlands has strongly supported the principle of investment through the Multi-donor Trust Fund which will itself support the use of Sudanese revenues, principally from oil. The value of the Multi-donor Trust Fund is the availability of considerable resources for longer-term investment and the benefit of strategically co-ordinating funds from different donors. This could ensure that the total value of investments was greater than the sum of the parts⁶⁹. In addition to facilitating the co-ordination of policies and actions, the establishment of Liaison Offices in Rumbek and/or Juba⁷⁰, will be valuable to the Netherlands Embassy in Khartoum in keeping track of events and processes in southern Sudan.

There are, in order of priority, three future needs for Dutch assistance. First, the dire human living condition of much of the population must be treated as a protracted emergency. Second it is essential that the emergency response capacity is permanently maintained because of the certainty of contingent events. Third, renewed conflict permitting, there should be a shift towards more advanced transitional activities and thence progressively to development.

⁶⁹ In the past some donors have chosen to invest in idiosyncratic ways reflecting narrow interests.

⁷⁰ which is most relevant will be decided by which of the towns becomes the effective locus of decision making in southern Sudan

Co-ordination and coherence of humanitarian assistance

UNICEF, through its position in OLS, was central to all co-ordination, to the extent that agencies felt that they were almost owned by UNICEF; UNICEF thought that those with strong alternative funding were too independent, which made co-ordination difficult. The scale of co-ordination was remarkable. Despite these misgivings, agencies found that strategic co-ordination was successful. In the difficult conditions for access and security, operational co-ordination was pragmatic but generally effective. The training by agencies of others' personnel was notable, as was the intense competition for trained staff. From 2004, the significance of Nairobi as the hub of strategic co-ordination has reduced: Lokichoggio remains surprisingly important in co-ordination.

From 2004, in support of the agreement on power sharing, Dutch embassy responsibility for activities in southern Sudan was transferred from Nairobi to Khartoum. Access to the former garrison towns such as Juba and Wau is still possible only by air; it is a slow and cumbersome process⁷¹. In order to be informed of political, economic, social and security conditions, and of humanitarian activities, together with the UK and Norway, the Netherlands Embassy in Khartoum established a Liaison Office in Rumbek in January 2005, to act as a listening post. The Rumbek office is shared by The Dutch, the British and the Norwegians. The Dutch representative in Rumbek reports to Khartoum and The Hague on activities in southern Sudan, attending meetings, conferences, workshops and makes field visits as an observer and liaises with the SPLM and *inter alia* with humanitarian agencies. The Liaison Office, although not specifically related to humanitarian assistance allows a clearer picture of circumstances and a wide range of relevant activities in southern Sudan and overcomes to a considerable extent the remoteness of the Netherlands Embassy in Khartoum. The presence of three major donors in the office is potentially a major advantage for the co-ordination of donorship activities.

Rumbek is developing as a logistical supplement to Lokichoggio⁷², with the major development of the airstrip to enable its use by large transport planes⁷³. It is also the location of the only functioning bank in southern Sudan (Nile Commercial Bank). An increasing number of humanitarian agencies are locating there. The SPLM/A has identified Rumbek as the administrative capital for southern Sudan so that it is in effect the location of government, with many of the proto-ministries. Meetings with the de facto government can occur there. Rumbek is also the location of an increasing number of humanitarian meetings. Although Juba has been mentioned as the future capital of southern Sudan, its continuing inaccessibility means that Rumbek will increase in importance as a centre for administration. It is also argued that the location of Rumbek is more appropriate for an administrative centre. Already there have been road improvements near Rumbek which also strengthen its importance *vis à vis* Juba.

The Netherlands Ambassador visited Juba in August 2005 to identify the location for a Joint Donor Office for The Netherlands, Norway, Sweden and the UK. From this office, in a joint

⁷¹ In rare circumstances, it may be possible to access garrison towns by road.

⁷² Although it had been expected that with the development of road routes into southern Sudan, Lokichoggio would decline in significance, this has not yet happened, because several agencies have chosen to reduce staff in Nairobi, while strengthening their presence in Lokichoggio.

⁷³ The Netherlands, with USAID, DFID, Norway, Canada, United States State Department and Switzerland have funded the airstrip expansion and upgrading at Rumbek, which is being implemented through WFP. This will allow its use by large aircraft.

operation, support would be given to build capacity in the Government of Southern Sudan and civil society in the south. The decision to set up this office followed a 12-donor mission in March 2005, which prioritised capacity building for future donor investment. Multi-donor Trust Funds, which support priority activities for the Government of National Unity and Government of southern Sudan, would be used for this purpose.

Quality, accountability and the Principles of Good Humanitarian Donorship

Strong co-ordination by OLS led to standardising activities and products and to some assurance of quality. Agencies were aware of the threat of over-extension at the cost of quality: UNICEF concentrated activities in Focus Areas for this reason – unfortunate for those outside them – but with the hope of quality within. IRC chose to leave water and sanitation to others, so that it could concentrate on other tasks. Agencies accepted a target of 10 litres per person day, well below Sphere’s 15 litres. In fact agencies tended to use WHO’s standards rather than Sphere’s. In education and health they followed SPLM Secretariat standards, which were in effect UNICEF’s. In all cases the difficulty of finding suitable personnel limited the quality achievable. Delays in transport reduced the quality and timeliness of activities.

In relation to the principles of Good Humanitarian Donorship, agreed in Stockholm in 2003, the performances of The Netherlands Government and agencies has been sound. Dutch support for the UN, in southern Sudan particularly UNICEF and its role in OLS, and the CAP has been consistent, and The Netherlands have participated actively in joint donor visits and workshops, though these have tended to be *ad hoc*. The Netherlands Embassy in Nairobi co-chaired the Joint UN/Donors Committee until June 2005. This committee was relevant to joint strategic planning. With regard to the transition to development, The Netherlands has agreed to contribute to the Multi-donor Trust Fund for the governance of southern Sudan, which will strengthen capacities for developmental activities.

The second objective of The Principles relates to the four fundamental principles: humanity, impartiality, neutrality and independence. It has been argued that in support for the SPLM, OLS, and thus the whole humanitarian effort, was not neutral. At that time SPLM was the only effective power with which there could be any co-ordination. Not to have supported them would have meant that much less humanitarian activity could have occurred. There is less likelihood of support for capacity building being diverted because the product, unlike food is not saleable or usable for any other purpose.

Point five of the *Principles* stresses the primary responsibility of the state for victims of emergencies. The view taken by OLS and its members was that in southern Sudan SPLM and its agencies were the state; they undertook to work with and build the capacity of these SPLM agencies. Point five also urges donors to ensure “flexible and timely” funding. Some agencies commented that funds arrived at a time, during the wet season, that they could not be used. This comment referred to funding generally and not specifically to Netherlands funds. As for flexibility, agencies strongly welcomed the unearmarked funding provided by The Netherlands, specifically comparing it with the restrictiveness of some other donors’ funding.

Chapter 6 Interventions in Darfur

6.1 The Darfur Crisis

The evaluation of The Netherlands' humanitarian assistance to Darfur draws on seven real time evaluations undertaken by OCHA, multi-donor taskforces and international NGOs. For all, there is an acknowledgement that Darfur is currently one of the world's worst humanitarian disasters. There are many underlying and proximate causes of conflict but high on the list of causes are the increased competition for limited natural resources, a disempowered Native Administration, which decreases the probability of resolution to land dispute, general lawlessness and armed violence supported by the government and lack of services. Increasing militarization has been intertwined with the manipulation of ethnicity; massive demographic upheaval has resulted.

To make a livelihood in Darfur is difficult but not impossible. What must be recognised is that the physical environment is itself unstable requiring careful negotiation between agropastoralists and nomadic people. Conflict exacerbates problems of communication between these groups not least because entitlements to exchange, and by implication markets, collapse. To avoid famine, there is no alternative to food aid where benefits are judged to outweigh costs.

Insecurity continued to hamper the humanitarian delivery of food aid⁷⁴. The ability of WFP and other agencies to access, assess and assist needy people has been constrained by a general inability to address the security situation. The increased presence of the African Union Mission in Sudan (AMIS) has not produced a significant improvement in security, not least because they do not have the requisite equipment to enforce law and order. It is unlikely in these circumstances that there will be a return to agricultural livelihoods in the short term.

Many people in Darfur are identified as IDPs. Initially many of them self gathered for protection from the conflict but the camps themselves with their humanitarian assistance, drew and draw in more people. The responsibility for IDPs has remained a difficult issue with the International Organisation for Migration initially taking responsibility and then UNHCR grudgingly accepting it at the request of the UN Secretary General in 2005. Neither organisation has the capacity to address the needs of IDPs given the current staffing of their offices in Sudan.

In a review of six major evaluations (ALNAP, 2005) several key issues are raised. These include the adequacy of the response where coverage was thought to be reasonable with some 88 per cent of IDPs accessed but where the timeliness and capacity of the organisations delivering humanitarian assistance was questioned. On the critical issue of protection views substantially differ. Where Borton and Ericksson, addressing the issue of lessons from Rwanda, conclude that "[little] improved practice" while other commentators, such as Slim (2004) argue that there is a "new sense of responsibility". The reality, however, has been one where protection especially from sexual abuse has been a dominant feature of the crisis. Although there has been greater cooperation between relief and rights agencies action has been dominated by the delivery of humanitarian food aid resources in a very difficult environment.

⁷⁴ Insecurity continued into 2005 and was a serious problem in October.

The Evaluation - Agencies and INGOs

The ToR had selected the activities of five agencies and organisations to be subject to this evaluation (see Table 8). Because most refugees fled to Chad and because many of the camps, informal or formal, were near the border, much of the funding appears as cross-border,⁷⁵ but the difficulties of travel meant that interventions in both Chad and Darfur had to be evaluated separately (see Chapter 7 for UNHCR, IFRC and part of the work of WFP in Chad).

6.2 World Food Programme

Of the total figure of €8,149,500, given by The Netherlands for WFP's operations, approximately €3,500,000 was for Darfur and was given through the ASAPs in 2003 and 2004 (see Table 8). These contributions were not earmarked for specific activities in the agency's programmes.⁷⁶ The funding period is from January 1st, 2004 to December 31st, 2005. By June 2004, other donors for the €160,032,827 emergency included Australia, Canada, EC, Finland, Germany, Luxembourg, New Zealand, Spain, UK and USA.

Assistance for Darfur began in mid-2003 and was part of the Sudan-wide emergency operation. Specific Darfur budgets were prepared from November of that year and, by April 2004, WFP was able to transport food aid to towns well beyond State capitals. By August 2004, the agency had, for example, reached IDPs in the areas of Kebkabiya and Kutum (both in Northern Darfur). At the time of the evaluation, WFP's activities were continuing, but periodically interrupted or curtailed only by insecurity.

Other donors

By June 2004 other donors for the €160,032,827 Darfur emergency operation included; Australia, Canada, EC, Finland, Germany, Luxembourg, New Zealand, Spain, UK and USA.

Objectives

- Save lives of conflict affected people in the greater Darfur region.
- Contribute to improving and maintaining the nutritional status of target populations with specific emphasis on women and children.
- Support continued access to education for IDP children and to alleviate short-term hunger by providing meals under the Emergency School Feeding Programme.
- Support the return of the IDPs once the security conditions have improved.

⁷⁵ Annex 4 Terms of Reference.

⁷⁶ The figure is approximate because of fluctuating exchange rates and because it is not entirely clear whether or not all the funds were used for Darfur.

Table 8: Projects selected in Darfur

Project	Sector	Organisation	Expenditure (€)	Location	Date
WFP, Food supplies, logistical support, air transport for victims of Darfur conflict both in Darfur and in Chad	Food aid / Co-ordination and support systems	WFP	7.159.500	Contribution for Darfur.	01/01/04 – 31/12/05
UNHCR Appeal Darfur 2004 for assistance to refugees in Chad	Multi-sector	UNHCR	4.999.095	Chad border with Sudan; and Tréguine refugee camp, East Chad	01/01/04 – 31/12/05
ACF, emergency therapeutic and supplementary feeding centres for victims of Darfur conflict	Food aid	Action Contre le Faim	556.800	Abu Shok, El Fasher, Serit Omra, Kebkabiya town and surroundings (north Darfur)	01/05/04 – 30/06/06
MSF-Holland, medical emergency assistance for victims of Darfur conflict	Health care	MSF Holland	412.782	Garsila, Deleig, Um Kher, Mukjar, Bindisi (west Darfur)	01/01/04 – 31/12/05

Source: Terms of Reference (see annex 4).

The number of beneficiaries had been estimated at 1.18 million and they would need 121,869 metric tonnes of supplies (based on an annual needs assessment, 2003). WFP planned to distribute about 87 per cent of these supplies through general food distributions. In addition to the costs of supplies were the costs of shipping, handling and transport from Port Sudan (including, where necessary, the use of aircraft); these came to a little below €540.00 per Mt. The Netherlands contributed €5.4 million for 120 ex-military off-road trucks and a little below €3.7 million for air delivery by United Nations Humanitarian Air Service (UNHAS); the flights of the latter were operated by WFP. The objectives of this part of the funding were to:

- Maintain a trucking fleet that would eventually cater for the needs of at least 2 million IDPs and other food insecure people.
- Provide offices and accommodation for WFP staff operating in logistical hubs (both sub-offices and field offices) in the Greater Darfur Region.
- To provide a reliable, efficient and cost effective passenger air transport service for the humanitarian aid community and for donors operating in Sudan.
- To ensure adequate capacity to continue to absorb the current passenger traffic and the estimated additional requirements to access new locations.
- To provide a temporary, reliable and efficient cargo transport capacity for the humanitarian community.

Relevance

All these objectives are clearly consistent with the overall objectives of The Netherlands humanitarian assistance and, since food relief is one of the highest priorities for people affected by conflict, are consistent with their needs. The types of commodity supplied were appropriate.

People had been driven from their villages and had lost their means of livelihood; most were accommodated in formal camps and informal settlements, others found refuge with other communities. WFP recognised the need to meet the problems of all IDPs but due to access restrictions was not always able to do so. In addition there were many people who were not IDPs who were also in grave difficulty. WFP also recognised the need to support them and indeed these formed up to 15 per cent of WFP's beneficiaries. The unanswered question is whether the WFP could have done more to reach the unquantified number of IDPs and host population in more remote and /or difficult to access areas, including areas controlled by non-state actors. The agency was expecting to increase its caseload to 2.8 million beneficiaries during the August-October 'hunger gap' in 2005.

Therapeutic and supplementary feeding for the malnourished has been supplied by WFP through its implementing partners. Emergency school feeding is to take place during 2005. WFP also proposes to support returning IDPs, but this process has yet to begin.

Logistical support is obviously essential and, therefore, relevant.

Effectiveness

Measuring impact is best done by looking at outcomes, in this case at health – nutrition, morbidity and mortality – including what did not happen, that is, high death rates, starvation, disease and epidemics. One report says that of the estimated population of IDPs, 55 per cent

of them were protected from malnutrition and starvation; since WFP supplied about nine-tenths of the food, this was largely due to WFP's activities. Twenty four per cent of those 'not adequately reached' were in a far worse case.⁷⁷ Field staff of MSF informed the evaluation that there was a noticeable deterioration in nutritional status as a consequence of relatively short gaps in WFP's pipeline. However all respondents agreed that WFP was the central actor in avoiding famine in 2004.

So far as therapeutic and supplementary feeding was concerned, the need was acute: in September 2004 four per cent of IDP children under five were severely malnourished, 17 per cent were global malnourished, so, too were three percent of pregnant and lactating mothers. Only a small proportion of those assessed as requiring special feeding were met well into the response and even where programmes were established, targets were not being met, partly because there was a high defaulter rate⁷⁸ and partly because of poor coverage. Attempts are being made by WFP's implementing partners to solve these problems.

Since mid-2004, mortality rates have declined, which indicates that humanitarian assistance, including food aid, has saved a large number of lives. So far as access is concerned, the main areas not covered are those controlled by the SLA.

The fleet of off-road trucks was made up of ex-military vehicles, which were not wholly adequate to the task - they are being modified. It must be noted that the funds provided by The Netherlands were not specifically donated to be used for the purchase of Dutch trucks. Staff accommodation was for many months very poor and its poor hygiene conditions initially led to considerable illness. Conditions at the time of the evaluation were satisfactory in West Darfur and slowly improving in North and South Darfur.

The air services have been effective despite small organisational difficulties and inexplicable discrepancies between estimated hours of flight and numbers of passengers compared with actual figures; there were fewer actual flights and many more actual passengers.

WFP feels its supply chain to be weak, particularly if an estimate of 3.25 million beneficiaries for the end of 2005 proves to be accurate. Steps are being taken to remedy the situation.

Performance against targets varied, but the picture is confused since targets were repeatedly increased in the light of events; often before the period had ended for which the original estimate had been made. Table 9 gives a summary of performance. The percentages are for the proportion of the conflict-affected population accessed by WFP. They indicate that while the number accessed increased considerably, the targets also increased. In any area the number served, while generally increasing, was liable to big fluctuations month by month.

⁷⁷ Emergency Food Security and Nutrition Assessment in Darfur, Sudan, October 2004 (Provisional report), WFP.

⁷⁸ Defaulter rate refers to the proportion of those who fail to complete a course of treatment. If therapeutic feeding is provided in centres, mothers must attend full-time. This interferes with their ability to supply the needs of the rest of their family.

Table 9: WFP's Targets and Performance: a Summary

	May 2004	June	July	August
Target pop.	1,200,000	1,200,000	1,200,000	1,200,000
Actual	593,020	652,429	951,855	940,418
West	54%	70%	100%	86%
South	28%	22%	62%	66%
North	61%	63%	70%	80%
All Darfur	49%	54%	79%	78%
	September	October	November	December
Target pop.	1,200,000	1,600,000	1,800,000	1,982,236
Actual	1,336,992	1,164,634	1,291,994	1,427,654
West	142%	74%	79%	72%
South	103%	69%	78%	63%
North	85%	76%	55%	83%
All Darfur	111%	73%	72%	72%

Source: Darfur Humanitarian Profiles (OCHA)

Efficiency

Needs assessments: Because, in 2004, events moved so rapidly and demand was so great, no needs assessments could be undertaken. It was not until the end of the year that the question could be addressed and could make its own assessments and avail itself of those conducted by others. There may be some differences between assessed need and food programming. There was a long delay in carrying out the need assessment.

Registration and verification: these processes were not adequately utilised initially but once they were they have been successful in reducing errors in both inclusion and exclusion.

Food distribution: this is partly the responsibility WFP's implementing partners and, with small exceptions, has been satisfactory. WFP itself frequently delivers supplies for general food distribution to specific points and its staff joins with the staff of its partners in the actual labour. There is a problem of delay in receiving the first ration. Registration occurs at the first showing but food is not normally provided at that time. This leaves needy people without the necessary support at a very difficult time, when they have just arrived.

Monitoring reporting and transparency: since the evaluation was not allowed access to the reports at sub-office level, little can be said except that in 2004 there was virtually no monitoring. Monitoring is now improving. WFP relies on mechanical systems of reporting, using forms, matrices, indicators and aggregate reporting. There is insufficient reporting emerging from discussions and enquiries between field-workers and managers.

Management: in common with all other actors, management in the first part of 2004 was very poor – this was a consequence of a lack of personnel in the early stages of the crisis. The situation is improving, but it is still difficult to find enough people willing to work in Darfur.

Food is essential and WFP has a clear mandate, proven capacity and is a reliable partner.

Co-ordination, Coherence and Connectedness

The co-ordination of all UN activities is the responsibility of the Humanitarian Co-ordinator and is carried out in regular UN Country Team meetings. Because of staff shortages and the consequent over-working, these meetings are not always productive. Nonetheless, collaboration in the field is good and essential information and analyses are shared.

WFP contingency planning extended, at the time of the evaluation, to the end of 2006. In 2005 the plan, based on current indicators, foresaw a worsening situation and larger demands. For 2006 the contingency plan envisaged an improving situation, with a continuing need for care and maintenance but some opportunity for recovery.

6.3 Action Contre le Faim

ACF is an international non-governmental organisation which intervenes in emergencies. Its purpose is to prevent malnutrition, restore food security for the affected population and to contribute to their protection, both by intervention and by advocacy. It acts both during crises and when they are over. It constructs programmes of rehabilitation and of sustainable development in contexts that produce human suffering and which jeopardise people's dignity. ACF also works on emergency preparedness. Capacity building, by training indigenous people in forms of social care, is a significant part of its intervention in Darfur.

The Netherlands' funding for ACF amounted to €556,800, which is 1.8 per cent of The Netherlands' total funding in Sudan in the period under evaluation (see Table 8).⁷⁹ There is no information on other donors.

The evaluation team interviewed ACF personnel in its Khartoum office and visited its offices and feeding centres in El Fasher, Abu Shok and Kebkabiya. It also visited a centre for the rehabilitation of severely traumatised children in Abu Shok run by EM-DH, which works closely with ACF. This centre is not funded by The Netherlands and is not covered in this chapter. EM-DH's operations in Southern Sudan (Wau) do receive Dutch funds and are covered elsewhere (see Chapter 5). Abu Shok is a camp, situated about four kilometres from El Fasher and houses about 70,000 displaced people. Kebkabiya is on the Marra Plateau, about 160 kilometres west of El Fasher and is home to about 50,000 displaced people.

Objectives

- To reduce the risk of mortality related to severe and moderate acute malnutrition.
- To prevent, detect and treat moderate acute malnutrition cases.
- To train home visitors in the detection of malnutrition, in following up defaulters from the programme and in collecting data.⁸⁰

⁷⁹ The sum is almost 3.7 per cent of the funds provided for Darfur and Chad.

⁸⁰ Proposal to the Netherlands: Sudan, Nutrition Programme in North Darfur State, July 1st, 2004 - June 30th, 2005, 7-8.

Activities

The funds were for therapeutic and supplementary feeding stations in Kebkabiya (town and ‘locality’), and for a feeding station and for blanket and general feeding⁸¹ in Abu Shok. At the time of the evaluation, activity outside the town of Kebkabiya had been ended by insecurity. ACF also has a centre in Shangil Tobabya and, at the time of the evaluation, was about to open another in Korma; neither of these were within the scope of the evaluation. The feeding centres, blanket and general feeding and training are intimately linked and it would be misleading, if not impossible, to evaluate the Dutch segments without reference to the entire programme.

Relevance

ACF’s objectives are consistent with the overall objectives of Dutch humanitarian assistance and with the objectives of the WFP, for which it is an implementing partner. In a crisis, therapeutic, supplementary, blanket and general feeding are all priorities for people affected by conflict.

The extent of the need at the inception of this programme may be seen in the figures presented by ACF for malnutrition in Northern Darfur (see Table 10).

Table 10: Acute Malnutrition rates and mortality rates in North Darfur⁸²

Location and date	Global Acute Malnutrition	Severe Acute Malnutrition	Mortality Rate
Kebkabiya Locality Jan. 2002	11.7% [CI ⁸³ : 8.6 – 14.8%]	2.2% [CI : 1.22 – 3.18%]	Not available
Umm Kedada Admin. Unit. Oct. 2003	22.9% [CI: 19.6 - 26.2%]	5.0% [CI: 3.3 - 6.7%]	1.76/10 000/day
El Fasher Rural Admin. Unit. Oct.2003	21.5% [CI: 18.3 - 24.7%]	2.9% [CI: 2.1 - 3.6%]	0.97/10 000/day
Malha Admin. Unit Oct-Nov. 2003	25.0% [CI: 21.45 – 28.51%]	6.1% [CI: 4.74 - 7.48%]	2.5/10 000/day
Tawila/Korma Admin. Unit. Oct-Nov. 2003	17.6% [CI: 14.44 – 20.67%]	1.1% [CI: 0.32 – 1.90%]	1.76 /10 000/day
Umm Barro Admin. Unit. Nov-Dec. 2003	18.6% [CI: 15.42 – 21.80%]	2.6% [CI:1.50 – 3.64%]	1.36/10000/day
Kutum Town Feb-Mar. 2004	12.6% [CI: 10.15 – 14.95%]	0.8% [CI : 0.17 – 1.35%]	2.05/10 000/day
Abu Shok Camp, El Fasher (ACF) June 2004	39.0% [95% CI: 34.5% ↔ 43.6%]	9.6% [95% CI : 7.2% ↔ 12.8%]	6.76/10 000/day

Source: ACF’s Proposal to the Netherlands Ministry of Foreign Affairs.

⁸¹ General feeding is to whole populations, blanket feeding to the whole of a selected group of the population.

⁸² Results are presented in Z-Score.

⁸³ Confidence Interval.

Effectiveness

The feeding stations are provided for children up to the age of five years and for pregnant and lactating mothers. The numbers of beneficiaries are set out in Table 11. General food distributions are being made to 50,000 people in South El Fasher and to 40,000 in Korma.

Table 11: Feeding Centre Statistics November 2004-May 2005

Centre	Type of Feeding	Beneficiaries
Abu Shok	Therapeutic	110
	Supplementary	3,000
Kebkabiya	Therapeutic	36
	Supplementary	1,000

Source: ACF Programme Co-ordinator, El Fasher.

A measure of effectiveness may be seen in ACF's reduction of the rates of malnutrition to a little below normal endemic levels in the locations of both centres. The major limitation of effectiveness is beyond ACF's control; it can only work in relatively secure areas and, since newly displaced people were, at the time of the evaluation, still arriving, it must be presumed that there is a population of indeterminate size in need of care, but outside its reach.

Training home visitors has been singularly effective, not only in getting a greater understanding of the problems, but also in educating people in the camps. Following up defaulters (women and their children who leave the programme prematurely) and gathering data are important, but even more so is educating beneficiaries in dealing with unfamiliar foodstuffs, in the use of supplementary rations and, to an extent, on issues to do with HIV/AIDS.

Efficiency

So far, all the activities have come in under budget. Since ACF prides itself on getting its forecasts right in general, it is at present conducting an enquiry into its work in Northern Darfur in which it hopes to establish the accuracy of its needs assessment. Material inputs, especially from WFP, were used very efficiently. Human resources, especially those employed in home visits, were certainly efficient. One issue demanding attention was the high rate of defaulters from the feeding programme, which reached an unacceptable 60 per cent. This may be explained by the negative response of a religious population to the impersonal and prison-like conditions of the therapeutic feeding centre.

Monitoring and reporting: these both take the form of detailed monthly reports of the numbers and kinds of beneficiary and the outcomes of the treatment. These are given to UNICEF, WFP, the Northern Darfur State Ministry of Health and to ACF in Paris. Trimestral reports for the donors are tailored to meet their requirements. A technical co-ordinator monitors the evolution of the programme, its protocols, its quality and its appropriateness. Teams from Paris also provide technical oversight. Coherence, finance and logistics are monitored from Khartoum. Rigorous day-to-day monitoring of the progress of the beneficiaries in the projects is a normal procedure.

Management: the project co-ordinator oversees the centres and their related activities. Twelve expatriate and 200 Sudanese staff are employed, the latter at all levels. Working conditions

are good, but the hours, in the eyes of the evaluators, were punishing and, in the case of expatriates, were possibly the cause of excessively rapid staff-turnover.⁸⁴

Connectedness, Coherence and Co-ordination

Supplementary feeding centres and blanket or general feeding are emergency responses, which should end with the stabilisation of the conditions they set out to meet (exit strategy). The NGO, through its home visitors, is trying to ensure that the effects of its activities survive its departure, but that is the extent of what it thinks is possible in terms of the gap between relief and development. It sees the need for other, more developmentally oriented, organisations to move into the region, but those indigenous organisations that were there were not contacted.

Conflict and needs analyses preceded these interventions; but ACF, as an implementing partner for WFP, faces a similar problem in coherence, it is trying to reduce malnutrition to well below endemic levels. This is because it feels that, whatever follows, its activities will not be strong enough entirely to prevent malnutrition, and it hopes that if it establishes a high enough base, then the subsequent decline may not be quite so catastrophic as the situation it first met. But basic social and health services do not exist.

Co-ordination takes place principally through the medium of weekly UNOCHA meetings, but NGOs also co-ordinate in less formal meeting. Despite this second meeting, co-ordination between NGOs remains weak, possibly because many individual NGOs see co-ordination as a threat to their independence.

6.4 Médecins sans Frontières/Holland

Médecins sans Frontières describes itself as ‘an independent humanitarian medical aid agency ... providing medical aid wherever needed’.⁸⁵ Its implementing members are organised into national branches.

In Khartoum, the evaluation team interviewed the MSF-H head of Sudan missions. The Darfur Head of Mission, the nutritional and logistics co-ordinators and the epidemiologist were interviewed in El Fasher. Field visits were made to Kalma Camp in Southern Darfur, Garsila, hospital, a primary health care clinic in Mukjar and a clinic run by MSF in Bindisi. Beneficiaries were interviewed in Mukjar and Bindisi.

Netherlands funds for MSF-H were directed towards its operations in West Darfur (specifically, in Garsila, Deleig, Um Kher, Mukjar and Bindisi) and amounted to €412,782. The funding period runs from January 1st, 2004 to December 31st, 2005. The total project budget for 2004 was € 2,257,500 with the other funds provided by DFID and ECHO

For some time, MSF-H was the only effective relief NGO in Darfur and was there before any UN agency.

⁸⁴ The working week has since been reduced from 60 to 50 hours, two days are, in theory, rest days.

⁸⁵ www.msf.org.

Objectives

To reduce rates of mortality and excess morbidity by means of:

- Nutritional monitoring and adequate nutritional rehabilitation of children under 5 years of age, including home-based care, family rations and some non-food items.
- Providing and improving access to basic health care, including health care support, supporting the Sudanese Ministry of Health facilities, establishing its own clinics, addressing women's health care (ante-natal care and care for the consequences of rape).
- Improving hospital out-patient services at Garsila Hospital by training, technical advice, logistical support, drug/medical materials supply and health education.
- Improving access to minimum water and sanitation facilities for affected people in areas in which MSF-H provides health services.
- Monitoring and assessing the humanitarian situation.
- Advocacy.

Activities

MSF-H implements the following activities in West Darfur:

- Therapeutic Feeding Centre and Supplementary Feeding Centre nutrition for under fives, including home-based care, family rations and non-food items;
- Primary Health Care support: supporting Ministry of Health facilities where they are present or establishing clinics; and women's healthcare (ante-natal care and rape treatment);
- Water & Sanitation: well rehabilitation and digging, hand-pumps, chlorination and latrine construction;
- Lobbying and advocacy.

MSF-H's response in Darfur has focused primarily on the nutrition and basic health care components of relief, expecting and encouraging other actors to provide other forms of assistance to make up a full humanitarian response. However, the Darfur experience was markedly different from most big international operations in that there had initially been a general failure of response by other humanitarian actors. In the first three to six months MSF-H delivered the bulk of international relief.

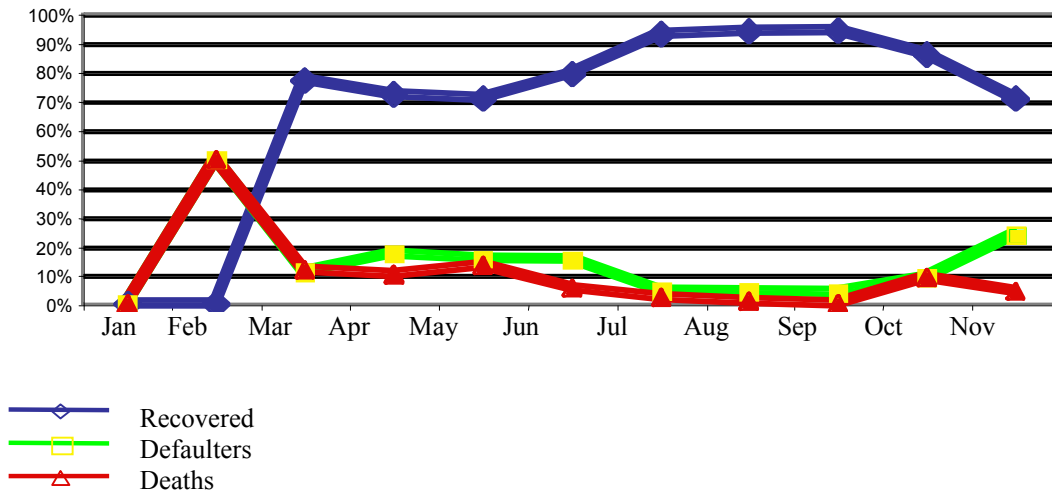
Relevance

These objectives are in line with Dutch Humanitarian assistance; health care, like food supplies, is a priority in any crisis. At the time of this evaluation, it was still the only international body present in some rural areas. This has resulted in its involvement in secondary health care – supporting the hospital in Garsila by undertaking emergency surgery, managing acute diseases, organising ante-natal care and rehabilitating infrastructure. All these additional activities, together with its primary health care, were directly relevant to the needs and priorities of the beneficiaries and also to the Sudanese practitioners and the Ministry of Health.

Effectiveness

The effectiveness of therapeutic feeding may be seen in the graph given in Figure 2.

**Figure 2: Performance Indicators for MSF-H's Home-Based Feeding Strategy 2004
Therapeutic Feeding Centres West Darfur**



Source: MSF Reports

The low numbers of defaulters from April to November contrasts with high numbers in other agencies: it would be useful to know how this was achieved. The emphasis on home treatment may be an important explanation: home treatment has other advantages (see below).

The effectiveness of the activities may be judged by the numbers of people who were helped; these are listed in Box 2.

Box 2: Beneficiaries of MSF-H Interventions, West Darfur January-December, 2004.

• Total cumulative beneficiaries TFC:	1.604
• Total cumulative beneficiaries SFC:	4.288
• Total cumulative beneficiaries Family Rations	5.729
• Total cumulative beneficiaries Out-patients	187.792
• Total cumulative beneficiaries In-patients	570
• Treated victims of Rape	189
• Total current beneficiaries chlorinated 10l/person/day $3.700 \text{ m}^3/10=$	128.000
• Wells rehabilitated/newly dug:	38
• Hand pumps repaired	21
• Total beneficiaries of latrines built at 1 per 50 people: $505 \times 50 =$	25.250

Source: MSF records.

MSF's practice of giving home-based health care wherever possible has effectively resulted in treating malnourished children without taking the mother away from the rest of the family. It is a practice which helps the family in its productivity and with its food security.

The MSF-H treatment of a large number of rape victims is notable. It is also to be noted that a number of men had suffered rape. MSF-H advocacy in relation to rape was a contentious matter as far as some agencies, including ICRC were concerned. It identified a significant aspect of the nature of the emergency and the need for at least a medical intervention but also for action outside the narrowly humanitarian field. An effect was the temporary imprisonment of two senior MSF-H staff in June 2005 and the threat of the enforced closing of their programme.

Efficiency

MSF-H uses sophisticated logistical systems and so is more dependent on expatriate staff and support from its home base than other NGOs would be. This would seem to be less cost effective, but when the overall intervention is considered and the high standards of medical service are considered, the results justify the additional cost.

Co-ordination, Coherence and Connectedness

So few INGOs or agencies were present that there was little to co-ordinate. There is a sense in which the take-over of the surgical arrangements in Garsila hospital might be seen as co-ordination, but that would be to stretch a category. At the time of the evaluation it was clear that a greater number of agencies and NGOs was needed in rural West Darfur.

The expansion of MSF-H's normal operations to a three pronged intervention in food relief, water and sanitation and primary health care resulted in a coherent package. Once WFP began to work in West Darfur, the two operations cohered.

MSF/H has yet to construct an exit strategy; connectedness will occur only if it can help the Ministry of Health to build its capacity. At the time of the evaluation MSF-H was trying to build an exit strategy from some of their camps. At the same time it was opening up activities in more rural areas, though with few partners among INGOs. The attempt is being made but the outcome is still in doubt.

6.5 Specific Issues in the Terms of Reference: Darfur

Security, Protection and Humanitarian Access

In December 2003, the UN Emergency Relief Co-ordinator, Jan Egeland, described the humanitarian situation in Darfur as one of the worst in the world. By the time of the evaluation, the most that could be claimed is that the larger urban areas were moderately secure. Curfews were still normal, caution, on the part of expatriate workers, was necessary when moving about some towns, particularly on market days, when heavily armed men arrive to buy home-made liquor.

In the camps around urban areas, many Darfuri women were attacked, raped or sexually harassed when searching for firewood. Despite suggestions that the forces of the African Union were mounting protective patrols to prevent these attacks, they lack the capacity for this protection to be more than a token.

Rural areas were largely inaccessible because of conflict or the rumour of it. At the beginning of the planting season in 2005, a number of IDPs in the camp at Abu Shok attempted to return to their homes. Some aid workers saw this as an improvement, but the number of other displaced people arriving at the same time suggests that the region was still unstable. The Sudanese army had, at least for the time being, stopped their attacks on villages, but the Janjaweed and other militias were still very active.

Protection is limited to urban areas and its principal source is the presence of international bodies. People who can get to the facilities they offer benefit from a limited protection from violence (see the note above on rape) and from the protective nature of therapeutic, supplementary, blanket and general feeding and from medical services. For those unable to reach the centres, there is no protection. There is an exception to this in MSF-H's activities in certain parts of West Darfur, but admirable as this is, it is limited and affects neither Southern nor Northern Darfur.

Access to assistance within the urban areas is well organised; there is almost no access for those not in the urban enclaves. Access to the centres of distribution so that supplies and personnel can get to them is also problematic. At the time of the evaluation, the only access to Kebkabiya, for example, was by helicopter. For a variety of very good reasons, such flights can be uncertain; schedules are commonly upset by weather or other demands on the helicopters. In the case of Kebkabiya, again for example, this can mean that satellite telephones or a dubious internet connection are the only means of contact with the outside world.

The Gap Issue: Linking Relief, Rehabilitation and Development

At present, the prospects for long-term relief, rehabilitation and development are difficult to discern. There are few, if any, NGOs in a position to work towards it and the UN organisations are all dealing with an emergency. Small efforts made for different purposes can be seen as seeds of future development, but their prospects for survival are dubious. Examples may be seen in the work MSF-H has undertaken, particularly in Garsila hospital; another is the establishment of the Kebkabiya feeding station in the grounds of that town's hospital. Unfortunately, in neither case is there more than a glimmer of hope that the effects will survive the departure of the NGOs. There are few grounds for supposing that Khartoum's neglect of Darfur will change.

The opportunities for directly implementing developmental activities are very limited by the poor level of security and the fact that displaced people have in many cases lost any basis for an independent livelihood so that they are largely dependent of relief. In some areas it is scarcely possible to deliver relief but in urban areas it is possible to consider more developmental work. Contingency planning can address the possibility of recovery activities as well as care and maintenance. Although ACF as an agency could address more developmental options, this does not yet seem to have happened and MSF-H's lack of an exit strategy points up their need for contingency planning. WFP is more advanced in this matter than the other agencies, for example in its consideration of food-for-work options.

Connectedness, Co-ordination and Coherence

Co-ordination in Darfur is largely in the hands of UNOCHA in partnership with WFP, though OCHA does not have formal authority in the field over other UN agencies. Heads of the main

UN agencies meet regularly in West Darfur for co-ordination. And this is the basis of field level co-ordination. WFP provides the strength of its logistics and communications in the co-ordination activities. At the time of the evaluation, most interventions were confined to urban areas and, hence, co-ordination was, up to a point, relatively simple, a simplicity added to by the small number of implementing bodies. Difficulties arose for organisations established in some smaller urban areas where communications between them and their partners could be very fragile. Coherence with The Netherlands' policy seemed well-established and, in the urban areas which are also Sudanese administrative centres, coherent exchanges took place. For example, both MSF-H and ACF supported and worked closely with the Sudanese hospitals and the Ministry of Health. But both co-ordination and coherence were profoundly compromised by insecurity, since large areas containing untold numbers of people were inaccessible.

At the time of the evaluation, the mandate of African Union forces was extended to include protection for displaced women who were under threat, particularly when collecting firewood. Unfortunately, they lacked the resources to do more than provide intermittent, token protection, but it was a basis for co-ordination between the activities of the AU and the agencies and organisations.

In operational terms a main factor is the limited number of agencies in the field but even more important is the small number of them with capacity and expertise in their staff. In the UN the problem is the tendency of some agencies to carry out only those activities that suit them (rather than the activities that need to be done) and the gaps in spatial coverage. There was also the need to search for possible partners as in the case of WFP, even though they found co-ordination worked well. Presumably WFP could have worked more effectively if an agency had been addressing shelter and protection more forcefully. ACF and MSF-H participated in co-ordination meetings but their lack of suitable partners implies weak field-level co-ordination.

These three qualities lie at the heart of any successful operation and it is certain that, to the extent possible in any given set of circumstances, achieving them must be an objective for all agencies and their implementing partners. What is often overlooked is that when very few implementing bodies with adequate capacity are present in a crisis, all three qualities may seriously be compromised. In Darfur, food was provided, malnutrition was attacked, health care was available. INGOs other than those evaluated were present, some of them working with those which were evaluated, but, with few exceptions, most of them were relatively small and specialised and their operations were confined to very specific geographic areas.

Violence, or the threat of it, prevented the unquestionably dedicated organisations actually present from extending their coverage. The lack of other implementers reduced their ability to connect, cohere and co-ordinate. What the specialists were doing was of the first importance, but they repeatedly found themselves in the position of having to extend their mandates because of the scale of unanswered needs. This is a symptom of the shortage of NGOs and cannot be a criticism of the NGOs who were there, but it is a problem that calls for analysis.

MSF has made the point elsewhere that the presence of the major large INGOs can inhibit violence, it has found this to be the case in its own operations.

Quality, Accountability and the Principles of Good Humanitarian Donorship

A number of other evaluations, mentioned elsewhere in this report, indicated that the level of performance of UN agencies was not strong. WFP was aware that its performance in 2004 could have been better. UNICEF and UNHCR were weak, the former failing in its water and sanitation, in particular and the latter being unwilling to take the lead in relation to IDPs. To some extent performance was undermined by uncertain funding. Weaknesses in capacity, management and co-ordination were revealed. More central control of the lead UN humanitarian agencies is needed. The Humanitarian Co-ordinator is perhaps the person best placed to undertake this.

MSF's advocacy involves all aspects of protection, assistance and access. But MSF-H's Sudan Head of Mission and the Amsterdam emergency desk team felt it relied too heavily on British, Dutch and US Ambassadors and that more use could have been made of other donors and diplomats. To some extent MSF's difficulties sprang from the fact that they were relatively isolated and subjected to the influence of local government. Inadequacies in the agencies present in Darfur not only meant that provision was inadequate, but also limited the possibility of political pressure in support of at-risk populations. If this is the case, then the decision of many of the larger INGOs to engage in advocacy at the expense of implementation, may restrict and damage the overall impact of intervention. The UN must be prepared to undertake more of the role of advocacy. The Office of the United Nations High Commissioner for Human Rights (OHCHR) could undertake the lead in this.

The Netherlands' funding in Darfur was proportionate to the need and the complex circumstances, but, like all other donors, it was late. Un-earmarked, multi-lateral funding is excellent in supporting the UN and the Red Cross family and it is unquestionably to be commended, but it is not paralleled by good reporting. The Netherlands' unearmarked funds are not reported by purpose, the location and the intensity of activities undertaken by agencies using those funds. The Netherlands Embassy in Khartoum, in conjunction with the British and US Embassies intervened strongly in advocacy for access and protection.

Chapter 7 Interventions in Chad

The Evaluation – Agencies

Because most refugees fled to Chad and because many of the camps, informal or formal, were near the border, much of the funding appears as cross-border;⁸⁶ but the difficulties of travel meant that interventions in both Chad and Darfur had to be evaluated separately (see Chapter 6 for ACF, MSF-H and part of the work of WFP).

This chapter will summarise the evaluation of the activities of the three selected agencies operating in Chad. See Table 12.

7.1 The World Food Programme

The Netherlands contributed to two linked WFP humanitarian activities in Chad. One, in June 2004, amounted to €792,000.⁸⁷ The second was €198,000 for the support for the Chad section of the UNHAS.⁸⁸ Neither contribution was earmarked. Two budget revisions were made. The first, in February 2004, increased food provision to 7,346 tonnes; this budget revision increased the sum needed to €8,303,828. A second budget revision, in June 2004, increased the request to €23,389,301 for 10,057 tonnes.

Other donors

Other donors for EMOP 10327.0 at the time of the Dutch investment were: Canada, Finland, France, Germany, Japan, Norway, private, Switzerland, UK, USA.

Partners

WFP's UN partners were FAO, UNDP, UNFPA, UNICEF, WHO and UNHCR, the last was a co-ordinating partner, the others were complementary. In the EMOP 10327.0 *Project Document*, IFRC, MSF, Oxfam, GTZ, ICRC and other international and local NGOs were identified as implementing partners. By the end of the rains in 2004, WFP had achieved a set of working partnerships with other implementing NGOs.

Objectives

EMOP 10327.0 was to:

- Cover the food needs of refugees in camps or with Chadian families, either through blanket feeding or through general distributions;
- Meet the needs of under-fives and pregnant and lactating women through selective feeding programmes;
- Improve living conditions and contribute to food security of refugees and hosts through food-for-work and income generating schemes;
- If possible facilitate repatriation by providing returnees with food packages.

⁸⁶ Annex 4 Terms of Reference.

⁸⁷ EMOP 10327.0. *Emergency Assistance to the Sudanese Refugees in the North East of Chad*

⁸⁸ UNHAS's flights in Darfur and Chad were managed by the WFP Division of Transport.

Table 12: Projects selected in Chad

Project	Sector	Organisation	Expenditure (€)	Location	Date
Contributions to WFP in 2004: food, logistical support for victims of Darfur conflict in Chad	Food aid; co-ordination and support systems. (Unearmarked)	WFP	990,000 ^a	Contribution for Chad	01/01/04 – 31/12/05
UNHCR Appeal Darfur 2004 for assistance to Sudanese refugees in Chad	Multi-sector (Unearmarked)	UNHCR	4,999,095	Refugee camps in Chad along Sudan border, with special reference to Tréguine camp	01/01/04 – 31/12/05
Contribution to IFRC Appeal Chad 2004 (Darfur crisis) for assistance in Sudanese refugee camp in East Chad	Multi-sector (Earmarked)	IFRC (through Dutch Red Cross)	1,000,000	Tréguine refugee camp, eastern Chad	01/07/04 – 31/12/05

Source: Terms of Reference (see Annex 4).

^a This figure is the expenditure specifically in Chad.

UNHAS objectives in Chad were:⁸⁹

- To provide a common inter-agency humanitarian air service to meet any eventuality in Chad.
- To provide a passenger service for UN and NGO personnel and representatives of the donor community within to areas not safely accessible by surface means; a light cargo capacity; a medical and casualty evacuation service if no other was available; and a commuter service to neighbouring countries (subject to needs and the availability of flying hours).

Strategy

The WFP food aid strategy⁹⁰ involved:

- A monthly general food distribution for all refugees from January 2004. This would follow a refugee census.
- A therapeutic feeding programme to save the lives of malnourished people (600 persons).
- A supplementary feeding programme to prevent severe malnourishment (2,400 persons).
- An assets creation programme for local people and refugees. This would be through a food-for-work programme for 2500 local people and 5000 refugees.
- A repatriation package of two-months food.
- A three-person WFP emergency response team would be based in Abéché for two months and two further staff would be dedicated to the emergency in N'djamena.⁹¹

Revised objectives

The objectives of EMOP 10327.0 were revised in February and June when the caseload was increased to 192,500 beneficiaries. Rations for an additional 2,168 vulnerable people were added and sugar was added to the general food distribution. Additional field offices and six more extended delivery points were to be created. The planned targets for providing commodities increased from 13,878 tonnes for 72,500 recipients to 31,281 tonnes for 180,000 recipients. The *WFP Annual Report for 2004* stated that, by the last quarter, full coverage had been achieved. The evaluation was informed that the average achieved in 2004 was 1,669 calories per person served, as against the target of almost 2,100 calories.

Relevance

When Darfuri refugees arrived in Chad, or when they were relocated in UNHCR camps, they had little capacity to support themselves. The overwhelming scale of the influx put great pressure on local food resources and local people had been generous in sharing food stocks with the early arrivals, but the effect was that both groups then suffered food shortages. Providing food for both groups has been necessary and justified.

⁸⁹ Special Operation (SO) 10338.0. *Humanitarian Air Services in Support of EMOP 10327.0*

⁹⁰ EMOP 10327.0 *Project Document*. It was based on an estimated 65,000 refugees, of whom 40 per cent were under-fives and 75 per cent of the adults were women. This estimate would be revised if the flow increased.

⁹¹ WFP already had a Chad Country Team in N'djamena, largely involved in school-feeding programmes. In 1999, a WFP vulnerability assessment had identified Chad as being at risk of food insecurity.

In general the ration was appropriate and culturally acceptable, but, for much of 2004, the full ration was not supplied; in the occasional absence of some commodities, particularly oil and corn soya blend, the diet was not nutritionally balanced; inadequacies in water supply contributed to malnutrition.

The UNHAS was essential to the effectiveness, efficiency, timeliness and security of WFP's and other agencies' operations.

Effectiveness

Refugees outside camps

By January 2004, 100,000 refugees had settled in the border area. Provision for them was difficult because of their remoteness, the lack of roads, insecurity, the lack of transport and a lack of staff. Between 24 October 2003 and 23 February 2004, WFP distributed 486 tonnes of provisions to 44,381 refugees, virtually all in the border sites: this was less than half of the refugees. At Bahai, over a period of about 130 days between March and July 2004, WFP was able to provide a varying ration for 60 days to refugees who were still not in camps. In the circumstances this was a creditable achievement; but a more prompt response to the developing emergency, with a more rapid build-up of personnel and material could have allowed more to be served.

Refugees in camps

From mid January WFP fed refugees in the camps. Normally there was a monthly distribution, but in the wet season deliveries were interrupted. By mid June 2004, WFP had trucked 7,600 tonnes of commodities to the camps, but this was still insufficient to satisfy the need. In August, at the height of the wet season, the Famine Early Warning System reported delays in food distribution in most camps. French military aircraft and helicopters airlifted commodities for WFP, free of charge, during August. It was only at the end of the year that supplies became reliable. Even in March 2005 the food basket was incomplete, though thereafter complete supply was achieved.

Blanket supplementary feeding

WFP, with other agencies, made quick assessments in 2003 but it was not until mid 2004, when some 100,000 refugees had been transferred to camps, that WFP was involved in a systematic assessment of nutritional status. In June 2004 the Centers for Disease Control and Prevention⁹² (CDC), found that the nutritional status of the refugees and local people approached that of famine. (See Table 13.) Forty percent global acute malnutrition defines famine; severe acute malnutrition requires immediate intensive feeding.

⁹² Tomezyk B, Dunne E, Chang M, Fedele S, Talley L and Blanton C (2004) *Emergency Nutrition and Mortality Surveys Conducted among Sudanese Refugees and Chadian Villagers in North-East Chad, June 2004*, CDC.

Table 13: Summary Findings of three Surveys conducted among Children under five years among Refugees and Chadian Villagers in Eastern Chad, June 2004.
(Data are percentages)

Characteristic	Frontier refugees	Camp refugees	Chad villagers
Global acute malnutrition	39.2	35.6	35.0
Severe acute malnutrition	6.4	5.5	3.7
Diarrhoea in last two weeks	35	58.2	45.8
Acute Respiratory Infection in last two weeks	50.6	72.5	59.3
Living without shelter	98.0	0.0	0.0

Source: CDC Survey 2004.

WFP and UNHCR introduced blanket supplementary feeding in northern and central camps for 55,000 children and women for over six months. One fifth of the beneficiaries were to be from villages near the camps. By October 2004 virtually all the intended beneficiaries were reached. In September WFP appealed for \$12 millions to expand special feeding to forestall malnutrition. But despite blanket supplementary feeding, on 4th November, a WFP/UNHCR Joint Mission reported 40 per cent chronic malnutrition among local people. In view of this and because local resources had been degraded by the appearance of so many refugees, WFP's support was appropriate. By January 2005, as a consequence of WFP's actions, nutritional status and mortality rates had improved in the camps (Table 14) and in the surrounding villages (Table 15).⁹³ The conditions in the villages, however, continued to be worse than those in the camps.

Table 14: Nutritional status and mortality in five eastern Chad refugee camps

Camp	Per cent acute malnutrition	Per cent severe acute malnutrition	Crude mortality (per10,000 per day)	Under five mortality (per 10,000) per day
Farchana and Bredjine	8.0	1.1	0.7	1.6
Tréguine	11.3	1.1	-	1.0
Mille	15.8	0.8	-	1.6

Source: unsystem.org⁹⁴ notes: Acute malnutrition of 10 per cent is normally regarded as critical. Severe acute malnutrition is life threatening. Crude mortality of 1 per 10,000 per day is regarded as critical. Under-five mortality of 2 per 10,000 per day is regarded as critical.

⁹³ *ibid.*

⁹⁴ www.unsystem.org/scn/archives/nics06/chad1.gif

Table 15: Nutritional status and mortality in villages around four eastern Chad refugee camps

Villages near	Per cent acute malnutrition	Per cent severe acute malnutrition	Crude mortality (per 10,000 per day)	Under five mortality per 10,000 per day
Tréguine	14.2	1.2	-	1.14
Mille	13.6	1.3	-	1.27
Oure Cassoni	21.4	1.7	-	1.01

Source : unsystem.org. Notes, see Table 14.

The improvements were probably due to the improved food pipeline and the effects of blanket supplementary feeding.

Food-for-work

By the end of 2004, WFP was supporting food-for-work for both refugees, for example in income-generating activities and host populations. Part of the objective was to employ 5,000 refugees and 2,500 local people, favouring women. Apart from the failure of one well to produce water – not unusual in Chad – there were no technical problems. But, in November 2004, refugees in the central camps refused to participate in income generating activities because they thought this would frustrate their hope of repatriation. Other refugees, particularly in the northern camps, objected to activities like registration on the grounds that it might lead to *refoulement*.

Distributions

Within camps, distributions became better organised, with advance information, minimised queuing, computerised records, scooping rather than group distribution (from November 2004), food basket monitoring at distributions and post-distribution monitoring. WFP Food monitors, monitors from the agency responsible for the distribution and members of the beneficiary community, acting as monitors, are always present at distributions. Other members of the beneficiary community are of course present and able to comment on any irregularities.

Efficiency

Staffing

WFP was initially understaffed and few members of staff had any experience of emergency operations. Securing suitable local staff was unusually difficult because Chad has a very low level of development. It takes a considerable time to train local people and it is particularly difficult to find women, either with appropriate skills or able to work in camps away from their homes. By July and August more local staff had been recruited and trained and were able to take a fuller role. By October 2004, WFP had 20 expatriate and 100 local members of staff.

Logistics

In August 2004 WFP began to use an all-year route from Benghazi, (See Map 1) across the Sahara desert. By February 2005, 70 per cent of WFP goods for Chad came via Libya. But it had taken more than a year to achieve a secure pipeline; The Douala route would have sufficed for the level of demand as it was in early 2004, but as a contingency measure, WFP should have developed the Libya route earlier in the operation. The *WFP Annual Report, 2004* notes that there was a slow start in improving Chad logistics.

Registration

There were fraudulent registrations by Chad nationals and double registration. The Joint Assessment of November 2004,⁹⁵ suggested that the emergency phase – in which re-registrations are inappropriate - was not completed until November, but that re-registration should be carried out by WFP and UNHCR. This took place in 2005 and early findings suggested an original over-registration of at least 15 per cent.

Food basket monitoring

Food basket monitoring had not worked consistently, partly because of the number of agencies supervising distributions and the lack of a strong methodology. The *Joint Mission of November 2004* identified problems in methodology, staffing and reporting.

Impact of refugees on food prices

The presence of refugees outside camps has had a major impact on market prices. In May 2004, in one market, the price of maize had reportedly tripled since the previous year. Similarly, refugees competed with local people for water, fuel wood and fodder.

Humanitarian air service

The utilisation rate of the UNHAS was probably around 84 per cent and the no-shows at 3.2 per cent are acceptable. Overall it has been efficient, fulfilling major needs for the whole humanitarian operation. Without the Service, the efficiency of the humanitarian activities would be compromised. In 2004, 5,907 passengers used the UNHAS and 2.0 tonnes of light cargo, much of it medical commodities.

Co-ordination, Coherence and Connectedness

Co-ordination

WFP is aware that co-ordination was weak in the early phase of the emergency: this reflected limited human and material resources and the rapidly evolving situation. Weekly co-ordination meetings in N'djamena and, throughout the emergency, effective joint assessment missions led to improvement. By October 2004 it would have been appropriate for more UN agencies to be involved.

⁹⁵ The *Joint Assessment Mission WFP, UNHCR, Government, Donors* November 2004.

Coherence

Strategic coherence depended on maintaining working relations with the Government of Chad which was helpful to the UN; although it was determined that refugees would stay in eastern Chad, it did allow movement to the 50 km line. The French military provided free flights for commodities and materials and protection against raids on the border. The Libyan Government co-operated in developing the pipeline. At the strategic level the coherence of the refugee operation and its food supply has been better than might have been expected.

Coherence has also been achieved by co-ordinating activities between UNHCR and WFP in food aid, nutrition, health, water and sanitation. Coherence was weak at first, but by the end of 2004, the operation was coherent and that was the situation at the time of the evaluation in mid 2005. Coherence was achieved by the improved quality of management, together with a sound pipeline.

Both in Abéché and at field level, relations between agencies were generally open and positive. Much co-ordination occurred quickly in response to changing situations; there is now a well-functioning system of information sharing based on interpersonal relations.

Connectedness

By October 2004 WFP moved from acute emergency to transitional activities, such as food-for-work. It would be wise to consider strengthening the links to WFP's Country Programme's activities in Chad.

There are several risk factors for WFP in the near future. It has a contingency plan for 150,000 more Darfuri refugees and, with UNHCR, is identifying possible sites for new camps. The northern camps have experienced increased military activity. In April 2005, the Famine Early Warning System issued a warning. Security incidents in camps increased in 2005. In both 2004 and 2005 locusts appeared in parts of eastern Chad. WFP should be able to respond quickly to any combination of these risks, in the knowledge that refugees are almost entirely dependent on it for their food security.

7.2 UNHCR Operations in Eastern Chad

In February 2004 The Netherlands made a donation of €499,995 to UNHCR⁹⁶ for the year 2004 to support 110,000 refugees. The appeal had been for €21,723,414. There were 14 other donors. Then in July 2004, based on the Revised Supplementary Appeal for €45,791,267, The Netherlands confirmed the contribution of an additional €445,425 to support up to 200,000 refugees. Both contributions were unearmarked. The Netherlands donated a further €3,644,714 in July 2004. The objectives of the original Appeal had been similar to those of the Supplementary and Revised Supplementary Appeals; the differences were in the numbers of refugees and the amount required to deal with their needs.

On 2nd July 2004 confirmed contributions of USD 18,500,000 had been received to meet the overall request for USD 55,800,000, a shortfall of almost 67 per cent against the Appeal.

⁹⁶ *Supplementary Appeal for Emergency Assistance to Sudanese Refugees in Chad*, September 2003.

Other donors

Supplementary Appeal for 2003/2004 and the Revised Supplementary Appeal for 2004 were: African Union, Canada, Denmark, Estonia, European Commission, Finland, France, Germany, Italy, Liechtenstein, Norway, Sweden, Switzerland, UK, USA and the private sector.

Partnerships

UNHCR and WFP had the primary UN responsibility but UNICEF, WHO, FAO, UNFPA and UNAIDS were also partners. Central, regional, local Government and local communities were partners. The number of NGO partners increased from six to 24 during 2004. Camp management was by Inter SOS (an Italian NGO), Secours Catholique et Développement, IFRC, CARE and IRC.

Strategic objective of the Supplementary Appeal

To establish a field presence in Eastern Chad, to that UNHCR could:

- Provide food, shelter, water, sanitation and health assistance.
- Promote refugee rights, including safe entry into Chad.
- Settle refugees in locations away from the border and not in conflict with local populations.
- Work with local authorities and sensitise them on guidelines on vulnerable groups.
- Pay special attention to the physical security and welfare of women and children.
- Set up a project to facilitate the eventual return of refugees to Darfur.

From initial assessment to immediate response should take four months. Care and maintenance activities were planned for twelve months. Resources would immediately be mobilised to establish infrastructure in eastern Chad. Four sites had been identified as potential refugee settlements. Food provision was identified as a major challenge: malnutrition was anticipated. Logistics would be challenging, as would the provision of water. Education would start as soon as possible.

In the Revised Supplementary Appeal, in June 2004, following increases in the estimate of the number of refugees from 150,000 to 200,000 for the end of 2004, and after challenges had been experienced in protection, control of malnutrition, water provision and logistics, operational requirements were revised to include:

- The relocation of an estimated 75,000 refugees still on the border.
- Providing materials for implementing partners transferring refugees to camps and maintaining those in camps.
- Reimbursing reserve stocks.
- Non-food items for 50,000 refugees.
- Establishing additional water sources.
- Essential drugs.
- Supplies for nutritional programmes.
- Training for a variety of activities including health.
- Emergency preparedness including cholera prevention.

The strategic plan

- a. Four operational zones: North, North Central, Central and South were identified in the 600 km. border zone, where refugees were living in scattered groups
- b. Suitable camp sites (mainly determined by the availability of water) were to be identified. Five had been identified by February.
- c. Camps would be developed, each with 6,000 to 8,000 refugees
- d. The operation would be carried out in four phases:
 - i. refugees in the border zone would be pre-registered and supplied with food and non-food items, pending relocation
 - ii. infrastructure would be developed at the camp sites
 - iii. refugees would be relocated to the camps.
 - iv. refugees in the camps would be supported with food, non-food items, health and community services, pending repatriation.

UNHCR worked in three environments: in the insecure border area, mainly for newly arrived refugees; in the camps with registered refugees; and, in the area of the camps, with local people. Each of these environments differed in opportunities and limitations on UNHCR's ability to intervene. In the border zone opportunities were very limited, though local people were providing some help to their kinsfolk who were the refugees. In camps access to refugees was much easier but there was little aid for them and little capacity to self-provide. Refugees near but not in camps were able to receive some aid from UNHCR.

Relevance

The objectives were consistent with The Netherlands' humanitarian policy and procedures because they responded to life-threatening human needs particularly of women and children. The UNHCR accepts the principles of international humanitarian assistance, including impartiality and independence.

Darfuri refugees had a limited capacity to supply themselves with basic needs from the time they arrived and when they were located in camps. Refugees were at risk from severe violence, suffered attacks and theft of their possessions. Many were destitute and in need of support for their physical survival. Two sets of needs and rights were involved: protection and survival.

The scale of the influx put great pressure on local resources and local people, particularly in the drier northern areas. Local people provided shelter and food for the early arrivals with the result that both groups suffered deprivation. In some cases, informal settlements, with up to 10,000 inhabitants, had no shelter at all and were entirely without sanitation, which produced immediate threats to health. Animals that refugees had brought with them created pressure on grazing and browsing resources.

Effectiveness

UNHCR activities were in three main categories: protecting refugees, particularly women and children; providing materials and services for refugees and local people; supporting social and economic recovery.

Protection

The main threats to refugees were:

- Violent attacks from Darfur.
- Attacks by local warlords and bandits in Chad.
- Attacks by local people resentful of the use of their resources such as water and fuel wood.
- Sexual and gender-based violence.
- Violence within the refugee community.

Sudanese militias had attacked refugees on the border, and refugees outside the camps have been attacked by Chadian nomads. UNHCR's responded to the threat from Darfur by relocating camps to points 50 km from the border; this response has been successful.

Protection in camps

To control insecurity in the camps, UNHCR employed 10 Chadian gendarmes per camp, of whom two were to be women. There have been no attacks from outside the camps, but occasional conflict has occurred within them when gendarmes have attempted to control unrest. Refugee women welcomed the presence of female gendarmes, but it was difficult to find suitable candidates. Rape, sexual harassment and theft of wood have occurred when women collected fuel wood several kilometres from camps.⁹⁷ The presence of gendarmes or UNHCR staff was an effective deterrent. UNHCR explored the possibility of group collection of fuel wood and collection in areas agreed with local people. Fuel-efficient stoves were also promoted. UNHCR was unable to recruit many agencies working in child protection and gender based violence. There was no formal system for reporting incidents of gender based violence, but the UNHCR provided training for staff and governmental counterparts in UNHCR guidelines on gender.

Security was not a big problem for staff. Armed escorts were used in the border area, but UNHCR was not attacked. There were a few attacks on implementing partners travelling between camps.

Humanitarian access has not been a problem in eastern Chad. The only significant problems of access during 2004 related to the difficulty of transport during the long wet season. During the first half of 2004, the lack of adequate vehicles and the limited numbers of staff reduced the possibility of reaching self-settled refugees.

Provision of services

Help for local people had been included in the appeal and, in his visit in October 2004, the High Commissioner stressed the need for increased support for them. There were three reasons for this: recompense for the damage to local resources, reducing resentment by the local population of the refugees and responding to evidence of their need for help. In this, UNHCR was restricted by mandate to spending no more than five per cent of the funds on local people affected by refugees.

⁹⁷ At no point did rape reach the appalling scale in Darfur.

Little was done for local people in the border area, even though assessment missions showed that their nutritional status was no better than that of the refugees. Some food-for-work activities were implemented near the border area and food distributions to towns may have supported some of them. They were, however, helped indirectly by the removal of refugees to camps.

Local people near camps, whom UNHCR defined as living within five kilometres of any camp, received more assistance than those on the border. Assistance consisted of goods and services to support health and nutrition by allowing access to camp facilities, using the same admission criteria as for refugees. Local children were given access to selective feeding, health facilities and, in principle, to schools.⁹⁸

Services to Refugees in the border area

From January to March 2004, UNHCR and UNICEF were distributing considerable quantities of non-food items to self-settled refugees near the border. Because these were separate distributions, it is not possible to judge the extent of coverage. In conjunction with UNHCR, MSF-H and IRC provided medical services and special feeding to some refugees on the border. Towards the end of 2004, refugees who had made their own way to camp sites, but were not yet registered, camped outside. They were provided with non-food items and were able to access camp water and health facilities. UNHCR was unable to support them as effectively as refugees in camps and, early in 2004, provided little support.

Services to refugees in camps

In mid-January, 2004, Farchana was the first camp to be opened, a further ten camps followed. By late March only 13,000 (12-15 per cent of the total) refugees had been transferred – the rate increased after a visit of the High Commissioner. On arrival at camps, refugees were registered, medically screened, allocated a site and provided with food and non-food items. The supply of non-food items was in accord with international standards, though some of the poorest refugees were selling them to buy food.⁹⁹

Water

Adequate provision of safe water was the biggest problem in setting up camps: the lack of supplies severely limited the choice of sites and slowed their development. In 2005, half of the sites still have problems in meeting Sphere standards and at various times water had to be trucked in to feed 15,000 litre water bladders. Water remains the biggest problem, but UNHCR has been resourceful in tackling it, for example in using imagery derived from surveys using satellites.

Health

Newly arrived refugees were screened for health on arrival. Implementing partners undertook vaccination campaigns, for examples, in May at Goz Amer camp, polio vaccinations were given and, in July at Oure Cassoni, under 15s were vaccinated against measles and polio. Malnutrition levels were high; cholera kits had been supplied, but in August, there were

⁹⁸ 'In principle' because pupils were taught in Sudanese.

⁹⁹ Le Jeune S (2004) Rapid Household Economy Assessment Farchana Refugee Camp, SCF-UK.

cholera outbreaks, dysentery, bloody diarrhoea and an unidentified fever – the last killed ten per cent of the people afflicted by it. UNHCR immediately began to improve water supplies and supplementary blanket feeding and, by November, the situation was stabilised; nevertheless health and nutrition services needed strengthening in both materials and personnel. It was also time for preventive health care.

The June 2004 CDC report and subsequent missions identified inadequate sewage disposal and sewage-related disease as the cause of major health and nutrition problems. UNHCR had provided collective latrines in the first stage of camp development. Family latrines must replace these, but a long-term health programme is also needed to overcome some cultural problems.

The interventions responded well to refugee needs in camps, but less well to those outside.

Supporting social and economic recovery

Refugees had spontaneously set up education activities on arrival at many camps at pre-school and primary levels. UNICEF has responsibility for education and had started training of educational directors in August and training of teachers for seven of the camps by the autumn. All camps had formal primary education and adult literacy classes. Poor pay for teachers limited the effectiveness of schools.¹⁰⁰

Community development activities started in the last quarter of 2004; these largely focused on women's needs, though other vulnerable groups were identified, including children up to 18 years. UNHCR supported women's refugee committees and community-based women's activities; with the Chadian Ministry of Social Affairs it set up a network of female social workers. Gender-based violence was a major area of work. There was a small start in income generating activities. During 2005 community activities have been considerably widened and strengthened.

The UNHCR Appeals planned to support repatriation when appropriate. Some refugees have made return visits to Darfur, but supported returns have not yet been possible.

The UNHCR internal evaluation of August 2004, found that the initial response to the emergency had been slow, partly because of the limited performance of the emergency teams and their inadequate hand-over to the Country Office, but also because of increasing numbers of refugees.¹⁰¹ That evaluation found that UNHCR was still not "on top of" the emergency in August 2004. It was without an overall strategy, had not recruited specialist staff quickly, and had poor communications and generally weak management. The recruitment of an experienced central management team, recruitment of experienced and specialist staff, securing more effective partnerships, realignment towards transitional operations and strengthening material support all contributed to improvements by the end of 2004, which were maintained in 2005. Weaknesses remained in protection and in gender issues and the transition from emergency to recovery and towards development was still slow.

¹⁰⁰ 30 USD per month: in Darfur 200 USD per month.

¹⁰¹ Evaluation Policy AU (2004) *Real time evaluation of UNHCR response in Chad*.

Efficiency

After six months of intervention, UNHCR was still ‘fire-fighting’ and lacked an overall strategy. This was attributed the slowness of headquarters to respond to the emergency and to the flawed handover from the two emergency response teams in September and December 2003. The emergency teams were unable, in the time available, to prepare an adequate plan of action. Matters improved in mid-2004 and the evaluation found that, by mid 2005, the response was much improved.

Logistics

Throughout the acute phase of the operation and up to the end of 2004, UNHCR had problems in maintaining supplies of goods. This was because of the lack of vehicles and the wet season. During 2004, UNHCR imported 190 vehicles but even so transport was still restricted. Shortage of fuel was a constant problem. UNHCR had to use air transport throughout 2004 and had to make emergency airlifts from the May rains; 3,250 tonnes were carried in 88 airlifts.

The French military transported 700 tonnes of cargo, free of charge, from early August during the rains. The final 12 UNHCR flights of December 2004 brought contingency stocks from Belgium sufficient for 50,000 refugees. Air transport saved the day for UNHCR in 2004, but transport remains a problem.

Transfer of refugees to camps

During 2004 UNHCR made progress towards the objectives in the *Appeal* documents. It transferred 200,000 refugees to camps by the end of the year – more than double the original target. There were unusually difficult physical problems in water supply, transport and securing suitable staff. The biggest failing was slowness which led to responding to emergencies rather than being in control of them.

Needs assessments

UNHCR made several quick joint needs assessments in 2003, but did not make a systematic assessment until 100,000 refugees had been transferred to camps and concerns about malnutrition arose. UNHCR responded actively to the mission findings and recommendations, but the missions should have been mounted sooner.

Monitoring

UNHCR monitored the arrival of new refugees at the border and, in Darfur, monitored security conditions and events. These were early warning activities and should continue and be strengthened. UNHCR monitored distributions of commodities and the provision of services, but depended on partners’ reporting adequately. As the *Joint Mission* of November 2004 remarked, these reports were often inadequate.

Registration

Registration is a major process in controlling costs and ensuring equity. UNHCR registered refugees with the Commission Nationale d’Accueil et de Réinsertion des Réfugiées from

January 2004. Three types of registration were carried out: pre-registration in the border area, full registration at the camps and re-registration. Re-registration was a lower priority for UNHCR than attempts to support vulnerable people, but there have been concerns about multiple registrations and inaccurate descriptions of household memberships.¹⁰²

The evaluation considers that it was appropriate and necessary for UNHCR to organise re-registration, but that it could have been started earlier.

Co-ordination, Coherence and Connectedness

Co-ordination

In the volatile situation of the early phase of the emergency, co-ordination was weak and there were few partners. UNHCR participated in weekly co-ordination meetings in N'djamena and, throughout the emergency phase, was instrumental in setting up several joint assessment missions. By October 2004, when transitional activities were strengthened and the number of NGO partners increased, it would have been appropriate for a larger group of UN agencies, such as UNDP, UNEP, and FAO, to be more involved.

In N'djamena, Abéché and at field level the relations between agencies appeared in the evaluation visit to be positive and co-ordination occurred as changing situations demanded; there is now a well-functioning system of information sharing based on interpersonal relations at all levels. Meetings with partners at central, regional and camp level have generally been on a weekly basis, if not more frequent. Sector committees were developed during 2004. Partners, like UNHCR itself, found that the recruitment of quality local staff was difficult and the retention of expatriate staff was also problematic.

Co-ordination with the French military has been cautious but effective. In agreement with the Government of Chad, the French military patrols the border and has agreed to defend camps if necessary. French logistical support was invaluable during August.

Coherence

The UNHCR strategy involving movement of refugees to camps was supported by the other agencies and different levels of the Government of Chad. The French military flights of commodities and materials and its protection against raids on the border were also examples of coherence.

A key element in coherence was the co-ordination of activities between UNHCR and WFP in food aid, nutrition, health, water and sanitation, supported by NGOs through the UNHCR camp management system.¹⁰³

Connectedness

UNHCR is specifically emergency-focused, not developmental, but in maintaining the welfare of refugees within camps it supported a number of activities with developmental outcomes, particularly late in 2004. Education, community activities, training, income-

¹⁰² Both of these have been problems for UNHCR in many emergencies.

¹⁰³ Camp management is fully discussed in relation to IFRC activities in Tréguine refugee camp.

generating activities, introduction to concepts of safe water provision, safe sanitation, improved health and nutrition practices and, to some extent, the advancement of human rights were examples of developmental activities. In marked contrast, those refugees who have remained outside the camps have gained little.

Connectedness is particularly relevant to UNHCR Chad because, in the early stages of the operation, certainly in 2003 and even up to the middle of 2004, their response had been slow and uncertain.

Contingency

By August 2004, UNHCR was making contingency plans for a possible 100,000 extra refugees. At the time it seemed that 30,000 refugees might move from El Geneina. The main concern is water supply: the existing camps' supplies, which depend on ground water, must be replenished and five or more new camp sites with water must be found. The present search has not identified sources for large camps. On 21st December 2004 UNHCR made 12 flights to preposition blankets, buckets and plastic for the contingency.

7.3 International Federation of the Red Cross and Red Crescent

UNHCR and the Government of Chad asked IFRC to set up and manage the Tréguine Camp in June 2004 at a time of major health and nutrition problems and when nearby camps were overcrowded. Under a framework agreement IFRC was identified as camp managing organisation on behalf of UNHCR. The total Revised Appeal for Sudanese refugees in Chad (July 2004) was for €9,297,000. There were 12 donors (national Red Crosses and governments, in addition to the Netherlands).

In July 2004 The Netherlands agreed a donation of €1,000,000 to the IFRC through The Netherlands Red Cross.¹⁰⁴ It was earmarked for assistance for the Tréguine Refugee camp, which was to be inaugurated on 27th September 2004. The Appeal, initially launched 2nd December 2003, was revised in June 2004 in response to increased numbers of refugees. The Netherlands was the largest donor to appeal No. 23/2003. By 27 July 2004, 87 per cent of the request was covered.

Use of Dutch funds

The Netherlands' contribution was used to support the camp management system in Tréguine Camp through the purchase of kitchen sets, blankets, tarpaulins, Mosquito nets, medicines, transport and distribution costs and training of personnel.

Other donors

Other donors of cash, in kind and of services were: Danish Red Cross, Finnish Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross, Libyan Red Crescent, Norwegian Government and Red Cross, Swedish Government and Red Cross, Swiss Government and Red Cross

¹⁰⁴ Revised Emergency Appeal, 23/2003 Chad: Sudanese Refugees, 27/07/04.

Partnerships

UNHCR, WFP, ICRC, Red Cross Chad, Chad National Commission for Refugees, Action for Greening the Sahara-Japan, CORD, MSF-H, Oxfam and Première Urgence.

Strategic Objectives

Differing lists of strategic objectives were presented in the documents available to the evaluators; the most authoritative of these gave them as:¹⁰⁵

- Camp Management: To install infrastructure and initiate operations in the Tréguine Refugee Camp, and to provide services for more than 17,000 refugees in the fields of Camp management, Basic Health, Sanitation and Community Services.
- Capacity Building: The Red Cross has adequate capacity to manage the refugee operations and builds on that capacity to increase their impact on the vulnerable within the country in the future.
- Support the Local population. The local population around the Tréguine Camp is supported and the Red Cross builds its presence in the region.
- Redeployment of the Transport Support Package (TSP). After the completion of the refugee relocation in August, to advise on the best use of the TSP in the support of the ongoing refugee operations in eastern Chad.
- Telecommunications. To ensure effective communications in the operational area and between Abéché and N'djamena to facilitate the operation and enhance security for expatriate and local staff.
- Food Pipeline. An alternative to the WFP food pipeline is developed as a back up in case of disruption of food supply.

Activities

Based on a preliminary Field Assessment and Co-ordination Team plan IFRC would:

- Set up Tréguine Camp.
- Develop a logistical and communications support structure.
- Be responsible for Basic Health Care, Sanitation, camp management and social welfare.
- Use the camp management model described in *The Camp Management Project (2004)* of the Norwegian Refugee Council. IFRC had contributed to the development of this model and had experience of camp management in Liberia.
- Train Red Cross Chad in the above activities as a capacity building activity.
- Facilitate the increasing participation of Red Cross Chad in implementation.
- After one year responsibility for the camp would be transferred to Red Cross Chad.

Staff

Delegates with expertise in camp management, finance, resource development, and administration, relief, logistics and transport, health, water and sanitation, telecommunications and reporting/communication & advocacy were recruited from within IFRC and national Red

¹⁰⁵ IFRC *Field Assessment and Co-ordination Team Plan of Action*, 28/06/04.

crosses. Red Cross Chad staff were recruited later. Of a staff of about 200, about 70 per cent were Red Cross volunteers.

Site development

The UNHCR had selected the Tréguine site because it was five km from Breidjine and was believed to have sufficient water, but, in the event little was found and the start of the project was delayed for six weeks. The outline structure of the camp was developed before refugees were transferred and tents were erected just in time. Rudimentary facilities, like the medical centre and stores, were created at an early stage. In February 2005, IFRC was asked to undertake the management of Breidjine Camp in addition to Tréguine.

Camp management

Under a framework agreement with UNHCR, IFRC is now responsible for management in both Tréguine and Breidjine camps. Responsibilities include preparing a contingency plan for an additional 20,000 refugees. The responsibilities of camp management go beyond supervising activities to include the co-ordination of stakeholders. For this to be successful, refugees must not be treated simply as beneficiaries, but as competent agents: women must have access to power in decision making rather than simply attending meetings. IFRC argues that refugees are the main partners.

The division of Tréguine Camp into thirteen sections, each of which contains refugees from the same area of Darfur, facilitates representative refugee participation at weekly camp meetings. A man and a woman represent each section. The management team comprises three managers (the Tréguine Camp Manager (IFRC) and Red Cross/Chad and Breidjine Camp counterparts), IFRC delegates and their Red Cross/Chad counterparts covering community welfare, distribution, water and sanitation, health; and construction. These counterparts will eventually replace each of the delegates and the Camp Manager. It is unfortunate that UNHCR has called only one meeting of all camp managers in eastern Chad to share camp management experiences.

Registration

Registration is the responsibility of the Chad National Commission for Refugee Assistance in conjunction with UNHCR, but IFRC also participates in registering and re-registering refugees. IFRC issued photographic identification cards for the purpose and re-registration began at the end of January 2005.

Protection

Protection must be from violence and from unfulfilled needs for food, health and so on. IFRC does not have the capacity to protect against physical violence, but, with UNHCR, does it indirectly through, for example, the Gendarmerie, with whom it has a working relationship. Some forms of protection for women and children are discussed below. The IFRC Community Services section has identified seven groups of vulnerable people in the two camps (see Table 16). Protective activities include health care, water and sanitation and distributions of food and non-food items, and are discussed elsewhere.

Table 16: Vulnerable categories in Tréguine and Breidjine Camps, 2004

Category	Tréguine	Breidjine	Total
Lone parent	682	217	899
Lone woman	31	70	101
Unaccompanied child	0	5	5
Separated child	52	93	145
Lone aged person	109	166	275
Physically handicapped	82	173	255
Chronically ill *	30	27	57
Total	986	464	1450

Source: IFRC Report September –December 2004 Tréguine camp.

In addition, there is a group of about ten people suffering from leprosy in Tréguine who live and are treated separately.

IFRC distinguishes two groups of vulnerable children: the unaccompanied and the separated. Some children have lost both parents; either they were killed or the children were separated from them as they fled Sudan. This has resulted in a significant number of families headed by the oldest sibling. Some children were totally without family support. The Red Cross tracing system has been employed to some effect.

Teachers in Tréguine camp have advocated for children with disabilities, such as the blind or those who had lost limbs and were carried or led by their siblings. It is not clear whether this is a matter for IFRC or for UNICEF.

Camp security

The boundary between the responsibilities of UNHCR and IFRC for camp security is not entirely clear. Gendarmes and security guards patrol the two camps. Before IFRC took over camp management in Breidjine there had been some friction between gendarmes and refugees. In an emergency the French military would defend the camp if asked to do so. There have been no security incidents of any significance in or around the camps since the camp management system was introduced. The presence of gendarmes may, in itself, be a sufficient deterrent, but their number is insufficient and their presence largely token.

Food distribution

Food distribution at both camps is carried out by IFRC. In Tréguine, distributions in late 2004 varied between 1,800 and 2,100 calories (target 2,100). The distribution centres in both Tréguine and Breidjine have been improved. Nutrition is the responsibility of MSF-H. Non-food items are stored in the camps and distributed by IFRC. In most cases they are provided to refugees on arrival, but there had been additional distributions and replacements in the case of damage by, for example, tents destroyed in storms.

Contingency-food supplies

In the Revised Emergency Appeal, IFRC was to purchase food sufficient for 17,000 refugees for three months as a contingency. This was subsequently increased to a stock sufficient for 20,000 refugees and, in 2005, increased yet again to a stock for three months, sufficient for 40,000, and additional supplies for a stock of one month for a further 40,000 refugees. In

addition to standard food commodities IFRC placed 4.5 tonnes of high-energy biscuits in Tréguine as a contingency against needs for special feeding.

Health care

Health care began with the opening of Tréguine Camp, initially it was run by the German Red Cross, but has been taken over by IFRC and Chad Red Cross. In order of importance the main conditions treated are: malaria, diarrhoea and respiratory diseases. Initially there was a large number of patients, but the number has declined. Virtually from the start, local people have accessed the health centres of both camps and community welfare staff now go to nearby villages to serve health needs. Health promotion includes the use of mosquito nets and preventative measures against malaria, cholera and other health risks. IFRC has developed a contingency plan for cholera. Social welfare workers promote hygiene.

Nutrition

MSF-H runs the Bredjine health and nutritional centres; IFRC runs the Tréguine Nutritional Centre with Chad Red Cross. They treat 50-100 moderately malnourished children per week. In January 2005, there was an outbreak of meningitis in both camps. Previous outbreaks had killed hundreds in Chad, so, in February, MSF-H vaccinated 72,000, including many local people. Ninety-five per cent of the children were vaccinated.

Water and sanitation

An adequate supply of water was critical to opening Tréguine Camp. Oxfam drilled two main boreholes and supply in Tréguine is now 21 litres per person day, giving a contingency surplus if there are to be more refugees. Bredjine has 14 litres per person per day (target 15). Latrines have been constructed in Tréguine and there is now one latrine to every 17 users. During 2005, gender sensitive latrines are being extended.¹⁰⁶ Hygiene has been promoted since refugees began to arrive. Washing spaces within plastic sheet enclosures are also being provided, improvements have been made to storm drainage and there is a solid waste disposal programme. Refugees have been involved in the design of the facilities through a water and sanitation committee.

Education

Education is UNICEF's responsibility, but is implemented in conjunction with IFRC and UNHCR. UNICEF had some problems in funding and was unable to act fully on promises to the community. Refugee schoolteachers began to develop schools in Tréguine, with no external support. In January 2005, school tents were provided for primary schools and, by March, pupils in Tréguine had access to 49 classrooms in six schools. In Bredjine UNICEF provided 35 classrooms in seven schools.

Pay for teachers is low, about one fifth of the pay of a security guard, and by December 2004, the teacher-student ratio was 1:214.¹⁰⁷ After 3 p.m., 2,000 women attend classes in the same facilities and, from April 2005, 3,000 attended literacy classes. In December 2004, school

¹⁰⁶ At the time of the evaluation, women were said not to be using the camp latrines, but used home made substitutes.

¹⁰⁷ Steps have been taken to improve the teacher/student ratio and early in 2005, 12 women teachers were trained in Tréguine and 20 more were then to be trained.

attendance was said to be 100 per cent.

Gender-based and sexual violence

Gender-based violence is addressed by attempts to strengthen the place of women by, for example, education and membership of camp committees. During 2005, the Chad Red Cross, in association with IFRC, investigated attitudes to female genital mutilation in both camps and in the surrounding villages. Only 10 percent of those surveyed recognized that genital mutilation has detrimental consequences for women's health.

Much activity relating to gender-based violence concerns violence outside the camps, particularly when wood fuel is collected; this may take women as much as ten km from the camp. Women and girls have been beaten, raped, stripped of their clothes and robbed. The community may reject a woman who has been raped and any child thus conceived. NGOs have encouraged the community to accept the young woman and the baby and this is happening in both camps. Christian Outreach is addressing the problem by providing special assistance for young women and advising them on health matters. IFRC has trained some of the Community Services staff in rape counselling.

IFRC has also responded by introducing improved stoves with a fuel saving of 20-30 per cent, thus reducing the need for fuel wood. IFRC is also negotiating for the right of women to collect wood safely from an agreed area. Integrating the actions of the IFRC, the UN and NGOs helped in an activity that necessarily involved many sectors. IFRC's identification of vulnerable women was, potentially, very helpful.

Community participation

IFRC facilitated community participation, which is essential to effective camp management. The representation of women is problematic, but half the members of camp committees are women. It had been hoped that co-chairs (one woman and one man) would be created, but the best that could be achieved was that the chair should be a man and the vice-chair a woman. Committees deal with youth, education, health, distributions, environment, water and sanitation and construction. There are also joint refugee-IFRC committees, which enhance refugees' involvement in camp activities and liaison with UNHCR, local authorities and host communities. Each has the degree of gender balance that is possible.

Twenty *animateurs* (socio-community agents, selected from the refugees) have been trained to act at the front line in relations between the community and the IFRC. In Tréguine, for example, they worked on sanitation sensitization.

Youth participation

Youths of both sexes participate in refugee committees and are able to attend school up to the age of 17, but there is little for older boys to do unless they are looking after animals. Adolescent girls are at risk of gender-based violence. In Tréguine recreational activities started spontaneously and have grown. At the first football match there were no girls, but many now attend; there is a girls' football team. The matches attract thousands to an inter-camp league and games against agency teams. There is also a cultural centre with audio-visual apparatus in Tréguine.

Support to livelihood strategies

Much of the aid for livelihood strategies has focused on animals, which the refugees brought with them and which are their most important resource. IFRC commissioned a census of animals that revealed that their numbers were large. Most of the cattle and small stock are many kilometres south of Tréguine. IFRC commissioned a veterinarian to report on animal health in the camps: he recommended feeding to improve their health.

Early attempts to support refugees in agricultural projects were unsuccessful because they feared that such activity implied a long stay in Chad; more recently they have begun to undertake small-scale farming. The social welfare division has developed income-generating activities for vulnerable people in both camps.

Psycho-social interventions

Many refugees had been traumatised by events, both in Darfur and during their flight to Chad and the traumata remain. The IFRC delegate has experience in counselling, particularly of rape victims, and has trained *animateurs* in counselling. Most interventions have been with children. In 2005, UNHCR, with IFRC, engaged Christian Outreach to carry out a psycho-social programme in both camps. One argument for encouraging children to attend school is that, even without specific treatment, the experience can provide the physical and emotional structure and cognitive engagement that can help them deal with their traumata and help the community regain some of its cultural norms.¹⁰⁸

Exit strategy

In the camp management model, the final stage is camp closure: IFRC's involvement will last only until it hands over to Red Cross/Chad. In 2005, a review recommended strengthening Red Cross/Chad. At the time of the evaluation, counterparts had achieved differing levels of competence – and in any case had different levels of potential and different levels of commitment to the activities. The original target of one year proved unrealistic and the target now is for full handover in two years.

Relevance

The sectors eligible for Dutch humanitarian support were: nutrition, basic healthcare, water and environmental sanitation, emergency nutrition, seeds and tools.

When the Ministry of Foreign Affairs decided to support the creation of Tréguine, the Breidjine Refugee Camp, designed for fewer than 20,000 refugees had, including unregistered refugees outside it, a population of about 40,000. Up to 7,000 refugees in the informal settlement outside Breidjine were without shelter. Problems arose in water supply, sewage disposal and health; there had also been security incidents. Local people near Breidjine depended on resources that had been depleted by the refugees; this caused resentment and led to some conflict.¹⁰⁹ UNHCR decided to move some refugees to a new camp, which was to be Tréguine.

¹⁰⁸ Heninger L and McKenna M (2005) "Don't Forget Us" The Education and Gender Based Violence Protection Needs of Adolescent Girls from Darfur in Chad, Commission for Refugee Women and Children.

¹⁰⁹ The camp population of Breidjine far exceeded the size of the local population.

Tréguine Camp was to be a fresh start for refugees living in a degraded environment dangerous to their survival. Both the refugees moved to Tréguine and those left behind would directly benefit, hence the creation of the camp was consistent with the needs and priorities of the beneficiaries. The size of Tréguine Camp, planned to be for fewer than 15,000 people, was appropriate. IFRC's experience of camp management in difficult situations would be useful to UNHCR and other such agencies in testing an improved model of management for camps.¹¹⁰

Effectiveness

Camp Development: Tréguine Camp was effectively developed, delays were not IFRC's fault. The upgrading of Breidjine is in hand.

Gender: Progress has been made in improvement of the position of women. Preventative action against rape is being taken, and cautious steps towards confronting the problem of female genital mutilation have been made. Because changing cultural values is a long-term objective, it is impossible to judge the effectiveness of the latter. There are few, if any, gender sensitive latrines (see *Water and sanitation*), which is also a problem.

Registration: The process was chaotic to begin with (a consequence of extreme pressure), but was rapidly corrected.

Vulnerability: Vulnerable people were effectively prioritised, but more female volunteers for the IFRC would make matters easier. The welfare of children particularly at risk has been improved. The use of the Red Cross tracing system has been effective.

Distributions: The distribution of rations and other necessities were well-organised and thorough.

Water and Sanitation: The provision and distribution of water has been outstanding. Because water points have become social centres, it is possible that large numbers of people could lead to contamination. The development of latrines in Tréguine has, with one reservation, been satisfactory, but improvements Breidjine are beginning. The reservation applies to the provision of latrines suitable for women, which remains problematic.

Education: School attendance is high and women's attendance is particularly impressive. Whether effective education can take place with such daunting class sizes is questionable.

Health Care: IFRC and its partners have achieved high standards of health care and of disease prevention and the response to meningitis was quick and effective. The health programme has been well managed and co-ordinates well with hygiene and nutritional activities.

Capacity building: This activity was largely a matter of training Red Cross/Chad's counterparts and its success depends on the quality of the people that Red Cross/Chad supplied, some were excellent, others were not suitable implementers. The methods employed were effective.

¹¹⁰ IFRC participated in the select group developing guidelines for camp management: The Camp Management Project (2004), Norwegian Refugee Council.

Efficiency

The fact that the present IFRC Head of Delegation had been a member of the Field Assessment and Co-ordination Team helped considerably in the development and management of the camp, as did the fact that the Camp Manager had worked in comparable activities. The high level of community representation and participation, involvement of Red Cross volunteers and community-based *animateurs* was an efficient way of identifying and responding to the needs of vulnerable people. Food distributions were carried out quickly and transparently with limited waiting time, but IFRC needs to agree with WFP a method of circulating the large IFRC buffer stocks so that they do not deteriorate.

Oxfam's provision of water was achieved very efficiently and provided a sustainable yield for contingencies. The latrine system was quickly developed in time for refugees' arrivals, though provision for women needs attention. The use of refugees as *animateurs* and in training tailors was cost effective as was the provision of recreational activities for youths.

Making registration effective resulted in savings by reducing fraudulent or double registration. Connecting children with lost parents or family reduced costs. Training for some 200 Red Cross Chad's personnel, who were to take over from expatriate agencies, took place *in situ*: far cheaper and probably far more effective than the customary training in centres in other countries.

Co-ordination

The UNHCR policy in camp management has been greatly helped by the willingness of IFRC to undertake a job in which it has considerable experience; IFRC's willingness to take over Bredjine was also helpful to UNHCR's strategy of regionalising management responsibilities. In implementation co-ordination has been helped by the use of camp management.

Coherence

In almost all cases the policies and activities of the UN agencies complemented those of the IFRC. Although two agencies, IFRC and WFP, supply food, they do so for different reasons and with some different commodities. IFRC built up a contingency stock to be used in the event of a large influx of refugees or if, for any reason, WFP was unable to supply food. On one occasion WFP borrowed vegetable oil from IFRC. WFP has contingency stocks for 150,000 refugees for three months and IFRC stocks for 40,000 for three months. These large stocks would be very valuable particularly if refugees arrived in the wet season.

Connectedness

The first six months in Tréguine were spent in setting up structures to maintain refugees in good health and in starting educational activities. From January 2005, the emphasis switched to preparing for contingencies and the developing social services, but it was only in mid 2005 that the water supply system was fully developed. During 2005, IFRC began to support activities enhancing livelihoods. These activities will continue until mid 2006. The IFRC exit strategy is through a transfer of responsibility to Red Cross Chad. The strengthening of Red Cross Chad will enhance its capacity to respond to future acute and chronic crises. Enhanced livelihood activities extend to local people and look forward to a post-emergency phase. Well-supported refugees may eventually be able to repatriate with new skills and attitudes.

The value added of Red Cross Netherlands

The Dutch Red Cross does not itself implement but transfers funds to IFRC or ICRC according to the needs of the situation. Reporting to the Dutch government is the responsibility of the implementing agency but Red Cross Netherlands is in touch with the situation, though it does not formally monitor. The Dutch Red Cross supported a Dutch delegate in the needs assessment component before the funded operation: this was of considerable value in ensuring continuity between need assessment and implementation, particularly since the delegate became Country Director and was closely involved in the management of Tréguine Camp. The Dutch Red Cross has a close working relationship with the Ministry of Foreign Affairs: this allowed a very quick start to the project, based on a telephone call and Red Cross's willingness and ability to pre-fund the operation. The saving in time was great and the implication is that it was possible to start to implement an urgent operation¹¹¹ in ten days rather than weeks or months. The neutrality of the Red Cross Movement is very valuable in some complex political emergencies, particularly those in which UN scope for action is limited.

7.4 Specific issues in the Terms of Reference: Chad

Security. The security of staff was not at issue. There was one instance of hijacking a 4WD belonging to an NGO. In the early days, it was necessary to have armed escorts near the border, but there were no events.

Protection. Compared with Darfur, protection is not a problem; but there were some incidents. On at least one occasion, on the Darfur/Chad border, refugees were bombed from the air by Sudanese military aircraft and then attacked on the ground by a militia intent on killing people and stealing their cattle. Prunier has described this as a tactic frequently employed in joint operations between Sudanese forces and the Janjaweed.¹¹² The UNHCR planned to move refugees away from the border, but took a year to do so. No camps were raided, possibly because 50 km was enough to keep Janjaweed away. French and Chadian soldiers patrolled the frontier and 120 gendarmes were hired to patrol the camps. Twenty of the gendarmes were to be women and so welcomed by women refugees, but it proved to be difficult to find suitable female recruits. Women collecting fuel wood up to 12 km from camps were raped or otherwise sexually harassed; surprisingly local women also took part in these attacks. The UNHCR was slow in setting up sexual and gender-based violence response system, but it is happening.

Humanitarian access. The only problem was the difficulty, caused by bad roads and the wet season, in gaining physical access.

The Gap Issue: Linking Relief, Rehabilitation and Development. Because UNHCR had been overwhelmed by the increase in refugee numbers and WFP had logistical problems, and because of UNHCR's slowness in establishing its programme of transfer, it was ten months before they escaped from a reactive response to planned nutritional and health operations. Thereafter they introduced transitional and developmental activities, modified only by the uncertainties of the future for refugees. Military and political issues did not impinge, though some refugees regarded transitional activities and self-reliance as a threat to future

¹¹¹ There was a high possibility of a cholera outbreak and poor general health condition in the self-settled refugee informal camps.

¹¹² Prunier, G, 2005, *Darfur, the Ambiguous Genocide*, 99-102.

repatriation. The competence of IFRC in camp management helped the development of a participatory system that will facilitate the Dutch wish for a transition to development. Some of the activities, particularly in education, are developmental.

Co-ordination and coherence. Strategically, Chad was a side-show to Darfur and at the mercy of decisions taken in the interests of a solution to the crisis. The Chad Government has a political agenda, which makes it support Darfuri refugees against the Sudanese government. But there are also Chadian refugees in Darfur, which the Chadian Government sees as a threat. The restrictions of the camp environment limit the opportunities for developmental activities though education and training have been extended. WFP is now making a direct link to the Country Programme in activities with local people. It is not appropriate for Darfuri refugees to settle, though some informed interlocutors thought that it would be many years before repatriation was likely. The military link was carefully handled and not a threat to humanitarian action. There seemed to be no mandate conflicts except, possibly, for HCR and WFP, whose use of humanitarian money was restricted to no more than five per cent for local people. The Netherlands Government might consider lobbying for more flexibility in the use of these funds.

Quality, Accountability and the Principles of Good Humanitarian Donorship. Apart from IFRC, no one talks about the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, but there was no evidence of agencies transgressing it. Sphere was mentioned, particularly in relation to water supplies. In many camps, fifteen litres per person day is very difficult to meet and will be even more so in the future. In one extreme case, in a camp threatened by cholera, the supply was as little as 1.7 litres per person day. This was not inefficiency, but a lack of water. Sphere's nutritional standards were also impossible to meet. The WFP was only able to supply 75 per cent of the amount specified by Sphere, which, in the circumstances, was creditable.

The Inter Agency Standing Committee Guidelines on gender, sexual abuse, human rights and relations to the military were unknown in the field, but there was no evidence that they were being flouted. At executive level, they were upheld so far as they were relevant. There is a need for an assessment of ways in which staff, new to the field and on short contracts, can be made aware of principles and appropriate practices in humanitarian emergencies.

The Netherlands acted quickly, when the increased scale of the Chad emergency became clear, and provided unearmarked funds, allowing a quick and flexible response. The speed of the Dutch funding of IFRC, when the problems of Breidjine Camp became clear, was notable. All are aspects of good humanitarian donorship.

Chapter 8 Conclusions

This chapter examines the humanitarian situation to which Dutch humanitarian aid responded and the nature of The Netherlands' response. It then reviews the evaluation categories and the special questions in the SV.

8.1 The humanitarian situation in Sudan during 2000-2004

Different types of conflict were critical components of the humanitarian crisis in Sudan between 2000 and 2004. Some of these, such as the Second Sudanese Civil War, had been taking place before 2000; others such as the Darfur conflict had intensified during this time. Some of the conflicts involved official military forces; others involved militias and irregular forces, which could claim legitimacy through representing some of the community. The LRA in southern Sudan, which raided local communities, was, however, there mainly as a base for attacks on northern Uganda. Some conflicts, such as that between and within the Dinka and Nuer, continued a tradition of cattle raiding; several warlords exploited these conflictual relations in their search for power. In both southern Sudan, and later in Darfur, the Government of Sudan directly or indirectly supported conflict.

Many of the conflicts had a very long history, reflecting colonial neglect, extractive pillage economies or local conflict over resources but the larger scale conflicts in southern Sudan, Darfur and increasingly in eastern Sudan shared a common origin in the unequal power relations between the core area based in the Nile valley of central Sudan, and particularly the Khartoum based political, economic and military elite, and the peripheral areas. Though these higher-level conflicts are presented in simple terms as based on ethnic difference or religion, they are more properly explained as conflicts over resources such as oil, water or land. Opportunistic politicians or militias seek to use the labels of religion or ethnicity.

Conflicts occurred at different levels between large-scale conventional war, guerrilla attacks and incidents of banditry, but another form of humanitarian outrage has been attacks on individual people, notably the murders and rapes that have characterised Darfur, but also occurred in southern Sudan. Women, men and children of both sexes have suffered these attacks.

A common response of local populations in relation to conflict, however caused, has been to move to another area perceived to be safer. This has given rise to displacement from homes and social support systems, and from the bases of livelihoods. Some four million people were thus living displaced during the years 2000-2004. Conflicts also caused injuries and other forms of violence to people and damage to infrastructure but they also cause severe disruption to all aspects of normal life and the impossibility of implementing developmental activities. The prolonged conflict, particularly, but not only, in the south helps to explain the lack of development, drastic living conditions and poverty. They also contribute to weak governance and government social support services.

Although conflict of different sorts is responsible for much of the humanitarian need in Sudan, the dreadful living conditions of much of the population, particularly in the more marginal areas, constitutes an emergency in itself. In many respects, as the report has shown, parts of Sudan are the most deprived in the world with respect to the quality of life. Developmental programmes can respond to this if peace is achieved but, even in the south, the huge numbers of returnees will be at severe risk unless an emergency programme is

continued. In Darfur it is too early to consider any programme other than emergency aid. Even in eastern Chad local people live in near-famine conditions.

Environmental factors and hazards also contributed directly and indirectly to humanitarian problems. Much of Sudan is prone to droughts and some areas to floods. Diseases such as malaria relate to climatic conditions, as do infestations such as locusts. These effects are made worse by conflicts. Many of these environmental problems were contingent and unpredictable as regards time, though more predictable as regards place.

Three different but linked crises

The crises in the three places, southern Sudan, Darfur and Chad, are interlinked, but they also differ. Southern Sudan is a long-standing complex chronic emergency with random, but frequent, localised acute incidents. Darfur is a complex acute emergency and Chad is largely an emergency of poverty precipitated by events in Darfur.

The ongoing peace process is still not deeply embedded in governance structures in southern Sudan and there is a lack of capacity to deliver modern services: as the peace process proceeds, the return of refugees and IDPs overloads the thin local capacity; southern Sudan continues in a state of chronic emergency. The Netherlands' interventions showed knowledge of the southern Sudan situation in Nairobi and The Hague. Interventions for the most part were appropriate but some agencies were clearly over-reaching themselves such as the UNICEF role in OLS and SC-UK's role in animal health. Variation in budgets gave problems of connectedness although the Netherlands Embassy in Nairobi supported the search for alternative sources of funds in a positive manner. Coverage was incomplete not least because the size of southern Sudan's problems. In co-ordination, the establishment of the Rumbek Liaison Office, run through the Netherlands Embassy in Khartoum, helps consolidate the peace process. Problems remain in monitoring the operations of individual agencies and NGOs: in the case of some of the UN family, reporting of expenditure is aggregated so that programme impact is difficult to determine.

In Darfur, the situation is an acute emergency where external intervention averted a major famine, though that threat of famine continues because of the collapse of livelihood systems. Even in late 2005 the army and Janjaweed have not stopped their attacks. Protection remains the critical issue and should be addressed through OHCHR. By supporting UN agencies and NGOs to have a physical presence in Darfur, The Netherlands bolstered protection efforts, but the violence, including sexual violence against both men and women continues. OCHA was critical to the political negotiations, especially for humanitarian access and humanitarian space. WFP was critical to the delivery of food supplies; but co-ordination between UN agencies was weak and did not exist as a command structure at field level. UNICEF was weak in water and sanitation. UNHCR initially refused to deal with IDPs while refusing to let anyone else take responsibility. NGOs, even MSF that was best in this respect, were not timely and questions of delivery competence are raised since people without emergency experience handled much NGO activity.

Both the UN and the NGOs lacked local partners making transition from relief to development activities difficult. Efficiency issues were raised because of the non-use of generic medicines. The high cost of the intervention, caused by long distances, harsh terrain and severe seasonality, made the interventions expensive. It remains unclear if, and how, the

livelihood systems can be restored or whether Darfur will develop a new pattern of urban settlement.

The Netherlands, through the Netherlands Embassy in Khartoum and activities in The Hague, played a significant diplomatic role in advocacy. At the time of the evaluation, other donors acknowledged the key political role played by the Netherlands Embassy in Khartoum as other donors had changed senior personnel. At the time of writing, some of the senior staff in the Netherlands Embassy in Khartoum have been transferred. Throughout the period evaluated, however, and especially in the light of the Darfur crisis, human resources were thin and, consequently the monitoring of operations in the field was weak.

In Chad, the refugees were initially dealt with close to the border, with delay in their transfer to camps. Camp management improved through time and at more distant locations when, after a sharply critical internal evaluation, *Real Time Evaluation of UNHCR's Response to the Emergency in Chad*, UNHCR sought partners for camp management. One of those partners IFRC, partly funded through the Netherlands' Red Cross, proved to be a competent camp manager. WFP's policy of extending feeding beyond the camp to local people helps diffuse what could have been a difficult situation. As the camps will exist for at least two more years, their robust design serves them well but the cost will be high.

8.2 The Netherlands response to the humanitarian situation

The Dutch response to the humanitarian situation was initially based on a continuation of the policies in place during the previous decade. A consistent element had been strongly to favour multilateral action based on the UN system in the provision of humanitarian aid. By the early 1990s, The Netherlands had stopped the provision of bilateral aid to Sudan. In Sudan the two main Dutch responses had been to seek directly to support humanitarian needs and through diplomatic action in support of peace, humanitarian access and human rights.

Overall it is probably true to say that The Netherlands was the strongest and most consistent supporter of OLS throughout its existence including 2000-2004. Dutch support continued to the end of 2004 and even then The Netherlands was concerned that the humanitarian assistance to southern Sudan should be continued. For reconstruction in southern Sudan, The Netherlands favoured the Multi-donor Trust Fund as the mode for providing external support, though it was of the opinion that larger resources than this should be available within Sudan from the south's share of the income from oil. The issue then was to what extent the Multi-donor Trust Fund could make a distinctive contribution and here co-ordination was to be the key.

The Netherlands had, through the agencies it funded, supported the development of internal capacity to implement recovery and then development by the building of local capacity. This building of local capacity had been an element of all the evaluated Dutch-supported activities in southern Sudan, and to a lesser extent in other areas.

In its support to Sudan and especially to southern Sudan, The Netherlands took a broad view of humanitarian assistance in that, first, the assistance was for a wide range of humanitarian needs and, second, the assistance included a number of transitional activities. In both of these Dutch humanitarian aid was conspicuously wider than that of several other donors who were more inclined to favour food supply (two thirds of total support through ASAP in 2000-2004) and a minimum of other assistance. Though only a few of the sectors such as Capacity

Building (1.05 per cent) and Reintegration and Rehabilitation (1.1 per cent) are expressly transitional, in fact significant parts of other support sought to build capacity in local communities and various *de facto* governmental organisations. In relation to the transitional activities it is noteworthy that the aims of the Africa Memorandum, with a developmental orientation are also supported by many of the Dutch humanitarian activities in southern Sudan.

While some two thirds of The Netherlands' interventions were through the multilateral route a further 18 percent was to Dutch NGOs, of which three: SV, Red Cross Netherlands and MSF-H were covered in the evaluation. SV and the Red Cross Netherlands were used as channels for the transfer of funds to other organisations. The evaluation considers in the related section, the value added of this mode of investment in relation to both organisations. Briefly, there are advantages for the Ministry of Foreign Affairs in the use of both: though some of the advantages are not common to both it is notable that both agents can be seen to offer advocacy, sensitisation and the direct involvement of the Dutch public in parallel with the Government's interventions on their behalf.

During 2000-2004 the administration and oversight of Dutch interventions was through the Khartoum and Nairobi Embassies, the latter for the parts of southern Sudan not controlled by the Government of Sudan. The administration and oversight of the interventions in Chad was in practice through Khartoum, though Chad was then under the control of the Netherlands Embassy in Abuja. The linking of Darfur and Chad was a sensible response to the direct linkage of the humanitarian crises in the two areas. The Netherlands Embassies in Khartoum and Nairobi had some problems in direct oversight of actions in southern Sudan through field visits but they were informed of events there through other sources. The setting up of the Rumbek Liaison Office in January of 2005 has allowed the Netherlands Embassy in Khartoum the opportunity of a direct insight into the situation in southern Sudan, including the humanitarian situation, though it is not the function of the office, in any way, to manage humanitarian assistance.

Following the outbreak of the Darfur crisis The Netherlands responded by a large increase in humanitarian aid though this did not arrive until 2004. In this delay the Netherlands was in fact as prompt as any other donor and more generous than most. It was widely believed that the slowness of the response by the international community was caused by the perceived need to maintain and not compromise the progress of the Peace Process in southern Sudan. It is noteworthy also that this was not the first time that such conflict had occurred in Darfur. The Dutch response was to provide generous support for humanitarian needs in Darfur and Chad, in both cases, for example, supporting improvements in transport and communications, which underpinned the overall humanitarian activities.

It had quickly become apparent that the Darfur emergency had a human rights dimension in the widespread and systematic violence and that there was a problem of humanitarian access. The Netherlands was a leader in the response to both of these problems through diplomatic action in Khartoum. Again this Dutch action was co-ordinated with others including the EU, UK and USA.

Diplomatic action was the second component of Dutch action in relation to Sudanese humanitarian crises: the first element was direct support to humanitarian needs. In southern Sudan the diplomatic action had for ten years been direct and indirect support to the IGAD peace process, eventually leading to the Naivasha and Nairobi Agreements. The Netherlands

had taken a behind-the-scenes role in supporting ‘African solutions for African problems’ even though progress was slow and some of the IGAD members themselves at war with each other. Even as late as 2003 the outcome (reducing and resolving the need for humanitarian assistance through peace) was uncertain. The Dutch strategy was to separate as far as feasible the humanitarian assistance from the peace process. In this they were well advised.

There was a complex set of interactions between humanitarian action and peace building. A successful outcome to the North-South peace talks would provide an opportunity to resettle some four million IDPs and half a million refugees in southern Sudan, a process that has already begun. The UNICEF-DFID *Evaluation of UNICEF's Preparedness and Early Response to the Darfur Emergency* noted that ‘to some extent progress in the peace talks ... provided a trigger to conflict in Darfur as groups feared they would lose leverage as peace-agreements were reached in the south.’¹¹³

Diplomats involved in the peace negotiations at Naivasha indicated to the evaluation that they were afraid to press the Government of Sudan too strongly to control its forces, and for increased humanitarian access for fear of stalling the peace process. This tension was to be reflected in debates between those NGOs that emphasise human rights, and those that emphasise the delivery of humanitarian assistance.

8.3 The evaluation questions and Dutch humanitarian aid

Relevance

Relevance is perhaps the most important of the evaluative criteria: why support an activity if it is not relevant, however effectively or efficiently it be done? But in decision-making based on relevance the Ministry of Foreign Affairs is most able to have a direct and positive influence on the humanitarian programme through carefully scrutinising the proposals. Examination of the files shows, through the annotations and correspondence, that in general this is competently done, though correspondence with embassies is usually missing. Such exchanges with the embassies must be, and are said to be, a major influence on Ministry of Foreign Affairs decision-making.

Of the interventions selected for evaluation and which fairly reflect the overall Dutch Humanitarian programme in Sudan, none could be described as irrelevant in the mix of chronic crises (southern Sudan) and acute crises (Darfur and Chad). Most were, in one form or another, in the spheres of food/nutrition, water and environmental sanitation, health and protection that are relevant, indeed essential, in any humanitarian crisis. The selection of projects and programmes for support was based on the Ministry of Foreign Affairs’ considerable experience of working with agencies and embassies’ sound knowledge of conditions in the field; even though access was difficult in Darfur the use of information from a number of other donors and actors built up the knowledge basis. Dutch co-ordination with other donors in southern Sudan and Darfur has helped to achieve a balanced programme. It was clear from information in some of the files that embassies had been maintaining a watch on activities to ensure their relevance; the psycho-social intervention in Wau is a case in point. In southern Sudan the inclusion of transitional activities and those supporting livelihoods were examples of relevance. The relevance of unearmarked funding depends on the ways in which agencies use the freedom to allocate. In many cases, agencies such as

¹¹³ Groupe URD, 2005; 69.

UNICEF used Dutch funds in support activities rather than front-line implementation. This is absolutely relevant to humanitarian aid.

Generally, and probably unavoidably, decisions on relevance are made by proposing agencies and Ministries on what they perceive to be the interests of beneficiaries. In the implementation of programmes, there is more scope for negotiations on the relevance of activities to people's own perception of their needs. In these cases, for example in relation to the needs of subaltern groups like women and adolescent children, the Ministry of Foreign Affairs needs to ensure that agencies report in depth on these matters. In some cases like IFRC the work is effectively undertaken but not reported.

Effectiveness

Effectiveness is a slightly more ambiguous issue. Parts of the interventions were judged to be ineffective. There were a number of problems: in Darfur, for example, with a few exceptions, many of the operations were limited to urban or peri-urban locations and were unable to reach unquantifiable, but substantial, numbers of people. Another problem was that even if some coverage, for example of food aid, was reasonable, the coverage of water and sanitation was inadequate. Effectiveness was compromised by poor coverage, produced in part by a considerable shortage of competent implementing bodies. In other areas too the effectiveness of interventions was limited by problems of access. In Chad, for example, the refugees outside camps were less well served than those who were. Similarly in southern Sudan some areas were inaccessible to the extent that agencies ceased operations as in Upper Nile.

The effectiveness of the Netherlands as a donor is first determined by the selection of the activity to be supported (relevance) but since agencies make the proposals¹¹⁴ the Netherlands can decide which agency to support. Support for multilateralism restricts this freedom of choice, but some 40 per cent of support is outside the multilateral route. To a large extent the choice of agency is based on the demonstrated competence of the agency and in all cases the agencies selected were those with whom the Netherlands had previously worked and who had experience in Sudan, in most cases in the geographical area of the planned intervention.

The two agencies who did not themselves implement: SV and Netherlands Red Cross both have effective relations with the Ministry of Foreign Affairs and both give their own support in Sudan. They chose to implement through strong partner agencies.

Ministry of Foreign Affairs investment through the UN system carries a risk though, because the choice of direct implementing partners is not made by the Netherlands. The UN system vets its implementers and the performance of some witnessed in the field was exemplary; that of Oxfam in securing a water supply for Tréguine Camp was remarkable, but the Ministry of Foreign Affairs has to rely on the ability of the UN agencies to find competent partners. In Darfur this was very difficult/impossible, not because there were no potential partners but because many did not have the necessary competencies.

The Netherlands was more active than most donors in seeking to increase the ability of agencies to carry out their programmes. In southern Sudan the support for OLS with its security system and the Ministry of Foreign Affairs' intention to directly support staff security in 2004 are clear examples of this. Negotiations, with other donors, for improved

¹¹⁴ In fact there is almost always a process of discussion of a proposal before it is officially made.

humanitarian access and observation of human rights in Darfur were another example. In Chad The Netherlands' support for the UNHAS facilitated the whole humanitarian operation. The greatly increased Dutch support to Darfur and Chad in 2004 undoubtedly allowed the recruitment of additional and skilled staff, though this was not the specific Dutch aim.

Any conclusion about outcomes is subject to a reservation about limited humanitarian access. There can be no question that lives were saved, malnutrition was first contained and then substantially reduced, and people without resources were fed. This was true of Darfur, where an almost certain famine was prevented. In Darfur, however, the overall UN performance was not strong, with UNICEF being weak in water and sanitation and UNHCR insufficiently involved with IDPs. By the end of 2004 the provision of food and health services for refugees in the camps in Chad were becoming more satisfactory. In southern Sudan too malnutrition was tackled, though there is currently the threat of a considerable food emergency. In southern Sudan achievements in health were more impressive than those in nutrition.

The extent to which people were protected from direct violence varied greatly. In southern Sudan the amount of violence reduced considerably in the period, though mainly thanks to political rather than humanitarian action. In Chad violence was limited and local. In Darfur, however the high level of violence against women, men and children continues. It is also the case that women who have to venture outside the camps to collect firewood, continue to be sexual harassed and raped, this is still an indifferently addressed outrage despite a token measure taken by the forces of the African Union.¹¹⁵ There have also been attacks on the Darfur camps themselves with murders and kidnappings of men and children.

Efficiency

The international response to Darfur and Chad was slow. The Netherlands was also slow, but no more so than others. The delay was said to be through the desire to keep the southern Peace Process on course. Efficiency covers the extent to which human, physical and financial resources have been used to achieve the optimum result. In humanitarian crises, the question is not straightforward. This is because, in acute crises, the lives of large numbers of people are at stake and saving them, or as many as possible, takes priority over the cost in resources. For example, in ordinary financial terms, the elaborate and very expensive emergency health units set up by MSF, wherever it operates, would be difficult to justify in a chronic crisis; but in acute crises, these units not only meet health needs more effectively than lesser units might, they are also effective in reducing violence. Darfur was just such a case. The evaluation teams commonly met careful accounting of the use of human, physical and financial resources.

There seems to be no common policy over the use of less-skilled local staff rather than expensive expatriates. Some agencies recognise that using local staff lays a foundation for continuity once the agency has withdrawn; others feel that the over-use of local staff could compromise standards. In Darfur an example of the former may be seen in ACF's training of home visitors, and an example of the latter may be seen in MSF's high proportion of expatriate staff. In both Chad and southern Sudan the capacity building and use of local staff have been very significant aspects of agency activities; the development of Red Cross Chad capacity was essential to IFRC's programme and the transfer of responsibility to governmental and community actors a core element of agency activities in the south. In all three areas, though, the initially very limited number of trained local staff and the small

¹¹⁵ The 'token' nature of the AU's protection is, to an extent, a reflection of indifferent and uncertain funding.

number of those who could be trained for more senior positions was a limit on efficiency. Progress was made in the building of local capacity in all three areas but it is essential that agencies actively seek suitable partners among existing local agencies.

A significant influence on the efficiency of Dutch aid was the ability of embassies to gather and respond to information on the humanitarian emergencies. In this they were moderately efficient through a few field visits and through co-ordination with other donors in gathering information. The transfer of embassy responsibility for southern Sudan to Khartoum was problematic for three reasons: first the work-load on staff of the Netherlands Embassy in Khartoum inevitably increased and the staff was already over-stretched by the demands of the Darfur crisis; second the critical state of the Peace Process in southern Sudan, and the changing situation there, demanded close attention and the difficulty of accessing the novel situation in SPLM/A areas from Khartoum. Third, much donor co-ordination is still in Nairobi and the Khartoum Embassy has difficulty in accessing it. The responses were to recruit some temporary staff for the Netherlands Embassy in Khartoum, to set up the Rumbek Liaison Office and to discuss the possibility of setting up the Juba Donor Co-ordination Office.

The use of Red Cross Netherlands and SV as routes for funding other agencies entailed a cost but the bridging funding by the Red Cross, pending support by The Netherlands and the monitoring function of SV were efficient. The use of these agencies also allowed the development of a platform outside the Ministry of Foreign Affairs for advocacy and information in relation to the emergencies.

8.4 Specific Issues in the Terms of Reference

Security, protection and humanitarian access.

Staff security

Security for staff varied through time but even more according to location. Generally Chad was the easiest area for staff security. Some protection had been needed in the border areas in the earlier stages of the operations in late 2003 and early 2004. Thereafter travelling in convoys, and ensuring that staff were not in camps at night, solved minimal security problems. Netherlands support for the UNHAS helped security to some extent.

Security in southern Sudan was more problematic. The OLS security system, which was used by all humanitarian actors, was the main element. Anyone arriving or travelling to a new site would be briefed on present security threats and the necessary responses to insecurity. At any time some 10 per cent of southern Sudan was relatively insecure. In 2003 and 2004 this was mainly due to localised traditional raiding and the LRA. In its support for OLS The Netherlands was also supporting security and in particular the donation to UNICEF for 'Security and Staff Safety' was intended to respond to an increase in security incidents in the south during 2004, particularly relating to Lokichoggio and Equatoria. The expenditure was delayed until 2005.

In Darfur the security situation was severe. Only the larger urban areas were relatively secure and even here care was needed at certain times and there were curfews. Attacks occurred on many roads throughout with theft and agency casualties. Travel was possible only by air, including helicopters, to extensive areas.

Protection

The needs for protection for IDPs, refugees and other beneficiaries varied considerably throughout the region. In Chad, once the refugees had been moved from the border, the need for protection was much reduced and it was easier to achieve. The Chadian and French military forces gave some protection on the border and the latter would protect camps if necessary. Gendarmes were employed to protect inside the camps, the protection extending to the provision of some female gendarmes specifically for women. The presence of members of agencies offered protection to women gathering fuel wood but the agencies also undertook other projects such as fuel-efficient stoves to reduce the need for the risky activity. African Union soldiers were intended to provide protection but were limited in numbers and in mobility.

Minear (Box 2) noted the great significance of protection in other evaluations of Darfur. Protection against violence in southern Sudan was not, with some exceptions, prioritised by The Netherlands-funded programmes, and the most significant Dutch activity here was support for the Peace Process, which would increase the possibility of protection through the eventual resumption of development. Some of the Netherlands-supported UNICEF programmes such as Child Protection and Youth participation were, however, directly aimed at protection; it was notable here that young people were holding changed views on the need to protect women against their subordinate position.

In Darfur the main Netherlands activities covering protection were through diplomacy, normally in conjunction with other donors such as the EU, the UK, The USA and Norway. Agencies, particularly MSF-H became conspicuously involved in advocacy for protection: OHCHR is perhaps the most appropriate agency to support protection activities, though it is appropriate that NGOs should be able to express their views strongly. The presence of expatriate staff of agencies created a protective effect in the field and MSF-H through its advocacy activities may have helped the protection of women: it certainly drew international attention to their plight.

Humanitarian access

In Darfur, the only relatively safe access was to people, whether IDPs or local people within and near towns. It was possible to access other concentrations of needy people but at some risk. Purely rural areas were often inaccessible. Netherlands support for the UNHAS in Darfur and Chad significantly improved access, as did their support for transport in Darfur. In southern Sudan OLS transport was essential to access throughout 2000-2004, particularly to insecure areas. IRC was forced to abandon part of its programme area due to problems of access. In all three areas the wet season severely limited access and activities during up to half of the year. Netherlands diplomatic action contributed to an unknowable extent in improving humanitarian access in Darfur and through the Peace Process in southern Sudan.

The Gap Issue: Linking Relief, Rehabilitation and Development

The improving situation in the IGAD Peace Process and the improved security situation, though with some reverses in 2002, allowed progress in transitional activities and towards developmental activities in southern Sudan. The Netherlands supported many activities that were in this category between relief, through recovery and towards development.

Within the south the need for continuing humanitarian aid was clear and the pressures caused by possibly 4.5 million returnees within as little as two years, together with human-created and nature-linked emergencies required and continue to require emergency assistance.

For more developmental activities it is essential that Government agencies at different levels and local communities are enabled and willing to participate actively and themselves undertake management. Without exception the Netherlands-supported agencies have sought to build these capacities and 'Sudanisation' (dependence on local staff to a high level) was seen to be well under way. But the transition to development has not yet been achieved. The several different forms of educational support and training so far accomplished will be critical in building this transition. The nature of the activities that the Netherlands supported was well-considered in this respect and the activities were timely.

In Chad the activities supported with refugees started to provide a basis for more developmental activities, for instance through education and training, but only at the end of 2004. Activities with local people, for example through food-for-work and in support of health, again only towards the end of 2004, were more transitional and developmental. In Darfur, there were few opportunities for any activities beyond emergency ones; some of the WFP activities in school feeding and food-for-work were not real links to development. In Darfur also the weakness of possible implementing partners reduced the chance of transition. Overall the Netherlands showed that it was willing to support transitional activities with the onus being on the agency to seek out opportunities; there was no evidence of either the Netherlands support prolonging the emergency phase or prematurely introducing developmental activities.

Co-ordination and Coherence

The OLS system and UNICEF were keys to the co-ordination of activities in southern Sudan. Most agencies agreed that OLS strategic co-ordination was effective. There were also a number of fora for sectoral co-ordination, most under the chair of UNICEF. Agencies trained each other's staff in an efficient way; this like the standardisation of methods and equipment (as for water pumps) helped to achieve uniform and higher standards. Lokichoggio became more important as a centre of co-ordination as agencies moved there from Nairobi¹¹⁶. But co-ordination was further improved with the movement of agencies to Rumbek. The Netherlands reacted to the increasing importance of Rumbek as a co-ordination centre by setting up the Joint Liaison Office there in 2005. In part this was in support of better information for Khartoum, which had become the sole embassy responsible for Sudan, but, significantly, it is a joint office. In August 2005 the Netherlands sought to establish a Joint Donor Office in Juba, which would help in the rebuilding of civil society, and support the Government in reconstruction in southern Sudan via the Multi-donor Trust Funds.

Co-ordination in Chad was strategically managed from Khartoum as part of the Darfur programme. Within Chad UNHCR and WFP effectively led the co-ordination and the response, with a weak presence of other key UN emergency agencies until 2005. All the agencies supported by Netherlands funds (which even if late were generously provided and strategically valuable), were involved in contingency planning before the end of 2004. No

¹¹⁶ This was partly because the Kenyan Government wished to reduce the NGO presence in Nairobi.

interlocutors considered that there would be an early repatriation from Chad. WFP was considering ways of linking activities with local people to its country programme.

In Darfur OCHA and WFP were the main UN actors, though co-ordination at field level was between heads of agencies, meeting in West Darfur. One practical problem was that OCHA had no authority over agency actions in the field, and as noted above, some UN agencies performed poorly. The weakness of potential implementing partners was a critical weakness that co-ordination could not solve. Co-ordination with local government was generally weak, though the Livestock Department was an exception.

Quality, Accountability and Good Humanitarian Donorship

A critical issue in all the regions was the difficulty of tracing the expenditure of some unearmarked Netherlands funds. Agencies differed significantly in the quality of their reporting. NGOs generally provided detailed reports though this was for earmarked funds. Netherlands Red Cross produced little in the form of reports and depended on IFRC for its information. In this it differed from SV, which had fuller reports from IRC. United Nations agencies also varied in the detail of their reports. It was possible to identify in great detail the UNICEF's expenditure of Dutch funds, but much less so for the other UN agencies.

In southern Sudan strong co-ordination by UNICEF allowed the development of unified standards, as did the shared training for example that in health by IRC. Standardisation in the technologies used for water provision allowed economical interchange of equipment and spares between agencies and went some way to ensure even standards. The Sphere standards were known and acknowledged as guidelines for good practice but in Chad it was necessary to accept a lower target for safe water supply in particular. Some camps at some times managed no more than 1.7 litres per person per day for a short time against a Sphere standard of 15 litres. Strenuous efforts raised this to 14 litres per day. In Tréguine, Oxfam on behalf of IFRC, managed significantly better than Sphere water standard. WFP managed in 2004 to supply food on average at 75 per cent of the Sphere standard for refugees in camps, though those outside in the earlier phase could not be provided with even this amount. In this case the problem was the logistical and related to inadequate communications. At times of severe shortage WFP used air transport as used, as did UNHCR.

Darfur saw poorer performance in relation to standards, partly due to the huge difficulty of access, but also due to poor performances by parts of the UN system and the weaknesses of some implementers.

An interesting issue impinging on quality is raised by MSF's advocacy, which has to do with all aspects of protection, assistance and access. But MSF-H's Sudan Head of Mission and the Amsterdam emergency desk team felt it relied too heavily on British, Dutch and US Ambassadors and that more use could have been made of other donors and diplomats. This restriction was partly to do with the need to protect operationality, but was also exacerbated by the fact MSF-H has been forced to implement programmes 'on their own' in the region and are, therefore, more vulnerable to the actions of local Government than usual. That so few competent humanitarian actors were present in Darfur not only meant that provision was inadequate, but also limits the possibility of political pressure in support of at-risk populations. If this is the case, then the decision of many of the larger INGOs to engage in advocacy at the expense of implementation may restrict and damage the overall impact of intervention.

Good Humanitarian Donorship is an issue specifically for donors but cannot be achieved unless agency activities are in accord with its principles. In fact the principles are substantially the same as those of Sphere and the other standards to which the agencies subscribe (see above).

According to the *National Implementation Plan for Good Humanitarian Donorship*, The Netherlands is now in the, as yet incomplete, process of systematically introducing the elements of the process. In relation to this document and activities implemented in Sudan the following points may be made.

Predictability, flexibility and timeliness of funding were achieved to a fair extent. The predictability in fact is good because of the long and sound working relations with agencies. In emergencies, as with Red Cross funding, much can be achieved quickly and agencies (notably UNHCR, Red Cross and WFP) were able to spend money in the knowledge that they would be recompensed. Greater flexibility of funding would, however, for many of the agencies have greatly overcome the problem of fund arrival in relation to wet seasons and the possibility of implementing construction activities. This is perhaps the most significant failing that could be corrected. The same comment is true of timeliness; the ending of funding to the SC-UK livestock project after two years instead of three, as had been previously arranged, had a serious effect on the continuity of activities; the evaluation understands that this was caused by a cut-back in funding for southern Sudan. Another problem with the timeliness of funding was that in many cases the funding decision had to fit in with acute need rather than either the normal funding cycle or the opportunity to use funds immediately. The speed with which funding for Red Cross Netherlands was agreed shows that very quick action is possible in the Ministry of Foreign Affairs.

The proportionality of investment in relation to need is important to efficiency. In Darfur the prime need was correctly accepted to be for protection, but this could not be provided by humanitarian assistance: diplomatic action was the appropriate route and the Netherlands took it. But at the same time appropriate humanitarian aid was provided in Darfur, at least to those areas that could be accessed. As regards physical needs and recovery-related needs in southern Sudan, the Netherlands' decision to support agencies in a wide range of activities and increasingly in co-ordination with other donors is appropriate. As the evaluation understands, The Netherlands contributes to the Central Emergency Response Fund, which is also appropriate for timely response.

As mentioned several times, the Netherlands has constantly sought co-ordination with other donors and actors. This is conspicuously so in OLS but also in Darfur. Present plans for southern Sudan are in the same mode.

Only in Chad, to the evaluation's knowledge, has the military/humanitarian interface been relevant to Netherlands humanitarian aid. In this case the activities of the Chadian and French militaries provided frontier protection, the promise of camp protection and emergency transport of humanitarian cargo; these related to humanitarian action supported by the Netherlands, but did not in any way compromise it.

8.5 Future Needs for the Linking of Relief and Development in Sudan.

Disruption of the lives of much of the population in crises within Sudan has severely affected the viability and sustainability of their livelihood systems. This has been particularly so for the people who have been displaced from the bases of their livelihoods, whether, as in Darfur and Chad for as much as two production seasons or as in southern Sudan for as much as twenty years. Most of the displaced were from rural backgrounds but large numbers sought protection in urban, peri-urban or quasi-urban environments such as IDP or refugee camps. In these locations the possibility of continuing the previous livelihood mode was limited, particularly if it required land for agriculture¹¹⁷.

In Darfur the provision of humanitarian assistance is guaranteed only near urban areas, so people are attracted to these and are likely to stay in what are in effect the equivalent of the 'famine settlements'¹¹⁸ of the 1930s from which many never returned but lived without adequate livelihoods. Few, if any of the evaluation's interlocutors expected a settlement of the Darfur crisis within two years so that there is no rapid possibility of a return to (destroyed) home areas. Some authoritative sources suggested that no settlement was likely within several years.

In southern Sudan, the returnees, having lived for many years in urban areas or in refugee camps are no longer rural people: normality for them is urban or quasi urban. Many of the recent returnees have chosen to resettle near or in towns such as Rumbek, which are much more like the environments in which they have been living. Refugees in particular have experienced a very different life with higher levels of education and access to health facilities, which would not be available in rural areas.

People who return quickly from displacement, and to the same entitlement relations that they left, might be able to return to their original livelihood mode, but even they will need to re-establish their system of rights *vis á vis* local people and power structures.

If returnees are to reintegrate successfully into society and economies, systematic support is needed for the development of appropriate systems of governance in the transition from relief to development. The recreation of livelihoods is critical to this process which must depend on the renegotiation of entitlements: that is, of power relations within local communities. For this to be achieved, governance systems must be strengthened and broadened. This renegotiation of entitlements must be in a pluralist mode, reflecting the agency of: central and local governments; local social structures, both traditional and as modified by the histories of returnees and local people; and broad civil society.

A pluralist mode of governance allows the fuller representation of interests and it can reduce inequalities and conflicts. The strengthening of governance will be necessary in urban areas if the emergence of informal settlements (squatter settlements of disempowered people) is to be avoided. People will be more effectively reintegrated into rural areas if the underpinning of livelihoods has been previously secured by the negotiation of improved systems of governance.

¹¹⁷ Pastoralists, as in the refugee camps in Chad were able to continue their herding activities without much modification, as were those living in cattle camps in southern Sudan.

¹¹⁸ Such settlements were not abandoned at the end of an emergency, but grew more with each new emergency. They are urban areas without economic bases.

The scale of the activities involved and the range of agencies to be involved means that it would be most effectively achieved through the UN system. UNICEF has achieved some progress in this area, but UNDP is probably the UN agency most appropriate for the co-ordination of the process, though it has up to now had little input. In its concern for the facilitation of LRRD, the Ministry of Foreign Affairs may wish to support the negotiation of new systems of governance. In southern Sudan the large number of returnees to which the Government of Sudan is committed during the next two years means that such negotiation must be achieved very quickly.

The number of people thus displaced was of the order of four and a half millions from southern Sudan and some two millions in and from Darfur. Many of the displaced became and remain necessarily dependent, to an extent if not mainly, on humanitarian assistance. With time, the possibility of their return to previous livelihoods becomes more difficult; children have never experienced the previous livelihood system. Many adults displaced to Khartoum have never experienced farming. For many their previous entitlements are no longer available: they have no rights in land and the social relations that underpinned their rights no longer exist. Return to the *status quo* is not an option for many of the six and a half millions.

Within southern Sudan the humanitarian situation has not yet been stabilised. Conflict has reduced significantly but is still problematic in some areas; there are tensions within the *de facto* leadership; the cumulative effect of increasing numbers of returnees may lead to conflict with local people in the next two years and will certainly increase pressure on environmental resources and infrastructures. In late 2005 there is a high probability of food insecurity in northern Bahr El Ghazal, and the critically stressed living conditions of much of the population in themselves constitute a crisis.

In these conditions of tentative recovery from chronic emergency, but with the likelihood of resurgences of severe emergency, the humanitarian plus mode of intervention offers great flexibility and opportunities for appropriate timely responses to both opportunities and threats.

Annex 1 - List of persons interviewed

DGIS – Phil O’Keefe & Roselyne van der Heul

The Hague – Marianne Sinke – Humanitarian Aid Division
The Hague – Joost Andriessen – Humanitarian Aid Division

Royal Netherlands Embassy – Mariska van Beijnum, John Kirkby, Phil O’Keefe & Joanne Rose

Nairobi – Irene Plugge – Humanitarian and development assistance to South Sudan

US Embassy, N’djamena – John Kirkby & Roselyne van der Heul

N’djamena – Kathleen Fitzgibbon - Politics and Economics Attachée

UNHCR Chad – John Kirkby & Roselyne van der Heul

Geneva – (telephone interview) – Anton Verwey and seven others -
N’djamena – Ana Liria-Franch – Representative
N’djamena – Mary Christine Bocoum - Protection representative
N’djamena – Myriam Houtart – Senior Programme Officer
N’djamena – Alistair Boulton – Senior External Relations Officer
Abéché – Bernard Chamoux – Coordinator

UNHCR Sudan - Thea Hilhorst, Ted Kliet & Phil O’Keefe

Khartoum – Milton Moreno - Operations and Policy Coordinator
Khartoum – Giovanni Lepri - Programme Officer
Khartoum – Hiroko Araki - External Relations Officer

Netherlands Liaison Office Rumbek – John Kirkby, Mariska van Beijnum, Joanne Rose & Roselyne van der Heul

Rumbek – Robbert van Lanschot – Netherlands Representative

UNICEF South Sudan – John Kirkby, Mariska van Beijnum & Joanne Rose

New York (telephone interview) - Simon Lawry-White – Head of Evaluation
Nairobi – Ershad Karim - Field Operations Co-ordinator, UNICEF South Sudan
Nairobi – Brigitte Toure - Health and Nutrition Officer (Head), UNICEF South Sudan
Nairobi – Debra Bowers - Reports Officer, UNICEF South Sudan
Nairobi – Simon Strachan - Director, UNICEF South Sudan
Nairobi – Samuel Olana - Education Officer, UNICEF South Sudan
South Sudan – Akuja Degarang - Assistant Project Officer - HIV/AIDS, UNICEF South Sudan
South Sudan – Uma McCauley - Protection Officer, UNICEF South Sudan
South Sudan – Ben Parker - Communications Officer, UNICEF South Sudan
South Sudan – Louis Tombe - M&E Officer, UNICEF South Sudan
Lokichoggio – Joe Glackin - Child Protection - Youth Participation Officer, UNICEF South Sudan
Lokichoggio – Konady Kone - Camp manager Lokichoggio, UNICEF South Sudan
Lokichoggio – Okoro Jones - EPI Co-ordinator, UNICEF South Sudan
Lokichoggio – Gabriella Friedl - WES Officer, UNICEF South Sudan
Lokichoggio – Martin Worth - WES Field Co-ordinator, UNICEF South Sudan
Khartoum – Ms. Van Gerpern - country representative
Khartoum – Mr. McKenzie - Special Representative Darfur

Khartoum – Mr. Savail - Senior Program Officer Emergency
Khartoum – Mr. Ramachandan - Senior Program Officer.

UNOCHA – Neil Middleton, Khalid Medani & Thea Hilhorst
Khartoum – Ramesh Rajasingham - Chief of OCHA in Sudan
Khartoum – Barbara Manzi – NGO co-ordinator
El Fasher – Abdel Azeem Abdel Fadeel
El Fasher – Evanne O’Keefe – OCHA coordinator

WFP Darfur – Bernard Broughton

Khartoum – WFP, Ramiro Lopez Da Silva, Country Director/Representative
Khartoum – WFP, Bradley Guerrant, Deputy Country Director
Khartoum – WFP, Carlos Veloso, Darfur Emergency Coordinator
Khartoum – OCHA, Mike McDonagh, Senior Humanitarian Affairs Officer
El Fasher – WFP, Lynne Miller, Head of Sub-Office
El Fasher – WFP, Patrick Yankuba, Head of Field Office, Kutum
El Fasher – WFP, Maha Sherif, Programme Assistant
El Fasher – WFP, Gloria Kusemererwa, Nutritionist
El Fasher – ICRC, Agnes Lesage, Deputy Head of Sub Delegation
El Fasher – Action Contre le Faim, Edouard Rodier, Program Coordinator North Darfur
El Fasher – German Agro Action, Jonas Wiahl, Head of Projects
Geneina – WFP, Amy Horton, Head of Sub-Office
Geneina – OCHA, Jack Andrew Pendleton, Humanitarian Affairs Officer/Team Leader
Geneina – UNICEF, Abdulkadir Musse, Head of Office
Geneina – Save the Children US, Poul Bandrup, Darfur Director
Geneina – Sudan Red Cross Society, ElFaith Nagim Elbishari, Branch Director
Geneina – Concern, Geoff Hayes, Emergency Coordinator

WFP Chad – John Kirkby & Roselyne van der Heul

(telephone interview) –Arthur Holdbrook - WFP Regional Director, Kampala
N’djamena –Stefano Porretti - Director and Representative
Abéché – Pierre Baudinne - Sub-head of delegation
Abéché – Angus Fraser – logistics officer Chad, formerly Fleet Manager, Sudan

IFRC Chad – John Kirkby & Roselyne van der Heul

N’djamena – Eelko Brouwer - Head of Delegation
Abéché – Etienne Labande – IFRC Delegate
Abéché – Madani – IFRC Delegate
Tréguine – Dian Mamadou Bah - Chef de Camp
Tréguine – Walter Baumgartner - WATSAN delegate
Tréguine – Frédéric Blas - Construction delegate
Tréguine – Carmen Rodriguez - Deleguée Santé Communautaire
Tréguine – Carmen Verdugo - Deleguée Santé Communautaire for local population
Tréguine –S.B. Matande - Relief delegate
Tréguine – Annette Molle - Social welfare delegate
Tréguine – Olivier Lockner – Logistics delegate

Netherlands Red Cross – Phil O’Keefe & Andrew Mews

The Hague – J. de Graaf – Head of the International Department

The Hague – W. Smit – Head of Operations

Sudanese Red Crescent – Thea Hilhorst

El Fasher – Martin Tiberio Marianga – Programme Officer

ACF – Neil Middleton & Khalid Medani

Paris (telephone interview) – Pierre Gallien – Sudan Desk
Paris (telephone interview) – H  l  ne Deret - Darfur specialist
Paris (telephone interview) – Olivia Freir - Technical Adviser
Khartoum – Philippe Conraud - ACF Head of Mission Sudan
Khartoum – Eduard Rodier –Head of Mission North Darfur
Khartoum – Astrid de Brabandere – Nutritionist
El Fasher – St  phanie Rivoal - Programme Co-ordinator
Kebkabiya – Natalie Avril – Nutritionist
Kebkabiya – Nicholas Morel

EDM South Sudan – Neil Middleton, Hala el Karib & Omayme Sayed Ahmed Gutbi

Paris (telephone interview) – Khadija Amine – Desk officer
Paris (telephone interview) – St  phanie Derozier – Programme Coordinator
El Fasher – St  phanie Derozier – Programme Coordinator
El Fasher – Sebastien Longueville – Project Officer
Khartoum – Charaf Moulali - Head of Mission
Khartoum – Christel Milliex, - Project Coordinator
Wau – Thierry Demsons – Programme Coordinator
Wau – Kon Akec – Programme Officer
Wau – Agnes – Assistant Programme Coordinator
Wau – Margret – Head of Nurses
Wau –John – Nurse and Nutritionist
Wau – Luka Lawal: Social Worker
Wau – Antony Taraizio – Social Worker
Wau – James – Head of Animators
Wau – Santino – Animator
Wau – Helena – Animator
Wau – Sara – Animator
Wau – Helen - Administrator

MSF-H Darfur – Phil O’Keefe & Andrew Mews

Amsterdam – Ton Koene - Darfur Emergency Desk
Amsterdam – Diana Numan – Finance Controller
Amsterdam – Rutger Verkerk – Khartoum head
Khartoum – Paul Farrman - Sudan and Darfur Head of Missions
Khartoum – Pete Buth – Operational Director
Nyala – Vincent Hoedt – Darfur Head of Mission
Nyala – Ms Hannah – Nutritional Co-ordinator
Nyala – Mr Gautam G, – HR Co-ordinator
Nyala – Mr Ren   R.S. – Logistics Co-ordinator
Nyala – Ms Caitlin – Epidemiologist
Bijkerk – Mrs Ilse – Medical Co-ordinator

SC-UK South Sudan – Joanne Rose, Mariska van Beijnum & Phil O’Keefe (Nairobi), Joanne Rose & Roselyne van der Heul (South Sudan)

London – Alyson Enynon – Grants Administrator - East and Central Africa, SC-UK London
London – Jenny Hopps – SC-UK Programme Officer, Sudan and South Sudan, SC-UK
Nairobi – Paul Obura – Senior Programme Manager, South Sudan Programme
South Sudan – Albert Eluzar – Project Officer Aweil East and Gogrial, Akon
South Sudan – Deng Nyinkuany – Assistant Project Officer Aweil West, Akon
South Sudan – Geoffrey Beaton – Project Officer Aweil North, West and Central, Akon.
South Sudan – Chris Odhiambo – External consultant contracted by UNICEF to evaluate SC-UK water and sanitation projects
Lokichoggio – Bigambo Nandiga – SC-UK Project Manager – Hygiene, Water and Sanitation
Lokichoggio – Sylvester Okoth – South Sudan Programme Coordinator, former Food Security and Relied Project Officer

Stichting Vluchteling South Sudan – Roselyne van der Heul & Phil O’Keefe (The Hague), Roselyne van der Heul & Joanne Rose (Nairobi), Roselyne van der Heul, Joanne Rose & John Kirkby (South Sudan)

The Hague – Tineke Ceelen – Director Stichting Vluchteling
The Hague – Liesbeth Volkert - Program officer Stichting Vluchteling
Nairobi – Bruce Hickling – Country Deputy Director IRC Sudan Programme
Nairobi – Linda Janmaat – Country Director IRC South Sudan Programme
South Sudan – Martin Mogalla – Field manager IRC Rumbek
South Sudan – Mayom Matiok Alok – Field manager IRC Billing
South Sudan – Joseph Wesonga.– Trainer advisor IRC Billing
South Sudan –Frederic Carver - IRC Rumbek
South Sudan – Danielle de Clerque – Field coordinator IRC South Sudan Programme
South Sudan – James Kioko – Field Manager IRC Marial Bai
South Sudan – Daniel Duot – PHCU officer IRC Marial Bai
South Sudan – Deng Nyinkuany– former watsan apprentice IRC (currently SC-UK)
South Sudan – Lameck – Logistics Officer IRC Lokkichoggio

IFRC and Red Cross Chad – Roselyne van der Heul and John Kirkby

Tréguine – Doctor Twahairu – Red Cross Chad
Tréguine – Eelko Brouwers – Country representative

African Union - Thea Hilhorst & Khalid Medani

Khartoum – Lt Col Kiringi Hammerton - officer African Union

Binah Charity Association, BCA – Thea Hilhorst, Khalid Medani & Neil Middleton

El Fasher – Mohamed Abdelozeez Khorashi - Executive manager
El Fasher – Ibrahim M. Ibrahimi - Sub manager
El Fasher – Atyeeb Yahia - board member
El Fasher – Selma Hassan - accountant

ITDG: Intermediate Technology Development Group – Neil Middleton, Khalid Medani & Thea Hilhorst

El Fasher – Mohamed Siddig - program manager

In addition to the interviewees mentioned above, the evaluation spoke with staff members of the above implementing agencies, members of local communities, and beneficiaries of a wide

range of activities (including local people, refugees, IDPs and their respective leaders). Beneficiaries interviewed included those who received or benefited from food, health services, water and sanitation provision, education (teachers, head teachers, pupils) and training activities.

Information was also gained informally from staff of a number of agencies not involved in the evaluation.

Annex 2 – Timelines of events

Timeline of events in South Sudan

1955 – First Sudanese Civil War begins in the south with Torit Mutiny of southern soldiers. Guerrilla war by Anya Nya movement starts.

1956 – Sudan becomes independent with southerners marginalised and Arabic speaking administration imposed on south.

1972 – End of First Sudanese Civil War which has killed half a million. Addis Ababa Accords between Government and Anya Nya agree regional autonomy for south. This does not follow.

1978 – Oil discovered in Bentiu, on northern border of southern Sudan.

1983 – Second Sudanese Civil War breaks out in south, involving Government forces and Sudan People's Liberation Movement (SPLM), led by John Garang.

1983 – President Nimeiry introduces Shari'a law in north.

1983-1985 – famine.

1988-1989 – Famine in Bahr El Ghazal; recognised and acknowledged in September 1988. 'Corridors of tranquillity' for humanitarian access.

1989 – Military coup brings present regime to power: civilian ruling apparatus, including constitution, dismantled. President al-Bashir declares three-month State of Emergency. This continues until July 2005.

1989 – Loss of US support to Government allows SPLA to start to control much of the south.

1989 (April 1) – Operation Lifeline Sudan Phase I allows 100,000 tonnes of food to be distributed in Sudan food emergency. Authority vested in OCHA, co-ordination devolved in south to UNICEF. Netherlands prime supporter of OLS.

1990 (March) – OLS Phase II agreed by the UN, Government and SPLM/A. Helps forestall two-year famine across all Sudan.

Netherlands phases out bilateral aid to Sudan, henceforth prioritising multilateral humanitarian assistance through OLS.

1991 – Ousting of Mengistu, Ethiopian supporter of SPLA, allows Government to recover much territory in south.

SC-UK support for food security starts.

1992 – After killing of four OLS-protected expatriates in Equatoria, OLS Ground Rules introduced. Seven sites accessible by air in southern Sudan. Dutch Sudan policy paper very critical of Government and human rights abuses.

1992-1997 – Netherlands main aid donor to Sudan, attempting to achieve neutrality between Government and south.

1993 April – Three factions form SPLA United as break-away from SPLA in south. Food insecurity widespread in south largely as a result of conflict-related insecurity.

Peace initiative under Intergovernmental Authority for Development starts more than 10 years of negotiation.

Government replaces all non-Muslim judges in south.

IGAD(D) peace process starts with strong Netherlands support. Peace as one critical element of Dutch south Sudan policy: other critical element is humanitarian response through OLS.

1994 – Formal tripartite agreement on OLS signed. Government holds 25 garrison towns in southern Sudan.

SC-UK engagement in water sector starts.

1995 – National Democratic Alliance links SPLM/A and dissidents in eastern Sudan to tie together anti-Government conflicts in south and east. 24 Garrison towns still in south.

Netherlands chairs Friends of IGAD(D) (Donor countries' support for peace process).

1996 – OLS: 126 sites accessible by air in south.

OLS Review. Netherlands becomes more critical of OLS though still supporting OLS. Dutch support for broader interpretation of humanitarian aid in OLS. Netherlands says will support independence for south if transparent referendum implemented.

1997 – Government of Sudan, after losses in south signs IGAD Declaration of Principles (basis of eventual Nairobi Agreement). 15 garrison towns left in south. SPLA gains in Bahr El Ghazal increases accessibility by road and reduces dependence on air.

End of 1997 – OLS: over 250 sites served by air in southern Sudan. OLS predicts famine in Bahr El Ghazal.

1998 – February total flight ban causes some NGOs to consider leaving OLS: 40 NGOs in OLS, 14 outside.

Several agencies become involved in peace building activities and rights-based frameworks.

Netherlands donation to SC-UK Animal Health Programme.

Evidence of 'taxing' of food aid – possibly more than half taken to benefit SPLM/A. Cherubino attacks Wau; fails, but 100,000 flee Wau to famine-affected countryside. Government massacres some of remaining Wau population and imposes two-month flight ban. On resumption of flights humanitarian access limited to specific sites, causing crowding and health problems.

First food drop July. Catastrophic mortality and malnutrition locally. Famine deaths figure estimated between 70,000 and 300,000 in Bahr El Ghazal. August Peak of famine. In Wau crude mortality rates of 15 per 10,000 per day¹¹⁹; severe malnutrition 41 per cent among IDPs. In Ajiep under-five mortality 133¹²⁰ per 10,000 per day and severe malnutrition (49 per cent) among IDPs¹²¹. Shigella and diarrhoeas associated with malnutrition. Famine over by end of 1999, but world's biggest ever food relief delivery.

1999 –14 garrison towns still in south. Attempts to reconcile Nuer and Dinka (some success).

Netherlands maintains two-pronged strategy for south: humanitarian assistance through OLS and peace through IGAD, though frustrated by lack of progress in latter.

EM-DH starts Children's Psycho-social Programme in Wau.

1999 February – Dutch ultimatum to SRRA: support to be withdrawn if not more accountable for funds.

1999 April – 3,000 tonnes of food by road into southern Sudan this month.

1999 July – 1,200 government forces in Ruweng County, Western Upper Nile, killing scores, abducting hundreds and burning over 6,000 homes. 10-day offensive on Heglig oilfields: Antonov bombers, helicopter gunships, tanks and artillery attack civilians across 100-km of territory, violating 1998 famine ceasefire.

1999 July – Sudanese government bans aid flights to Western Upper Nile province where two factions allied to Government fight to control oil fields. 150,000 at risk of starvation.

1999 September – First shipment of 600,000 barrels leaves Port Sudan. Bargaining ensues over next round of oil deals.

2000 January – SPLA Memorandum demands 39 humanitarian agencies pay for permission to access communities, SPLA to control distributions, agencies to pay taxes to land aircraft.

2000 February - 160 aid workers in 11 agencies, including Oxfam, CARE, MSF withdraw. These agencies have delivered 75 per cent of humanitarian aid.

2000 March - Government aircraft bombs hospital compound in rebel-held territory in Lui. Two killed and a dozen injured.

During 2000 Government planes bomb *civilian* sites in southern Sudan at least 132 times. This is an increase from 65 times in 1999.

Netherlands funds SC-UK Community Water and Sanitation Project in south Sudan.

Some 3.2 million people face serious food and water shortages in Sudan due to civil war and drought.

¹¹⁹ A crude mortality rate of more than two per 10,000 per day is 'emergency out of control'

¹²⁰ Under five mortality of more than four per 10,000 per day is 'emergency out of control'

¹²¹ These figures were at the time the worst ever recorded anywhere in the world.

2001 January – 30,000 people flee rebel-held regions in the Nuba Mountains. Murahaleen militia from north attack villages along Wau railway and sack Red Cross clinic.

Rebels attack oil drilling derrick owned by China's Great Wall Drilling Co. and 3 soldiers killed along with 15 rebels.

2001 February - Islamic leader Hassan al-Turabi arrested a day after his party, Popular National Congress, sign memorandum of understanding with SPLA.

Food deficit alarm by WFP/FAO, based on Annual Joint Food Needs Assessment.

March - WFP struggles to raise funds to feed three millions in Sudan. Dinka-Nuer conflict and Nuer-Nuer conflicts, but with militia involvement superimposed, interferes with food security.

April - SPLA threaten to attack international oil workers. Government troops accused of trying to drive civilians and rebels from oil fields. 600,000 in need of food in south because of dry weather.

May - Danish pilot flying for the I R C attacked and co-pilot killed delivering aid in southern Sudan. All flights temporarily stopped.

May 25 - Government plans to halt air strikes against rebels in the south in an effort to reach a cease-fire.

June – Netherlands starts support for EM-DH children's Psycho-social programme Wau.

June - failure of Nairobi peace talks attended by President al-Bashir and rebel leader John Garang.

Bahr El Ghazal food crisis.

July - Government accepts a Libyan/Egyptian initiative to end the civil war. The plan includes national reconciliation conference and reforms.

August - Nile river floods (El Niño) leave thousands homeless in Sudan.

Netherlands donation to SV for IRC.

UN reports 3,480 child soldiers sent back to their southern homes following 6 months retraining; 4,000 more children expected to leave the SPLA over next 18 months.

September - UN lifts largely symbolic sanctions against Sudan, imposed in 1996.

November - US extends unilateral sanctions against Sudan for another year, citing its record on terrorism and rights violations.

December - More than 14,500 slaves, taken from the south, freed over past six months after campaigns by rights activists.

2002 (January) – SPLA pools resources with Sudan People's Defence Force, against Government.

Government and SPLA sign six-month renewable cease-fire in central Nuba Mountains – a key rebel stronghold.

February – Government helicopter gunship targets villages in oilfields.

Security problem areas at this time: Oilfields, inter-tribal conflict in Bieh state, Lord's Resistance Army in Eastern Equatoria.

March - Sudanese government agree to allow Ugandan forces into southern Sudan. Ugandan forces in "Operation Iron Fist" pursue Lord's Resistance Army (LRA).

April - Sudanese government major offensive against three southern provinces to oust SPLA, who claim hundreds of thousands displaced.

June - Ugandan troops kill 67 rebels in offensive against Lord's Resistance Army.

June - UNAIDS reports on AIDS epidemic in Sudan:

"Sudan is by far the worst-affected country in the region [North Africa and the Middle East]. Its overall HIV prevalence is nearly 2.3% (range: 0.7 - 7.2%); the epidemic is most severe in the southern part of the country."

Brookings Institution-SAIS Project on Internal Displacement noted that in Equatoria, there was currently one doctor for every 100,000 and that there were *no doctors at all* in Bahr El Ghazal or Western Upper Nile.

July - President al-Bashir and SPLA leader John Garang meet face-to-face for the first time. Government and SPLA sign Machakos Protocol on ending Second Civil War. Government accepts right of south to seek self-determination after six-year interim period. SPLM/A accept application of Shari'a law in north.

Sudanese government-backed forces kill aid worker and abduct three others from World Vision near Bentiu (oil field). Rebel leader claims government has killed 1,000 civilians in a separate attack in the same region.

OLS: Humanitarian access to 39 sites denied and large area of Equatoria has no humanitarian access.

August/September - Fighting between SPLA and Government forces. Government responds by suspending peace talks with the SPLM/A.

September – Relief flight ban in Equatoria and bombing follows fall of Torit to SPLA. Bombing also in Bahr El Ghazal.

According to Human Rights Watch, about 600 relief personnel in south Sudan at any time and 20 flights per day.

Government attacks on oil fields cause displacement.

October 15 - Government and SPLA agree to a cease-fire for the duration of negotiations. Even so, hostilities continue.

October 20 - Sudan's government lifts six-week ban on relief flights to the Southern Equatoria region after a cease-fire with southern rebels.

November - negotiations stall over allocation of government and civil service posts, but both sides agree to observe cease-fire. OCHA prioritises safe water provision.

2003 January – Government now requires notification only of humanitarian flights – not requests for permission.

Peace talks between Government and the SPLM/A resume in Nairobi.

February - conflict in Darfur; attacks on UN and NGOs in Upper Nile near oilfields.

March – SPLA fighting against Lord's Resistance Army in Eastern Equatoria.

May – Poor harvests in Bahr El Ghazal: 800,000 will need food; IDPs move to Wau.

September - Sudan's government and SPLM/A sign agreement on security arrangements for six-year political transition in efforts to end 20-year civil war.

November - central Sudan experiences its worst locust attack in three decades. At least eleven died, more than 16,000 hospitalised with respiratory illness linked to locust invasion.

December - progress in peace negotiations; mainly on sharing oil-resources.

2004 February – possible final round of Sudanese peace talks between the government and the SPLM/A resumes in Naivasha. Remaining issues are three disputed areas of southern Blue Nile, Nuba mountains and Abyei and power-sharing arrangements during the interim.

Government attacks eight relief workers distributing food and other items in Upper Western Nile. UN workers leave and relief activities for 30,000 people are suspended.

March - UNHCR estimates 150,000 refugees could return to south Sudan in eighteen months after peace deal finalised.

April - UN reported over 50,000 people have fled in recent weeks because of militia attacks and fighting between Government and SPLA in southern Sudan.

USA gives WFP US\$6.5 million for reconstruction of roads and dykes in southern Sudan as part of US\$19.4 million project including emergency repair of over 1000 km of road.

May 24 - WHO confirm outbreak of the ebola virus has killed four people in south Sudan.

May 26 - Government and Southern rebels agree three final protocols on: power-sharing , Abyei and Blue Nile and Nuba¹²², in Naivasha, Kenya, as part of a peace deal to end conflict. Deal follows earlier breakthroughs on the division of oil and non-oil wealth.

Jun 25-27 - Lords Resistance Army¹²³ in Eastern Equatoria involved in arson, looting and murder, kill 100 villagers and force 15,000 others to flee their homes.

August - Sudanese government, aid agencies and SPLM/A jointly clearing land-mines in the south.

UNHCR re-establishes its presence in the strategic Juba, Rumbek and Yei to assist spontaneous returnees and to prepare the ground for organized returns. Many returnees stay in urban areas. UNHCR returnee strategy of 5Rs: repatriation, reintegration, rehabilitation, reconstruction, resettlement.

OCHA reports Inter-Agency Assessment finding of more than 50 returnees dying of starvation.

September - Sudan Donor Co-ordination Nairobi reports currently 'no war no peace' situation and recommends maintaining OLS system for humanitarian assistance co-ordination. Stresses probability of continuing humanitarian needs in southern Sudan.

FEWS reports food security poor in northern Bahr El Ghazal.

October - NGOs operating in South Sudan estimate over 120,000 people in desperate need of food aid and basic needs such as health, educational facilities, tools and clean water.

November - SPLM/A and Government of Sudan agree ending of the civil war in southern Sudan before January, signing an agreement at a special meeting of UN Security Council.

Lord's Resistance Army attacks in south. Government militias and SPLA respond strongly.

CAP appeals for 2005 at US\$1.5 billion.

December - No confirmed reports of abductions in the south, largely due to cessation of hostilities. In past 15 years, an estimated 15,000 Dinka women and children were abducted; between 10,000 and 12,000 persons, primarily Dinka, remain abducted or unaccounted for at year's end.

Global IDP Project records 1.4 million IDPs in SPLM/A territories and 300,000 in Southern areas under governmental control.

2005 January 9 – Additional Naivasha protocols to Peace Accord signed. Government and SPLM/A sign Comprehensive Peace Agreement in Nairobi, 'Nairobi Declaration'. Government of National Unity formed with shared ministerial positions. The Agreement includes permanent cease-fire, the formation of joint military units, a legal basis for the Government of southern Sudan, accords on restriction of Islamic law to north, respect for

¹²² These three areas are north of the 1955 division line between northern and southern Sudan. They have substantial populations of southerners.

¹²³ LRA about 1500 strong.

human rights and wealth and power sharing. Autonomy for southern Sudan pending a referendum on independence in 2011. Positions of Abyei, Southern Blue Nile and Nuba Mountains still unclear.

Comprehensive Peace Agreement seen by some as part of “upward spiral” including greater involvement of African Union and reconciliation in Darfur. Others see downward spiral with intensification of Darfur problem.

Sudanese Government signs preliminary peace agreement with National Democratic Alliance (Consortium of opposition groups including SPLM/A).

Opening of Informal joint liaison office in Rumbek¹²⁴ by Dutch Minister for Development Co-operation.

Nation-wide polio vaccination campaign begins, targeting over a million under-fives.

Following the Comprehensive Peace agreement European Commission agrees to release European development funds to Sudan, frozen since 1990.

February - UNHCR estimate 600,000 Sudanese had already returned, one third former refugees, two thirds IDPs. Reported harassment, taxation, severe hunger, banditry and sexual abuse of returnees.

March - UNHCR appeals to donors to contribute to the rehabilitation and reintegration projects in the south to forestall a humanitarian crisis as millions of refugees and internally displaced persons are starting to return.

March 24 - UN Security Council (Resolution 1590) votes to send 10,000 troops and 715 civilian police ‘UN mission in southern Sudan’ with mandate to reinforce Comprehensive Peace Agreement in south. Six-month initial mandate, subsequently extended to one year, with intention of further extensions. Cost estimated at one billion \$US per year. Precise function unclear; possibly *observation* only, possibly to *enforce* Comprehensive Peace Agreement, possibly to *assist* voluntary return of refugees and IDPs. Kenyan and Chinese troops for Bahr El Ghazal, Indian troops for Upper Nile, Bangladeshi troops to Equatoria. Initial six months mandate under Chapter VII of UN Charter.

April – Oslo Donors Conference, international donors pledge US\$4.5bn in aid to help southern Sudan to recover from decades of civil war.

75 killed in clan disputes and cattle theft in Lakes State. Looting of WFP store in Yirol.

May - early arrival of rains in Sudan’s South Darfur state expected to spread throughout the entire region, hampering humanitarian operations.

July – Government ends State of Emergency in the south.

¹²⁴ Identified by SPLM/A as provisional capital of southern Sudan. Others favour Juba.

August - John Garang, newly sworn-in First Vice-President killed in helicopter crash. Death brings fears for peace process; rioting in Khartoum kills 130. SPLM believe crash to be accident. Report on death due in January 2006.

Salva Kiir Mayardit, new leader of SPLM/A becomes Sudan's First Vice President.

September – ACF report 20.7 per cent global acute malnutrition among under-fives in southern Sudan for January – July 2005.¹²⁵ In 2004 the figure was 19 per cent. In Gogrial the overall rate of malnutrition is 25.2 per cent. In South Bor County global acute malnutrition was 39.4 per cent¹²⁶ and severe acute malnutrition was 8.1 per cent.¹²⁷

21 September first 2622 troops deployed.

Time of events in Darfur

Darfur was always remote from Khartoum and, from the moment of its incorporation into Sudan in 1916, was consistently ignored by central governments. Nonetheless, its story cannot be divorced from those of the other continuous struggles in the country.

1956 – Sudan declared its independence on January 1st. Five months before this declaration, the first civil war between Khartoum and South Sudan had begun. Commonly known as the 'Any-Nya' war, it was to last for sixteen years.

1958 – Collapse of Sudan's nascent democracy. In November, General Ibrahim Abboud established a largely military government, closely allied to Cairo's Nasserite regime.

1965 – Following the return to civilian rule, the first elections were held in May; the Umma (Islamicist) party controlled by the Mahdists came to power.¹²⁸ In Darfur, the Umma took 16 of the region's 24 seats, of which one, in Kutum, was taken by Hassan al-Turabi of the Islamic Charter Front. But central government continued to ignore Darfur's existence.

1968 – Umma in-fighting led to new elections in February. The split in the party led to the attempted polarisation of 'Arab' and 'African' tribes.

1969 May – Military coup d'état brought Colonel Jaafar al-Nimeiry to power.

November – Muammar Gaddafi gave the Chadian movement Frolinat (Front de Libération Nationale de Tchad) a rear base in Libya for its attack on the Chadian President Tombalbaye. Gaddafi gave his support to the aim of Arab supremacy.

1972 – The Tajuma al-Arabi, a Darfuri militant racist group was founded and became a major factor in Darfur's difficulties in the 1980s.

1976 July – A small Sudanese militia, recruited in Darfur and trained in Tripoli, attacked Khartoum. It was defeated, but the action led to savage reprisals which led to the deaths of 3,000 Darfuri. Gaddafi's interest was in the creation of an Arab/Islamic Sahelian empire.

¹²⁵ 15 per cent global acute malnutrition is regarded as 'emergency'

¹²⁶ 40 per cent is officially famine.

¹²⁷ 'Severe acute' implies at risk of dying.

¹²⁸ *Umma* is 'the Party of the People' and is based on the Koran and Islamic tradition.

1979 – Nimeiry's regime introduced the 'Regional Government Act', which authorised semi-devolution to locally elected bodies. Darfur was excepted; authority there was taken by Governor al-Tayeb al-Mardi, Nimeiry's military appointee. He enabled the CIA to open a station in El Fasher, its purpose was to strengthen Nimeiry's base against Libya in the light of the latter's support for the 1976 insurgency. Chad's President Tombalbaye had been assassinated in 1975 and was succeeded by General Félix Malloum whose principal opponent was Hissen Habre, a committed anti-Libyan. Nimeiry expected al-Tayeb al-Mardi to support Habre. The new Governor continued the Khartoum policy of neglecting Darfur.

1980 – Nimeiry dismissed al-Tayeb al-Mardi as Governor of Darfur and appointed the more reformist Ahmed Ibrahim Diraiqe. He and his deputy, Mahmoud Beshir Jawa, had to deal with the long period of administrative neglect, the inflammation of racial antagonisms and the effects on Darfur of internal conflict in Chad. They had also to respond to declining rainfall.¹²⁹ The issue of water resources became the major problem for this authority. Despite its continued funding for Habre's fedayeen, Khartoum was unable to find money for Darfur's needs.

1983 – The first ('Any-Nya,') civil war had ended in 1972 when Nimeiry had been forced into major concessions to the South. His imposition of Shari'a, partly as an instrument for attacking southern dissidents, led to the outbreak of the second civil war.

Diraiqe sent a letter to Nimeiry warning that a famine in Darfur would be inevitable in the following year unless food-aid was requested from international donors. Nimeiry refused and was then confronted personally by Diraiqe who, after an unsuccessful appeal for Darfur, immediately fled to Saudi Arabia. Khartoum described the warning as 'exaggerated'.

1984 – The FAO announced a major food-deficit in Darfur. By August matters were very serious, large numbers of Darfuris were displaced and some of them, between sixty and eighty thousand, walked the immense distance to Khartoum for help. This help was, at first, denied and Khartoum attempted to describe the IDPs as Chadian refugees and to remove them from the city's outskirts.

1985 March – The USA intervened because it saw Khartoum as a major bulwark against, on the one hand, a left-wing Ethiopia and, on the other, against Gaddafi's Libya. Large amounts of US aid were promised, but because of the incompetence (at least) of the company appointed by the US to deliver the aid, little of it actually arrived. In any case, the intervention came too late to prevent massive escalations in food prices and a consequent general strike throughout Sudan. The insurgent strikers were supported by sections of the army and Nimeiry was deposed. He was replaced by General Abdul Rahman Suwar al-Dahab who promised to hold elections.

July – The new regime reached a defence agreement with Gaddafi and Libya not only took over the delivery of aid, but used the occasion effectively to occupy Darfur. A contingent of the Libyan army arrived in El Fasher and began arming the Baggara Arabs.¹³⁰

¹²⁹ They were appointed at not quite half-way through the decade 1976-1986; in that entire period, rainfall in the whole of Darfur declined by 23 per cent. That proportion is an average which conceals the differences between, for example, Nyertete, which has the highest rainfall, and El Fasher, which has the lowest.

¹³⁰ These are nomadic pastoralists and are 'Arabised' Africans and, hence, a typical example of the ethnic confusion in the largely engineered opposition between 'Arab' and 'African' people.

‘The Famine that Kills’¹³¹ lasted from August 1984 to November 1985, killing about 95,000 Darfuris.

1986 – The elections promised by Dahab were held in April and the Umma took about 100 of the 264 seats. Results in Darfur followed the national pattern, 34 of its 39 seats were won by Umma, but most of them were under the control of a faction called the ‘Darfur Development Front’ which was opposed to the party leader’s (Sadiq al-Mahdi) determination to appoint a cabinet consisting of an ‘Arab and Islamic Union’.

The US bombed Tripoli and Benghazi in mid-April and a senior representative of the Sudanese Government immediately went to Libya to demonstrate its solidarity. At that point, significant air and logistical support was provided by Libya for the Government’s war in South Sudan, which rendered any negotiations over Libya’s activities in Darfur singularly problematic. Those problems increased because Sadiq al-Mahdi and his cabinet had actively supported Libya’s presence in Darfur.

A very substantial number of Darfuris had been conscripted into Sudan’s army in the South. In April, riots broke out in Nyala when Darfuri conscripts refused to travel; they were repeated in September. A new Governor, Abd el-Nabi Ali Ahmed, had been appointed and he went so far as to begin negotiations with the Libyan Ambassador to Khartoum for the ‘integration’ of Darfur with the Libyan State of Al Kufrah.

Libya armed the Murahaleen, a militia organised to fight the SPLA in Bahr El Ghazal; subsequently, many of its members joined the first wave of Janjaweed.

1987 – Libya had a force of 2,000 irregulars stationed in El Fasher and another force of between 13,000 and 20,000 soldiers on Darfur’s border with Chad; its proposed task was to invade Chad.

April – multiple and confused exchanges took place between Sadiq al-Mahdi and Gaddafi, each bribing the other, and Chad seized the moment to enter Northern Darfur and attack the Libyan forces.

The situation throughout Darfur became anarchic. In Southern Darfur a militia of the Murahlees stopped a train in Ed-Da’ein and murdered about 1,500 people; a racist Darfuri Islamic group, the Tajammu al-Arabi, trained recruits to fight either in South Sudan or in Darfur; an attempt by the police to close down a militia camp near Nyala succeeded, at the cost of nearly 100 lives, but the militiamen were allowed to go free; dissident, pro-Libyan Chadian militias frequently attacked Darfurian villages and, in November, the Chadian army killed an unknown number of civilians in an onslaught on Kebkabiya in Northern Darfur, where a mix of Chadian and Libyan militias were present.

1988 – A Fur militia emerged and, in March, it attacked the Chadian militias in Kebkabiya which were attempting to set up a training camp in the Jebel Marra. Turmoil in the Khartoum Government led to the dismissal of Darfur’s elected representative, Ali Hassan Taj ed-Din, and the installation of a radical Islamicist nominee. Khartoum had completely lost control of Darfur and the random, many-sided violence amounted to another civil war. Compared to

¹³¹ ‘Maja’a al-gutala’.

later events, violence was relatively low-scale and the Sudanese army was not involved; but it was in this period that the Janjaweed first appeared.

December – The Forces Armées Nationales du Tchad came to the assistance of the 2,000 Libyan sponsored irregulars stationed in El Fasher. Opportunistic attacks from a variety of sources created total confusion until well into the following year. The only force not involved was the Sudanese army, since it was deeply engaged in South Sudan.

1989 – By April, Darfur was largely under Libya's control and Gaddafi financed a large force of tribesmen from Kordofan to go to the rescue of the irregulars in El Fasher. It was a bloody offensive, but it failed.

May – local tribal leaders in Darfur began a move towards peace in the region through a traditional negotiating process called a conference of reconciliation.

June 30 – Colonel Omar al-Bashir and some officers of the National Islamic Front ousted the Sadiq Government. Reconciliation in Darfur resulted in a fragile peace for the rest of the year and Khartoum could, once more, ignore the region.

Reconciliation did not include Chadian forces. In October, Habre launched attacks on Chadian forces opposed to him and stationed in Kebkabiya, Kutum and Zalingei.

1990 March – Omar al-Bashir visited Gaddafi and declared that a total union of Sudan with Libya should take place within four years. Had Bashir been in earnest, this would be a move towards uniting the Arab World. Violent opposition to the plan shattered the peace in Darfur and left it in a state of civil war. Combined with drought, this reduced the harvest by over one million tonnes and left the region with another, major food deficit. International aid was compromised by Sudan's support for Saddam Hussein's invasion of Kuwait. The number of those who died was not established.

Libya's interest in Darfur diminished as Gaddafi's political interests changed.

1991 February – Bashir's Government established a federal system for the entire country, which was divided into nine states.

Garang began to examine the ways in which Darfur's chaos could be used in his movement's interests. He mounted a small force, commanded by a Darfuri (Daud Bolad), which would 'invade' Darfur in order to back dissident groups. The venture, poorly planned and ill-armed, was resented by the Darfurian Mahdists and ended in complete failure. Violence remained widespread, but open war had ended, at least for the time being.

1994 – The federal arrangement of 1991 was modified; the nine states, excluding Khartoum, were sub-divided into 26 smaller states. An attempt was also made to bring back the forms of tribal administration which had been abolished by Nimeiry in 1991. Because Federal and States' finances had not been addressed in the reforms and because of the multiplication of administrative tiers, confusion ensued and local tyrannies emerged.

1995 - The Governor of Western Darfur (Mohamed Ahmed Fadl) created administrations entirely composed of his family and his tribal place-men. This met with major opposition

from the Masalit tribe (largely, but not exclusively, to be found in Northern Darfur) which had been marginalised. Fadl was removed from office and his successor imposed military rule.

1996-19998 – Guerrilla warfare opposing the government gradually grew in intensity.

1999 - Fighting in Darfur had reached a stage of intensity which persuaded Khartoum that it was, in effect, supporting the insurgents of South Sudan. It launched a large military assault on the Dar Masalit in general, in which 2,000 people were killed and 40,000 became refugees in Chad. This resulted in another, brief period of ‘peace’.

December 12 – al-Bashir declared a national state of emergency.

2000 January 1 – The Sudanese Parliament was dissolved. Dissolution left al-Bashir in control of a faction-ridden country, among them was the Islamic Charter Front led by Hassan al-Turabi of Darfur, who had been the Government’s ‘Guide’ to suitable Islamic policies.

2001 February 19 – A group associated with al-Tabari, called the Popular Patriotic Congress, signed an agreement with the SPLA to co-ordinate their joint opposition to the Government of Sudan. This was to be a matter of ‘peaceful political struggle’, but, whatever that might mean, it did signal a unity against Khartoum between two very different sectors of Sudanese politics.

February 21 – Al-Turabi was arrested and kept in custody until November.

June – The SPLA launched an offensive into Darfur. It occupied Raga and Deim Zubeir in Western Bahr El Ghazal, driving 30,000 people, mainly Fertit, towards Nyala in Southern Darfur.

September-October – The Government of Sudan had recaptured the territory and launched brutal reprisals which drove many thousands more people into displacement, this time towards Wau and Tambura.

2002 April – ‘Arab’ raiders killed seventeen people, stole 2,000 head of cattle and burnt 600 houses in Shoba, a small town seven kilometres south of Kebkabiya. Fighting also broke out in Golu in Western Darfur where Darfuris were attempting to recover confiscated weapons.

December – ‘bandits’ killed a number of policemen in Southern Darfur. Fighting throughout Darfur had increased.

2003 January – Violence erupted on the border with Chad in which seventeen people were killed, but it was clear that the events were cross-border. In February, a heavily armed and mechanised body of men, approximately 300, attacked Golu and killed about 200 soldiers. This action, the beginning of a Darfuri insurrection, was carried out by the Sudan Liberation Army (which had grown out of the Fur militias of the late 1990s), a firmly secularist body.

March – An Islamist militant living, at the time, in London, claimed the Golu attack for a previously unknown group called the ‘Justice and Equality Movement’, a claim rejected by the SLA. This was the first public appearance of the Islamicist JEM.

April – August – Several other insurrectionary attacks took place: co-ordinated attacks on Nyala and El Fasher; an engagement with Government troops near Kutum; an attack on the army in Tiné (on the Chadian border); and the occupation of the Kutum garrison.

April and May – Khartoum declared a state of emergency and instituted a group of hard-line officials to deal with the Darfur crisis. It adopted a military solution designed simply to destroy the insurrection. An early decision was made to reinvigorate, re-arm and increase the numbers of the Janjaweed which first appeared in the later 1980s. This revived militia began its full scale attacks in July and operated with the full co-operation of the Sudanese army.

July – Khartoum also began air attacks on a number of villages, followed by attacks on the survivors by Janjaweed, frequently supported by units of the Sudanese army.

Amnesty International and the Swiss-based World Organisation Against Torture condemned increasing cases of arbitrary arrests and torture by the Sudanese security forces in Darfur. Darfuri refugees began arriving in Chad.

August – Peace talks between the Government of Sudan and the SLM/A began in Chad, which led to an agreement to a forty-five day truce. Since it did not include the disarming or reigning in of the Janjaweed, it could not survive.

September – The number of Darfuri refugees in Chad reached 65,000 and Chadian authorities became increasingly disturbed by the Janjaweed's cross-border activities.

October – A second round of talks took place in Abéché with the help of Chad facilitators. The SLM mistrust of Khartoum led to its refusal to continue the talks. Attacks by the Government and its Janjaweed militias increased significantly.

November – An OCHA Press Release entitled 'Sudan: Displacement Rises, Access Declines' said that 'The humanitarian situation in the Greater Darfur Region of western Sudan may emerge as the worst humanitarian crisis in the Sudan since 1988'. The UN said that the Sudanese government was hampering humanitarian intervention by renegeing on a pledge to process aid workers' travel permits speedily.

December – The UN Emergency Relief Co-ordinator, Jan Egeland, described the humanitarian situation in Darfur as one of the worst in the world.

WFP staff relocated to Nyala because of worsening security in El Geneina.

According to press reports, President Omar al-Bashir declared that the annihilation of the Darfur rebels was a top priority for his government.

2004 January – The Naivasha talks were suspended for three weeks to allow the Sudanese Vice President to undertake the 'Hajj' (pilgrimage to Mecca), which normally takes only a few days. The Government of Sudan used the period to launch a new offensive in Darfur involving increased bombing and the deployment of 40,000 soldiers. It was hoping to remove the need to negotiate further with SLA/JEM.

The acting UN Commissioner for Human Rights expressed 'deep concern over the deteriorating human rights and humanitarian situation in Darfur'. Systematic human rights

abuses against unarmed civilians had been reported, including against women and children, villages had been burnt and looted, causing massive internal displacement and an outflow of refugees.

February – The Naivasha talks resumed and the killings and displacements escalated in Darfur.

Access to the capital cities of the three states of Darfur was permitted, but humanitarian workers still needed travel permits for each visit outside the regional capitals.

March – On the 5th, the notorious Delaj massacre took place, in which 168 peasants from the villages in the Wadi Saleh province were executed without trial by Government forces.

The UN Special Inter-Agency Team which was examining the situation pointed out that many displaced people were refusing aid because it increased the risk of death at the hands of the Janjaweed who would seize the supplies for themselves.

In a series of media interviews the UN Humanitarian Co-ordinator in Sudan described the conflict in Darfur as ‘ethnic cleansing ... comparable to Rwanda’ and ‘now the world’s greatest humanitarian and human rights catastrophe.’

April – Another cease-fire agreement was reached, it broke down within hours.

May – Human Rights Watch published a report headed ‘Darfur Destroyed: Ethnic Cleansing by Government and Militia Forces in Western Sudan’. The US Committee for Refugees called on President Bush to ‘lead more boldly on Darfur, don’t repeat Bill Clinton’s historic mistake on Rwanda’. The UN Secretary General wrote to President Omar Hassan al-Bashir asking him to disarm the Janjaweed and to improve access for humanitarian workers.

An updated UN Darfur Humanitarian Profile estimated that there were more than two million ‘conflict-affected’ people, of which almost one million were IDPs. OCHA’s senior humanitarian affairs officer in Nyala was deported from Southern Darfur. WFP vehicles were attacked by Janjaweed.

International pressure forced the Government of Sudan to modify its violence which, from May onwards, began to recede and ‘ethnic cleansing’ reverted to a series of counter-insurgency operations.

The Government of Sudan announced that it would speed up visa processing for humanitarian workers and would reduce the waiting period to 48-hours from application to issue and would waive permit requirements for travel to Darfur.

The African Union Peace and Security Commission approved the despatch of 60 observers to Darfur to monitor the April 8th cease-fire. If necessary, they would be accompanied by an AU protection force of between one and three hundred soldiers.

Jan Pronk (formerly a minister for development cooperation in the Netherlands) was appointed by the UN Secretary General as Special Representative to Sudan.

Oxfam criticised donor governments for failing to respond sufficiently to the UN Consolidated Appeal for Darfur and singled out France, Germany, Italy, Japan, Spain and rich Arab countries for particular criticism. Only one third of the US\$ 350 million requested in the CAP launched in April had so far been provided.

WFP claimed that because of insecurity and the lack of funds, it would only be able to provide rations to 500,000 of the planned 800,000 beneficiaries in Darfur.

July – A joint UN/Government of Sudan communiqué was issued. Its provisions included: Government of Sudan suspension of all restrictions on aid workers and their freedom of movement throughout Darfur; an end to limits on the importation and use of humanitarian materials, vehicles, aircraft and communications equipment; and the establishment of a high level Joint Implementation Mechanism made up of Sudanese and UN officials.

August – 200 French troops begin assisting Chadian troops to patrol the country's border with Darfur.

WFP began air-dropping food sacks to inaccessible areas in Western Darfur.

One hundred and fifty Rwandan soldiers arrived in Darfur to serve as protection for AU monitors. They were subsequently joined by the same number of Nigerian soldiers.

September – A report was presented to the UN Security Council in response to its July Resolution 1556, which gave Sudan 30 days in which to disarm the militias. In it, Jan Pronk said that Sudan had not disarmed militias or stopped attacks on civilians, but the Government had made some progress in lifting restrictions on humanitarian access and improving security for some internally displaced people.

A WHO survey indicated daily mortality rates of 1.5 per 10,000 per day in Northern Darfur and 2.9 per 10,000 per day in Western Darfur, implying an excess mortality of 4,500 – 8,500 per month. These results corroborated earlier UN estimates of 50,000 deaths caused by conflict and displacement.

The UN Security Council (Resolution 1564, 2004) allowed more time for Sudan to comply with Resolution 1556 rather than opting for a more forceful response, but for the first time introduced the threat of sanctions against Sudan's oil industry in South Sudan.

October – The Government made the entirely false claim that it had repatriated 70,000 IDPs and followed it by attempting to clear IDP camps. It used tear gas to drive people from the El-Jeer camp and then used bulldozers to destroy their huts. Aid workers and AU observers were forced to leave. Resisters were attacked and many women were raped. At about the same time, the Government instituted compulsory HIV tests for its soldiers.

Two relief workers employed by Save the Children were killed when their vehicle hit an anti-tank land-mine.

The International Committee of the Red Cross said that rural communities across western Sudan's strife-torn Darfur region were facing a food crisis (calling it an 'agricultural collapse') that could be worse than the famines of the 1980s and 90s.

Peace talks on the crisis in Darfur, taking place in Nigeria, broke off on their second day after the insurgents called for more time to prepare proposals for a long-term political resolution to the conflict.

The EU said its member states would contribute US\$125 million to an African Union (AU) force in Darfur.

November – The UNHCR withdrew from Southern Darfur following a refusal by the Sudanese Government to let it work. This refusal was a response to the protests by aid workers against forcible relocation.

November 2 – Jan Pronk said that the whole of Darfur was prey to ‘total anarchy and war-lordism’.

The UN World Food Program said that due to renewed clashes between rebels and government forces, it had suspended its operations in most of Northern Darfur and relocated its staff to El Fasher.

December – Armed men attacked a village in Northern Darfur, forcing about 2,000 internally displaced people to flee from their homes.

African Union mediators said that the faltering peace talks between the Sudanese government and insurgents in Western Darfur had been suspended until January.

Following the deaths of four staff members in two separate incidents over the past two months, Save the Children (SC-UK), discontinued its humanitarian operations in Western Darfur.

An aid worker, employed by Médecins sans Frontières, was killed on the 17th during an attack on Labado in Southern Darfur.

2005 January – The ‘comprehensive’ Peace Agreement, signed on the 9th, did not include Darfur.

Despite ongoing violence, a campaign to immunise nearly six million children against polio throughout Sudan started in Western Darfur.

Eight villages in Western Darfur were reportedly burned to the ground. The high level of insecurity in Western Darfur seriously hampered the ability of international humanitarian organisations to deliver aid to many internally displaced people.

February – A UN commission of inquiry concluded that violence in Western Darfur did not amount to genocide, but that mass killings of civilians had occurred in the area.

UN Secretary-General Kofi Annan recommended the deployment of a peace support operation in Sudan, consisting of 10,130 troops and 755 civilian police.

The World Food Programme expressed concern about signs of a potential food crisis in Sudan, saying that rapidly rising prices of staple foodstuffs indicated that stocks were dwindling.

March – The incidence of rape and sexual violence against women and girls, often perpetrated by armed men, continued to be high in Western Darfur.

In Southern Darfur, an American aid worker was shot in the face when unidentified gunmen ambushed her convoy.

The UN Security Council authorised sanctions against those who violate the cease-fire in Darfur. It also voted to refer those accused of war crimes in Darfur to the International Criminal Court.

April – The UN Security Council decided to try the suspected perpetrators of human rights abuses and war crimes in Darfur in the International Criminal Court. This was rejected by the Government of Sudan and tens of thousands of protesters took to the streets of Khartoum.

A drastic shortage of funds forced the UN World Food Programme to cut the food rations of more than one million Darfuris.

African Union personnel in Northern Darfur begin to provide periodic armed escorts for displaced women and girls to protect them from sexual attacks; but the AU lacked the resources for adequate protection.

The African Union agreed substantially to increase the size of its peacekeeping force in Darfur.

May – Following the WHO's confirmation of an outbreak of meningitis, a vaccination campaign was begun in the IDP camp at Abu Seroj in Western Darfur.

After a six-month gap, peace talks between the Sudanese government and Darfuri insurgents are set to resume in Nigeria in June.

Sudanese authorities arrested two senior officials of Médecins sans Frontières who, in a report, claimed that hundreds of rapes had taken place in Darfur.

June – Kofi Annan appealed to the Sudanese government to disarm militias involved in criminal and military activities in Darfur.

The WFP appealed for an additional US \$94 million to buy more food for an estimated 3.5 million people who could go hungry as a result of the conflict.

Médecins sans Frontières announced that the Sudanese authorities had dropped all charges against two of its senior officials.

July – The Sudanese government and two Darfuri rebel groups finally signed a broad declaration of principles, but postponed working out the finer details until the end of August.

The African Union warned that it faced a US\$200 million shortfall for its peacekeeping operations.

Some 70,000 vulnerable rural households in Northern Darfur received seeds and agricultural tools from the UN Food and Agricultural Organisation.

Timeline of events in Chad

2001 December – UNHCR closes Chad offices in a global prioritization exercise. Staff dispersed.

2002 October – Refugees from the Central African Republic start to arrive in southern Chad.

2003 April – Fighting broke out in North Darfur between the rebel Sudanese Liberation Movement (SLM) and Sudanese Government forces over areas reportedly under rebel control. First arrival of refugees from Darfur into Chad reported.

2003 July – The Chadian Government reports that 65,000 refugees had fled into Chad.

2003 September – Joint assessment mission by UNHCR, WFP and Chadian Government. Figure of 65,000 refugees confirmed. First deployment of UNHCR Emergency Response Team (4 persons) to begin emergency response.

Malnourishment recorded among refugees in Tiné on the border.

2003 September 18 – UNHCR approached other partners such as WFP, World Vision, UNICEF and ICRC to determine what interventions can be launched in the short term. Logistics and funding constraints hampered a rapid response.

2003 October 2 – UNHCR launched a Supplementary Appeal for US\$16.6 million for emergency assistance to 65,000 refugees in Eastern Chad to cover 2003 and 2004.

2003 December 15-19 – Visit to Chad by the Assistant High Commissioner for Refugees; decision to start relocation from the border and to deploy another Emergency Response Team.

2003 December – 30,000 new arrivals reported, bringing the total number of refugees to 95,000 at the end of December.

End December 2003: Arrival of second UNHCR Emergency Response Team of five deployed to Eastern Chad to begin the relocation of refugees.

2004 Mid-January – Relocation starts to first camp (Farchana), initially accommodating 9,000 refugees. Other sites being assessed and prepared.

2004 January 29 – A series of explosions apparently from aerial bombings around the Chadian town of Tine on the border with Sudan, leaving three dead and 15 wounded. Direct assistance in the border areas is suspended because of the security situation.

2004 January – February – More than 6,000 Sudanese refugees arrive in Bahai, North Eastern Chad, after their villages in Western Sudan's Darfur region were attacked by armed militia.

February 13 – UNHCR starting daily airlifts to bring more relief supplies into Eastern Chad. Five additional international staff deployed, bringing number of emergency staff on the ground to about 20. A third refugee site at Kounoungo nearing completion (following Farchana and Touloum). However difficulty in finding more sites with sufficient water to meet the needs of refugees slowing down the relocation exercise.

March – The increasing frequency of cross-border raids by militia from Sudan made it more urgent to move refugees to safer sites further inland.

Early March – Visit by the High Commissioner for Refugees.

March – The High Commissioner briefs donor governments on UNHCR's emergency efforts in Chad and presents a revised budget of US\$ 20.8 million for emergency operation, representing a US\$ 10.5 million increase in the 2004 portion of the original appeal.

2004 April 20 – 31,100 Sudanese refugees had been transferred to five camps.

2004 April, 27 – According to local authorities in the Chadian border town of Bahai, an estimated 200 to 300 people have been crossing the border from Darfur into Chad every week since early April. Assistance delayed due to the remoteness of the area and logistical constraints.

2004 May 17 – UNHCR appeal for urgent funds to sustain its assistance programmes ahead of seasonal rains expected in the coming weeks. UNHCR had received only \$13 million out of the nearly \$ 21 million needed. It had spent all the contributions so far and was using funds borrowed from its Operational Reserve to pay for the programme.

May – Addressing the UN Security Council, High Commissioner said “If the situation in Darfur does not improve, we will see further refugee flows into Chad”.

May 25 – In an effort to pump sufficient aid supplies into eastern Chad before the start of the five-month long rainy season, UNHCR launched a new wave of the emergency humanitarian airlift for the 125,000 Sudanese refugees in Chad.

June 1 – Between 200 and 300 new arrivals are reported in Bahai town, already home to more than 14,000 refugees from earlier influxes.

June 3 – UNHCR estimated that some 158,000 refugees from Darfur had fled into eastern Chad of whom 81,000 had been relocated to seven new refugee camps further inland. In addition to its country office in N'djamena, UNHCR had opened five offices in eastern Chad and was establishing a sixth at Bahai in the north.

June 4 – Hundreds of new refugees continued to arrive around the border town of Adré, reportedly fleeing new fighting in Sudan's Tundubai, Koulbous and Kornoya districts. Staffing and trucking capacity were increased to move these refugees quickly to the newly constructed camp of Breidjine.

Early June – UNHCR Director of the Department of Operational Support (DOS) and Deputy Director of the Africa Bureau visit Chad and initiate a series of interventions upon return.

June 11 – UNHCR announced revision of its 2004 budget for the Chad emergency to US\$55.8 million, an increase of \$35 million over the previous appeal for \$20.8 million. The increased budget took into account the continued arrival of new refugees in Chad and planned to help 200,000 by the end of the year. The agency had so far received \$18 million in contributions.

Mid June – More than 100,000 Sudanese refugees now in UNHCR's eight camps in, less than five months after the relocation from the border started. UNHCR was still seeking to transfer 50,000 - 90,000 refugees remaining along a 600-km stretch of border, where they would be cut off from assistance once the seasonal rains made many roads impassable.

June – Interagency study by Centers for Disease control shows 38% global acute and 6.4% severe acute malnutrition.

June 12 – June 25 – Real Time UNHCR Evaluation takes place in Chad. Stresses "Protection is water".

August 15 – Agreement for Tréguine (10th camp).

Mid August – Blanket supplementary feeding for 55,000 children and pregnant/breastfeeding women, including local beneficiaries starts. High risk of cholera in Breidjine and Farchana Camps with dysentery and a killing fever. Breidjine Camp has 1.7 litres safe water per person.

September 17 – Opening Tréguine Camp, built by IFRC with Red Cross Chad involvement.

Cholera spreads from camp to local people.

September – WFP first used Benghazi route.

October – 180 Chadian gendarmes hired to protect in and outside camps.

Second Benghazi food convoy.

Iridimi Camp almost without water.

French Hercules to Abéché and helicopters to camps in emergency airlift.

November 5 completion of joint WFP UNHCR government and donors mission. Refugee nutrition stabilised but local people's condition still near famine.

December – UNHCR contingency stocks for 50,000 achieved.

2005 February – Inoculation against meningitis successfully controlled outbreak in central camps.

February – Re-registration in Tréguine started. Suggestion of 15% over-count in camps.

May – Unrest in 2 camps.

210,000 refugees in 12 camps (Gaga near Tréguine 12th).

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Annex 4 - Terms of Reference for the case study Sudan (3 March 2005)

1. Introduction

The Policy and Operations Evaluation Department (IOB) of the Netherlands Ministry of Foreign Affairs (MFA) is responsible for evaluations of Dutch foreign policy. IOB's current evaluation programme includes an evaluation of Policy Article 3: Humanitarian assistance. The focus of this evaluation is twofold. It will entail a comprehensive analysis of humanitarian assistance policy of the Netherlands and the ways in which the administrative and managerial procedures have been established and are being implemented, as well as an empirical analysis of a sample of completed and ongoing humanitarian assistance activities in recipient countries where a wide range of implementing agencies have been funded wholly or in part by the Netherlands. The empirical analysis of the evaluation will only take into consideration activities funded from the emergency aid articles of the humanitarian assistance budget vote.

Taking into account the level of expenditure, policy relevance, the range of assistance offered and the type of emergency, two cases have been selected for in-depth study: Sudan and the Great Lakes region, in particular Burundi and the Democratic Republic of Congo (DRC). The results of these case studies will be integrated in the report of the overall evaluation of Dutch humanitarian assistance in the period 2000-2004¹³².

The current document provides the Terms of Reference (ToR) for the evaluation of Dutch humanitarian assistance to Sudan and should be read in relation to the ToR for the overall evaluation. The document first provides some background information on the humanitarian crisis in this country in general, and that in southern Sudan and Darfur in particular. Secondly, it contains a brief overview of humanitarian activities supported by the Netherlands in these parts of the country and lists activities that will have to be studied in detail. Subsequently, the main evaluation questions and issues are presented. Finally, the methodological approach and organisational framework for the evaluation is presented.

2. Humanitarian crisis in Sudan

Apart from a brief period of peace from 1972 to 1983, Sudan has experienced civil war and other types of emergencies since the country's independence in 1955. The protracted armed conflict between the Government of Sudan (GoS) and the Sudan People's Liberation Movement/Army (SPLM/A) in the southern part of the country has been the principal source of human suffering. In addition to the estimated two million deaths directly attributed to the fighting, a significant but incalculable number of people have been affected as a result of associated disruption of their livelihoods and lack of basic services. Currently, Sudan has the largest displaced population in the world, while human rights violations of various sorts are widespread. The effects of the protracted man-made crisis have been compounded by periodic droughts and flooding, further contributing to loss of life and destruction of livelihoods¹³³.

The humanitarian crisis in Sudan is a complex one. Besides the conflict between the GoS and the SPLM/A, the recent conflict in the western province of Darfur as well as many localised (tribal) conflicts have contributed to this complexity.

¹³² See attached Terms of Reference for the Evaluation of Dutch humanitarian assistance in the period 2000-2004 (February 2005).

¹³³ *UN Inter-Agency Consolidated Appeal for the Sudan Assistance Programme for 2004*, November 2003.

2.1 Humanitarian crisis in southern Sudan

The conflict in southern Sudan

The humanitarian crisis in southern Sudan stems from an on-going conflict that erupted in 1983 when rebels in the Christian/Animistic south of the country took up arms against authorities based in the Islamic north (Khartoum) to demand greater autonomy. The war has been characterised as 'north' versus 'south', but in reality the fault lines are far more complex and have to do with access to political power, access to resources (especially oil), religion and ethnicity.

The main parties in the conflict have been the GoS and the SPLM/A. In the 1990s however, the southern rebel movement split into different factions. This factionalisation has been a fluid feature of the conflict, adding to its complexity with some southern factions aligning themselves with the government for short periods of time. It furthermore complicated peace negotiations, which started in 1993 under the auspices of the Inter Governmental Authority on Development (IGAD)¹³⁴. Only in 2002, the negotiations gained momentum when the GoS and the SPLM/A reached a principle accord on self-determination of the south, the so-called Machakos Protocol. Following rounds of talks covered security issues, the division of political power and wealth, as well as the status of the disputed areas of Nuba mountains, Abyei and the southern Blue Nile. In November 2004, the UN Security Council held an extraordinary meeting in Nairobi, Kenya, which resulted in a Memorandum of Understanding, signed by the GoS and the SPLM/A, in which the two sides agreed to conclude a final peace deal by the close of the year 2004.

This comprehensive peace deal was signed on 9 January 2005, constituting the end of the 21-year old civil war in southern Sudan. The most important elements of the peace deal are: 1) the Sudanese constitution, which is based on the Islamic law (*Sharia*), is no longer valid in the South; 2) the South has autonomy for a period of six and a half years, after which a referendum will be held about a possible secession from Sudan; and 3) the proceeds of the extraction of oil will be shared¹³⁵.

It remains to be seen whether the agreement will bring durable peace to southern Sudan. For instance, it is expected that control over the oil-rich Upper Nile region will be contested. In 2004, shifting allegiances among southern Sudanese militias have led to direct clashes over territorial control of this region (and its resources) between the Sudanese army and government-backed militias on the one hand, and the SPLM/A on the other. This has led to widespread looting and the displacement of tens of thousands of people. Problematic to this situation is the fact that the security arrangements agreed upon under the comprehensive peace agreement remain unclear regarding the status of the militias. Those who criticise the agreement point out that many potential stumbling blocks remain, since it does not address basic human rights concerns such as injustice and marginalisation, which have been a major cause of the conflict. The agreement does not provide for any form of accountability for those responsible for past abuses, nor for genuine security for civilians. Moreover, the agreement does not cover the ongoing conflict in the western province of Darfur, in which the GoS is being criticised for supporting rebel movements attacking civilians. On the positive side, it

¹³⁴ Together with Kenya, Ethiopia, Eritrea, Uganda, Somalia and Djibouti, Sudan is a member of IGAD.

¹³⁵ *Sudan Country Profile*, Netherlands Ministry of Foreign Affairs, January 2005.

may be pointed out that the peace agreement for southern Sudan is considered as a blue print for addressing conflicts in other parts of Sudan, such as Darfur¹³⁶.

The humanitarian crisis in southern Sudan¹³⁷

The conflict in southern Sudan has been fought largely by using and targeting [the](#) civilian population. The warring parties deliberately relied on tactics of forcible displacement, terrorisation and asset-stripping. These tactics created a humanitarian disaster which affected the lives of millions of people and resulted in some 3-4 million internally displaced people (IDPs) and an additional 600,000 refugees¹³⁸.

- *Subsistence needs - access to health, nutrition and education*

Southern Sudan is characterised by some of the worst human development indicators in the world¹³⁹. Lack of adequate health care is one of the region's biggest problems. High levels of mortality and morbidity are symptomatic of an inadequate health infrastructure and low health service coverage. This is illustrated by the fact that in the South one out every four children will die before reaching the age of five and that one in nine women dies in pregnancy or childbirth. The low ratio of skilled health personnel to population (e.g. one physician to 100,000 people), the virtual absence of obstetric emergency care and the shortage of essential drugs and primary health facilities (e.g. one primary health care centre for every 79,500 people) are glaring indictments of the health system. The conflict has severely affected the region's medical infrastructure resulting in its population becoming largely dependent on the international community for the delivery of health services.

Prevailing diseases include respiratory infections, measles, bowel infections, diarrhoea, malaria and tuberculosis. Many are caused by a lack of hygiene and are relatively easy to prevent. However, the extremely low availability of safe drinking water (less than 40% of the population has access) together with poor hygiene and sanitation practices, imply that efforts to prevent or control diseases remain an uphill battle. The incidence of diarrhoea among children is estimated to be 45%, while 22% of under-five mortality is attributable to water related diseases.

High levels of malnutrition also contribute to the adverse mortality and morbidity rates. The largely agro-pastoral population is dependent on subsistence food production. Although southern Sudan is rich in natural resources and ought to be able to feed its population, food production has been severely affected by the conflict, and production levels further dropped as a result of periodic droughts and flooding. Recovery of household production levels is constrained by lack of access to means of production and basic agro-economic services (including extension and animal health care), as well as a very weak market system. As a result, there is a continuous and high need for food assistance in southern Sudan. Food provision is very expensive due to high delivery and distribution costs caused by the poor quality and frequent disruption of the road, rail and river transport.

¹³⁶ *Sudan: Fragile peace despite southern agreement*, IRIN News Report (OCHA), 18 January 2005.

¹³⁷ Unless otherwise indicated, based on *2005 United Nations and Partners: Work Plan for the Sudan*, UN RC/HC Sudan, November 2004.

¹³⁸ *Sudan: SPLM/A parliament ratifies southern peace agreement*, IRIN News Report (OCHA), 25 January 2005.

¹³⁹ For detailed information, see *Towards a Baseline: Best Estimates of Social Indicators for Southern Sudan*, NSCSE/UNICEF, 2004.

Access to education in southern Sudan is one of the lowest in the world. Adult literacy is only 24%, adult female literacy half of that. With gross primary school enrolment rates at 22%, the majority of children are deprived from access to education. Particularly girls and young women are continually marginalised when it comes to education opportunities because of cultural biases. In many parts of southern Sudan, school infrastructure is rudimentary or non-existent. Only 6% of the teachers have been formally trained, while 45% have received limited in-service training.

- *Physical security - lack of protection*

The absence of an effective civil administration and rule of law in southern Sudan has resulted in gross human rights violations. Specifically IDPs and refugees attempting to return home are continuously exposed to risk unless protection is provided. Human rights violations have been observed as populations move and when they start to resettle in communities. Violations include looting of property, informal 'taxation', physical and sexual assaults, denial of freedom of movement and choice, and forced separation of families. Further protection concerns relate to denial of access to land, social services, the legal system, etc. In situations of (forced) population movement, women and children are particularly vulnerable to abuse and denial of protection rights. They are also among the most vulnerable in communities which have not been displaced. These human right violations underline the need for community based support programmes focusing on reintegration and recovery.

A further risk to human security is posed by contamination from mines and unexploded ordnance which affects some 50% of the territory.

- *Humanitarian access*

Creating access to war affected population groups proved to be the single most important constraint facing humanitarian aid agencies. Parts of the Blue and Upper Nile provinces and the Nuba Mountains remained fully or largely inaccessible for much of the duration of the conflict. Denial of access became part of the strategy of the different warring parties.

As a response, Operation Lifeline Sudan (OLS) was established in 1989 by a consortium of UN agencies and NGOs that entered into an agreement with the Sudanese government and the rebel movements in the South to create access to the needy. Although negotiating humanitarian access was one of the main reasons behind OLS, it also functions as a safety umbrella for humanitarian aid workers, as well as a mechanism to co-ordinate relief efforts.

Because the warring parties constantly manipulated humanitarian access to the needy, OLS never covered the entire area of southern Sudan. In fact, it is stated that the sovereignty of the Sudanese government, upon which the concept of OLS was founded, ultimately blocked the humanitarian effort to certain areas¹⁴⁰. Aid agencies wanting to operate outside the OLS-area have had to negotiate access with those in control of certain geographical areas, jeopardising the humanitarian principles of independence and impartiality.

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The need for humanitarian assistance in southern Sudan is expected to remain high, as a result of localised conflict, such as in the Upper Nile area, prolonged displacement and crop failure. By the end of the 2004 planting season many parts of southern Sudan received less than 50%

¹⁴⁰ *Evaluation of Danish Humanitarian Assistance - Volume 7 Sudan*, Danida, 1999.

of their normal rainfall. An estimated 1.5 million vulnerable people and as well as an expected 650,000 returnees are likely to require food aid during 2005. Furthermore, the peace agreement is expected to increase the need for humanitarian assistance. Areas that had been inaccessible for assistance during the conflict will become accessible, creating possibilities to reach those that have been deprived of assistance for many years. The return of IDPs and refugees will create additional needs for assistance. Finally, attacks from militia might still occur, since not all are expected to resign themselves to the peace agreement. Nevertheless, the nature of humanitarian assistance to southern Sudan will gradually shift from relief towards rehabilitation.

2.2 Humanitarian crisis in Darfur

The conflict in Darfur¹⁴¹

In February 2003, conflict in the western Sudanese province of Darfur erupted between the Sudan Liberation Movement/Army (SLM/A) and the Justice and Equality Movement (JEM) on the one hand, and the GoS and allegedly government supported militias on the other. The rebel movements are fighting to end what they call the marginalisation and discrimination of the region's inhabitants by the state¹⁴². The fact that they enjoy popular support among tribes that are involved in feuds resulting from desertification, adds to the complexity of the conflict. It has to do with access to political power, as well as with access to resources, religion and ethnicity.

With the attention of the international community fixed on the peace negotiations in southern Sudan, international response to the Darfur crisis was initially very limited. In 2003 and the first half of 2004, the crisis received very little political attention, nor coverage in the international media. March 2004 marked a turning point, with international attention increasingly shifting to Darfur. Sustained pressure on the GoS by the international community resulted in a humanitarian cease-fire agreement between the GoS, the SLM/A and the JEM in April. Despite the establishment of the African Union Mission in Sudan (AMIS) to monitor adherence to the cease-fire, it was violated numerous times. Two Security Council Resolutions¹⁴³ were passed, calling on the parties to cease all violence, protect civilians and seek a political solution to the crisis. On 20 October the African Union Security Council issued a communiqué expanding the size and mandate of AMIS increasing its protective role in relation to both civilians affected by conflict and to humanitarian actors. Peace talks conducted under the aegis of the African Union in Abuja, Nigeria in August ended after three weeks without resolution. They resumed in late October and lead in November to the signing of two protocols which envisaged improving the humanitarian situation and enhancing security in Darfur. However, continuation of hostilities has been reported ever since. In spite of the cease-fire agreement and multiple agreements between the GoS and the UN, and notwithstanding international attention and pressure, cease-fire violations continue, and are on the rise, severely threatening civilians and rendering the provision of humanitarian assistance more difficult.

The humanitarian crisis in Darfur

Similar to that in southern Sudan, the conflict in Darfur is being fought by using and targeting the civilian population, with warring parties using tactics of human rights violations and

¹⁴¹ Unless otherwise indicated, based on *2005 United Nations and Partners: Work Plan for the Sudan*, UN RC/HC Sudan, November 2004.

¹⁴² *Sudan: Darfur villages reportedly burnt in fresh violence*, IRIN News Report (OCHA), 24 January 2005.

¹⁴³ United Nations Security Council Resolutions 1556 (30 July 2004) and 1564 (18 September 2004).

forcible displacement. Roughly one third of the population of Darfur has been affected by the conflict. As of 1 October 2004, 1.6 million people were displaced within the region, 200,000 inhabitants had fled to Chad and some other 420,000 civilians *in situ* were directly or indirectly affected by the conflict¹⁴⁴. In 2005, the number of affected people is expected to rise to 2.5 million due to continuing violence and displacement, increased pressures on host communities, and the collapse of agricultural production.

The humanitarian needs resulting from the conflict in Darfur are alike to those described for southern Sudan (see section 2.1). The nutrition situation is very fragile and well beyond emergency thresholds. Increasing numbers of people are becoming dependent on food aid, including 1.4 million IDPs and 21% of conflict-affected residents¹⁴⁵. About 60% of the population lack access to safe drinking water, while some 70% are deprived of even the most basic sanitary facilities. Strengthening of surveillance and management of communicable disease outbreaks remain a priority as does routine immunisation. An estimated 445,000 children have been affected by the conflict. Current enrolment at primary education levels is very low. The lack of teachers, disruption of payment of salaries as well as lack of access to schools in areas which are not controlled by the government severely impact on children's right to education.

While humanitarian assistance to Darfur was stepped up during the course of 2004, no corresponding improvement in protection of civilians was effected. Civilians continue to be exposed to violence and are subject to sexual and gender based attacks and harassment, displacement and involuntary relocations and returns¹⁴⁶. Human rights violations are frequently reported within IDP camps and host communities, but many incidents go unreported.

Humanitarian aid workers are also increasingly subject to harassment and attack. Aid workers have been detained and are routinely robbed, while landmine incidents have resulted in casualties. Lack of humanitarian access further constrains the safety of humanitarian aid workers. Forced to negotiate access, the aid workers endanger the humanitarian principles of neutrality and impartiality. A combination of GoS-imposed access constraints and security concerns prevented all but a few organisations from setting up operations in the beginning of the conflict. With international attention increasingly shifting to Darfur, sustained pressure on the GoS resulted in considerable easing of access restrictions, and led to an increase in humanitarian agencies engaged in the relief effort. As of November 2004, there were more than 60 international humanitarian organisations registered to work in Darfur. This situation presents challenges for co-ordination and ensuring quality of assistance.

Although a large-scale humanitarian catastrophe was averted in 2004, the outlook for 2005 remains very poor. Although the presence of humanitarian actors has increased considerably, the increase in assistance has not been enough to keep up with growing needs. Insecurity and displacement continue and a near total crop failure compound the humanitarian needs associated with the conflict. An Emergency Food Security and Nutrition Assessment jointly

¹⁴⁴ Unless otherwise indicated, all statistics provided for the current situation in Darfur are from the October Darfur Humanitarian Profile found at www.sudanig.org. The number of conflict-affected does not include pastoralist communities which also are affected by the conflict through lack of access to markets and to the northern winter breeding areas.

¹⁴⁵ WFP/FAO/UNICEF: *Emergency Food Security and Nutrition Assessment in Darfur, Sudan*, October, 2004.

¹⁴⁶ Despite a Memorandum of Understanding on voluntary returns signed on 21 August 2004 between the GoS and the IOM, threats of involuntary return and relocation are continuing.

carried out by WFP, FAO and UNICEF in September 2004 revealed an alarming deterioration of food security indicators. Conditions were considered worse than those prevailing before the disastrous 1989 Darfur famine¹⁴⁷. With the next main planting season starting only in June 2005 and the harvest in the fall, large-scale humanitarian response—much of which food aid—will be required until at least the end of 2005.

3. Dutch humanitarian aid policy with respect to Sudan

Overall Dutch humanitarian aid policy has been laid down in several documents. In 1981, the Dutch Cabinet approved the White Paper '*Aid in emergency situations*', which was followed by a policy document entitled '*Boundaries of humanitarian assistance*' (1983). The principles of this policy document were later incorporated in '*A World of Difference*' (1990) and in the White Paper '*Humanitarian aid between conflict and development*' (1993). In the recent '*Policy Framework Humanitarian Assistance*' (2002), the main objective of Dutch humanitarian assistance is described as follows: "To contribute to the relief of life-threatening human needs amongst the most vulnerable people, mostly women and children, as a result of (chronic) crisis situations and/or natural disasters."

During the past decades, the Netherlands has continuously provided humanitarian assistance to Sudan. In the period 2000-2004, almost €99 million was spent¹⁴⁸, making Sudan one of the largest recipients of Dutch humanitarian assistance during that period. The Netherlands is one of the country's major humanitarian donors.

Humanitarian aid to Sudan focused on providing relief to acute and chronic needs of the most vulnerable people, irrespective of their religious background or political belief. Support was provided to IDPs, women and children and to refugees living outside Sudan. Depending on the dynamics of the conflict situation, activities supported over the years were directed to relief and/or to rehabilitation¹⁴⁹. In 2003, constraints on the budget for humanitarian assistance resulted in a budget cut for Sudan and a concentration on emergency relief at the expense of support for rehabilitation activities. In 2004 allocation of funds increased sharply to cover the need for emergency relief in Darfur (see figure 2).

Dutch humanitarian assistance to Sudan is provided through a diversity of channels. UN agencies, national and international NGOs are eligible for funding. The UN Interagency Consolidated Appeal for the Sudan Assistance Programme (ASAP) is the major organising principle underlying the international response to the humanitarian needs of the Sudanese population. Donors providing funds to the ASAP are commonly earmarking their contributions by implementing agency and sector. In practice, their funds are often pooled to finance specific activities. For instance, a specific activity carried out by UNHCR can be funded by more than one donor. The Netherlands only provides funding to UN agencies having consolidated their funding requirements in the ASAP. In case of NGO support, the Netherlands prefers the NGOs to be involved in the Common Humanitarian Action Plan (CHAP), which precedes the UN Consolidated Appeal Process.

¹⁴⁷ The region is facing a seed shortage as a result of severely depleted traditional seed stocks due to looting and razing of village fields. There is a 40% reduction of planted areas as compared to 2003; current food prices are 60% above normal levels and there has been a sharp increase in competition for wage labour opportunities due to a reduction of other income sources. Some 40% of the farming population have lost their livestock.

¹⁴⁸ Based on data from the Ministry's management information system (MIDAS/Piramide).

¹⁴⁹ Sectors that have been eligible for funding are food aid and food security, basic health care, water and sanitation, education and capacity building.

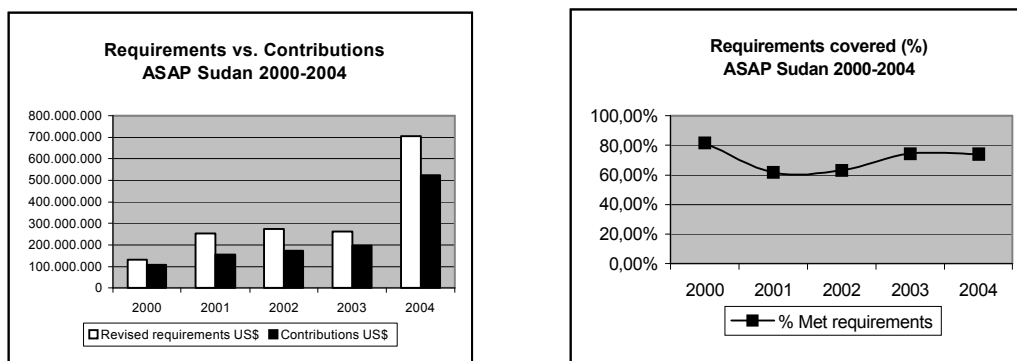
A large part of Dutch humanitarian support to southern Sudan is provided within the framework of Operation Lifeline Sudan (OLS).

4. Response to the humanitarian crisis in Sudan

4.1 International response¹⁵⁰

In the period 2000-2004, under-funding by donors in response to the annual ASAPs has been persistent (see figure 1).

Figure 1. Overview of ASAP contributions in the period 2000-2004



In the period 2000-2004, the international donor community allocated a total of US\$1.155.250.114 to the ASAP Sudan. Major donors contributing were the United States, the European Commission (including ECHO), the United Kingdom, Japan and the Netherlands. For the greater part, these contributions were earmarked for food aid (66% of the total contributions to the ASAP Sudan 2000-2004 - see table 1). Since the costs of transporting food assistance are substantial given the poor quality of the road, rail and river transport network, this sector requires a large portion of the humanitarian funding for Sudan.

Table 1. Total contributions per sector, ASAP Sudan 2000-2004

Sector	Total contributions 2000-2004	Percentage of total contributions
Food	US\$768.909.471	66,56%
Co-ordination and support services	US\$85.216.452	7,38%
Multi-sector	US\$81.339.787	7,04%
Health	US\$61.132.334	5,29%
Water and sanitation	US\$31.402.158	2,72%
Protection / HR / Rule of Law	US\$28.382.704	2,46%
Not yet specified	US\$25.515.785	2,21%

¹⁵⁰ Based on data from the Financial Tracking System of Reliefweb (<http://www.reliefweb.int/fts>).

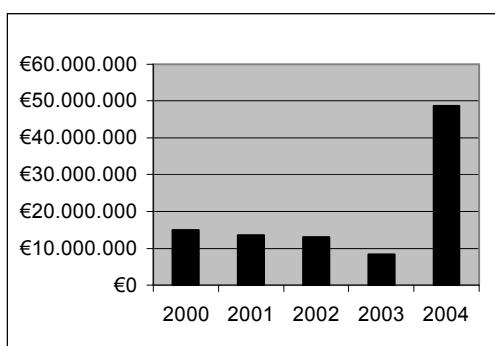
Agriculture	US\$17.808.326	1,54%
Security	US\$13.630.187	1,18%
Economic recovery and infrastructure	US\$12.134.685	1,05%
Mine action	US\$10.732.851	0,93%
Education	US\$10.541.427	0,91%
Family shelter and non-food items	US\$8.503.947	0,74%
Total	US\$1.155.250.114	100%

In response to the crisis in Darfur, the UN launched a revision to the Sudan Consolidated Appeal in March 2004 to which the international donor community contributed US\$ 305.737.863 of the requested US\$ 368.783.286, covering 83% of the requirements. Food aid again was the single largest sector, receiving almost 60% of the contributions.

4.2 Dutch response

In the period 2000-2004, the Netherlands allocated a total of €98.638.454 to support humanitarian activities in Sudan. Most of the humanitarian support provided during the evaluation period was targeted towards the humanitarian crisis in southern Sudan. In 2004 allocation of funds increased sharply to cover the need for emergency relief in Darfur.

Figure 2. Dutch Humanitarian Assistance to Sudan per year, 2000-2004



In the period 2000-2004, approximately 65% of the assistance was channelled through multilateral organisations, while 35% was channelled through (I)NGOs (see table 2 and Annex 4 for specification).

Table 2. Type of organisations supported in Sudan, 2000-2004

Type organisation	# Activities	Expenditure 2000-2004	% Total expenditure
Multilateral organisation	44	€63.811.621	64,69%
Dutch NGO	46	€17.922.110	18,17%
NGO in other donor country	32	€6.926.281	7,02%
ICRC	3	€5.066.462	5,14%

International NGO	9	€2.047.078	2,08%
Local NGO	7	€1.737.108	1,76%
Dutch Red Cross	1	€1.000.000	1,01%
Other ¹⁵¹	2	€127.794	0,13%
Total	144	€98.638.454	100%

Major "sectors" supported by the Netherlands through these channels are multi-sector¹⁵² (36,14%), food aid (20,77%) and (reproductive) health care (13,45%) (see table 3).

Table 3. Sectors supported in Sudan, 2000-2004

Sector	Expenditure	% Total expenditure
Multi-sector	€35.646.043	36,14%
Food aid	€20.483.635	20,77%
(Reproductive) Health care	€13.268.507	13,45%
Agriculture	€7.271.702	7,37%
Co-ordination and support systems	€6.294.089	6,38%
Other	€5.678.936	5,76%
Water and sanitation	€3.090.140	3,13%
Education	€2.393.323	2,43%
Reintegration and rehabilitation	€1.090.220	1,11%
Capacity building	€1.035.630	1,05%
Repatriation	€999.900	1,01%
Psychosocial care / Trauma processing	€699.816	0,71%
Disaster preparedness	€465.546	0,47%
Protection	€220.967	0,22%
Total	€98.638.454	100%

5. Purpose of the evaluation and evaluation questions

5.1 Purpose

The purpose of the evaluation is to carry out an independent assessment of the results of Dutch humanitarian assistance to Sudan in the period 2000-2004. The evaluation will focus on the implementation and results of humanitarian activities supported by the Netherlands, as well as review Dutch humanitarian policy and administrative procedures for the implementation of humanitarian assistance in Sudan

By providing an account of the humanitarian support, the evaluation will also provide lessons for policy and programme improvement. It will focus on results whilst also taking into account processes involved in the planning and delivery of humanitarian assistance in Sudan. The evaluation will examine relevance of the humanitarian support, its effectiveness in terms of outputs, outcomes and impact, as well as its efficiency, notably in terms of connectedness, coherence and co-ordination.

5.2 Specific issues

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¹⁵¹ Director-General for International Co-operation (DGIS) of the Netherlands Ministry of Foreign Affairs.

¹⁵² This category covers a mix of activities and includes voluntary contributions to humanitarian agencies, framework agreements, as well as contributions to the ASAP and Emergency Appeals.

The evaluation will pay attention to the following pertinent issues.

Security, protection and humanitarian access

As mentioned before, the conflicts in Sudan have been fought largely by using and targeting [the](#) civilian population. The provision of security and protection to vulnerable civilians, especially women and children, is therefore increasingly understood as an essential element of humanitarian assistance to Sudan. Furthermore, humanitarian access has been severely hampered by security considerations. One of the major questions is whether humanitarian policy has been effectively geared to maximising and safeguarding humanitarian access.

The gap-issue: Linking relief, rehabilitation and development

The gap-issue deals with the transition from emergency to development assistance. Ideally, emergency assistance programmes in developing countries should be ended and (sustainable) development assistance programmes recommence once a crisis situation has ended. However, in a protracted crisis like Sudan, the distinction between a conflict situation and post-conflict situation has become blurred. This complicates decisions to phase out emergency assistance (exit strategies), to commence rehabilitation and to revert to the provision of development assistance.

The Netherlands emphasises the connection between different types and phases of assistance. This applies to the international level, the inter ministerial level in the Netherlands and the level of departments in the Ministry of Foreign Affairs. At the operational level the Netherlands strives to only finance activities that, where possible, pay attention to the (future) transition from relief to development assistance.

Considering the current processes towards creating peace and reconstruction in southern Sudan, it is important to review how humanitarian assistance has articulated with other concerns of foreign policy. Dutch strategy for Sudan has partly been geared to the strengthening of civil society and peace building capacities. This is in line with the notion that Dutch humanitarian assistance in conflict situations should preferably be part of an integrated strategy aimed at the provision of humanitarian assistance, conflict containment and mitigation and promotion of peace, which may encompass political, economical and -if necessary- military resources. Without aiming to evaluate these wider policy concerns, the present evaluation wants to shed light on the question how humanitarian access in Sudan was effected in the context of these other policy objectives or interventions.

Co-ordination and coherence of humanitarian assistance

Issues of co-ordination and coherence of humanitarian assistance arise at both the operational and strategic level. At the strategic level, co-ordination and coherence imply harmonising humanitarian, developmental and political action. At the operational level, co-ordination and coherence have a more practical impact. Humanitarians in Sudan are increasingly finding themselves working alongside a variety of actors (developmental, military and political). The question is how to resolve potential conflicts between the mandates and principles of these different actors. Co-operation between civilian and military actors (CIMIC) in particular has far-reaching consequences in terms of security of aid workers and securing humanitarian access.

It furthermore is important to review the co-ordination between international and national actors in Sudan. A major question in that respect is to what extent concerted and co-ordinated action in politically complex situations may be at odds with the humanitarian principles of neutrality, independence and impartiality.

Quality, Accountability and Good Humanitarian Donorship

The Netherlands supports a number of NGO initiatives to enhance quality and accountability, and encourages the use of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and other quality instruments by NGOs implementing humanitarian programmes. To address the equally important issue of donor accountability, the Netherlands is actively involved in forwarding the so-called Principles and Good Practices of Humanitarian Donorship, that were formulated in Stockholm in June 2003.

Adherence to the Code of Conduct, Inter-Agency Standing Committee guidelines and principles on humanitarian activities and Sphere standards is to be covered by the evaluation. The evaluation is also expected to come up with observations and recommendations about constraints and possibilities to enhance the Principles and Good Practices of Humanitarian Donorship for the case of Sudan.

5.3 Evaluation questions

The following evaluation criteria and main questions will be covered by the evaluation.

Relevance

Was the humanitarian assistance provided to Sudan in line with the humanitarian policy and procedures of the Netherlands, as well as the needs, priorities and rights of the affected populations?

The evaluation will *inter alia* take into account the following issues:

- At the level of policy development:
 - Attention paid at the national, regional and local level to needs, priorities and rights of affected populations;
 - Interaction and consistency with International Humanitarian Law and humanitarian policy at the international level, including responsiveness to new developments.
- At the level of policy implementation:
 - Consistency of supported interventions with Dutch humanitarian policy, including basic principles such as impartiality and independence;
 - Provision and distribution of assistance based on assessment of needs, priorities and material and non-material rights of affected populations. An example of non-material rights is the right for protection against sexual exploitation and abuse;
 - Type of activities supported and modalities of implementation (channels, implementing partners, agreements);
 - Level of access secured to needy groups.

Effectiveness

To what extent did the humanitarian assistance provided to Sudan achieve its purpose?

Issues to be addressed:

- Realisation of the immediate material and non-material needs of the affected populations (coverage and timeliness of support provided);
- Provision and distribution of assistance taking into account gender and generation, including specific material and non-material needs of women, children and the elderly;
- Adherence to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, Inter-Agency Standing Committee guidelines and principles on humanitarian activities and Sphere standards;
- Influence of and response to security and humanitarian access.

What have been the wider effects of the Dutch humanitarian interventions in Sudan?

Wider effects, also called impact, can be immediate and long-range, intended and unintended, as well as positive and negative. In this evaluation, it is tried to establish the immediate wider effects of the support provided. The following issues will have to be addressed:

- Effects of humanitarian assistance in terms of reducing the immediate material and non-material vulnerability of the affected population and fostering preparedness and people's coping mechanisms;
- Effects of humanitarian assistance on the emergency situation or conflict, including relations between recipients of aid and other vulnerable groups.

Efficiency

Were the financial resources and other inputs efficiently used to achieve results?

Issues to be addressed:

- Aid management (programme and project cycle, staffing, tasks and responsibilities of ministry departments and embassies, inter-ministerial co-operation including where appropriate civil-military co-operation);
- Criteria used in the selection of implementing partners (comparative advantage or other);
- Organisation and costs of aid delivery at field level (diversion, security, creating humanitarian access);
- Use of monitoring of progress and achievements for programming, learning and accountability.

Connectedness

The following question will have to be answered:

To what extent have the humanitarian activities taken into account the specific context in Sudan with its longer-term and interconnected problems?

Issues to be addressed:

- Policy developments and intradepartmental collaboration to address the gap between relief and development;
- Conflict analysis informing the choice and the design of interventions;
- Institutional capacity building as part of assistance provided;

- Decision making to link humanitarian assistance, support for rehabilitation and development aid where appropriate (timeframes of assistance and the use of exit strategies).

Coherence

Assessment of coherence should focus on the extent to which policies of different actors were complementary or contradictory. In the context of this evaluation coherence will be analysed solely in the humanitarian sphere. The following question will have to be answered:

Are humanitarian policy and programming at field level coherent with those of other actors?

Issues to be addressed:

- Coherence with policies and interventions other than humanitarian support;
- Possible effects of diverging interests;
- Relation between basic principles of humanitarian assistance and coherence.

Co-ordination

Given the multiplicity of actors involved in an emergency response, the following question will have to be answered:

How effective has co-ordination at policy, strategic and implementation levels been?

The following issues will be addressed:

- Involvement of the Netherlands in co-ordination mechanisms and processes;
- Encouragement of operational partners to engage with co-ordination mechanisms and processes;
- Trade-off between co-ordination and humanitarian principles (humanity, neutrality, impartiality, independence).

6. Scope of the evaluation

The evaluation of Dutch humanitarian assistance to Sudan will consist of a sample of completed and ongoing humanitarian assistance operations in southern Sudan, as well as in Darfur (see table 4 and 5, as well as Annex 4). The activities to be covered by field analysis have been selected on the basis of an inventory of activities. The selection represents a cross section of sectors and organisations involved in the implementation of humanitarian activities (UN, ICRC/Red Cross, international NGOs, national NGOs and where appropriate local NGOs). The selection is not statistically representative, but provides a sufficiently illustrative sample of humanitarian activities supported by the Netherlands.

In view of the expected difficulties in gaining access to many parts of Sudan, it is aimed to largely conduct field investigations of activities which are located in the same geographical areas.

Table 4. Projects selected in southern Sudan

Project	Sector	Organisation	Location
Support of basic health care system and improvement of water and sanitation supply in southern Sudan	Health / Water and sanitation	Stichting Vluchteling (Dutch NGO)	Billing, Ganyiel (<u>Bahr el Ghazal, Upper Nile</u>)
Animal health programme (training, capacity building, vaccination) in south Sudan	Animal health / Agriculture	Save the Children Fund UK	Gogrial county, Aweil South, Bieh state, Phou state (<u>Bahr el Ghazal, Upper Nile</u>)
Support to provide better access to safe drinking water and sanitation in south Sudan (plus capacity building)	Water and sanitation	Save the Children Fund UK	Gogrial county, Aweil South, Wau, Aweil East (<u>Bahr el Ghazal, Upper Nile</u>)
Psychosocial care and rehabilitation of war affected children in South Sudan	Psychosocial care	Enfants du Monde (French NGO)	Wau (<u>Bahr el Ghazal</u>)
Non-earmarked contributions to UNICEF in 2003 and 2004 (ASAP, Framework Agreements)	Multi-sector	UNICEF	Not specified in contributions; focus on activities in <u>Bahr el Ghazal</u>

Table 5. Projects selected in Darfur

Project	Sector	Organisation	Location
Earmarked contribution to IFRC Appeal Chad 2004 (Darfur crisis) for assistance in Sudanese refugee camp in East Chad	Multi-sector	IFRC (through Dutch Red Cross)	Tréjine refugee camp, <u>East Chad</u>
Non-earmarked contribution to UNHCR Appeal Darfur 2004 for assistance to Sudanese refugees in Chad	Multi-sector	UNHCR	Contribution for refugee camps in Chad along border with Sudan; focus on activities in Tréjine refugee camp, <u>East Chad</u>
Medical emergency assistance for victims of Darfur conflict	Health care	MSF Holland	Garsila, Deleig, Um Kher, Mukjar, Bindisi (<u>west Darfur</u>)
Emergency feeding programme through mobile supplementary feeding centres for victims of Darfur conflict	Food aid	Action Contre la Faim	Abu Shok, El Fasher, Serit Omra, Kebkabiya town and surroundings (<u>north Darfur</u>)
Non-earmarked contributions to WFP in 2004 (EMOP 10327.0, SO 10371.0, SO 10338.0) providing food supply, logistical support, air transport for victims of Darfur conflict both in Darfur and in Chad	Food aid / Co-ordination and support systems	WFP	Contribution for Darfur and Chad; <u>focus on activities in locations to be visited for other selected projects</u>

It should be noted that activities undertaken or supported by the Netherlands other than humanitarian, such as support to peace keeping forces or diplomatic interventions, will not be evaluated. These initiatives will be described and taken into account as contextual factors in

the analysis of the humanitarian support provided. In addition, attention will be paid to effects of humanitarian assistance on the emergency situation or conflict.

The Policy and Operations Evaluation Department will provide condensed project files including key documents (project proposal, progress report(s), where applicable internal evaluations, list of contact persons etc.) to the contracted evaluation team.

7. Approach and methodology

The study will require a combination of evaluative strategies and methods. Quantitative and qualitative data will have to be collected through analysis of written material and through field studies. Field work will involve a variety of methods, including stakeholder consultation and participation, as well as involvement of beneficiaries.

Desk analysis of existing documentation and available data will take place at the premises of the consultancy firm and/or consortium of consultancy firms that will be awarded the contract. Additional work (e.g. face to face or telephone interviews, data collection) will take place at the Ministry of Foreign Affairs in The Hague and at headquarter level of the humanitarian agencies involved in the evaluation. Field studies will be conducted in Sudan (South Sudan and Darfur - including the above mentioned refugee camp in Chad).

The team of evaluators of the Policy and Operations Evaluation Department (IOB) will provide oversight and guidance during the implementation of the case study.

During the course of the case study the following outputs will have to be produced: an inception report, proceedings of interactive feedback of initial evaluation results through in-country seminars/workshops, a draft final report to be submitted within one month upon completion of the field work. The draft report will be finalised following review by the IOB. The results of the case study will be reported in a separate working document which will subsequently be integrated into a final evaluation report¹⁵³.

8. Evaluators and estimated input

An evaluation team, selected through competitive proposal submission, will carry out the evaluation. The organisation of the evaluation and methodology to be applied are the responsibility of the evaluators and should be specified and explained clearly in the proposal.

The evaluation work of the case study will require a team of highly qualified independent evaluators. Given the nature of the subject, the team of evaluators will have to be multidisciplinary and should include personnel with professional background and extensive experience in humanitarian action, evaluation of humanitarian and reconstruction actions, the work of national and international humanitarian and reconstruction agencies, gender expertise, rapid appraisal techniques, and experience in the region/countries covered by the case study. The team leader should have extensive experience in conducting evaluations of provision of humanitarian and reconstruction aid in the context of complex crises. The team should preferably also include evaluation expertise from Sudan, and preferably a Dutch speaking member.

¹⁵³ See attached Terms of Reference for the Evaluation of Dutch humanitarian assistance in the period 2000-2004 (February 2005).

It is estimated that the case study may require 6 person-months' work.

9. Proposal

Four consulting firms with considerable experience and expertise in the evaluation of humanitarian activities have been short-listed and will be invited to tender for the evaluation.

The proposal to undertake this evaluation should be fully responsive to the Terms of Reference outlined above. It should also reflect awareness of and sensitivity to the complexities of the delivery of humanitarian aid in the context of Sudan. The proposal should indicate clearly the methodological approach(es) to be used, along with the rationale for the overall evaluation strategy. The proposal should furthermore contain an evaluation matrix, indicating how questions and issues will be dealt with, as well as which sources of information will be used. It should also indicate clearly the strategy for involving the agencies implementing the humanitarian activities, local institutions and beneficiaries in the evaluation.

Tender submissions should follow the two-envelope procedure: one sealed envelope should contain the technical proposal and a second sealed envelope should contain the financial proposal.

The review and assessment of proposals will be guided by several criteria, listed in order of priority: 1) expertise and experience of the evaluation team, 2) comprehensiveness and appropriateness of the methodology and 3) overall approach and understanding of the assignment. If it is determined that particular criteria have not been fully met, the evaluators selected to undertake the study may be required to revise their proposal accordingly.

10. Projected timetable

Adoption of ToR	3 March 2005
Circulation of invitations to bid for the case study Sudan	4 March 2005
Submission of proposals	1 April 2005
Contract award	18 April 2005
Implementation of the evaluation	April - September 2005
Suggested period of Fieldwork in Sudan	May/June 2005
Submission of draft report	15 August 2005
Review of draft report	29 August 2005
Submission of final report	12 September 2005

**Annex 1: Dutch Humanitarian Assistance Budget, Policy Art. 3 (x € 1.000),
2000-2004¹⁵⁴**

Year	2000	2001	2002	2003	2004	Total
Budget	228.650	159.449	202.558	213.962	180.968	985.587
Total expenditure	218.097	250.218	259.402	225.962	180.968	1.134.647
<i>Expenditure per budget article</i>						
3.1 Emergency aid in OECD/DAC countries	115.598	144.176	151.731	126.445	84.176	622.126
3.2 Emergency aid in non-OECD/DAC countries	6.320	4.338	4.435	4.538	4.313	23.944
3.3 De-mining and small arms fund	16.273	16.056	15.638	14.882	12.382 ₁₅₅	75.231
3.4 UN Refugee Progr. (UNHCR/UNRWA)	54.776	58.249	60.198	52.698	52.698	278.619
3.5 World Food Programme (WFP)	24.958	27.227	27.227	27.227	27.227	133.866
3.6 International Comm. of the Red Cross (ICRC)	172	172	173	172	172	861

¹⁵⁴ Financial information provided in the Explanatory Memoranda to the budget, 2000-2004.

¹⁵⁵ After the Explanatory Memorandum 2004 was published, it has been decided that Article V-03.03 De-mining and small arms fund would be transferred to Policy Article 2 Stability Fund. The De-mining and small arms fund is therefore no longer part of Policy Article 3 Humanitarian Assistance.

Annex 2: Specification of organisations supported in Sudan, 2000-2004

Organisation	Type	# Activities	Expenditure 2000-2004	% Total expenditure
WFP	Multilateral	11	€26.281.752	26,65%
UNICEF	Multilateral	16	€19.626.388	19,91%
UNHCR	Multilateral	3	€7.498.395	7,60%
Stichting Vluchteling (NL)	NGO	18	€5.185.826	5,26%
ICRC	NGO	3	€5.066.462	5,14%
SHO (NL)	NGO	1	€5.000.000	5,07%
FAO	Multilateral	6	€4.749.018	4,81%
Save the Children Fund UK	NGO	13	€3.197.047	3,24%
ZOA Vluchtelingen zorg (NL)	NGO	5	€3.133.448	3,18%
MSF Holland (NL)	NGO	14	€2.893.826	2,93%
WHO	Multilateral	2	€2.743.200	2,78%
OCHA	Multilateral	5	€2.704.267	2,74%
Action Contre la Faim	NGO	7	€1.780.536	1,81%
MedAir	NGO	5	€1.352.945	1,37%
Veterinaires Sans Frontieres	NGO	5	€1.079.679	1,09%
Red Cross Netherlands (NL)	NGO	1	€1.000.000	1,01%
Care Netherlands (NL)	NGO	2	€797.213	0,81%
IRC (Sudan)	NGO	1	€739.561	0,75%
Remedial English & Science Course Centre	NGO	3	€651.155	0,66%
Enfants du Monde	NGO	3	€522.623	0,53%
Tearfund GB	NGO	3	€441.932	0,45%
ADRA (NL)	NGO	2	€403.269	0,41%
Christian Mission Aid	NGO	3	€346.392	0,35%
The Carter Presidential Centre	NGO	2	€346.234	0,35%
NOVIB (NL)	NGO	2	€310.639	0,31%
UNDP	Multilateral	1	€208.602	0,21%
Transcultural Psychosocial Organisation (NL)	NGO	1	€177.193	0,18%
Care International	NGO	1	€171.510	0,17%
DGIS	Other	2	€127.794	0,13%
MSF Belgium	NGO	1	€48.440	0,05%
Oxfam	NGO	1	€32.413	0,03%
World Vision Netherlands (NL)	NGO	1	€20.695	0,02%
	Total	144	€98.638.454	100%

Annex 3: Projects selected for case study South Sudan / Darfur

South Sudan

No.	Project	Sector	Organisation	Type	Duration	
SD010911 / 4051 / 6628 / 9121	Support of basic health care system and improvement of water and sanitation supply in southern Sudan	Health / Water and sanitation	Stichting Vluchteling	NGO	01-08-01 / 28-02-06 (supported since 1996)	
SD020403 / SD020404 / SD020405 / 4059 / 4060	Animal health programme (training, capacity building, vaccination) in south Sudan	Animal health / Agriculture	Save the Children Fund UK	NGO	01-06-98 / 31-12-04 (supported since 1996)	
SD027901 / 4090 / 4091	Support to provide better access to safe drinking water and sanitation in south Sudan (plus capacity building)	Water and sanitation	Save the Children Fund UK	NGO	01-09-00 / 31-12-04	
SD029101 / 4105 / 6172	Psychosocial care and rehabilitation of war affected children in South Sudan	Psychosocial care	Enfants du Monde	NGO	01-06-01 / 30-06-05	
10998 / 4118 / 9216	Non-earmarked contributions to UNICEF in 2003 and 2004 (ASAP, Framework Agreements)	Multi-sector	UNICEF	Multilateral	01-01-03 / 31-12-06	
					Total	

Darfur

No.	Project	Sector	Organisation	Type	Duration	
10243	Earmarked contribution to IFRC Appeal Chad 2004 (Darfur crisis) for assistance in Sudanese refugee camp in East Chad	Multi-sector	IFRC (through Dutch Red Cross)	NGO	01-07-04 / 31-12-05	
9192	Non-earmarked contribution to UNHCR Appeal Darfur 2004 for assistance to Sudanese refugees in Chad	Multi-sector	UNHCR	Multilateral	01-01-04 / 31-12-05	
9843	Medical emergency assistance for victims of Darfur conflict	Health care	MSF Holland	NGO	01-01-04 / 31-12-05	
9789 / 10196	Emergency feeding programme through mobile supplementary feeding centres for victims of Darfur conflict	Food aid	Action Contre la Faim	NGO	01-05-04 / 30-06-06	
9846 / 10120 / 10141 / 10144 / 10268	Non-earmarked contributions to WFP in 2004 (EMOP 10327.0, SO 10371.0, SO 10338.0) providing food supply, logistical support, air transport for victims of Darfur conflict both in Darfur and in Chad	Food aid / Co-ordination and support systems	WFP	Multilateral	01-01-04 / 31-12-05	
					Total	