



CARE International in Sudan

Project: “Foster good health and economic resilience (in the COVID-19 pandemic and beyond): Integrated Programme to Reduce the Medium-term effects of COVID-19 (IPIC) in Sudan”.



Final Evaluation
January 2023

By Consultant: **Ahmed Satti Ahmed**

Mobile Phone No +249 912672619

Khartoum – Sudan

E-mail address: Ahmed.satti1955@gmail.com

Table of contents:

Abbreviations and Acronyms:	4
Acknowledgement :	5
1. Executive summary:	5
2. Background and context:	7
3. The rationale for the final evaluation (Purpose /objective):	9
4. Evaluation methodology:	10
Geographic coverage	10
General Approach.....	10
Limitation:	13
5. Main findings and results:.....	13
5.1 Relevance:	13
5.2 Efficiency:	14
5.3 Impact of the project:.....	14
5.4 Sustainability:.....	15
5.5 Project monitoring and evaluation:	16
5.6 Demography:	16
5.7 Effectiveness:.....	17
5.8 Achievement of the project results and indicators:.....	18
Number of persons have access to health treatment:.....	19
Awareness raising - people reached with campaign contents.....	20
Economic Resilience:.....	21
Number of VSLAs established and trained:	22
Persons received support in agriculture and small livestock:	23
6. Conclusion:.....	25
7. Recommendations.	25
8. Annexes:.....	26

List of tables

Table 1: Age of the interviewed persons	11
Table 2: Sample distribution to the three villages	12
Table 3: Demography pf the targeted areas (Different age groups)	16
Table 4: receive Awareness on COVID-19	19
Table 5: Use of money received from VSLAs	23

List of figures

Figure 1: Demography (primary source of income).....	17
Figure 2: Types of received capacity building	21

Abbreviations and Acronyms:

FGD	Focus Group Discussion
KII	Key Informant Interview
NGOs	Non-Governmental Organizations
INGOs	International Non-Governmental Organizations
MoH	Ministry of Health
HH	Household
GBV	Gender Based Violence
CBO	Community Based Organization
CMAM	Community Base of Anti Malnutrition
SAM	Service Acute Malnutrition
MAM	Moderate Acute Malnutrition
ToT	Training of Trainers
USD	United State Dollar
SMoH	State Ministry of Health
SDG	Sudanese pound
IGA	Income Generation Activities



Acknowledgement :

The consulting team would like to express their gratitude and appreciation to everyone who helped them complete this work. Thanks to the CARE team for their invaluable assistance in facilitating data collection, including uploading to the Kobo system and downloading data for analysis, as well as facilitating visits to various stakeholders and communities, all of which contributed significantly to completing the task on time. Also, many thanks to all stakeholders from the line ministries and relevant institutions for providing the necessary information, and special thanks to the people in the targeted communities.

1. Executive summary:

This is the final evaluation for the Kassala state-implemented "*Foster Good Health and Economic Resilience (in the COVID-19 Pandemic and Beyond): Integrated Programme to Reduce the Medium-Term Effects of COVID-19 (IPIC)*". The evaluation's goal is to assess the project's impact on the targeted beneficiaries and to assess the project's level of achievement, as well as to provide project stakeholders with information about the project's performance in relation to its stated objectives, from January 2020 to December 2022.

Relevance: The project was found to be relevant and responding to the real needs of the targeted communities. The selected communities are among the most vulnerable people in the state, with the majority of them living below the poverty line. According to the baseline survey conducted in October 2020, most of the targeted beneficiaries (53%) have incomes ranging from 10,000 to 20,000 SDG's per month, which is equivalent to 22 to 44 USD.

Efficiency: The project was carried out with good and acceptable efficiency; the project completed 100% of its planned activities with a high level of participation from the targeted communities and important institutions, particularly the state ministry of health.



Effectiveness: The project was determined to be very effective and resulted in many changes among the targeted persons, as well as a substantial contraption for preventing COVID-19 and reducing its harmful influence on the targeted people, as evidenced by the fact that:

During the project's implementation period, a total of 47,268 people received COVID-19 knowledge and capacity building. This includes all people in the targeted areas, with the possibility of duplicate counting because some people received the awareness more than once. These capacity building and awareness programs were carried out through the execution of awareness campaigns, and the trained community outreach played important roles in disseminating information to their community members. The community outreach were carefully selected with gender (50% women) in mind, and they were trained and provided with the necessary COVID-19 prevention items.

The evaluation witnessed high level of impact and effectiveness in health sector, this ensured by the feedback of all consulted people by direct interviews, FGDs and KII interviews, in addition to the observation of the evaluation team. Different sorts of support offered to the three health facilities enhanced access to health care for 3015 HH (21,105 people), this representing all HH in the three villages.

The project was successful in establishing 25 VSLAs with 432 participants who underwent the necessary training. With the aim of guaranteeing long-term sustainability and strengthening the members' capability to not only make loans to other members but also to use the group's savings to generate sources of income, CARE provided the VSLAs with a thorough training program. Representatives from the VSLAs in the three villages participated in focus group discussions (FGDs), and they confirmed that the formation of these associations, along with the capacity building they received on financial management, accounting, loan processing, and saving techniques, helped them increase their income. They are very happy with this support. Involving 432 persons in the VSLAs have impact on the life of 3024 persons (HH members) through improving livelihood.

Following round one distribution, post-distribution monitoring was carried out, and 99.5% of those consulted in PDM affirmed their satisfaction with the distribution process.

Total of 67.5% of the farmers surveyed who got support in the second season (round two) affirmed an increase in production compared to the previous season, 15.7% have the same productivity as the previous season without an increase, and 15.7% confirmed a loss in productivity.



During FGDs, consulted people shared that they faced challenges with goats distributed in phase one, as they are of the Shami variety, which is good in milk production and giving more birth, but its adaptation to local conditions is very low, causing death in part of it and making it difficult for them to care for it. They agreed that it would be better if they bred locally by distributing local female goats with Shami males, which would result in a better breed that is more adapted to local conditions.

The disseminated chickens also had some obstacles, with a portion of them infected by viral infection prior to distribution, reducing the distributed number to 480 rather than 660 chickens. The viral illness also affected the distributed chickens. In this regard, because chicken is sensitive, it is critical to ensure that it is very healthy and has the necessary immunizations before beginning distribution. This will limit the chance of death and infecting other chickens in the targeted areas.

The gender issue is adequately addressed since more participants come from women's groups, which includes the choice of local volunteers and VSLA members. Women were given preference when animals were distributed, and easier availability to health care services has relieved women of a lot of their responsibility for the wellbeing of children.

2. Background and context:

The project *“Contribute to the prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities”* in Sudan is a 2-years Beiersdorf-funded project running from January 2021 until December 2022 targeted vulnerable people in Kassala state. This project supports prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities in Kassala state and to enhance the capacity of vulnerable women, youth, and service providers to cope with medium and long-term shadow effects of the COVID-19 pandemic on economic, social and health wellbeing.

To achieve the results and reduce the effect of COVID-19, the project worked in three dimensions interlinked with the designed project intended results, those are:

- Respond to COVID-19 and improve prevention among targeted persons by increasing safety, knowledge, skills, and practice in preventing and responding to COVID-19 and related vulnerability.
- Improve access to equitable and qualitative health services with more focus on vulnerable women and girls.



- Reduction of the negative impacts of the COVID-19 through increasing the economic resilience of vulnerable groups against the social and economic impact of the endemic.

PROJECT IMPACTS: The BCRP will contribute to the prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities in Ethiopia, Kenya, Somalia and Sudan.

SPECIFIC OBJECTIVE: With the planned objectives this Project will contribute to meet the Sustainable Development Goals (SDGs) and enhance the capacity of vulnerable women, youth, and service providers to cope with medium and long-term shadow effects of COVID-19 pandemic on economic, social and health wellbeing.

OUTCOMES AREAS:

AWARENESS: Increased safety, knowledge, skills and practices to prevent and respond to Covid-19 and related vulnerabilities.

HEALTH SERVICES: Improved access to equitable and qualitative health services with a focus of vulnerable women and girls

ECONOMIC RESILIENCE: Increased economic resilience of vulnerable groups against the social and economic impacts of Covid-19

OUTPUTS:

AWARENESS:

- Targeted communities have knowledge about prevention and spread of Covid-19 and related vulnerabilities.
- Targeted communities are equipped with protection material against Covid-19.

HEALTH SERVICES:

- Frontline health workers and community volunteers trained and equipped for adequate COVID-19 response.
- Health facilities and treatment centres supported to provide and strengthen safe and quality services.
- Community health and hygiene education campaigns conducted.

ECONOMIC RESILIENCE:



- VSLA groups supported or established and trained in targeted communities.
- Target groups have improved livelihoods.

Location and targeted groups:

In Sudan: The project will be implemented in Kassala State in the East of Sudan targeting three villages with total 3015 Households (21,105 individuals) as follow;

1. Kafterya: 848 Households
2. Adrgawy: 593 Households
3. Um Rika: 1574 Households

3. The rationale for the final evaluation (Purpose /objective):

This final project evaluation was conducted to provide project stakeholders with information about the project's success in accordance to its stated objectives, encompassing the entire implementation period from January 2020 to December 2022. The evaluation's assessment of the project's relevance, efficiency, effectiveness, impact, and sustainability will be critical in informing the development and implementation of future CARE projects and initiatives in Sudan and beyond, which will build on the lessons learned and practical recommendations provided by this project. The assessment takes into account not only the projected project outcomes, but also evidence of unforeseen repercussions (both positive and negative). The *specific objectives* of the evaluation are as follows:

- Evaluate the project design's quality and usefulness (its activities and aims) in addressing important challenges in the targeted communities and institutions (*relevance*).
- Determine the extent to which project resources were used economically and timely (efficiency).
- Evaluate the project's significant accomplishments to date and the level of achieving the intended results(*effectiveness*).
- Evaluate bottlenecks, possibilities, and learned lessons.
- Determine the extent to which the project contributed to the provision of long-term, appropriate, and life-saving health, and livelihood services to the affected and vulnerable communities in targeted areas).
- Determine which favourable project results are likely to persist once the project is completed (sustainability).

The findings and processes of the evaluation will be used and shared by relevant stakeholders, including Beiersdorf, CARE International in Sudan (CIS), the CARE International Confederation as a whole, and any other national, regional, and international stakeholders looking to replicate or build on the work done under this project.

4. Evaluation methodology:

Geographic coverage

The evaluation took place in the project's target areas in Kassala state, comprising three villages in Aroma locality: Kafterya, Adrgawy, and Um Rika..

General Approach

A household survey, key informant interviews, and focus group discussions were used to collect both quantitative and qualitative data. The qualitative data was gathered during meetings of (FGD and KII) for drawing information that cannot easily be gathered from a questionnaire, as these information are most likely of a social and cultural nature, whereas quantitative data was generated covering demographic, basic health service, income, and expenditure, and the quantitative data was coded and converted to numbers for producing tables, frequencies, and figures for narrative report in the form of descriptive information..

For this procedure, a PRA technique (secondary data review, focus group discussions, semi structured interviews, and direct observation) was used. The survey was designed to answer various questions about improved livelihood, health services, reducing the negative impact of the COVID-19 by using a household questionnaire to collect data from target communities, as well as focus group discussions with community leaders and women and secondary data from line ministries for data triangulation.

The generated data collection questioner was posted to the Kobo system, and the data was collected utilizing mobile phones. A team of enumerators from Kassala state was involved in gathering data from selected individuals while taking gender concerns and understanding of local surroundings and culture into account. Enumerators were given intensive training to familiarize them with the intended questions as well as to teach them how to use the kobo toolbox for mobile data gathering.

Desk Review

Prior to obtaining data for the survey, the baseline survey team evaluated important documents including information and secondary data to establish a solid foundation for the assignment. The project narrative and logical framework, project baseline survey report, project progress reports, and Post Distribution Monitoring (PDM) report produced for round one distribution of agriculture inputs and animals are among the materials received from CARE International.

Individual Household Interviews:

A household survey employing structured questionnaires was the primary method used to collect quantitative data from targeted persons. Speaking with the head of the HH or a member of the home who was qualified to answer inquiries was required for this strategy. The surveys were translated into Arabic for the enumerators'

convenience. Tools were checked for quality assurance throughout enumerator training and on the field.

The survey used a random sampling and stratified random sampling techniques that took gender and the involvement of vulnerable groups into account (women headed HH, poor people, elderly).

Random sampling and stratified random sampling techniques were used to select people who participated in direct interviews. Random sampling was used to select people to provide information about the different project indicators related to health and livelihood, while stratified random sampling was used to involve people who received project support to assess the level of impact on the HH who received support to improve agriculture and animal productivity, in addition to part of people involved in VSLAs.

From the total consulted 413 person; 248 are females comprising 60% of the respondent while the remaining 40% (165) are males.

The HH consulted are of various ages, with 64.6% being youth at productive age 19-40 years, 26.2% being adults 41-60 years, 5.3% being teenagers (about 18 years), and 3.95 being elderly individuals over 60 years (see table1 below)

Table 1: Age of the interviewed persons

Age of respondents	No	%
19-40 years	267	64.6%
41-60 years	108	26.2%
above 60 years	16	3.9%
less than 18 years	22	5.3%

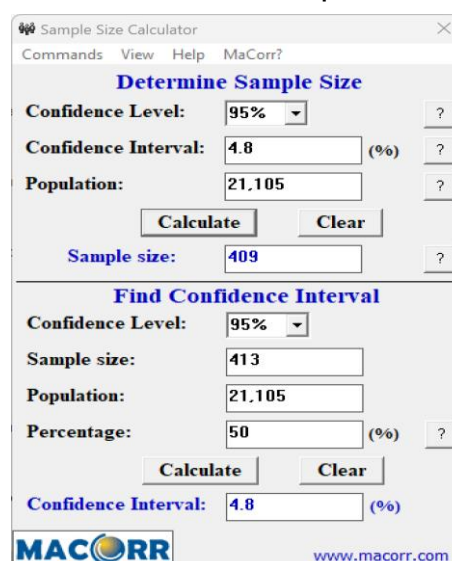
Sampling strategy:

The number of people to be interviewed using the HH questioner was determined using an electronic sampling calculator, with the confidence level and margin of error set at 95% and 4.82%, respectively, and 413 HH were questioned using the structured questioner.

The sample size in each locality has been distributed among villages locations in the proportionally according to the population size (HHs). CIS reviewed and approved the suggested sampling methodology, depending on the secondary data and the load of the population in the targeted areas;

From the total consulted 413 person; 248 are females comprising 60% of the respondent while the remaining 40% (165) are males. The total samples were distributed to the three villages according to load of population, see table

Table 2: Sample distribution to the three villages



	Female	Males	Total
Adrgawy	46	42	88
Kafterya	87	13	100
Om Raika	115	110	225
Total	248	165	413

Focus group discussions:

Focus group discussions (FGDs) with various groups in the targeted communities were used to collect qualitative data at the community level. In addition to interactions with the current Community Based Organizations and different formed groups in the villages in addition to meeting with volunteers in these communities such as the community outreach, FGDs were held with a group of around ten to twelve persons representing various community groups (men, women, and youth). A total of 12 focus groups were held, 3 in each targeted community including 1 general FGD with different representatives from the community, 1 with representatives from VSLAs and one with community outreached volunteers.

Key informant interviews (KII)



The evaluation team performed key informant interviews with various important stakeholders from various backgrounds in order to validate information from various sources and capture their perspectives and interests. Individual discussion meetings have been held with important informants from communities and related institutions, such as line ministries, health facility authorities, and community leaders. Prepared questioning check lists were utilized to guide the discussion with key informants.

Data Analysis and reporting phase

To investigate the quantitative data collected in the field, statistical methods were used with the kobo software analysis, and further analyses for the raw data were undertaken using excel. A rigorous analysis of the gathered qualitative data was undertaken to identify thought trends, outliers, and notable statements.

Limitation:

The evaluation encountered some limitation mainly related to field work and data collection from the targeted villages including:

- Traveling lengthy miles over dirt roads to reach the targeted villages from Kassala city.
- Communication with some of the selected participants, as they prefer to utilize their native languages to clearly convey their ideas and converse readily, necessitating the assistance of others for translation.
- Because the majority of people in the targeted areas are engaged in agriculture and other everyday activities, acquiring the right people to conduct various meetings and interviews took longer.

5. Main findings and results:

5.1 Relevance:

According to the evaluation results, the initiative is quite relevant and fits the real needs of the targeted populations. The spread of COVID-19 had a significant impact on the lives of people, particularly those who rely on unstable income sources, as in the targeted villages, where the majority of people practice agriculture, animal production, or work as daily laborers, and only a small percentage (1.9%) have a stable income from working as official employees with salaries.

When compared to the baseline, the project has had a significant impact on people's livelihoods; however, the targeted people are still poor, with 35% having no means of income, particularly among females, with the majority of the consulted females (46%) confirming that they have no jobs or income sources.

According to IPC ACUTE FOOD INSECURITY ANALYSIS APRIL 2022 - FEBRUARY 2023, Kassala state classified in IPC phase three, the report stated that; with significant increases in food and other commodity prices, a reduced harvest, and continued



conflict, acute food insecurity in Sudan continues to worsen rapidly. Latest acute food insecurity data indicates that around 9.65 million people across Sudan were highly food insecure and classified in Crisis (IPC Phase 3) or worse from April to May 2022¹.

One of the main problems and challenges facing the targeted communities was access to good health services; the conducted baseline at the project's inception phase reflected a real need to improve health services; The targeted communities reflect that they are suffering from a lack of good quality health services; they face numerous issues in this regard, including a shortage of medical supplies, personnel capability, and low service quality, which provided the basis for various project interventions.

The implemented livelihood activities centered on agricultural and animal productivity, which were clearly stated by both the baseline survey and this final evaluation as more than half of the population practicing rain fed agriculture, animal rearing, or working as laborers in the agriculture field. A significant percentage of people in the project's target communities do not have jobs, and the project worked with them through providing the required capacity building and in-kind inputs for launching new businesses.

5.2 Efficiency:

The project was completed efficiently, sticking to the specified work plan and utilizing the budgeted interventions. All of the planned tasks were carried out effectively within the project's budget and time period.

CARE Sudan has a robust financial structure and software, and all funds are subject to multiple levels of authorisation to ensure that project funds are spent correctly.

The same is true for procurement systems, which have standard operating procedures beginning with the submission of requests attached with the required documents such as clear ToRs, specifications, bill of quantities, and descriptions of the required work and services. In addition to the transparent selection of vendors and service providers by procurement committees at both the state and national levels.

5.3 Impact of the project:

The project had a positive impact on the targeted people because it was able to reduce the negative impact of COVID-19 by improving the capacity of 82.8% of the people and providing 71.7% with the necessary prevention items, which helped to prevent the spread of COVID-19 in the targeted villages.

¹ IPC ACUTE FOOD INSECURITY ANALYSIS APRIL 2022 - FEBRUARY 2023 - Published on June 21, 2022



The project had an acceptable level of impact on the livelihoods of the targeted beneficiaries, and it also contributed to reducing the negative impact of the spread of COVID-19 as a result of the lockdown, which affected the continuation of income sources, particularly for those working in towns, as well as access to inputs needed for agricultural practices.

The agricultural support had a positive impact on the livelihoods of 67.5% of the people who received inputs for good agriculture practice through the provision of improved seeds and tools; however, low rain fall affected productivity in all states; however, farmers who received the support confirmed an increase in productivity compared to previous seasons, which resulted in increased income and improved food security for their families.

The project also have good impact on health of targeted people through improving access to health services, 78.7% of the people stated that they have improved access to health services as a result of improving the access to medicine, improving the quality of health working cadres, in addition to improving the quality of the service including promotion of the infra structures, testing, nutrition and maternity health.

5.4 Sustainability:

The implemented livelihood activities related to agricultural support are likely to be sustained; however, the level of sustainability is expected to be exclusive among those who received the support because they witnessed the importance of using the recommended practices and can save improved seeds from their production for use in the future, with no evidence of adaptation by other farmers.

The approach used for providing support in animal productivity through the provision of animals does not include specific methods to expand within the community; therefore, this intervention is expected to remain within the current beneficiaries who received direct support and to have more improvement in their livelihood; however, availability of food will remain a challenge due to poor natural grazing lands, particularly for those who received goats, especially given the low rate of rain during last years.

One of the effective approaches is to involve the community in capacity building and awareness in health and WASH through community outreach, with volunteers transferring knowledge to their community after receiving the necessary knowledge as ToT. This ensures the sustainability and continuity of the awareness raising in the communities.

The state ministry of health's very low capacity will have an impact on the sustainability of the services that supported health facilities provide to the targeted communities, particularly the supply of medicines and other logistics; however,



support in infrastructural structures will last for a reasonable time because it was implemented in good quality.

5.5 Project monitoring and evaluation:

The project has a well-established MEAL system for collecting regular data using the intended monitoring format, according to an analysis of the documents and an interview with the MEAL team. One of the factors influencing success is effective field-level cooperation between MEAL and project employees.

It was discovered that CARE has a good system of feedback and accountability that encourages targeted communities to speak up and provide all kinds of feedback to the project staff and CARE, but the system still requires additional work, such as thorough orientation to make sure that everyone is aware of the various ways to raise their feedback.

The MEAL team carried out a post-distribution monitoring for the animals and agricultural inputs distributed in the first season, which provided details about the distribution process, verified that all items were given to the intended recipients, gauged community satisfaction, and offered suggestions for improvement for phase two distribution.

Regular review meetings held by CARE in Kassala state, in addition to joint meetings at various levels, have helped with continuous follow-up, gap assessments, and setting clear actions to close these gaps, all of which have helped with achieving all targeted activities within the project's time frame.

Since there is no information management system that can be used to regularly enter the data and call it when required, all information is saved in conventional methods using Microsoft office software (excel, word). Central management information system will make data safe, easy to retrieve, and save time and effort.

5.6 Demography:

The 413 HH consulted involved 2752 individuals, with the HH size estimated at 7 people. Children aged 6-18 are the largest group in the community, accounting for 34.5% of the total population and representing children in schools age, followed by adults aged 19-45 years, accounting for 29.3% of the total population. Children under the age of five make up 29% of the population, adults 46-60 years old make up 5.8%, and persons above the age of 60 make up only 1.4% of the population.

Table 3: Demography of the targeted areas (Different age groups)

Children 0-5	Children 6-18	Adult 19-45	Adult 46-60	Elders >60	Total
799	950	805	160	38	2752

29.0% |

34.5% |

29.3% |

5.8% |

1.4% |

100.0%

Considerable percentage of people do not have jobs or income sources particularly among females as 46% of them do not have income sources comparing to only 3% among males giving a total of 28.8% of people living without income sources, this indicated that most of women are depending on men in their live which is driven by the local culture and traditions in these communities. 15.7% are depending on animal production (16.9% females, 13.9% males), females practicing these activity more than men because they can do it in their home, relatively same portion are practicing rainfed agriculture (9.3% females, 24.2% males) comprising 15.3% in total. The remain people practicing other different kinds of jobs such as daily labours, employee with salary, practice of own technical business and trading (see figure 1 below)

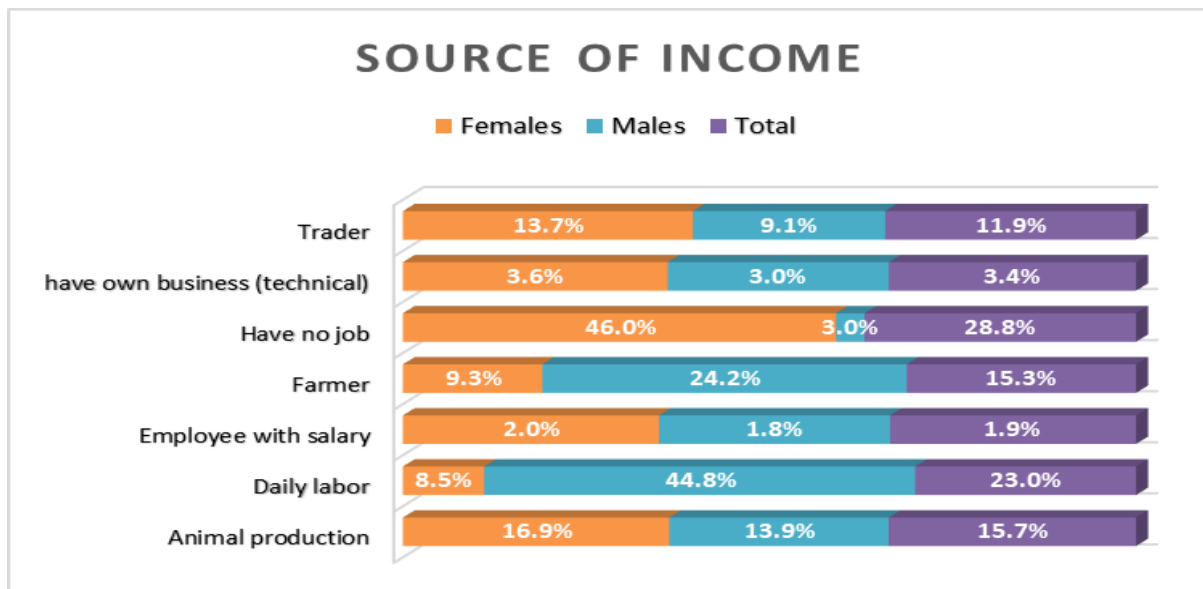


Figure 1: Demography (primary source of income)

5.7 Effectiveness:

The evaluation revealed that the project was implemented with a high degree of effectiveness, as evidenced by its success in producing the intended results. It also revealed that the project had a significant impact on people's lives, particularly in the area of health, and that it had produced acceptable results in livelihood of the targeted people.

The project helped to stop the spread of COVID-19 by boosting awareness among 82.8% of those in the targeted populations, with special attention paid to caregivers as 90.3% of the surveyed females and 71.5% of the surveyed males reported an increase in knowledge about COVID-19. Increasing awareness while also giving the tools needed to stop the spread of COVID-19 helps the project achieve its goal.



The other part of the goal is to lessen the impact of COVID-19's spread on people's lives. This was accomplished by helping the targeted communities' livelihoods in the areas of agriculture and animal production, assisting with access to financing and the launch of new businesses through participation in VSLAs, and providing the necessary capacity building.

5.8 Achievement of the project results and indicators:

Enhance the capacity of vulnerable women, youth, and service providers to cope with medium and long-term shadow effects of COVID-19 pandemic on economic, social and health wellbeing:

The specific objective of the project is to enhance women, youth and service providers capacities to cope with medium and long-term shadow effect of COVID-19 pandemic on economic, social and health wellbeing. During its implementation period, the project reached a total of 48305 persons through different kinds of interventions including capacity building, access to health service and improve livelihood through support in agriculture, animal production, access to finance and income generation activities, this include some double counting of the same people reached by different interventions.

Outcome 1: Increased safety, knowledge, skills and practices to prevent and respond to Covid-19 and related vulnerabilities:

Direct questioning of the targeted population to determine if they had received capacity building in this area from the project allowed for the assessment of their level of knowledge regarding COVID-19 prevention and spread. Overall, 82.2% of those surveyed acknowledged receiving training in capacity building and education about COVID-19 prevention strategies. Of the females who received training, 90.3% did so, compared to 71.5% of the males, demonstrating the strong representation of women and young females who will have a positive impact on their communities given their close contact with all family members, particularly children.

During the project's implementation phase, 47268 people received COVID-19 knowledge and capacity building. These capacity building and awareness programs were carried out through the execution of awareness campaigns, in addition the trained community outreach played important roles in disseminating information to their community members, those community outreach were carefully selected considering gender (50% females), they were trained and provided with the necessary COVID-19 prevention items.

Community outreach workers participated in a focus group discussion (FGD), and they confirmed that they had learned the necessary skills to interact with the various community members, go door to door, and inform them about the risk factors, prevention measures, WASH, nutrition, hygiene, and health practices related to COVID-19. Most of them stated a desire for additional support in educating the public about gender-based violence (GBV) in their communities as customs and traditions



that affect women and girls, especially young girls who are victims of early marriage and school dropout.

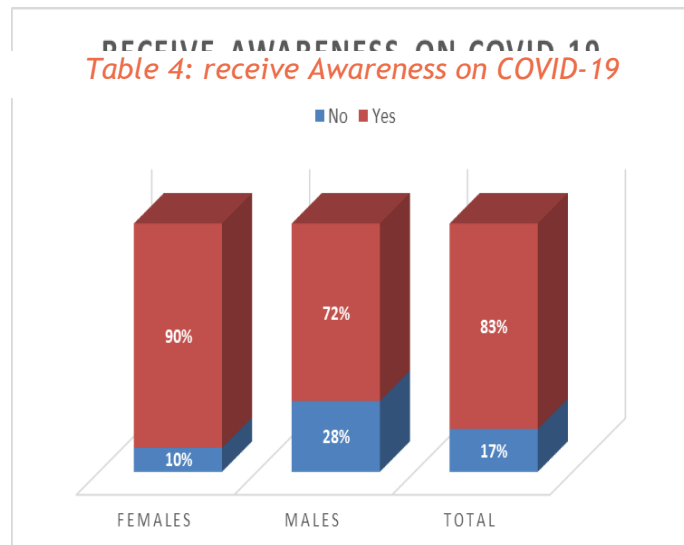
The project provided vulnerable people with the items needed for COVID-19 prevention, as confirmed by 71.1% of the people consulted, compared to only 44% of people receiving support prior to project interventions, as stated in the baseline report, resulting in a 27.1% increase in people receiving support. 75% of the females surveyed received this assistance, compared to 66.7% of the males surveyed.

Outcome 2: Improved access to equitable and qualitative health services with a focus of vulnerable women and girls:

Number of persons have access to health treatment:

The evaluation witnessed high level of impact and effectiveness in health sector, this ensured by the feedback of all consulted people by direct interviews, FGDs and KII interviews, in addition to the observation of the evaluation team. Different sorts of support offered to the three health facilities enhanced access to health care for 3015 HH (21,105 people), this representing all HH in three villages, in addition, other beneficiaries from adjacent communities in the area are expected to benefit from the improved service in these facilities.

Almost all of those consulted (100%) agreed that the project had improved their access to health services, with 78.7% saying it had significantly improved their access to good quality health services (78.6% among females, 78.8% among males), while the remaining 21.3% said it had improved to some extent (21.4%F, 21.2%M). This is a significant improvement when comparing to the baseline situation in which the consulted people before project intervention confirmed that; *“Despite the availability of the health facilities, but they are suffering in getting good quality of medical services, they facing many problems in this regard including lack of medical supplies and including medicines which stated by 75%”*.



When asked about the types of improvement projects brought regarding access to health services, they all (100%) agreed on improving access to medicine, 88.4% shared that there is also improvement in the quality of staff providing the service in these facilities (90.7%F, 84.8%M), and 83.6% shared that the improvement includes also the good quality of service including improvement of infra structures, testing, nutrition services, public health, and maternity.



Support health facilities: CARE worked in very good coordination with the state ministry of health (SMoH). CARE continues to assist three health facilities during the implementation phase to deliver high quality curative and preventative outpatient consultation, diagnosis, laboratory testing, and treatment.

The system of medicines flow from the project to the health facilities and until it reaches the final beneficiaries was reviewed, and it was discovered that a very good recording and tracking system is in place, including the information of final recipients who can be verified, and the system also assisted in monitoring and recording the number of people who received assistance in these health facilities.

During FGDs, community people stated that the support provided to these facilities made access to health care easy and of high quality. All people of the community were overjoyed with the exceptional services offered because, before to intervention, they had to travel to the nearest clinic or Kassala hospital for treatment, and the majority of them could not afford transportation or medical costs.

According to KII, considerable improvements were achieved at these health facilities as a result of several project interventions such as regular technical training for cadres, on-the-job trainings, monthly incentives, IPC materials, and medical and non-medical supplies provided by CARE.

Health centres reporting has been sent on a regular basis to CARE and the State Ministry of Health, according to FGD participants from the health facility. This reporting includes medical regular supply, drug handover, and patient attendance records (outpatient treatment monitoring). On the other hand, they appreciated CARE's assistance because their health centres supported all nearby villages' clusters.

Awareness raising - people reached with campaign contents

Capacity building and awareness raising for the targeted people were carried out through general campaigns and house-to-house visits curries by trained community outreach workers, with the capacity building and awareness raising focusing on WASH health and nutrition issues, including COVID-19 awareness. During the project's execution phase, a total of 44658 people were involved.

When asked if they had gotten this awareness, 68% of the examined households confirmed having received it, with 81.9% of the consulted females and 47.3% of the consulted males obtaining it.

As shown in figure 2 below most of the received capacity building and awareness raising are females, 95% of females received capacity building in nutrition practices comparing to 37% from males, in total 79.8% received capacity building on health issues (91% among women and 36% among men), while capacity building in WASH provided to 80.2% (88% among women and 29% among men).

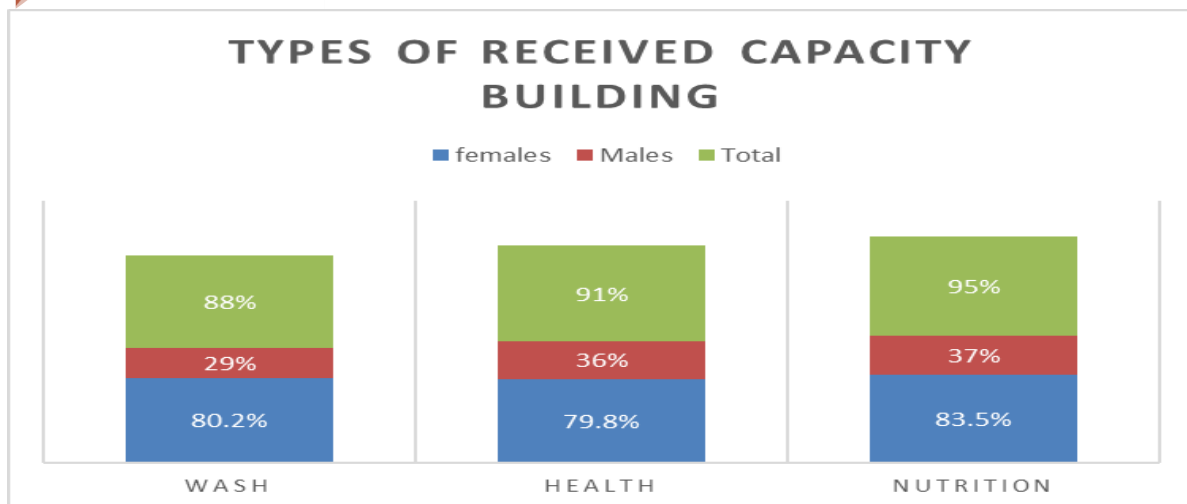


Figure 2: Types of received capacity building

Economic Resilience:

Outcome 3: Reduced social and economic pressure of COVID-19 among the low-income group:

persons have increased their income:

To mitigate the impact of COVID-19 on the targeted people, the project worked to improve their livelihoods by providing direct support in agriculture to increase productivity by providing agricultural inputs, direct support in animal productivity by providing and distributing goats and poultry, and direct support in vulnerable people to have access to finance by introducing the VSLA approach and providing them with the necessary capacities to establish income generation activities.

The project reached a total of 2175 families (15225 individuals) and supported them to increase their income through providing support in agriculture and animal production to 1668 HH, involving 432 HH in the VSLAs and supporting 75 Families to establish new income generating activities.

The assessment found that, all the HH who involved in VSLAs (432) and supported to establish new income generating activities (75) have increased their income, while average of 81.5% of those reserved support in agriculture and animals have increase in their income (1359 HH) which giving a total of 1866 HH (13062) assessed as increased in their income with expecting more increase in this number in the future.



Number of VSLAs established and trained:

The village save and loan association approach was introduced to improve access to finance to establish new businesses or meet urgent needs. The individuals involved in these associations were provided with the necessary capacity building and training on the steps of saving, the process of loaning, financial management and accounting system, the procedural processes of each group, microfinance opportunities available within the locality, types of equipment and tools, as well as how to apply for these opportunities.

The project succeed to establish 25 VSLAs involving 432 individuals who received the required training. The VSLAs were assisted by a comprehensive training program facilitated by CARE, with the goal of ensuring long-term sustainability and enhancing the members' capacity to not only provides loans to other members but also to use the group's savings to establish sources of income.

FGDs were conducted with representatives from the VSLAs in the three villages, they confirmed that, formation of these association in addition to the capacity building they received on financial management, accounting, loan processing, and saving techniques helped them increase their income and they are very satisfied with this support.

All FGD participants guarantee that the process will encourage and enable community members to manage household cash flow, build a capital base, restore solidarity and trust, and collaborate on household income tasks that cannot be done by one person, while also generating value-added opportunities that benefit all group members and, in some cases, the larger community.

Some members of the VSLAs shared their own experience and benefit from the VSLAs, as example:

Ms. Toshak Beleg: A VSLA member in the village of Kafteryia, she shared that; her household's income increased as a result of using the money she got to trade in the neighbouring market, selling soap and biscuits, rather than staying at home.

Niyla Adam Omer, a female Um Rika, stated that the small loans she received provided her with more time to focus on her own small businesses (store), and she



Success story of Ganma Ganim:

A women from Aladrgawi village, VSLA active member, married with 10 children's (5 male and 5 females), she shared that: her husband was hard pressed to provide requirement for the family. She thought of several business ideas to help him create a sustainable livelihood but could not success because she lacked adequate start-up capital. She joined a VSLA group, and received a loan of 12,000 SDGs, gains 6,000 SDG through start of making hand crafts , and continue work util she able to get sewing machine , now she has good income and able to help her children's in schools and feed them well.



added that "the capacity they received support the group members to work harder and deal with challenges such as high inflation where prices of daily necessities are increasing, goods are in short supply, and competition for available space at the local market".

From those who involved in VSLAs, 189 were interviewed, and it found that; most of the involved (60.8%) are youth within the age group 19-40 years (62% from females, and 57.4% from males), 28% are adults 41-60 years (28.9%F, 26.5%M), 6.9% are adolescent around 18 years and 4.2% are elderly people over 60 years. In general majority of the people involved in the VSLAs are females comprising 64%.

The consulted persons from those who received money from VSLAs shared that they used these money in different ways including 50.4% used the money in starting new businesses the remain used it in other urgent issues as in table 4 Below:

Table 5: Use of money received from VSLAs

Use of money received from VSLAs						
	Female	%	Male	%	Total	%
Start new business	60	65.2%	10	21.3%	70	50.4%
Buy food	21	22.8%	18	38.3%	39	28.1%
Education	0	0.0%	1	2.1%	1	0.7%
Buy animals	1	1.1%	8	17.0%	9	6.5%
Agriculture	3	3.3%	20	42.6%	23	16.5%
Health	8	8.7%	2	4.3%	10	7.2%
Housing	8	8.7%	3	6.4%	11	7.9%
Other	26	28.3%	4	8.5%	30	21.6%
Do not spend it (have it now)	2	2.2%	0	0.0%	2	1.4%

Persons received support in agriculture and small livestock:

Support in Agriculture: The majority of the people in the assessed area rely on rainfed agriculture as their primary source of income and ensuring food security for their families in the area; even those who do not own land work as laborers in agriculture fields during the season. The project provided agriculture inputs such as improved seeds and tools to 1440 farmers in order to increase agricultural productivity and hence increase the income of the targeted population. Farmers who were chosen were given the necessary training in agricultural best practices.

The assistance offered over two seasons (720 farmers each season). Following round one distribution, post-distribution monitoring was carried out, and 99.5% of those consulted in PDM affirmed their satisfaction with the distribution process. Part of them, along with those who received support in round two (second season), were interviewed as part of this review procedure, and it was discovered that:

The total number of people consulted is 67 (18 in first season and 49 in second season). 60% (58.8%F, 60.9%M) of those who received support in the first season confirmed that their productivity increased as a result of this support, while 17.5%



stated that their productivity remained the same. During FGDs, people shared that the first season witnessed very low rainfall rates, and most people lost their agricultural except those who received support and training, who either increased or maintained their productivity.

The low amount of rain affected 11.8% of those confirmed decrease in their productivity in the first season, 11.8% referred the decrease in productivity to bad quality of seeds they received and lacking of the other required inputs (5.9% each).

Total of 67.5% of the farmers surveyed who got support in the second season (round two) affirmed an increase in production compared to the previous season, 15.7% have the same productivity as the previous season without an increase, and 15.7% confirmed a loss in productivity. However, while this is a relatively positive result, more effort is required to optimize the value of such interventions, including extensive consultation with local farmers regarding the types of seeds that are more adaptable to local conditions.

Furthermore, and to ensure maximum impact, agricultural interventions should be provided as a full package, including the introduction of soil and water conservation techniques for efficient use of available rain water, as half (50%) of those who have decreased productivity in season two attribute it to a lack of rain, 27.3% to a lack of other required inputs, and 22.7% to poor seed quality.

Support in animal production: The project provided support to 210 HH (1470 individuals) by providing and distribution of goats and chickens, which was distributed in two phases, phase one include distribution of goats to 60 families and chickens to 90 families, while in phase two only goats distributed to addition families.

During FGDs, consulted people shared that they faced challenges with goats distributed in phase one, as they are of the Shami variety, which is good in milk production and giving more birth, but its adaptation to local conditions is very low, causing death in part of it and making it difficult for them to care for it. They agreed that it would be better if they bred locally by distributing local female goats with Shami males, which would result in a better breed that is more adapted to local conditions.

The disseminated chickens also had some obstacles, with a portion of them infected by viral infection prior to distribution, reducing the distributed number to 480 rather than 660. The viral illness also affected the distributed chickens. In this regard, because chicken is sensitive, it is critical to ensure that it is very healthy and has the necessary immunizations before beginning distribution. This will limit the chance of death and infecting other chickens in the targeted areas.

Post-distribution monitoring was carried out for the animals distributed in phase one (goats and chickens), and this evaluation also contacted people who got animals in both stages. When those who received goats in phase one were asked if their goats are still available, 46.6% said they are and have increased in quantity, while 8.6%



said they are the same number they received. 22.4% said it decreased, while another 22.4% said it no longer existed.

The second round of goat distribution benefited from the lessons learned from the first round, as more consultation was conducted, and the goats provided are of local varieties and better adapted to local conditions, as 74% of beneficiaries confirmed an increase in their number, with only 6% losing it due to death or theft.

Almost everyone (100%) who got agricultural or animal support in phase two said they were satisfied with the distribution.

6. Conclusion:

The project is relevant to the real needs of the targeted people and have been implemented in very good efficiency as all targeted activities were implemented in time using the same allocated budget. The project achieved more than 90% of its intended results and have significant impact on the affected people particularly in health sector.

The gender issue is adequately addressed since more participants come from women's groups, which includes the choice of local volunteers and VSLA members. Women were given preference when animals were distributed, and easier availability to health care services has relieved women of a lot of their responsibility for the wellbeing of children.

It is a very good strategy to combine raising awareness with improving health care and the state of people's livelihoods, since this helps to lessen the impact of COVID-19 on the most vulnerable residents of the targeted areas.

The project's goals of increasing awareness and enhancing access to healthcare services have been fully met; nonetheless, the targeted population's standard of living has improved dramatically and more than 90% of its objectives have been met. The rise in agriculture productivity of a small number of supported farmers was impacted by the low rain in the state.

7. Recommendations.

Health facilities need assistance with water supply, especially the one in Kafterya village, which was mentioned by participants who revealed that it depends on CARE assistance by receiving water by tanker twice a month. Health facilities can educate the public and serve as models for healthy behaviour.

The evaluation team observed that the Kassala CARE/FSL and Health teams had considerable experience in their specialized domains, but that their reporting abilities might be improved. Additionally, a type of centralized management information system is necessary to enable the extraction of necessary information much easier. The evaluation team discovered that while all necessary information is available, it is challenging to obtain.



The complete recommended package should be implemented, especially in places where people are practicing traditional rainfed agriculture and have an uncertain amount of rainfall, to ensure progress in the agriculture sector with a goal of improving production. The introduction of soil and water conservation measures should be combined with the provision of capacity building and inputs like as seeds and tools to help mitigate the effects of low rainfall and prevent soil deterioration.

Health facilities are places where people can receive medical care, but they should also play a part in educating the public about best health practices. All health facilities should have access to enough clean water and be provided with the services necessary for good sanitation and hygiene practices. Lack of water in these facilities sending negative messages to the beneficiaries.

Poultry are very sensitive to viral infection, providing poultry to communities it must be done with extreme caution, taking into account vaccination well before distribution and quarantine of poultry to ensure that they are free from any kind of disease that may affect them and the pre-existing poultry in these communities in addition to train beneficiaries in how to keep their poultry healthy.

Due to their high sensitivity to viral infection, communities receive poultry it must be done with the utmost care, taking into account vaccination of poultry well in advance of distribution and quarantining of poultry to ensure that they are free of any type of disease that may affect them and the pre-existing poultry in these communities, as well as providing beneficiaries with training on how to maintain the health of their poultry.

To ensure that the distribution of animals is compatible with local conditions, full community consultation should be conducted beforehand. Beneficiaries should also receive training on how to produce high-quality fodder from their agricultural waste, as well as on how to store it properly and use it throughout the growing season. Additionally, providing animals will have the greatest impact if it is combined with enhancing grazing lands and making veterinary services accessible.

Although the project was able to fully address the necessary gender issue, there is still much work to be done to change social norms and local culture, which impose many restrictions on women and also contribute to GBV by encouraging early child marriage and the widespread absence of girls from school.

8. Annexes:

Annex1: Project log frame with evaluation values:



Impact	Indicators	Baseline	Endline
Impact: Contribute to the prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities in Ethiopia, Kenya, Somalia and Sudan			
Specific Objective/Goal: Enhance the capacity of vulnerable women, youth, and service providers to cope with medium and long-term shadow effects of COVID-19 pandemic on economic, social and health wellbeing	# of women and girls reached	0	20677
Outcome1: Increased safety, knowledge, skills and practices to prevent and respond to COVID-19 and related vulnerabilities	# of persons have improved skills and knowledge on COVID-19 and related vulnerabilities.	55%	17474 (82.8% of the total beneficiaries)
Outcome2: Improved access to equitable and qualitative health services with a focus of vulnerable women and girl	# of persons have access to health treatment	25%	21,105
	# of health workers supported	0	24
	# of health facilities supported	0	3
Outcome3: Increased economic resilience of vulnerable groups against the social and economic impacts of COVID-19	# of persons have increased their income	0	1866 HH (13062)
Output1.1: Targeted communities have knowledge about prevention and spread of COVID-19 and related vulnerabilities	# of people reached with COVID-19 awareness rising	0	47,268
Output1.2: Targeted communities are equipped with protection material against Covid19	# of people received material and tools	0	24
Output 2.1: Frontline health workers and community volunteers trained and equipped for adequate COVID-19 response	# of health workers trained	0	24
	# of kits distributed	0	46
	# of health facilities supported.	0	3
Output 2.2: Health facilities and treatment centers supported to provide and strengthen safe and quality services	# of treatment centers/health facilities supported/equipped/ca pacitated	0	3
Output 2.3. Community health and hygiene education campaigns conducted	# of campaigns conducted	0	204
	# of people reached with campaign contents	0	47,268
		0	



Output 3.1. VSLA groups supported or established and trained in targeted communities	# of VSLA groups established and trained	0	25 (432 members)
Output 3.2. Target groups have improved livelihoods	# of persons received support in agriculture, small livestock and other viable enterprises	0	1668
	# of successful Income Generating Activities	0	75

Annex2: People met during the evaluation

CARE staff met In Kassala during the survey

#	Name	Position	Telephone #
1	Ebtisam Ahmed	Head of office	
2	Manal Husein	M&E officer	0993333316
3	Reham Abad al kariem	Assistant M&E officer	0962664046
4	Abd algader Abakar	Heath Officer	0918029771

Enumerator Kassala State

#	Name	Position	Telephone #
1	Abadalrahiem Yousif	Enumerator	0907135791
2	Ameer hammed Ibrahieam	Enumerator	0965700701
3	Salwa Mohammed Abadelrahiem	Enumerator	0912854694
4	Sabah Mohammed Abu zaeinab	Enumerator	0919492615
5	Tanzeal Mohammed Adam	Enumerator	0912185568
6	Asha Ali Osman	Enumerator	0125133642
7	Mostafa Ahmed Mohammed	Enumerator	0912636194

KII and FGD groups – Kassala targeted villages

FGD –VSLA group – Kafteria- Kassala State			
#	Name	Position	Telephone #
1	Zanab Onoor Mohammed	Manger	
2	Asha Ddroob	Secretary	
3	Mariam Onoor	Treasure	
4	Himat Ali Drarar	Accountant	
5	Hawa Bashteral	Member	
6	Tosheak Baseak	Member	
7	Amina Mohamed Taher	Member	
9	Mdina Hamid Mohamed	Member	
10	Hadab Ohaj	Member	
11	Zenab Abadalla Mohammed	Member	
12	Esha Gamer Edien	Member	
FGD-VSLA group -Om raka –Kassala State			
1	Nayla Adam Omer	Manger	
2	Faima abu Mohammed Onoor	Accountant	
3	Nafesa Onoor Mohammed	Accountant	

4	Haisha Mohamed Taher	Treasure	
5	Anna Mohammed Taher Osman	Secretary	
6	Madina Adam omer	Member	
7	Naila Hamid Husein	Member	
9	Abad Al Azieam Mohammed	Member	
10	Om ali Onoor Ahmed	Member	
11	Asha Jamea Ahmed	Member	
12	Hawa Adam omer	Member	
13	Obieda salim saleam	Member	
FGD –VSLA group –Adragawi - Kassal State			
1	Katoum Abadrahman	Manger	
2	Arafa ali abadalla	Secretary	
3	Janna Altayeb Gamer Eddien	Treasure	
4	Sitalbannnat Mohamed Noor	Accountant	
5	Fatima Abadalla abadrahman	Accountant	
6	Sit Albannat Majzooob	Member	
7	Zeanab Abadalla	Member	
8	Fatima Mousa Salieam	Member	
9	Kaltoom Mohammed Abadalla	Member	
10	Sitaljeal Majzooob	Member	
FGD - General group – Kafteria- Kassala State			
1	Jelani Onnor Basseak	Community member	0913827057
2	Mohammed Taher Basseak	Community member	
3	Hamid Mohammed Ibrahiem	Community member	0907346239
4	Kaltoum Abadalla	Community member	
5	Khlaifa Mohammed Ali	Community member	
6	Haram Gamer Eddien	Community member	
7	Awdya Majzeoub Al tayieb	Community member	
8	Sit al jeal Mostafa Alsieyd	Community member	
FGD - General group – Adragawi - Kassala State			
1	Babiker Alamin Ali	Community member	0905792386
2	Abuali Mhmood abdalla	Community member	0911803335
3	Fadelalmula Ali Ismaeal	Community member	0911025414
4	Gamereddien Musa Salieam	Community member	0913237073
5	Mohammed Ali Fadol	Community member	0914085679
6	Shareif Omer Mohammed	Community member	0916198960

7	Abrahman Mjzoub Altayieb	Community member	0965511316
8	Ali Mbrouk	Community member	0903689144
9	Hamadan Mohammed salim	Community member	0906971025
10	Salih salman Salih	Community member	0915784241
11	Hamadan Mohammed Mulih	Community member	0918624886
12	Mabrouk Ali	Community member	0903207992
FGD - General group – Um raka - Kassala State			
1	Abad al gader Al Hassan A/gader	Community member	0909964282
2	Adam Mohammed Siddieg	Community member	
3	Mohammed Mhammed Ali	Community member	
4	Al taher Ali Mohammed	Community member	
5	Ali Omer Haamad	Community member	
6	Mohammed Adam Gerba	Community member	0065044231
7	Saydna Hassan Mohmed Adam	Community member	0903632262
8	Husiean Mohammed Taher	Community member	0916661327
9	Al hassan Abu Amna	Community member	0903193498
10	Musa Mohammed Ahmed	Community member	0966416171
11	Abualtaher Mohammed ali	Community member	0909964281
12	Salih Hamid Suliah	Community member	0901107897

Annex 3:Term of reference:

Background

CARE is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

“Contribute to the prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities” in Sudan is a 2-years Beiersdorf-funded project running from January 2021 until December 2022. This project supports prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities in Kassala state and to enhance the capacity of



vulnerable women, youth, and service providers to cope with medium and long-term shadow effects of the COVID-19 pandemic on economic, social and health wellbeing.

The project will:

- Increase knowledge of communities about prevention and spread of COVID-19 and related vulnerabilities.
- Equip targeted communities with protection materials against COVID-19.
- Train front line health workers and community volunteers and equip them for adequate COVID-19 response.
- Support health facilities and treatment centers to provide and strengthen safe and quality service.
- Conduct community health and hygiene education campaigns.
- Establish and support Village Save and Loan Associations (VSLAs).
- Improve livelihood of the targeted groups.

Scope

The purpose of this project is to contribute to the prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities in Sudan. The project has 3 expected outcomes outlined below:

1. Increased safety, knowledge, skills and practices to prevent and respond to COVID-19 and related vulnerabilities.
2. Improved access to equitable and qualitative health services with a focus of vulnerable women and girls.
3. Increased economic resilience of vulnerable groups against the social and economic impacts of COVID-19.

Final evaluation should provide information about the achieved values in the stated results below:

Specific objective		
	Result	Indicator
Empowerment of Women and Girls	Enhance the capacity of vulnerable women, youth, and service providers to cope with medium and long-term shadow effects of COVID-19 pandemic on economic, social and health wellbeing	# of women and girls reached
Outcomes		
Awareness	Increased safety, knowledge, skills and practices to prevent and respond to Covid-19 and related vulnerabilities	# of persons have improved skills and knowledge on Covid19 and related vulnerabilities
Health Services	Improved access to equitable and qualitative health services with a focus of vulnerable women and girls	# of persons have access to health treatment
Economic Resilience	Increased economic resilience of vulnerable groups against the social and economic impacts of Covid-19	# of persons have increased their income

Geographic Area:



Table 1. Geographic Area and Population Coverage

Locality	Village	Total Households	Total Household Members
Aroma	Kafterya	5,936	
	Adrgawy	4,151	
	Om Raka	11,018	

Purpose, Objectives, and Rationale:

The External Final Evaluation will be conducted to provide the project stakeholders with information about the performance of the project in relation to its stated objectives, covering the project's implementation in its entirety from January 2020 to December 2022. The evaluation's assessment of the project's relevance, efficiency, effectiveness, impact and sustainability will be key in informing the development and implementation of future CARE projects and initiatives in Sudan and beyond, which will build on the lessons learned and practical recommendations from this project. The External Final Evaluation is planned to take place in Sudan from 1st to 26th December 2022. The evaluation is looking not only at the project's intended results, but also at evidence of unintended results (both positive and negative).

The **objectives** of the evaluation are as follows:

- Assess the quality and relevance of the project design (its activities and objectives) in addressing the priority issues in the targeted communities and institutions.
- Assess to what extent the project resources have been used economically and in a timely manner (efficiency).
- Assess the major achievements of the project to date (effectiveness).
- Assess bottlenecks, opportunities and lessons learned.
- Assess to what extent the project contributed to prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities (impact).
- Identify which positive outcomes of the project are likely to continue after the project ends (sustainability).

Assess distribution of animals and agriculture inputs

One of the primary actions conducted in the targeted locations to lessen the impact of COVID-19 on the targeted beneficiaries is the provision of livestock and agricultural inputs. In addition to other activities, assessment must include these activities and include stratified random sample of at least 10% of those who got these goods in phase two of goat and agricultural tool distribution (PDM conducted for phase one and the report can be used as secondary data). This includes assessing:

- The distribution process, to what extent it was fair, used the criteria of selection, involvement of communities in selection and distribution.
- Use of the received items/goods
- Impact of the received animals and agriculture inputs on the life of the beneficiaries.
- Level of satisfaction among beneficiaries.

Intended Users and Use

The evaluation's findings and processes will be used and shared by relevant stakeholders, including Beiersdorf, CARE International in Sudan (CIS), the CARE International Confederation more broadly,

and any other national, regional and international stakeholders looking to replicate or build on the work carried out under this project.

Evaluation Criteria and Questions

- 1) **Quality and Relevance of Project Design:** To assess the appropriateness and relevance of the project design and to what extent it respond to the target beneficiaries key priorities and needs?
- 2) **Intervention Planning and Implementation (Efficiency):** To assess to what extent the available resources were used economically in delivering the project (in terms of quantity, quality and timeliness), the evaluation will consider the following guiding questions:
 - a. Was the overall project action plan effectively used?
 - b. Was monitoring data being collected as planned, stored and used to inform adaptive management?
 - c. Project management questions:
 - i. Was flexibility demonstrated in response to changes in circumstances or needs?
 - ii. How were working relationships with partners, stakeholders and donors?
 - iii. Were donor reporting deadlines met?
- 3) **Effectiveness:** To assess the major achievements of the project in relation to its stated objectives,
- 4) **Impact:** To assess the project's impact on target beneficiaries and communities
- 5) **Potential for sustainability, replication and scaling up:** To assess whether the project's interventions and outcomes are likely to continue (sustainability) and worthy of replication/scaling up, the evaluation will consider the following guiding questions:
 - a. To what extent have the key stakeholders accepted and owned the project?
 - b. Which organizations/stakeholders could/will ensure continuity of project activities?
 - c. Is there evidence that any of interventions/models are being copied, scaled up or replicated by other projects or by the target communities themselves?
 - d. What practical recommendations can be made for the sustainability and replicability of the project?

CARE's MEL principles and standards

The evaluation shall always respect the security and dignity of the stakeholders with whom CARE works, incorporating gender and power elements during the evaluation. Evidence should be disaggregated by sex, age and other relevant diversities in line with the project's Theory of Change.

Approach and Methodology

The External Final Evaluation will take place in Kassala State. The consultant will work with relevant members of CARE Program Team in Khartoum, program managers, project staff (including field-based staff) and partners in order to develop and refine the evaluation methodology. Building on the key points outlined below, the consultant can suggest to CARE any supplementary approaches that could support the effective collection and analysis of information. The specific methodology and tools to be used will need to be approved by CARE at the start of the evaluation, based on the following steps.

- Determine the study area with key program staff. Relevance, security, resource availability and feasibility will be determining factors.



- Together with relevant staff, review list of indicators for which evaluation data needs to be collected.
- Recruit, train and manage qualified enumerators for field-based data collection

The consultant will use, but is not limited to, the following key data collection methods for the evaluation:

- Document review (secondary data): The evaluator will review project documents: the baseline report; PDM reports, project proposals; project reports (narrative and financial).
- On-site visual observation: In conjunction with other methods, the evaluator will observe implemented activities; take photographs or videos as appropriate, etc.
- Interviews: Semi-structured interviews will be conducted with key informants (groups or individual as appropriate).
- Focus group discussions: With target beneficiary groups, as well as community leaders.
- Questionnaires: The evaluator will design very specific and structured set of closed questions (yes/no or multiple-choice questions), as well as or they can also more e open-ended questions framed within the key guiding evaluations questions.

Expectations

Profile of the Consultant

The consultant should be specialized in Public health, sustainable livelihoods, or any related background with excellent experience in monitoring and evaluation. The consultant will have the primary responsibility for conducting the evaluation and writing the final report to a publishable standard. The consultant should possess strong statistical skills and will be expected to coach data enumerators, as well as coordinating data collection, entry and analysis of data. All leadership of the tasks and expenses are to be covered by the consultant.

Specific requirements include:

- Advanced university degree in Engineering, public health, rural development, social science, , or related field.
- Extensive knowledge and experience working in Sudan.
- Demonstrated knowledge of project evaluations and strong research skills.
- Demonstrated skills in statistics.
- Experience in the development, monitoring and evaluation of donor-funded projects.
- Strong interpersonal and communication skills.
- Excellent spoken and written English and Arabic.
- Strong IT skills.

Expectations

Inception report:

During one 5days signing the contract, the selected consultant should submit an inception report including:

- Scope of work and methodology will be used for conducting the final evaluation, locations, sampling strategy and samples distribution to the different locations.
- Different methods will be used for data collection (quantitative and qualitative).
- Questionnaire and check lists that will be used for collecting the required data.
- Detailed work plan for finalizing the task



The inception report will be revised and approved by CARE and will be used as guidance for conducting the evaluating

Final Report Requirements:

The external evaluator is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a comprehensive report that assesses the achievements, relevance, coherence, coverage, effectiveness, efficiency, outputs and early outcomes of ***“Contribute to the prevention of the spread of COVID-19 and mitigate its negative impact on the most vulnerable communities”*** project so far and provide prioritized recommendations to maximize results. To simplify this process, CARE has developed an evaluation report template that can be modified to meet the needs of all project, programs, and initiatives.

The contract will be a deliverables-based contract, and final payment will be contingent on receiving the agreed deliverables in their final versions at acceptable quality standards.

The report must include at least the following:

- **A Title:** A title that conveys the name of the project, location, implementation period, as well as the main impact or key finding of the report.
- An **executive summary that focuses both on process as well as impact** that is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project.
- **A clear methodology section:** the methodology should explain the evaluation questions, and how the chosen methodology appropriately answers those questions. It should also contain key ethical considerations and a description of how the evaluators protected participants and personally identifiable information.
- **A results section:** The results section should be organized according to the five evaluation criteria and provide answers to the evaluation questions.
 - **The section on impact should include 3-5 key impacts/findings:** What changed because of the program? What happened in the project areas, and why did it matter? List the project’s most significant accomplishments, supported by solid evidence.
 - **Bullets describing how the project got to impact:** It is important to have non-jargon descriptions of what a project did to get to impact. Sources of all evidence must be identified.
- **Conclusion and recommendations:** Conclusions must be based only on evidence presented in the report, and recommendations must directly correspond to the conclusions. These should be short, actionable, and the most important aspects of what the evaluation found. They need to be relevant and new for people outside of the direct program. They should also include highlights of what to improve in the future.

Evidence collected by the external evaluation from the conclusions and recommendations must be submitted along with the final report. All datasets, qualitative interviews, and underlying data are owned by CARE and are included in final deliverables.

The report must be submitted in English and must be of high quality (publishable standard). It should provide substantive evaluation against key indicators as outlined in the project work plans and the log-frame, and should be structured accordingly.

A draft report on key findings will be shared with Studies Evaluation and Learning coordinator for reviews and enrichment. SEL coordinator will be the contact person between the consultant and CARE to ensure all outputs are delivered as per the ToR.



In line with CARE programming, the evaluation will be gender sensitive, participatory and promote a learning approach. The consultant will ensure that the assessment covers these essentials in the report:

- A. Was the stakeholder involvement appropriate?
- B. Did the project promote a gender sensitive approach?
- C. Were women's priorities and aspirations adequately considered in delivering the interventions?

Data Disclosure

The external evaluator should deliver, at minimum, all files including quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format and maintain naming conventions and labelling for the use of the project/program/initiative and key stakeholders.

Work Plan & Schedule

The evaluation shall take no more than 26 time days starting from the day of signing the contract. The schedule below is intended as guidance for prospective consultants to make their own proposal, to be reviewed by CARE and amended as necessary.

Evaluation Activities	# Days	Key Outputs
1. Preparatory activities: Inception report: questionnaires, sampling strategy & interview guidelines; development of evaluation matrix in line with key evaluation questions shared with CARE for feedback; development field data collection plan	4	Evaluation tools & plans shared with CARE for review & approval
2. Incorporate feedback from CARE	2	Tools & plans reviewed and agreement with CARE to start fieldwork
3. Desk review, training of enumerators	3	Qualified enumerators identified & onboarded
4. Data collection, incl. on-going coaching of enumerators	5	Data collected
5. Data compilation and analysis	4	Data analyzed in line with evaluation matrix
6. Preparation & sharing draft report and de-briefing	5	Draft report shared
7. Incorporation of comments and finalization of the evaluation report	3	Publishable report finalized
Total days	26	

Budget

The proposed evaluation budget is to be presented by the consultant as follows:

Details	Unit	Rate (US\$)	# Of Units (Quantity)	Cost (US\$)
Consultant's fees (including data analyses)				
Transport costs				
Subsistence costs (e.g. accommodation, communication, meals, etc.)				
Any other costs that are critical, but not provided for by CIS				

Logistical Support

CARE will support the necessary field arrangements, including any measures related to HAC and other related requirements. Standard logistical support (incl. scheduling of interviews with staff,



arrangement of field accommodation during data collection, access to facilities including internet, **documentation, printing, photocopying, etc.) will also be provided by CARE.**

Responsibility of CARE in Sudan.

- Provide any information and background document that may be required by the consultant during implementation of the assignment
- Provide the baseline evaluation and all relevant data
- Participate in decision making according to consultant tasks above and be available for consultation as needed
- Review draft report and provide feedback.

Required External Response to Terms of Reference

A technical and cost proposal based on this Terms of Reference (ToR) is requested from the consultant or consulting firm. The proposal should contain:

1. Detailed plan of action for field work indicating staff-days required
2. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the evaluation team.
3. Schedule of key activities preferably in a format such as a Gantt chart.
4. Detailed budget with justification. The external evaluation proposal should include a realistic, detailed budget to cover all costs associated with the evaluation. This should be submitted by major activities and line items for CARE's review and decision. This includes a break-down of the cost to contract external evaluation team members, travel, per diem. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
5. Updated CV of Team Leader and other core members of the Evaluation Team
6. A profile of the consulting firm (including a sample report if possible)

Other Conditions

- The consultant must adhere to the CARE Code of Conduct and CARE Security Protocol during the entire duration of the assignment.
- CIS will not provide *per diems* or allowances. All out-of-pocket expenses must be taken into consideration when proposing daily fees.
- The consultant should budget for enumerators, data collection cost including vehicle rent and translators and present this as a separate section in her/his proposal. CARE will consider reasonable rates and number of such hires.
- The consultant is solely responsible for the payment of enumerators, printing and data entry and analysis costs
- The consultant is responsible for any tax or other fees related
- Payment will be in two installments: 30% after delivering and approval of the inception report and 70% upon satisfactory completion of the tasks and submission of the final report to publishable standard.