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**MIDTERM EVALUATION
OF
SAVE THE CHILDREN'S
CHILD SURVIVAL GRANT**

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EXECUTIVE SUMMARY

The Child Survival project of Save the Children (SC) in Sudan received a midterm evaluation of project activities during the period August 23 through September 6, 1991. An evaluation team composed of staff from SC/Westport, SC/Sudan, CARE/Sudan, the Ministry of Health, USAID, an external consultant to facilitate the evaluation from outside the project, used household surveys, focus group discussions, interviews and reviews of project records to obtain information regarding the project. The evaluation team was divided into two groups in order to visit project impact areas in Showak, some six to seven hours drive to the southeast of Khartoum and Um Ruwaba, a nine to ten hour drive to the southwest.

Despite famine and economic instability, the project has continued to operate with some notable achievements as well as some concerns. The results of the evaluation can best be summarized as follows:

ACHIEVEMENTS

1. Both impact areas have achieved their stated objectives for full coverage with childhood immunizations.
2. Training and educational activities in both impact areas have resulted in a high level of knowledge among mothers as well as Village Health Committees about how to reduce child mortality due to diarrhoeal diseases by using Oral Rehydration Salt (ORS) solution. Further, aside from ORS use, village mothers have also modified their traditional practices by continued feeding during episodes of diarrhoea thereby reducing both the risk of mortality as well as nutritional complications following a diarrhoeal disease episode.
3. Community Trainers in both impact areas have largely succeeded in educating Village Health Committees and mothers about the benefits of receiving Vitamin A supplements for their children in order to reduce the prevalence of night blindness as well as other complications due to Vitamin A deficiency.

AREAS OF CONCERN

1. Despite high coverage rates for childhood immunizations in Showak, cold chain monitoring does not take place at the Showak District level where vaccines are stored by the Ministry of Health. This threatens the quality of immunization activities.
2. Although knowledge and practice levels of Oral Rehydration Therapy (ORT) are high in both impact areas, Ministry of Health supplies of ORS sachets are virtually unavailable in the villages of both areas.

3. Inadequate numbers of mothers in both impact areas have received nutrition education to enable them to understand the significance of growth monitoring. As a consequence, very few children have participated in growth monitoring activities.
4. Mitigating factors beyond the control of SC have resulted in both impact areas failing to achieve project objectives regarding child spacing and family planning methods.

RECOMMENDATIONS

1. By the end of September, 1991, SC/Sudan needs to strongly encourage the Ministry of Health to obtain and use thermometers or other cold chain monitoring devices for the Showak district-level cold chain.
2. The Ministry of Health needs to take immediate steps to insure that supplies of ORS are available for use in both impact areas.
3. SC Child Survival objectives concerning nutrition should be revised as follows:

By the end of December, 1991:

All Village Health Committees with Community Health Workers in both impact areas should continue promote growth monitoring activities (using weight for age) on a quarterly basis for all children under 36 months of age.

It is suggested that additional resources be pursued to provide supplemental feeding for identified growth falterers in both impact areas. The development and implementation of supplemental feeding activities would facilitate the promotion of growth monitoring activities and could be done in conjunction with current SC food distribution programs.

4. By the end of December, 1991, SC/Sudan should develop sustainability strategies for both impact areas. This would include the categorization of Village Health Committees administratively capable of sustaining all or selected components of Child Survival interventions. Once identified, Community Trainers should only continue making quarterly visits to the independent Village Health Committees thereby permitting more time to develop administrative capabilities of the remaining villages.
5. Because of the time remaining in the project and because of inadequate government support, current Child Survival objectives regarding child spacing and family planning methods should be deemphasized from project activities for the remainder of the project in both impact areas.

6. In view of the current inflationary situation and the artificially low official exchange rate of U.S. dollars to local currency, SC/Sudan and USAID/Sudan need to review the remaining budget for Child Survival activities to insure that adequate funding will be available in local currency to cover operations for the remainder of the project.

2.0 INTRODUCTION

The Child Survival project of Save the Children (SC) in Sudan received a midterm evaluation of project activities during the period August 23 through September 6, 1991. The evaluation was conducted using a team composed of staff from SC/Westport, SC/Sudan, C.A.R.E./Sudan, the Ministry of Health in Sudan, U.S.A.I.D./Sudan and an outside consultant to facilitate the evaluation.

The intent of the evaluation was to review virtually all facets of the Child Survival project operating in the 34 villages of the Showak impact area located southeast of Khartoum as well as the 74 villages in the five (5) impact areas of Um Ruwaba located to the southwest of Khartoum.

The team spent the first three days of the evaluation developing the methods to be used to conduct the evaluation as well as plans for the compilation and analysis of evaluation data.

Using two teams, the evaluation was conducted simultaneously in both impact areas by using household surveys, focus group discussions, interviews and reviews of project records to obtain information regarding the project. Overall, 64 households in six (6) villages out of a total of 34 villages in Showak were surveyed while 47 households in ten (10) villages out of a total of 74 villages in Um Ruwaba impact area were surveyed. Time and resource limitations precluded the use of statistically valid sampling methods to obtain information, but the qualitative information obtained in the villages surveyed combined with interviews and records reviews did provide a good midterm overview of the Child Survival project in Sudan.

At the conclusion of the evaluation, the Executive Summary of this report was presented to the Director of SC/Sudan, the Director of the USAID Office of Food and Humanitarian Assistance in Khartoum as well as to a group of Ministry of Health officials and representatives of other private voluntary organizations in Sudan.

3.0 MIDTERM EVALUATION OBJECTIVES

The stated objectives of the Midterm Evaluation of the Child Survival project in Sudan were as follows:

1. To review project progress in achieving the stated project activities in each impact area.
2. To review the appropriateness of project implementation strategies.
3. To determine the effect of project training interventions on the knowledge and practice of Child Survival target populations.

4. To review the project health information system with particular emphasis on data quality as well as usefulness in project planning and management.
5. To assess the sustainability of project interventions.
6. To determine the extent and appropriateness of project management and administration.
7. To review the project budget and expenditure status to determine whether funding is sufficient for the project to achieve stated outcomes within the time period provided.
8. To assess the adequacy of human resources (including technical assistance) available to the Child Survival project.
9. To formulate recommendations for improving both the quality as well as the sustainability of project interventions with a view towards the phasing out of SC involvement in the impact areas.

4.0 EVALUATION FINDINGS

Although impact area interventions are similar, they are not identical in terms of their stated objectives. Consequently, the midterm evaluation findings will be presented by impact area as well as for SC/Khartoum on matters concerning the administration, management, and sustainability of the Child Survival project in Sudan.

4.1 Showak Impact Area

4.1.1 Project Progress

Evaluation team findings regarding the progress of the Showak impact area in achieving their stated objectives are presented in Table 1 in Appendix A of this report.

Review of Table 1 indicates that Showak impact area has demonstrated significant achievement in accomplishing the stated objectives for interventions concerning immunizations (both for children as well as women), diarrhoeal disease control and Vitamin A distribution to children. This is particularly significant when one considers the famine situation in the impact area; the serious economic situation which has impacted the area; and the absence of all senior expatriate SC staff for almost one year during the Desert Storm operation in the Gulf.

SC has had much less success in demonstrating progress to achieve project objectives regarding nutrition as well as child spacing and antenatal care. SC records reviewed during the evaluation reveal that only 6% of the mothers in the Showak impact area have been trained in nutrition feeding practices. Household survey results

indicate that only 17% of the mothers interviewed were able to demonstrate understanding of a child's growth monitoring chart. Both of these interventions, however, have had mitigating factors over which SC has had very little control. Showak continues to endure a famine situation thereby providing very little incentive for village mothers to learn about alternative foods for better nutrition. For those mothers that did participate in growth monitoring activities, no alternatives were available from SC to resolve growth faltering when children were identified.

Child Survival interventions dealing with child spacing as well as antenatal care have not met with much success for two basic reasons. Government support and promotion of family planning method has apparently been very weak and without a strong endorsement, villagers have not been receptive to this sensitive intervention. SC records also indicate that only 13% of the women in Showak impact area had participated in discussions about child spacing. Further, training of Traditional Birth Attendants has been relatively slow with approximately 25% of the impact area villages now having a trained TBA to promote child spacing as well as antenatal care. Although SC records demonstrate that only nine out of 34 villages have trained Traditional Birth Attendants (TBAs) 53% of women interviewed during the household survey had a trained TBA present for their last delivery.

Despite the commendable achievements with immunization and diarrhoeal disease control interventions, serious or potentially serious problems exist which might jeopardize the successes achieved. Although SC Community Trainers have been providing immunizations until Community Health Workers (CHWs) have been trained, the Ministry of Health in Showak is responsible for monitoring the cold chain for vaccine storage. Since vaccine storage temperatures are not being monitored, there is a distinct possibility that some of the vaccines SC uses (eg. oral polio vaccine and measles vaccine) might not be potent enough to promote active immunity in children receiving the vaccines.

Another serious problem observed during the evaluation was the unavailability of Ministry of Health supplies of ORS sachets in the villages visited - apparently because of logistical problems with the Ministry of Health. Consequently, despite high levels of knowledge about ORS and good motivation to use ORS in the impact area villages, there is no ORS available.

4.1.2 Project Strategies

Child Survival interventions in Showak have been heavily dependent on SC's ability to provide education and training to village women and then to maintain activities by involving village leaders in a Village Health Committee to provide administrative oversight. The clear lack of Ministry of Health participation in the project that was acknowledged in the Detailed Implementation Plan of June, 1990

was still in evidence during the evaluation and as a consequence, logistical support for Child Survival interventions like ORT and EPI is, at best, minimal.

It is evident that SC strategies involving the target populations have achieved a large measure of success while efforts to garner Ministry of Health support and participation have met with only a modest level of success.

4.1.3 Project Training Interventions

SC training approaches to modify or change target population knowledge, attitudes and practices by using village based Community Trainers appear to have enabled the project to meet or surpass several of the stated objectives. Household surveys and interviews conducted during the evaluation with Village Health Committees revealed that the quality and frequency of SC training activities have produced increases in knowledge levels about immunizations, diarrhoeal disease control and Vitamin A but not for the nutrition and child spacing interventions for reasons discussed previously.

4.1.4 Project Health Information System

SC uses a village roster system to monitor and follow-up all child survival interventions as well as vital events (eg. pregnancies, births and deaths). SC intends to have Community Health Workers and Village Health Committee members maintain the rosters but this transition has not occurred to date primarily because Community Health Workers recently trained by SC for the Ministry of Health are not yet in place.

Changes in the Health Information System suggested during an April, 1991 visit by a member of the Health Unit of SC/Westport have streamlined data collection to the point where only one enrollment book is used for all Child Survival interventions in one village - a vast improvement over the previous system which required enrollment by intervention for each village. The current system is also family-based so that follow-up by family is much easier to pursue.

4.2 Um Ruwaba Impact Area

4.2.1 Project Progress

The progress of the Um Ruwaba impact area in achieving their project objectives is presented in Table 2 in Appendix B as a summary of the evaluation team findings.

Although not as significant as the Showak impact area, Um Ruwaba has made substantial progress in achieving stated objectives for project interventions concerning childhood immunizations, diarrhoeal disease control, Vitamin A distribution to children and

the establishment of chloroquine revolving funds for Village Health Committees.

Interventions for which modest or no progress has been made are, with one exception, similar to the Showak impact area. The exception was the project's inability to promote full immunization coverage with Tetanus Toxoid among women of child bearing age. Household surveys conducted during the evaluation could not find one fully immunized woman and a review of records for the district demonstrate that only 23% of eligible women in the District were fully immunized during 1990. Other than an apparent lack of priority, there were no apparent reasons why so little progress had been achieved for this particular intervention.

For reasons similar to those noted for Showak, virtually no progress has been with Child Survival interventions concerning nutrition as well as child spacing. Further, the evaluation survey found that only 30% of the villages visited had a supply of ORS present - a regrettable situation considering that more than 90% of mothers surveyed knew how to prepare and use ORS.

4.2.2 Project Strategies

Child Survival interventions in the Um Ruwaba are also dependant upon the abilities of SC Community Trainers to organize and discuss various educational activities. Community Trainers were initially village based, but due to food relief activities and subsequent logistical problems, all Community Trainers are now based in Um Ruwaba town from which they make periodic visits to impact area villages. Despite the change, it is evident from the successes achieved, that SC has utilized strategies in Um Ruwaba that have not only resulted in significant changes in both the knowledge and practices of the target populations but have facilitated collaboration with the Ministry of Health.

4.2.3 Project Training Interventions

As was the case for Showak impact area, SC training approaches to improve knowledge levels of individuals as well as villages appear to have been largely successful. Village Health Committees seem quite well motivated and this factor coupled with government support should improve the chances of sustaining Child Survival interventions when the project concludes in August, 1992.

4.2.4 Project Health Information System

The Child Survival project in Um Ruwaba also uses a village roster system to monitor and follow-up all interventions as well as vital events. Of the villages surveyed during the evaluation, 55% maintained the same village rosters that the SC Child Survival project maintains in Um Ruwaba.

Unlike the Showak project, Um Ruwaba maintains village enrollment rosters for each village and for each intervention. This is an extremely inefficient approach since it results in multiple entries

of the same information and follow-up by family is very awkward - particularly for the larger villages.

4.3 Save The Children Foundation/Khartoum

4.3.1 Project Management and Administration

The SC Child Survival project has been subjected to some very severe conditions which, in effect, have tested both the field office organization as well as the ability to continue project operations in the impact areas. The Desert Storm operation in the Gulf resulted in the departure of all SC senior expatriate staff for about one year after which only one staff member returned. Further, the serious famine situation in Sudan has resulted in the curtailment of virtually all SC community development projects with much greater emphasis placed upon relief efforts.

At the time of the evaluation, each Child Survival impact area seemed to have its own project management and administration with fiscal as well as logistical support coming from SC in Khartoum, and technical support for project interventions from Westport, Connecticut. While this arrangement might be adequate for fiscal and logistical matters, it is inadequate for programmatic issues since there does not appear to be administrative follow-up when problems like the lack of ORS arise in the impact area. Inadequate support from SC/Khartoum for health interventions has also compromised project quality by allowing the continued use of vaccines that might not be potent (in Showak) and a health information system in Um Ruwaba that is very inefficient. SC/Khartoum has recognized this problem and is actively recruiting a high level health staff person.

4.3.2 Project Budget

The SC Child Survival project in Sudan has a total budget of \$907,859 of which \$561,542 was funded by U.S.A.I.D. for the period of the project (December, 1989 to August, 1992).

When the Child Survival project budget was reviewed in Khartoum, it seemed as though there was adequate funding available to carry the project through to its completion in August, 1992. However, with the official exchange rate of U.S.\$1 = 12.15 Sudanese Pounds and the unofficial rate of U.S.\$1 = 60 - 70 Sudanese Pounds, it is evident that very serious problems with the project budget might develop under these inflationary circumstances thereby jeopardizing crucial project operations to phase out SC involvement.

4.3.3 Project Sustainability

Despite some lack of achievement for some of the Child Survival interventions, both project impact areas appear to be able to have half of their villages sustain several of the interventions with only minimal support from SC. In view of the famine and economic instability that prevail in both impact areas, it seems remarkable that SC has been able to motivate villages to continue to

participate in project activities. If 50% (or more) of the villages involved with the project are able to sustain Child Survival interventions without SC support, this achievement will be truly remarkable.

Community Trainers in both project areas noted that they had not received Ministry of Health certification as Community Trainers despite being better trained than Ministry of Health Community Trainers. As a consequence, SC might lose an opportunity to enhance project sustainability by not having its Community Trainers employed by the Ministry after the project concludes.

5.0 RECOMMENDATIONS

5.1 Showak Impact Area

- 5.1.1 To facilitate the process of Village Health Committee ownership of immunization activities, SC should insure that by the end of December 1991, the eight recently trained Community Health Workers will independently perform vaccination activities.
- 5.1.2 Similarly, Village Health Committees need to start maintaining their own rosters by the end of 1991, so that the administration and follow-up of Child Survival interventions in the villages has a better chance of being sustained when the project concludes in August, 1992.
- 5.1.3 By the end of September 1991, SC/Sudan needs to strongly encourage the Ministry of Health need to obtain (and immediately use) thermometers or other cold chain monitoring devices for the Showak district-level cold-chain.
- 5.1.4 During the remaining year of the project, SC should make every attempt to increase the involvement of the Ministry of Health staff in Showak and Gedarif with Child Survival interventions in order to insure that both moral, technical and logistical support will be available to Village Health Committees when the project concludes.

5.2 Um Ruwaba Impact Area

- 5.2.1 SC needs to provide much more emphasis on the promotion of full immunization coverage with Tetanus Toxoid among women of child bearing age if project objectives are to be met. Project management should insure that all educational presentations to Village Health Committees or women of child-bearing age must emphasize the importance of full immunization with Tetanus Toxoid.
- 5.2.2 By the end of November, 1991, the Health Information System needs to be streamlined as was done by Showak impact area in order to have an information system which is more efficient and useful in project management.

5.3 Both Impact Areas

5.3.1 The Ministry of Health need to take immediate steps to insure that adequate supplies of ORS are available to both project areas. If no solution to this logistical problem can be found, perhaps the idea of including ORS in drug revolving funds for Village Health Committees should again be considered.

5.3.2 SC Child Survival objectives concerning nutrition should be revised as follows:

By the end of December, 1991:

All Village Health Committees with Community Health Workers in both impact areas should continue promote growth monitoring activities (using weight for age) on a quarterly basis for all children under 36 months of age.

It is suggested that additional resources be pursued to provide supplemental feeding for identified growth falterers in both impact areas. The development and implementation of supplemental feeding activities would facilitate the promotion of growth monitoring activities and could be done in conjunction with current SC food distribution programs.

5.3.3 By the end of December, 1991, SC/Sudan should develop sustainability strategies for both impact areas. This would include the categorization of Village Health Committees capable administratively capable of sustaining all or selected components of sustaining Child Survival interventions. Once identified, Community Trainers should only continue making quarterly visits to the independent Village Health Committees thereby permitting more time to develop sustainability strategies for the remaining villages.

5.3.4 Both sites should insure that immunization schedules are observed so that DPT1 and OVP1 are not given too soon after birth and that the minimum intervals between antigens are observed.

5.3.5 SC should consider recording Vitamin A supplements on a child's or women's immunization card to enhance documentation efforts.

5.3.6 ORT training activities for primary school teachers need to be strengthened in order to insure that the ORS interventions will remain after the project concludes.

5.3.7 Because of the time remaining in the project and because of inadequate government support, current Child Survival objectives regarding child spacing and family planning methods should be deemphasized from project activities for the remainder of the project in both impact areas.

5.4 SC\Khartoum

- 5.4.1 To enhance project sustainability as well as SC staff development, SC/Khartoum should vigorously pursue Ministry of Health certification for the Community Trainers working in both impact areas.
- 5.4.2 SC/Khartoum's intention to hire a local high level health staff person to provide administrative as well as technical support to both impact areas is strongly supported. Once in place, this person should be able to help implement appropriate sustainability strategies for both areas and provide follow-up to problems that cannot be resolved in the impact areas.
- 5.4.3 In view of the current inflationary situation and the artificially low official exchange rate of U.S. dollars to local currency, SC/Sudan and USAID/Sudan need to review the remaining budget for Child Survival activities to insure that adequate funding will be available in local currency to cover operations for the remainder of the project.

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Table 1 - Showak Impact Area

Objective/Activity	Progress
<u>Immunizations</u>	
* Train 12 Ministry of Health CHWs to provide immunization activities in 25 villages.	* Records reviewed indicate that 8 CHW's trained but not yet in place.
* Establish and train 34 Village Health Committees.	* Records reviewed indicate that 38 Village Health Committees established.
* Fully immunize 80% of children <3 years of age.	* Evaluation survey results indicate that 89% of children 12-23 months of age have been fully immunized.
* Fully immunize 70% of women of child bearing age with Tetanus Toxoid.	* Evaluation survey results indicate that 91% of women have been fully immunized.
* Maintain and use rosters to identify and follow-up women and children defaulters.	* Records reviewed show that no Village Health Committees currently use rosters.
* Maintain the cold chain.	* Cold chain temperatures not monitored by the Ministry of Health.
<u>Diarrhoeal Disease Control</u>	
* ORT to be used in 80% of diarrhoea cases.	* Evaluation survey results indicate that ORT was used in 60% of diarrhoea cases.
* 64 Health Agents to trained in ORT for 34 villages.	* Review of records indicate that 77 Health Agents have been trained in 38 Villages.
* 16 Health Agents to be trained in ORT for nomads.	* Review of records indicate that No Health Agents have been trained in ORT for nomads.
* Establish 3 ORS supply sites for nomads and reliable supplies from MOH.	* Review of records indicate that 2 ORS supply sites have been established; reliable ORS supply not yet achieved.

Table 1 - Showak Impact Area

Objective/Activity	Progress
<u>Diarrhoeal Disease Control</u>	
* 90% of impact area mothers trained in ORT and dietary management during diarrhoeal episodes.	* Evaluation survey results indicate that 89% of mothers know how to prepare ORS.
* All primary school children to be trained in ORT.	* Evaluation survey results indicate that 75% of children surveyed knew how to prepare ORS.
<u>Nutrition</u>	
* 80% of children <3 years who are growth faltering to be referred to a health worker.	* Review of records indicate that no children <3 years with growth faltering were referred to a health worker.
* All Village Health Committees to be trained to identify and refer growth falters.	* Review of records indicate that 23 Village Health Committees out of 38 have been trained.
* Conduct a nutrition survey in the impact area.	* Nutrition survey conducted.
* 80% of mothers in the impact area to be trained in nutrition feeding practices.	* Review of records indicate that 6% of mothers have been trained in nutrition feeding practices.
* 60% of mothers to be trained to recognize growth faltering risk factors.	* Evaluation survey results indicate that 17% of mothers have been trained to recognize growth faltering risk factors.
* 60% of children <3 years to receive a Vitamin A supplement every six months.	* Evaluation survey results indicate that 51% of children <3 years have received a Vitamin A supplement once and 41% twice during the past year.

Table 1 - Showak Impact Area

Objective/Activity	Progress
<u>Nutrition</u>	
* 80% of post partum women to receive a Vitamin A supplement within 3 months after birth.	* Evaluation survey results indicate that 2% of post partum women have received a Vitamin A supplement within 3 months after birth.
* All children with measles should receive a Vitamin A supplement.	* Evaluation survey results indicate that 0% of children surveyed had measles and a Vitamin A supplement.
* Drug revolving fund to include Vitamin A capsules.	* Record reviewed indicated that no Village Health Committees have drug revolving funds with Vitamin A.
<u>Family Life Education</u>	
* Community Trainers to discuss child spacing with 25% of women in the impact area.	* 13% of women in records reviewed (716 out of 5,672) had participated in discussions about child spacing.
* Village leaders to be trained in child spacing.	* Records reviewed indicate that no village leaders have received training in child spacing.
* Train 1 TBA in each of 34 settled villages.	* Records reviewed indicate that 12 TBA's have been trained for 9 villages. Evaluation survey results indicate that 53% of the women interviewed were delivered by a trained TBA.
* Train 1 TBA for each of 6 nomad groups.	* Records reviewed indicate that no TBA's have been trained for any of the nomad groups.
* Train 70% of women in the impact areas to prepare for delivery with clean supplies.	* From the records reviewed, 13% of women in the impact areas were trained to prepare for delivery with clean supplies.

Table 1 - Showak Impact Area

Objective/Activity	Progress
<u>Family Life Education</u>	
* 60% of pregnant women to have an antenatal contact.	* Evaluation could not determine how many pregnant women had an antenatal contact.
* 50% of pregnant women in the impact area to receive iron and folic acid.	* Records reviewed indicate that 11% of pregnant women in the impact area had received iron and folic acid.
* Iron, folic acid and chloroquine to be part of a drug revolving fund in 30 villages.	* Records reviewed indicate that 29 villages have revolving funds for chloroquine with 1 village having both chloroquine and folic acid.
<u>General Impact Area Interventions</u>	
* 34 Village Health Committees to have Health Agents and TBA's.	* Records reviewed indicate that 38 Village Health Committees have Health Agents.
* All Village Health Committees to have drug revolving funds.	* Records reviewed indicate that 29 of 38 Village Health Committees have revolving funds for chloroquine with 1 VHC also including folic acid.
* 20 villages to independently manage chloroquine and ORS distribution as well as training activities.	* Records reviewed indicate that no Village Health Committees independently manage Child Survival activities at this time.

Table 2 - Um Ruwaba Impact Area

Objective/Activity	Progress
<u>Immunizations</u>	
* Fully immunize 70% of children <1 year of age in 74 impact area villages.	* Evaluation survey results indicate that 75% of children 12-23 months of age have been fully immunized.
* Fully immunize 70% of women of child bearing age with Tetanus Toxoid in 74 impact area villages.	* Evaluation survey results indicate that 0% of women have been fully immunized.
* Achieve 60% full immunization coverage in the district for both children and women of child bearing age.	* Record reviewed indicate that during 1990 about 75% of the children in the District are fully immunized and about 23% of women 15-44 years have received two doses of Tetanus Toxoid.
* 60% of immunization sites with health workers in Ashana and Um Dam Rural Councils to independently provide vaccinations. 50% of the communities with health workers in Um Ruwaba and Shirkela Rural Councils will pick up their own vaccines.	* Records for both areas indicate that there are 21 health workers providing vaccinations in 42 villages of the impact areas. Survey results indicate that 60% of Village Health Committees have been trained to provide oversight to immunization activities but only 10% actually provide immunizations. 40% of the villages surveyed pick up their own vaccines.
* 95% of families in the impact area to be trained about the importance of maintaining an immunization card.	* Survey results indicated that 100% of families had an immunization card.

Table 2 Um Ruwaba Impact Area

Objective/Activity	Progress
<u>Diarrhoeal Disease Control</u>	
* ORT training for 2 members in 80% of families of IPA.	* Records reviewed indicate that 11,427 mothers or 100% of mothers in the IPA have been trained in ORT. Survey results showed that 93% of the mothers interviewed knew how to prepare ORS.
* ORT to be used in 65% of diarrhoea cases.	* Survey results indicated that ORT was used in 76% of diarrhoeal episodes.
* 65% of impact area mothers to continue feeding during diarrhoeal episodes.	* Survey results indicated that 94% of the mothers interviewed continued feeding during diarrhoeal episodes.
* Mothers to conduct ORT training sessions in villages.	* Records reviewed during the evaluation indicate that all 74 VHC's have received ORT training.
* Train 15 health workers to conduct ORT training.	* Records reviewed during the evaluation indicate that 360 health workers have been trained to conduct ORT training.
* Improve ORS supply to villages in the IPA using VHC's.	* Evaluation survey results found that only 30% of the villages visited had an ORS supply.
<u>Nutrition</u>	
* 75% of children <3 years to receive a Vitamin A supplement.	* Evaluation survey results found that 80% of children <3 years had received a Vitamin A supplement once during the past year.
* 50% of lactating women to receive a Vitamin A supplement post partum.	* Evaluation survey results found that 6% of post partum women have received a Vitamin A supplement.

Table 2 Um Ruwaba Impact Area

Objective/Activity	Progress
<u>Nutrition</u>	
* Train health workers about Vitamin A deficiency and distribution.	* Records reviewed do not indicate that any health workers have been trained about Vitamin A deficiency and distribution.
* 60% of mothers in IPA's will attend at least 2 nutrition education sessions.	* Records reviewed indicate that 1,576 mothers have been trained about nutrition and that all villages have had 2 nutrition education sessions. The evaluation survey found that only 13% of the mothers interviewed understood growth monitoring and the use of the growth curve.
<u>Family Life Education</u>	
* Conduct 10 focus group discussions about child spacing in the impact area.	* Records reviewed indicate that no focus group discussions about child spacing were conducted in the impact area.
* Conduct at least one health education session/year in each school in Um Ruwaba town.	* Records reviewed indicate that one health education session had been conducted in all 37 schools of the IPA.
* Train teachers to conduct health education sessions.	* The evaluation could not determine if any teachers had been trained to conduct health education sessions.

EVALUATION SCHEDULE

August 23rd, Friday	Arrive Khartoum
August 24th, Saturday	Planning/Khartoum
August 25th, Sunday	Planning/Khartoum
August 26th, Monday	Planning/Khartoum
August 27th, Tuesday	Travel to impact areas
August 28th, Wednesday	Evaluation in impact areas
August 29th, Thursday	Evaluation in impact areas
August 30th, Friday	Evaluation in impact areas
August 31st, Saturday	Travel to Khartoum
September 1st, Sunday	Report preparation
September 2nd, Monday	Presentation of site reports - Showak, 12 p.m. Um Ruwaba, 1 p.m.
September 3rd, Tuesday	Written Site Reports Due
September 4th, Wednesday	Present Executive Summary to U.S.A.I.D. at 10 a.m.
September 5th, Thursday	Present Executive Summary to Ministry of Health meeting at 11 a.m.
September 6th, Friday	Report preparation
September 7th, Saturday	Departure from Khartoum

PERSONS CONTACTED

1. Save the Children/Westport

Dr. Warren Berggren
Dr. Ahmed Zayan, MPH*
Mr. Philip Davies*

2. Save the Children/Sudan

Mr. John Marks - Khartoum
Dr. Justin Opoku* - Khartoum
Dr. Ahmed Karadawi - Khartoum
Dr. Biar Deng Biar* - Um Ruwaba
Mr. Abdel Hadi Ali Makki* - Um Ruwaba
Mr. Abdel Hafiz Sokrab* - Showak
Ms. Ihsan Ali Sidiq* - Showak

3. Ministry of Health

Dr. Hilary Okunyi* - Khartoum
Dr. Mohamed Mahgoub* - Um Ruwaba
Dr. Ghazali Waheel Bakheit* - Gadarif
Mr. Adam Babiker* - Khartoum

4. CARE/Sudan

Dr. Abdel Raheem Ahmed*

5. USAID

Mr. David Rhoades, Director, Food and Humanitarian Assistance
- Khartoum
Dr. A. Haider - Khartoum

*Child Survival Evaluation Team Member

SAVE THE CHILDREN/SUDAN CS MTE

HOUSEHOLD QUESTIONNAIRE

1 IMMUNIZATION SERVICES

1.1 See EPI Survey Form)

2 DIARRHOEAL DISEASE CONTROL

2.1 Has this household's children had diarrhoea during the past two weeks? No _____ Go to question 2.2

Yes _____ Ask the following questions:

Was ORS used? No _____ Yes _____

If Yes, where did the household learn about using ORS?

Ask a mother to describe how they made ORS.

Comments: _____

Request a mother to demonstrate how to make ORS>

Comments: _____

Did the mother continue feeding during the diarrhoea episode?

No _____ Yes _____

Were anti-diarrhoeal drugs used for treatment(alone or with ORS)?

No _____ Yes _____

Were Home Available Fluids used for treating the diarrhoea?

No _____ Yes _____

2.2 Are appropriate measuring containers available to prepare ORS?

No _____ Yes _____

2.3 Does this household have a pit latrine? No _____ Yes _____

2.4 Does the mother wash her hands and utensils before preparing ORS or food? No _____ Yes _____

2.5 Request a primary school children to describe how to prepare ORS.

Comments: _____

3 VITAMIN A DISTRIBUTION

3.1 How many children <3 years old in this house have received a Vitamin A supplement during 1990 (one time and two times)? Show the Vitamin A capsule to the mother

One Time _____
Two Times _____

3.2 Has the mother received a Vitamin A supplement within three months of the birth of her child? No _____ Yes _____

4 NUTRITION ACTIVITIES

4.1 If the mother has a growth monitoring curve for her child, does she know what the growth curve means? Ask her to explain by using different weights on the growth curve.

5 FAMILY LIFE EDUCATION

5.1 Was the mother's birth attended by a trained Traditional Birth Attendant? No _____ Yes _____

6 MALARIA CONTROL

6.1 Does the mother know where to get chloroquine tablets?

No _____ Yes _____

6.2 How much does it cost for the chloroquine tablets? _____

HOUSEHOLD SUMMARY FORM

(1) Age Group Being Evaluated _____ To _____ Months
 (2) Date of Interview _____
 (3) Birthdate of Age Range To Be Evaluated _____ To _____

(4) Impact Area: _____

(5) P N E U R M S B O E N R	(6) H N O U U M S B E E H R O * L * D *	(7) Name of Child In Age Range	(8) Birth- Date	(9) V C A A C R C D I * N * A * T * I * O * N * (+,-)	(10) Vaccination Record (Record Date of Vaccination)								(11) F V U A L C L C Y I N A T E D (+,-)	
					BCG	Polio1	Polio2	Polio3	DPT1	DPT2	DPT3	Measles		TT1
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
TOTAL FULLY VACCINATED														

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SAVE THE CHILDREN/SUDAN CS MTE

COMMUNITY INTERVIEWS

1 IMMUNIZATION SERVICES

- 1.1 How many CHWs are providing EPI services? _____
- 1.2 Is this village receiving EPI services from CHWs? _____
- 1.3 How many CHWs have been trained to provide EPI _____
- 1.4 Has this Village Health Committee been trained to provide oversight to EPI activities? _____
- 1.5 Is the Village Health Committee providing EPI activities? _____
- 1.6 State the current immunization schedule being used by CHWs.

<u>Antigen/Dose</u>	<u>Age (Months)</u>
BCG	_____
DPT1	_____
DPT2	_____
DPT3	_____
OPV1	_____
OPV2	_____
OPV3	_____
MEASLES	_____
TT1	_____
TT2	_____

2 DIARRHOEAL DISEASE CONTROL

- 2.1 Is the village water supply within 2 kilometers?
No____ Yes____
- 2.2 Does the village have a protected water supply?
No____ Yes____

3 FAMILY LIFE EDUCATION

- 3.1 How many TBA's have been trained? _____
- 3.2 What topics were discussed during the TBA's training?
List the topics.>

SAVE THE CHILDREN/SUDAN CS MTE

RECORDS REVIEW - COMMUNITY

1 IMMUNIZATION SERVICES

- 1.1 Are village rosters of vaccination eligible and defaulters maintained? No _____ Yes _____

2 DIARRHOEAL DISEASE CONTROL

- 2.1 State the quantity as well as size of ORS sachets available at each supply site and in each village visited.

3 NUTRITION ACTIVITIES

- 3.1 How many growth faltering referrals have been identified? _____
- 3.2 How many growth faltering referrals have been to health workers? _____

4 FAMILY LIFE EDUCATION

- 4.1 How many follow-up visits for TBA's were made by the Community Trainer during 1990? _____

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SAVE THE CHILDREN/SUDAN CS MTE

MINISTRY OF HEALTH INTERVIEWS

1 IMMUNIZATION SERVICES

- 1.1 How often are cold chain temperatures monitored in cold boxes and/or vaccine carriers?
- 1.2 How long (days or months) are vaccines kept under storage at each level of the cold chain?
- 1.3 Is vaccine rotation practiced?
- 1.4 How many times can vaccine be removed from the cold chain to ambient temperature before being discarded?

SAVE THE CHILDREN/SUDAN CS MTE
RECORDS REVIEW - MINISTRY OF HEALTH

1 IMMUNIZATION SERVICES

- 1.1 How many times during the past year have EPI services been provided to each village? (List villages and dates of EPI services.)
- 1.2 Provide a list/inventory of all cold chain equipment available in the IPA.
- 1.3 State the average minimum and maximum cold chain temperatures recorded during January - June 1991.

2 FAMILY LIFE EDUCATION

- 2.1 Are family planning educational materials and supplies available?
- 2.2 How many follow-up visits for TBA's were made by the Community Trainer during 1990?

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SAVE THE CHILDREN/SUDAN CS MTE

RECORDS REVIEW - SC

1 IMMUNIZATION SERVICES

- 1.1 How many CHWs are providing EPI services? _____
- 1.2 How many villages are receiving EPI services from CHWs? _____
- 1.3 How many CHWs have been trained to provide EPI services? _____
- 1.4 How many Village Health Committees have been trained to provide oversight to EPI activities? _____
- 1.5 How many times during the past year have EPI services been provided to each village? (List villages and dates of EPI services.)
- 1.6 Provide a list/inventory of all cold chain equipment available in the IPA.
- 1.7 Using the form provided, state EPI coverage during 1990 plus first six months of 1991. (absolute numbers) by antigen, dose, for <1 year and >1 year in children and for women 15-44 years of age.
- 1.8 Are village rosters of vaccination eligible and defaulters maintained? No _____ Yes _____

2 DIARRHOEAL DISEASE CONTROL

- 2.1 How many Health Agents have been trained in the preparation and use of ORS? _____
- 2.2 How many Village Health Committees have received training on ORS preparation and use? _____
- 2.3 How many primary school children have been trained to prepare and use ORS? State the total number of students in a class and the number trained.

Class Total _____ Number of Students Trained _____

3 NUTRITION ACTIVITIES

- 3.1 How many Village Health Committees have been trained to identify children <3 years with growth faltering? _____
- 3.2 How many Health Agents have been trained to identify children <3 years with growth faltering? _____

3.3 How many cases of malnutrition in children <3 years have been reported for settled areas? _____

3.4 How many mothers have received education/training about nutrition? _____

4 VITAMIN A DISTRIBUTION

4.1 How many CHW's have been trained to recognize and treat Vitamin A deficiency as well as associated risk factors? _____

4.2 State how many children <3 years old have received a Vitamin A supplement during 1990 (one time and two times)? _____

4.3 State the quantity of Vitamin A capsules on hand. How long has this supply been maintained? _____

5 FAMILY LIFE EDUCATION

5.1 How many village leaders, community trainers, and agricultural extensionists have been trained in methods and benefits of child spacing? _____

5.2 How many women of child bearing age have discussed child spacing with a trainer? _____

5.3 Are family planning educational materials and supplies available?
No _____ Yes _____

5.4 How many women are using family planning methods? _____

5.5 How many TBA's have been trained? _____ In how many villages?

5.6 How many follow-up visits for TBA's were made by the Community Trainer during 1990? _____

5.7 How many pregnant women have received training during 1990 in the importance of iron and folic acid supplementation? _____

5.8 How many pregnant women have had a antenatal contact during 1990?

5.9 How many pregnant women during 1990 have received both iron and folic acid? _____

6 MALARIA CONTROL

6.1 How many chloroquine agents have been trained and in how many villages during 1990? State the total number trained and total number of villages.

Total Number Trained _____
Total Number of Villages _____

6.2 State the quantities of iron, folic acid and chloroquine on hand.

Iron _____
Folic Acid _____
Chloroquine _____

6.3 How many villages have chloroquine revolving funds? _____

7 GENERAL IPA ACTIVITIES

7.1. How many Village Health Committees have Health Agents?

One HA _____ Two or more HAs _____
TBAs _____

7.2 How many nomadic groups have a health committee? _____

7.3 How many villages are independently operating preventive activities (ORT, growth monitoring, Vitamin A, iron, folic acid, and chloroquine). _____

7.4 How many villages have provided budget to independently conduct Child Survival activities? _____

EPI COVERAGE FORM

SIX MONTH TIME PERIOD *: _____

IPA: _____

Antigen	<1 Year	2-3 Years	Women 15-44 Years
Population Eligible	_____	_____	_____
BCG	_____	_____	_____
DPT 1	_____	_____	_____
DPT 2	_____	_____	_____
DPT 3	_____	_____	_____
OPV 1	_____	_____	_____
OPV 2	_____	_____	_____
OPV 3	_____	_____	_____
Measles	_____	_____	_____
TT 1	_____	_____	_____
TT 2	_____	_____	_____

* Complete this form for the following 6 month time periods:

January to June 1990

July to December 1990

January to June 1990

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