Evaluation of ECHO´s Global Plans 2000 and 2001
Democratic Republic of Congo

Synthesis Report

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Period Covered:	1. January 2000 – 31. December 2001
Author:	Dipl.-Ing. Michael Kunze, Evaluation Team Leader
Sector Inputs:	Dr. Olivier Barthes, Medical Doctor, Health Sector Dr. Martine Logez, Medical Doctor, Food Security and Nutrition Dr. von Massow, Pharmacist, Drug Supply Systems

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Executive Summary

Subject of Evaluation

The subjects of evaluation are the Global Plans (GP) 2000 and 2001 for the Democratic Republic of Congo (DRC). The GP's defined the assistance framework for EC/ECHO funded humanitarian operations in DRC, covering the fields of Public Health Care, Food Security and Nutrition, Water & Sanitation and other support schemes related to refugees and to IDPs in the country. The GPs for DRC have been funded under the Decisions: GP 2000 - ECHO/ZAR/210/2000/01000 (20 MEURO) and GP 2001- ECHO/COD/210/2001/01000 (35 MEURO).

Description of the Evaluation

Between the 3rd of July and the 7th of August, a team of four external consultants evaluated, at the request of the European Commission (EC), the Global Humanitarian Plans in the Democratic Republic of Congo. The Evaluation team was composed of the following consultants: Dipl.-Ing. Michael Kunze, Evaluation Team Leader; Dr. Olivier Barthes, Health Sector; Dr. Martine Logez, Food Security and Nutrition; Dr. von Massow, Drug Supply Systems. The purpose of the evaluation was to (i) assess the appropriateness and effectiveness of the GPs, (ii) assess the degree to which the objectives have been achieved and to (iii) analyse the link between emergency, rehabilitation and development. The evaluation targeted on the operations in the rebel held territories (East DRC) and focused on the two core sectors of activity: Public Health Care (PHC) and Food Security and Nutrition (F&N) and included an assessment of the drug supply system. The mission was well prepared and interviews with all stakeholders at the various levels were conducted. The evaluation covered approximately 70% of the ongoing projects in DRC.

Main conclusions

Relevance – Both Global Plans for DRC generally provide a proper and correct analysis of the situation within the country. The evaluation team can state that the general objectives formulated by sector of intervention are relevant and appropriate to the needs of the target population in the areas supported. The priorities of intervention are properly set and the proportion funds allocated by sector (e.g. GP 2001: PHC, 44 %, F&N 33%) basically respond to the established needs in East DRC (deteriorated public health care system and significantly high mortality rates, continuous internal displacement followed by destabilised livelihoods and food shortage). Likewise, it must be stated that the basis for decision-making (and so targeting of aid) sometimes shows deficiencies due to the frequent absence of baseline information on beneficiaries and the socio-economic context.

Effectiveness and efficiency – In general terms, ECHO effectively accomplished the deployment of the projects funded under the GPs. The achieved coverage is impressive and the planning processes have been adequate to the given situation during the past two years. The average reaction time of the ECHO aid management proved to be sufficient to the situation in East DRC. To enhance the understanding of the context, it has to be stated that the effectiveness of the GPs is hampered by some basic constraints: (i) the limited number of qualified partners willing and able to work in DRC, (ii) the external DRC specific factors (security, accessibility) and (iii) the variety of ECHO partner performance. Despite these constraints, the global impression gained by the evaluators is that the ECHO sector interventions in DRC are effective. The health component of the current GP covers about 2/3 of the health zones in East DRC and a population area of about 13 million inhabitants, to which ECHO operations provide basic curative care and essential medicaments. With regard to the GPs objectives of rational use of drugs, most partners show a good performance. Whereas the systematic quality control for the medicaments and the approaches of prevention of losses are seen to be critical by the evaluation. The evaluation of effectiveness in the PHC sector depends on indirect criteria since the reduction of the mortality (global objective) cannot be measured. Looking at the figures for consultations per person, the statistics show a significant increase over the past year and so in this respect the programme proves to be effective. Looking at the quality of treatment, prescription

and medication in the health centres, the evaluation team is doubtful whether the PHC component efficiently turns resources into results. In order to increase efficiency, the currently applied strategy (to increase the coverage, in terms of health zones supported), needs to be followed with an approach to go for quality (which involves more training of staff, more supervision, etc.). Another important constraint, the sometimes weak performance of the partners, has to be overcome through intense supervision and technical coordination at ECHO level and standardised basic approaches in each sector of intervention (PHC inclusive of drug supply systems, F&N).

It is difficult to know (in general terms), the cost-effectiveness of the ECHO programme, since the project approaches within a sector significantly varies. This makes any comparison of unit costs questionable. Proper unit cost calculations (e.g. cost per month per beneficiary, etc.) are currently not possible as the figures on the direct beneficiaries, to date, are not very reliable. This is due to weak needs assessments and non-standardised reporting schemes at partners level. For the future it would be advisable that ECHO insists more on quality needs assessments and better quality proposals (logframe based). Nonetheless, the health report and likewise the drug supply report provide models for comparative quality and cost-effectiveness analysis, which can be used in the future when the beneficiary's quantification is adequate and useful/adapted indicators and clear objectives are defined. In a simplified manner, one can state positively that when analysing the budget provisions (budget lines) and the respective activities carried out, no excessive or ineffective expenditures were discovered in any of the evaluated projects.

Coordination, coherence and complementarity – The ECHO country programme is well coordinated at a donors level (regular exchange at Donors Meeting / Contact Groups Meetings) and at a country level with the other major donors in the humanitarian field (e.g. USAID/OFDA). The operations of ECHO and the other important donors are, to a high degree, complementary and well coordinated at a general level (prevention of overlaps, regional division). But strategic coordination at a sector level and integrated planning procedures with a longer time horizon are only rudimentarily developed. Obvious deficiencies exist at the level of an efficient and comprehensive inter-agency field coordination. The appointed coordination body (OCHA), although receiving substantial funds for this task, has not yet succeeded in mounting a functional system that provides substantial services in this respect (comprehensive matrix of operations, information base by region, security coordination, movements of IDPs, etc.). The internal ECHO coordination of operations was identified as a weakness because no regular technical sector coordination (specifically PHC and F&N) presently takes place amongst the partners.

Impact - The ECHO GP represent, at present, the most important humanitarian assistance framework for East DRC. The programme covers, with its PHC support, about 2/3 of health zones in the rebel held areas. The WatSan projects and Food Security and Nutrition projects are basically carried out in the most critical areas of East DRC (security, accessibility). The current presence of aid workers in those supported zones and the exhibited will of the European Commission to support the affected population under very difficult circumstances have had an important impact. The presence of the ECHO partners in the field definitely imparts hope upon the local population, the beneficiaries and the local personnel (medical staff, others) and provides them with the feeling of not being abandoned. In addition, this has a humanitarian advocacy function; independent and impartial witnesses are present in the country. The health component of the GPs was re-started to make curative care available to an important part of the population in East DRC. The Food Security component has an important impact on stability, predominantly for the IDP families in recovering to a self-subsistence level. Furthermore, it can be stated that the impact of the ECHO programmes on the local economy remains limited. This is because the assistance per capita remains limited. ECHO does not provide significant contributions of food aid, for example, as well as other commodities, which could have a negative backward effect on market prices. Whereas the road rehabilitation schemes linked to resettlement / food security programmes show proven positive impact on the recovery of local economies.

Visibility – In general, the visibility (in terms of presence) of stickers and other promotional material, was satisfactory. However, the impact of the visibility efforts is questionable. The local population, the

beneficiaries and even the local workers did not often understand what a donor ECHO was, nor what ECHO/EC meant. This was revealed by the occurrence of many direct interviews with beneficiaries during the evaluation.

Horizontal issues – The evaluation team focused on three main horizontal issues relevant to the DRC operations: (i) the GP programming, (ii) the LRRD issue and (iii) the aid workers security.

By looking at the programming procedures, the evaluation team gained the impression that timing and procedures basically do respond to the planning requirements and that the aid management team handled the process properly. Nevertheless, it was found that the ECHO partners could have been more actively involved (input in the planning process / transparency of ECHO towards the partners). But it has to be stated that if future Global Plans should serve as a document, which in addition provides baseline standards for operation approaches, additional elements have to be added to the plan and worked out (see recommendations).

The LRRD issue will become more important in the future, since many of the ECHO operations in DRC already enter into aid phases that could be defined as recovery orientated/transitional. Since it can be expected that ECHO assistance in DRC will be needed for an extended period of time in the future, this available time span should be used to actively pave the ground for development orientated activities (definition of interfaces to hand over, exit strategies, etc.). There is, at the moment, a lack of clear sector orientated operational definitions for the various emergency, emergency-recovery and transition aid phases. The future programming should take care of these aspects.

With regards to the aid workers security, it can be stated that the security measures taken by the partners appear to be sufficient in those cases evaluated and that the means employed match the requirements of the respective situation in which the ECHO partners work. ECHO provides sufficient budget provisions for basic security measures (Communication Equipment, others). Nonetheless, it is clear that alongside the organised rebel movements (who declared to ensure the security of aid workers), criminal elements also carry arms in the Eastern part of the country. This obviously increases the vulnerability of aid workers, thus making any forecast on the development of the security situation difficult.

Recommendations

The following list provides the main general recommendations of the evaluation team; more detailed elaborated recommendations are outlined in the relevant chapter of the present report and in the sector reports. The evaluation team recommends:

- to initiate an intense technical sector coordination (PHC, F&N) between the ECHO partner to (i) harmonise the approaches and to prepare for LRRD interfaces and (ii) to use the experiences of individual partners to benefit all operators.
- to amend the future Global Plan for DRC with the introduction of a set of operational definitions for each of the intervention sectors (definition by aid phase).
- to encourage the ECHO partners to use more active needs assessments (including nutritional surveys for the F&N sector) and socio-economic surveys for their project planning and likewise to seriously use the PCM / Logframe approach for their planning and proposals writing.
- to insist on adequate staffing of the ECHO projects, including the provision of high calibre professionals, low staff turnover and sufficient number of expatriates in the projects funded.
- to provide additional technical assistance and expertise, where necessary, to support and to supervise the ECHO partners, mainly in the health sector but also in F&N.
- to continue to tackle the inter-agency field coordination deficiencies (OCHA needs to fulfil its role in this respect) to the benefit of all operators in East DRC.

- to support measures that lead to community development and the strengthening of the civil society at grassroots level (e.g. COSA, Road Committees, etc.) and to finance technical assistance (to be carried out by the NGOs) related to these activities. These activities proved to have significant positive impact on the project performance, including the successful implementation of community co-financing approaches.
- to convert from coverage orientation in the health sector programme to quality orientation (training of staff, intensified supervision, etc.), in order to increase the effectiveness and efficiency of the ECHO projects.
- to review the “prix forfaitaire system ” for medical treatment, presently recommended by the GP. The experiences with mixed co-financing approaches of some partners showed that these might be more future orientated (cost-recovery, exit orientated) in most of the regions (see recommendations in Drug Supply Report).

1. Introduction

The European Commission Humanitarian Aid Office (ECHO) has in the last 5 years (1997-2001), donated approximately 81 MEURO[1] for humanitarian operations in DRC. At present, ECHO is one of the major humanitarian donors in DRC. The present evaluation includes the analysis of the two successive Global Plans for the years 2000 and 2001 at a total value of 55 MEURO.

The ECHO funded activities in the years 2000 and 2001 focused primarily on two priority sectors of intervention: (i) support to the public health system and (ii) food security/nutrition activities. In addition, auxiliary activities have been funded in the fields of water & sanitation and refugee and IDP support schemes. The funds have been channelled mainly through international NGOs followed by contributions by the UN agencies active in DRC and the organisations of the IFRC/ICRC[2].

The evaluation took place during the period of 3rd July and 7th August 2001 and concentrated geographically on projects financed in the eastern part of the country (so called rebel held territories). This is where the majority of the funds (about 60%) under the Global Plans have been spent. For each of the main sectors (PHC, F&N) covered by the GPs and the drug supply system, independent consultants compiled a sector-specific report. The findings contained in these three reports provide the backbone of the synthesis report, which analyses the overall approach of ECHO to the country and summarises the findings of the sector reports.

The purpose of the evaluation, as defined in the TOR for the evaluation assignment, was:

- to assess the appropriateness of 2000 and 2001 ECHO Intervention Plans;
- to assess the degree to which the objectives pursued have been achieved and the effectiveness of the means employed;
- to quantify the impact of the Global Plans in terms of output;
- to analyse any possible link between emergency, rehabilitation and development and the areas in which this may be feasible;
- to establish precise and concrete proposals on the future of ECHO's funding by sector and activities.

To gain a better understanding of the subject of evaluation, the following paragraphs give a survey on the priorities of the two successive ECHO Global Plans and the importance of the ECHO funding in terms of funds spent, as well as the current situation of disbursement.

Main Sectors of Intervention[3]

Sectors of Intervention	Planned provision GP 2000		Planned provision GP 2001	
	EURO	Per Cent of GP	EURO	Per Cent of GP
Public Health Care and related activities (PHC)	7,000,000	38,5	15,410,000	44,03
Food Security and Nutrition	5,600,000	28	11,700,000	33,43
Water and Sanitation	1,000,000	5	1,000,000	2,86
Auxiliary Support Schemes (Refugees support, rehabilitation of infrastructure, etc.)	3,700,000	18,5	4,200,000	12
Reserve	2,000,000	10	2,690,000	7,69
Total	20,000,000	100	35,000,000	100

[1] ECHO contribution to DR Congo: 1997-1,5MEURO, 1998-11,6 MEURO, 1999 – 13,3 MEURO, Global Plan 2000 – 20 MEURO, Global Plan 2001 – 35 MEURO (planned)
[2] Figures in 2000: 7,7% UN / 10% ICRC; in 2001: 26% UN / 2,9% ICRC-IFRC
[3] Please see Annex 7, Table 7, for a more detailed break down of activities

The Global Plans 2000/2001 ECHO identified two priority sectors of intervention; public health care and food security/nutrition. Under GP2000/2001 the priority sectors account for about 67 % of the humanitarian operations funded in 2000 and for 77% in 2001. The selection of these priorities reflects the assessment of the international donors community on needs and priorities in DRC, which was re-confirmed during the DRC Donors Contact Group Meeting[4] in Geneva this July.

ECHO is currently one of the major humanitarian funding agencies in DRC. From an estimated total of 100 MEURO[5], contributed by the international donor community for humanitarian operations in DRC in 2001, the ECHO contribution accounts for about 35 % of this funding. The contribution of the USA (USAID /ODFA) similarly accounts for about 35% and the European Member States assistance for about 13 % (see Annex 6, Table 1,2,3).

During the implementation of the Global Plan 2000, ECHO funded 37 projects which were implemented by 24 different partners. 6 projects are currently ongoing from GP 2000, representing a value of about 3 MEURO. The ongoing GP 2001 foresees 40 projects to be implemented by 24 partners. At present 28 projects are in progress, representing about 27 MEURO or 77 % of the foreseen fund and a further 12 projects are under negotiation with the partners, with the aim of beginning later this year (for details see Annex 6, Table 6).

2. Methodology

The evaluation of the GP 2000/2001 began with 4 days of intense briefing in Brussels. The inception phase allowed the evaluation team to visit the Brussels premises of ECHO / DG-DEV, in order to gather the necessary information on the GPs and the individual projects (desk study). Intense discussions with the ECHO Desk Officer for DRC and the evaluation unit, brought the evaluation team to a satisfactory level of knowledge with regard to the situation in DRC, as well as the projects funded as it was available and understood at headquarter level. As the LRRD issue was an important aspect of the assessment, the relevant desks of DG-DEV and EuropeAid were also visited and interviewed. The briefing in Brussels concluded with a briefing note, which was based on the inputs of the parties involved in the discussions, highlighting those elements that have changed in respect to the initial TOR (see Annex 1).

Directly after the Brussels briefing, the evaluation team commenced its field mission to DRC, beginning with a briefing session at the EU Delegation in Kinshasa. This was followed by visits to various international organisations active in DRC (UNICEF, WHO, etc.), the DRC Ministry of Health, several Member States embassies (Belgium, France, Italy), USAid headquarters, Member States agencies (GTZ) and representatives of ECHO funded NGOs in West DRC (Memisa, ACF), as well as the major EC development programmes (PATS II, PAR). An intense briefing given by the ECHO Technical Assistant (ECHO TA) in Kinshasa concluded the first stage (five days) of the mission.

In line with the EC requirement to concentrate on the evaluation of East DRC (more than 60 % of the funds being focused on this area), the team continued its field mission for a period of 22 days in East DRC, using Goma as a hub. A vast area had to be covered (including the Provinces of Katanga, North and South Kivu, Maniema, Orientale and Equateur) and the mission depended heavily on air transport. Due to the well-organised visit schedule and the reliable air transport (AirServ), the evaluation team managed to visit 19 ongoing projects (3 of GP 2000, 16 of GP 2001) and had discussions with project managers from 7 ongoing projects that could not be visited during the mission, due to time constraints. Finally, the evaluation managed to cover about 70% of all ongoing projects in DRC (for details Annex 6, Table 6).

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[4] DRC Donors Contact Group Meeting, Geneva 9-10 July 2001, co-chaired by Belgium and UNOCHA with the participation of the USA, EC, Belgium, France, UK, Sweden, The Netherlands, Canada and the UN agencies HCR, WFP, UNICEF, WHO, FAO and representatives from the NGO community Memisa, MSF, IRC (US) and Save the Children (UK).

[5] Rough estimate from information gathered during the field mission. Currently no centralised system for the collection of information on donations exists.

The findings and results of the evaluation are based on those projects which were visited and studied. The evaluation is clearly limited in this respect. Furthermore, it has to be expressed that the time available for each of the single projects, did not allow for in-depth evaluation of single operations. The available time was even more limited due to the long distances and the time spent travelling from one location to another. In spite of this, the consultants feel that they acquired a solid overview of the activities funded under both successive Global Plans for DRC.

The field mission of the team was concluded by a de-briefing session with the two ECHO TA in Goma (Mr Francois Goemans – West DRC, Mr Christian Dalmais - East DRC) and a de-briefing with the Regional Support Office for the Great Lakes Region in Nairobi (Mr Johan Heffinck – Regional Coordinator, Mr Alessandro De Matteis – Regional Food Expert).

3. Context and Humanitarian Situation

The instability context

The reality in the Democratic Republic of Congo today, is predominated by a complex and chronic emergency situation characterised by intense violence and human suffering in most of the provinces. Coming from a 32-year ruling of absolute power by Mobutu Sésé Séko, who virtually destroyed the country's economy, the DRC entered into two successive wars involving many of its neighbouring countries. Today, the country is practically split into two parts, the so called government controlled West and the East, which is under the control of two major rebel movements; the Ugandan supported FLC and the Rwandan supported RCD-Goma. In addition to this, several so-called armed non-state actors[6] (Mai-Mai, ex-FAR/Interahamwe, ADF) are causing instability in the eastern parts of the country. This limits the available humanitarian space and leads to the continual internal displacement of the affected population.

The two major forces in power in the East (FLC, RCD-Goma), appear to be completely incapable and to a certain degree unwilling to assure stability (security for the population) and to set-up what is called a "civil administration". The effect of this, is that no budget for social services or public infrastructure (health care, road rehabilitation, etc.) is made available by the rebel movements. Although funds are expected to be available from the revenues of mining activity and other sources of income of the warring parties. The international donor community, has virtually taken over the responsibility of supporting the entire population of East DRC.

Refugees and Internally Displaced Persons (IDPs)

The most recent conflicts in DRC, have led to large-scale displacements of the population in the country. UN-OCHA estimates a figure of 2,040,000 internally displaced people (IDPs) within the country. This is an increase of approximately 240,000 people since November 2000. It is furthermore estimated that less than half of the IDPs have access to humanitarian assistance. More than 90% of the estimated IDPs are located in East DRC, with the highest proportion in North Kivu, South Kivu, Katanga and in the Province Oriental (see Annex 6, Table 4). The movement of the IDP is difficult to assess[7] due to inaccessibility and obvious security constraints. The figures are not systematically collected, but based on indirect information collected by UN-OCHA (number of arrivals in "secure" zones, interviews, observations of different NGOs). Nonetheless, the increasing number of IDPs is a sign of the continued insecurity and the related displacement in many regions. The patterns of displacements vary but the result is obvious; people, more often women, children and the elderly are forced to move from their homes, with virtually nothing, and find refuge in the forest or with their families or friends in other villages. The effect of these movements is that, in some places the resident population has doubled or tripled in size and such places are incapable of handling the influx of IDPs.

[6] ANSAs- Armed Non-State Actors /Groups not signatory to the Lusaka Agreement – Report of a Research Project commissioned by UN-OCHA (October 2000)
[7] OCHA states that the margin of error for some regions is considerably high (at about -+20%)

Alongside the internal displacements, an estimated 340,000 people had left the DRC and fled into neighbouring countries such as Tanzania, Republic of Congo, Zambia, Rwanda and others.

Expectations for humanitarian situation

The humanitarian situation in the eastern part of the country is currently dominated by one main factor: the instable security situation of the population. This has two basic effects, (i) continuous internal displacement of people, who have not been able to reach subsistence level (cultivation of land plots not possible), and (ii) the economic situation, which is heavily hampered by the lack of accessibility to market places (road access, river transport). Since the rebel movements do not feel responsible or are not capable of changing this situation, the future remains grim for the affected population in large parts of East DRC.

DRC and five regional States signed the Lusaka ceasefire agreement in July 1999. for a cessation of hostilities between all belligerent forces in DRC. Since it's signing, the agreement has regularly been violated and does not contribute to substantial stabilisation of the security situation. After the assassination in mid January 2001, of the DRC president Laurent-Desire Kabila (who had a obstructionist attitude to the implementation of the agreement), the new leadership in Kinshasa (Joseph Kabila) adopted a more co-operative style. This caused an accelerated withdrawal of foreign troops and opened up space for the deployment of the MONUC peacekeeping forces. Furthermore, the so-called inter-Congolese dialogue between the warring parties continued. Despite these slightly positive signs, it should be noted that the destabilisation of the region is reported to continue. As the frontline in DRC moves eastwards (withdrawal of foreign troops), there is a negative effect on the neighbouring countries (Rwanda and Burundi). Ongoing fighting between armed rebel groups and the army as well as the infiltration of rebels from DRC and Tanzania is reported from Burundi. Instability is also growing in Rwanda due to recent Interahamwe and ex-FAR infiltration, in the eastern parts of the country. Recent developments also show that the internal power structure in the rebel movements (e.g. conflict in the FLC-President Bemba/ RDC Kisangani) is fragile, which adds to the overall instability of the region and makes any forecast of developments almost impossible.

It appears to be extremely difficult, to give an outlook on the future development in DRC and the Great Lakes Region. This is due to the complex structure of the conflict, the numerous different parties involved, and the obvious geopolitical and economical interest in the country. However, it is evident that the situation of the population is unlikely to change in the near future and that the assistance of the international donor community and the presence of its humanitarian operators will be necessary at least until the mid-term.

Economic information

The Democratic Republic of Congo (ex Zaire) has the third-largest land area in Africa, with a population of approximately 55 million. The country is rich in natural and human resources, including sufficient arable land to nourish the population, ample rainfall, the second biggest rainforest in the world and considerable and varied mineral resources.

The country has experienced a steady decline of its economy in the past decades, due to mismanagement and instability. Today the country's formal economy has virtually collapsed. The latest IMF/WB[8] report on the economical situation reports, on a per capita GDP of US$ 85 (or 23 cents a day) in 2000[9]. The report states a dramatic decline in output and income which has been the result of misdirected economic and financial policies, pervasive corruption and especially in the past decade, political turmoil, civil strife and (since 1998) outright war. Implying among other things, the virtual collapse of governmental control over public finances and public enterprises. Since 1990, the already negative trends have been compounded by an unprecedented cycle of hyperinflation, currency

[8] IMF-Background Information for the Periodic Consultation with the Member Country (DRC), 3 July 2001
[9] Development of GDP: 1985-US$ 380; 1990 – US$ 224; 2000 – US$ 85

depreciation, dollarisation, insufficient saving, financial disintermediation, the spread of epidemics like HIV/AIDS, and the generalised impoverishment of the population.

Altogether, this makes the population of the Democratic Republic of Congo one of the poorest in the world with grim prospects for the future. Since to date, none of the efforts undertaken by the parties in power and the international community have proven to be able to introduce change and stability to the country. At present, a large part of the population relies on informal activities to survive (small scale trading and cultivation of small plots of land). The insecurity in most parts of Eastern DRC and the deterioration of the road network in the entire country, do not allow large parts of the population to even reach a level of subsistence.

Health Situation

The overall situation of the population is very difficult to quantify. For the year 2000 UNICEF indicated the following figures: life expectancy 45,8 years; mortality under five 207; infant mortality 128; vaccination coverage BCG 22%, measles 15%. These indicators show that the current situation in DRC is one of the worst in the world. A recent assessment from IRC estimates that approximately 2,5 million casualties were caused by the last two "civil wars". Although the available studies do not finally prove to be precise and fully reliable, they portray the severe health situation in the country. Furthermore, it has to be stated, that the regional differences in the health situation of the population are remarkable in terms of buying power, access to food and potable water, the degree of education of the medical staff, accessibility to medical care, etc.

The ECHO support schemes in the public health care sector varies in its character from pure emergency operations (in Katanga and the region of Djugu), to more transition/rehabilitation orientated operations (North and South Kivu, some areas in the "Grand Nord"). The current condition of the public health sector in the country is predominated by the (i) incapability and lack of will of the rebel movements to maintain any PHC services, (ii) the absence of functioning links between the health zones in East DRC and the Ministry of Health in Kinshasa, (iii) the de-motivation of the health staff as they have not been paid for more than 10 years and (iv) the absence of any functioning control mechanism in the health system, with the effect that diagnosis, treatments and prescriptions are of a generally doubtful quality.

At present, ECHO is the main donor in the field of primary health care in East DRC, covering a population area of approximately 15 million people. Only a limited number of other donors support the health sector in the rebel held areas. OFDA/USAID supports a project in the region of Kisangani, which covers about 500,000 people. Some other programmes, with a primarily vertical approach, address endemic diseases such as leprosy or tuberculosis (e.g. ALM in Equateur, ALTI in Ituri, etc.). Other programmes address the needs of hospitals, which are most often supported by church organisations. At present, the formerly well-implanted programme SANRU (Programme Santé Rurale) funded by USAID, is in the process of re-installation. The objective being to once more cover about 70 health zones (country wide) which have been supported in the past. SANRU will often be re-mobilised in the zones in which ECHO partners currently support. This is desirable and will contribute to the further coverage of the population, as it would allow ECHO to withdraw from these zones and cover other areas as yet unsupported.

The European Commission currently funds another programme, the PATS II[10] (Programme d'Appui Transitoire Santé). The programme supports the public health sector in the "government held" areas in West DRC. The programme is implemented through international and local NGOs and the activities in East DRC, suspended due to the civil war, are due to be reactivated in the coming year. Commencing with the attainment of some of the ECHO funded projects.

[10] To explain: PATS is funded by DG-DEV but is not channelled through the local Government, decisions are directly taken in Brussels.

Another organisation active in the health sector is the WHO, in conjunction with UNICEF. Major activities of the WHO include vertical programmes, such as vaccination campaigns against polio. This has negative effects on the overall health structures in the country, because three times a year, during the "Journées Nationales de Vaccination", most of the qualified health staff are absorbed by the programmes (payment of very high salaries and per diems to the health staff)[11]. It is felt that even if it is a declared policy (eradication of the disease), the disruption created by this activity is not acceptable when considering the present conditions in DRC. Furthermore, WHO priorities do not always seem to be correctly set and the organisation should concentrate more on other activities, such as the revision of the anti-malaria protocol (chloroquine resistance at about 30% and about 40% of health cases malaria related).

Food Security and Nutrition

In DRC the majority of the population (more than 60%) live in rural areas. In most parts of the country the soil is very fertile, and regular rainfall as well as the sufficient availability of arable land, allow the country to produce sufficient food for its population. Due to the continued instability caused by the two successive civil wars and the resulting (and continued) displacement of the population, many people in East DRC do not reach a level of self sufficiency. Access to food for the urban population (Kinshasa and other important cities) is limited, due to the low level of income (deteriorated economy) and high market prices for food items, which is caused by the destructed state of the transport network throughout the whole of the country. According to WFP (World Food Programme) figures, about 16 million people in DRC live in a situation of severe food insecurity. This general food insecurity is further deteriorated in areas where conflicts and continued displacement prevails/occurs. In these areas, the global acute malnutrition rates reach significantly high figures (in some pockets up to 30%).

4. Relevance and Appropriateness

Both Global Plans for DRC basically provide a proper and correct analysis of the situation in the country and therefore the evaluation team can state that the general objectives formulated by each sector of intervention,[12] are relevant and appropriate to the needs of the target population in the supported areas.

Furthermore, it was found that ECHO has correctly set the priorities and the share of funds invested in the core sectors, namely public health care and food security & nutrition. It has to be stated that the availability of information for the planning process of the GPs, was limited in terms of the identification and classification of beneficiaries (number, location, type, socio-economic situation, etc.). This is related to dysfunctional field coordination in East DRC (see chapter coordination) and the often-weak proposals presented by the ECHO partners. It can also be stated that the intervention strategies defined in both GPs in the core sectors of intervention, are basically adequate for the situation and the possibilities to implement humanitarian programmes in East DRC. The following table shows the main activities and the estimated/planned number of beneficiaries in the core sectors of intervention.

Core Sectors[13]	**Planning - GP 2000 (20 Mio EURO)**			**Planning - GP 2001 (35 Mio EURO)**		
	Strategy/ Main Activities	Beneficiaries (Estimated)		Strategy / Main Activities	Beneficiaries (Estimated)	
Public Health Care (PHC)	Curative Health Care: Support to approximately 87 health districts (of 306)	3.500.000 14.000.000 (Population covered)		Curative Health Care: Support to 102 health districts (of 306)	3.750.000 15.000.000 (Population covered)	
	Nation wide surveillance and epidemiological monitoring system	Country wide		Preventive health care – EPI/MCH in 17 health districts	500.000	

[11] For a MD US$ 1,500 are paid compared to about 450 for a qualified specialist MD in Kinshasa
[12] Please see Annex 7, Exp. 2 for the definition of objectives in the core sectors of activity
[13] Please see annex 6, table 7 for a complete survey on GP 2000 /2001 activities.

Core Sectors[13]	Planning - GP 2000 (20 Mio EURO)			Planning - GP 2001 (35 Mio EURO)		
	Strategy/ Main Activities	Beneficiaries (Estimated)		Strategy / Main Activities	Beneficiaries (Estimated)	
				Surveillance, coordination and emergency response	Country wide	
Funds allocated PHC: 7,000,000 EURO / 38,5%				Funds allocated PHC: 15,410,000 EURO / 44,03%		
Food Security and Nutrition (F&N)	Nutritional support (supplementary therapeutic feeding) Food Security activities (seed and tools)	19.000 (Under five years)		Nutritional support (supplementary therapeutic feeding) Targeted food security (seeds and tools) Targeted Food Aid (WFP, NGOs)	73.000 250.000 250.000	
Funds allocated F&N: 5,600,000 EURO / 28%				Funds allocated F&N: 11,700,000 EURO / 33,43%		
Total Core Sectors: 12,600,000 (66,5%)				**Total Core Sectors: 27,110,000 / 77,46%**		

Health sector intervention

The basic concept of the ECHO financed activities in the health sector can be summarised as follows: The re-establishing of the primary health care system through the provision of basic curative care[14] for the most frequently occurring diseases. This basically requires (i) the presence of qualified staff for the consultations, (ii) the provision of essential medicaments (EM) to treat the most frequently occurring diseases and (iii) to establish a system of efficient control for the adequate utilisation of available resources. This approach is fully justified, since the curative care component is essential to re-establish basic medical care for the population. In this respect, the objectives and strategies of the GPs are relevant, as the provision of quality curative care is definitely the step to be taken first. The GP 2001 basically contains the same elements as the GP 2000 but adds two activities: (1) Re-enforcement of a centralised drug supply system and (2) Start up of preventive care measures (mother & child health care and EPI) in 17 selected health zones. These are again, logical steps in the right direction. Although the strategy for the health care sector is formulated in the GPs as a standardised framework, the individual approaches of the ECHO partners more often adapt to the regional realities, which vary significantly within East DRC. For future planning purposes it is recommended that ECHO defines its basic priorities in the PHC sector by aid phase and provides its partners with clear guidelines of what is expected in terms of activities by aid phase in the light of a future exit and handing over (LRRD).

At present, it is almost impossible to distinguish between very vulnerable and the "normal" population. The ECHO assistance practically covers the entire accessible population in those areas supported. Where possible and feasible, the NGOs apply a twofold system (cost-recovery for the normal population / free treatment and medication for IDPs). Until mid 2001, ECHO covered 81 health zones, which is about 2/3 of the health zones in East DRC (rebel held areas). The programme is clearly coverage orientated, which was justified in terms of the tremendous need and the fact that ECHO is effectively the only donor able/willing to mobilise resources to support the PHC system in East DRC. This specifically applies to the newly opened/accessible areas of the country. For the future planning process, this situation may become critical because: (i) the humanitarian budget is limited and the need is almost unlimited, (ii) the quality (and so the impact) of coverage orientated programmes is questionable and (iii) the limited number of partners being able to carry out programmes in East DRC. This situation requires reconsideration of the global approach (in the direction: quality before coverage, establishment of functioning community co-financing/cost-recovery systems, reinforcement of community based management system, etc.), including a clear definition of exit strategies and a preparation of selected projects for the possible handing over to other donors.

[14] Including curative primary health care in health centres (planned: 1,305 in 2000; 1,530 in 2001) and curative secondary health care in reference hospitals (planned: NI in 2000; 51 in 2001) in selected health zones (planned: 87 in 2000; 102 in 2001).

Food-Security and Nutrition interventions

The objectives and the targeting criteria defined for the food security & nutrition component of the GPs are very relevant and have been adapted to the situation and the possibilities to intervene in DRC. It is very difficult to tackle and reduce the global malnutrition problem in DRC and the GP correctly concentrated on: "Reduction of the incidence and the impact of global acute malnutrition by supporting therapeutic and supplementary programmes integrated with food aid and food security interventions…the focus are main centres of malnutrition…" The components, the nutritional support (therapeutic and supplementary feeding) and the food security measures, where found, logically linked together. The other components, which are linked to larger aspects of food security (road rehabilitation schemes – creation of access to markets for agricultural products), are also relevant and appropriate.

Other Sectors

The objectives defined for the GPs in the other sector of intervention were evaluated, namely the water & sanitation sector and are likewise relevant. The projects carried out were appropriate to the needs. In the GP 2000, water & sanitation was still presented as a separate sector, whereas the GP 2001 integrated these activities as part of the PHC sector. This better reflects the reality and the volume in financial terms (about 3% of the funds of the GP 2001) of the activities. The ECHO funded projects in this sector are basically activities supporting acute shortages of potable water in emergency like situations (areas with high influx of IDPs, acute epidemics, etc.). Some interventions in the past focused on targeting the tremendous structural problems, which were related to water supply (e.g. support of the waterworks of REGIDESO with fuel). These obviously failed as they did not prove to introduce any longer-term change to the situation. The ECHO management reacted properly and suspended this type of operation from the planning schedule.

Targeting of Aid

The targeting process of limited funds available in the present situation, where structural problems are overwhelming, is very difficult. At present, a clear distinction between "very vulnerable people" and the "normal" population is virtually impossible to achieve in many regions of East DRC. Therefore, ECHO heavily depends, in this respect, on the quality of assessments and the endorsed proposals of its partners. It was recognised that partner proposals are often weak and often didn't include any socio-economical assessments[15]. Although ECHO provides funds for such exercises, the partners do not actively use the funding line for assessments. This is a weakness in the planning process and ECHO is asked to stimulate its partners to invest more time in such exercises in the future.

The reality today is that in some regions of East DRC the socio-economic and security situation allows transitional/rehabilitation-orientated operations, whereas in others, more emergency style operations need to be implemented. New areas are expected to become accessible in the near future, thus increasing the need for emergency style operations and therefore the question of efficient targeting becomes even more important. The evaluation recommends in this respect, to introduce a clear earmarking of the projects with aid phases[16] for all ECHO interventions in East DRC. The objective of this approach is to (i) identify those operations, which can possibly be handed over to development donors (EC or others) and finally, (ii) to release funds for the newly accessible areas in the country. The health sector report of the evaluation provides some useful definitions and recommendations in this respect.

[15] ECHOs strategy in DRC is to cover newly accessible areas, which sometimes require rapid reaction and in those cases weaker assessments are justified (accessibility, security). Where operations are continued over several funding periods, this does not appear acceptable.

[16] Possibly in line with the OCHA definition of aid phases (emergency, emergency recovery, transition/rehabilitation, pre-development)

5. Effectiveness

The effectiveness and efficiency of humanitarian operations is mainly determined by two factors: (i) the human factor, the capacity of the staff put in place by the implementing partner and (ii) the numerous external constraints in the country or region of operations (the security, accessibility of beneficiaries, etc.). In addition, the reaction time of the ECHO aid management has an important impact on the effectiveness of the operations. ECHO performed adequately in this respect[17]. In those cases with major delays (see Annex 6, Table 10), the analysis of the period between the partner request and the start of the operations showed that partner proposals have mostly been weak and need to be revised. The quality of partners, quality of the staffing, technical capacity and the support of the field managers by their headquarter varies significantly from operation to operation. One common success factor, identified as being highly effective in the projects evaluated, was the successful implementation of community involvement initiated by the ECHO partner. This is quite understandable in the East DRC context, as the projects operate in an environment without any support of functioning governmental structures. Since no change to this situation can be expected and the population will remain disconnected from any "governmental" support, the evaluation strongly recommends that ECHO stimulates all partners (in all sectors of intervention) to give support to the communities in this respect.

Health Sector

The measurement of the effectiveness (which basically means to measure the degree of achievements of the programmes objective) of reduction of the mortality is difficult to undertake. No reliable figures on mortality rates can seriously be established. At present no regularly applied system for data-collection or basis for reliable health statistics exists. The only indicators used are indirect and include the frequentation of the health centres (number of new cases per centre). Again these figures do not reveal much about the quality of the treatment / prescription, etc. and the related impact of the services provided to the beneficiaries.

Health centres supported by ECHO have significantly changed the situation of the health system. It used to be catastrophic and the population had lost all trust in the services of the "modern" medicine provided in the health centres (absence of medicaments, qualified personnel left the health centres, etc.) But nowadays statistics of the ECHO partners show that the number of new consultations has significantly increased during the past two years (see statistics in the health report). Therefore, in this respect, the health sector programme is effective.

By looking at the theory of primary health care and its impact, it is apparent that the curative component should provide quality diagnosis, treatment and prescriptions in order to effectively contribute to the objective of reducing mortality. This is where the evaluation casts its biggest doubts towards the present ECHO funded programme.

During the evaluation it became obvious that: (i) the capacity of staff in the health centres is generally weak, (ii) the present prescription habits are far from being "rational" and (iii) the hygienic conditions, the nursing care provided and the equipment used is inadequate, especially in the supported hospitals. Some of the ECHO funded NGOs have realised that more efforts need to be placed on the education of health staff, the supervision mechanisms (general control and training prescription habits) and the strengthening of health committees. In the present situation, those initiatives at grassroots level proved to be the most efficient.

Another important aspect related to efficiency is the accessibility of primary health care. This aspect involves two factors: (i) the geographical accessibility and (ii) the financial accessibility. Although

[17] The calculated average time period between the partner requests and the start of the operation was: 5,5 weeks in 2000 and 4 weeks in 2001

many regions in East DRC are not directly accessible for the NGOs, ECHO strictly rejects the dropping of medicaments without basic control on its use. The evaluation heavily supports this strategic decision. The second question is the financial accessibility of the population to medical care. If one assumes that the poorest are the most vulnerable to death, the programme proves somehow efficient as it provides access for the poorest members of the society. The evaluation revealed that in most cases the medical care in the health centres, funded by ECHO, is accessible to the population. Regarding the people who cannot pay anything (so called indigents), the systems put in place (e.g. Health Committees) did not always prove to work (see health report statements on cost-recovery schemes). While in terms of financial accessibility, general positive aspects have been seen at a health centre level, the situation in the hospitals is different. One of the main reasons, is that the proportion of ECHO assistance (EM) is not as significant as in the health centres and that the additional hospital related costs are charged to the patients (higher costs for the patients).

Food Security and Nutrition

The projects financed in the sectors of Food Security and Nutrition are not homogeneous and show different approaches and components. For reasons of simplicity, the evaluation team has classified the projects into three groups[18]:

(1) Nutrition: Projects with the main objective/component of coping with acute malnutrition by setting up therapeutic/supplementary feeding centres. (2) Food Security: Projects with the main component of supporting IDPs and the resident population to reach a self-sustaining level (distribution of seeds and tools, basic rehabilitation activities). (3) Other Food Assistance: Projects targeting mostly IDPs and refugees with food aid and supplementary assistance (NFI, etc.).

The regional differences in the areas of operation (security, accessibility, sanitary conditions, economical situation of the population, tensions between IDPs and residents, etc.) required a variety of adapted project approaches. Consequently this did not allow for the application of a simplified model for the projects, although the basic objectives of the operations within the different groups of activities remained the same.

In terms of effectiveness, it can be stated that ECHO successfully implemented its F&N projects in those areas where the needs of the population were greatest (areas[19] with a high degree of instability and vulnerability of the population). The selection of beneficiaries in the nutritional programmes was based on stringent anthropometrical criteria. The project approaches and components were properly adapted to the situations in the different regions of operations and were coherent (linkage between nutritional and food security components). In terms of coverage[20] the nutritional projects reached about 210,000 beneficiaries in 2000 and about 103,000 in 2001. The food security projects covered about 960,000 beneficiaries in 2000 and about 500,000 in 2001.

Cost-Effectiveness[21]

Reliable unit cost calculations (e.g. cost per month per beneficiary, etc.) and the related comparison with the output of the projects are hardly possible for the entity of ECHO programme at the current time, since to date, the figures of the direct beneficiaries are not precisely indicated in the documentation available. Sometimes the indicated figures include the populations covered and

[18] See Annex 6, Table 13 for a breakdown of activities and the grouping of projects included in the GPs
[19] Regions included: Areas in South Kivu, North Kivu and Ituri of major insecurity
[20] Figures based on planning indications of the ECHO partners. Final reports on projects carried out under GP 2000 and GP 2001 are not yet available. For comparison, the GP 2001 set out the following target figures: Supplementary & therapeutic feeding = 73,000 direct beneficiaries; Targeted food security = 250,000 direct beneficiaries.
[21] Cost-effectiveness is understood as a broader concept than efficiency in that it looks beyond how inputs were converted into outputs, to whether different outputs could have been produced which would have had a greater impact in achieving the project purpose (Definition OECD / DAC)

sometimes the number of direct beneficiaries. Another burden is the fact that some of the operations receive important co-financing from other donors. This can change the unit costs of individual operations significantly. However, with all its limitations and based on the existing figures, the evaluation team made a basic calculation of unit costs for the GPs, provided in annex 6, table 8. For the health sector, a cost-efficiency analysis is provided in annex 6, table 11. For the future it would be advisable that ECHO insists more, on quality needs assessments and better quality proposals including the provision of reliable and standardised figures (logframe based) in order to allow comparative assessments. In a simplified way, we can positively state that in none of the evaluated projects, excessive or highly disproportionate expenditures were discovered when comparing the budget provisions, the respective activities carried out or the outputs (see Annex 6, Table 9 – Budget Analysis). Again this statement is related to the projects evaluated.

Health Sector

The WHO estimates the basic need for medical services at €13 per person/year. The current supported population (ECHO GP) accounts for about 13 million inhabitants. Taking into account the WHO estimate, the actual need to finance a basic medical system would reach 170 million EUROs. The GP 2001 foresees roughly 14,5 million EUROs for the health sector, which means no more than €1,15 per person/year. The actual expenditure in ECHO projects varies from €0,45 (Asrames) to €1,91 (MERLIN) per person. Even if one adds the community participation to this amount, it just reaches €2 per person, or about 15% of the estimated need.

The support of ECHO is obviously limited and reduced to a minimum package, (excluding the functioning and management costs), using a limited list of essential drugs, vertical programmes are excluded, preventive care is most often excluded and the remunerations for the personnel is not adapted (between $10 – $30 Month). The performance of the health system is additionally reduced by the generally moderate to low capacity of the health staff (quality of diagnosis, treatment and prescription) and the very limited capacity of the local population (in most areas) to contribute financially to the system.

The above raises the question of how to plan future programmes within the health sector. The evaluation team believes that more efforts should be placed on the increase of quality, which involves higher investments in the present operations, rather than to increase coverage if the given amount of funds remains at the same volume. Cost-efficiency will significantly increase by investing more in soft factors (education, supervision capacity, quality of care). In this context it would be helpful if the donor community (development orientated donors) could be motivated to react more receptively to take over those East DRC projects entering pre-development stages.

Food Security and Nutrition

The sector report on F&N states that the indication of quantities per beneficiary and the indication of prices for the commodities used are not always comparable to each other. Additionally, many of the projects include more than one activity (e.g. linkage between therapeutic/supplementary feeding with supporting activities to the families of malnourished children; sanitation components, etc.)[22] and are partly co-financed by other donors. Hence the comparison of the projects on a unit cost basis will not lead to useful conclusions (comparative performance analysis, etc.).

A simplified analysis of the ECHO nutrition projects revealed an average of €18 in 2000 and €24 in 2001 per beneficiary. Looking more thoroughly into the individual budgets of the projects and the project conception, most of the differences (range of the individual nutrition projects under GP 2000/2001: 5 – €660 /beneficiary) are justified by different applied project approaches and specific conditions in the operation areas (e.g. for remote project locations the local transport costs for commodities can reach up to 25% of the total budget).

[22] See Annex 6, Table 13 for a basic unit price calculation with an indication of the different components included in the individual project.

Food security projects, including seeds and tools distribution (support to reach self-sufficiency) prove to be very cost-efficient. The approach is at a low relative cost (e.g. Save the Children €3 per beneficiary) in comparison to e.g. food distribution programmes, but promises, in the DRC specific situation, a substantial impact on the stabilisation of households and a contribution to the reduction of tensions amongst the population (IDPs / Resident Population), if the security situation for the population proves stable for a longer period of time.

6. Efficiency

The integral efficiency of the Global Plans has to be seen as the result of several factors, including the aid management capacity of ECHO, the selection of implementing partners and obviously the performance of the ECHO partners in the field, whose job is to finally turn the inputs into results. The ECHO operations in DRC are faced with important external and also internal constraints. These have to be taken into account when stating upon efficiency. The conditions in DRC are unlikely to contribute to the "ideal" planning, implementation and monitoring of humanitarian operations. The country is vast; the baseline information on the beneficiaries and the socio-economic situation in the different regions is incomplete. The security situation cannot be called stable and aside the tremendous humanitarian needs, the structural problems are overwhelming. A further external constraint is the issue that ECHO can only source from a limited number of qualified partners, who are willing and capable to work under the given circumstances in DRC. In addition, the ECHO aid management (desk and field level) was clearly understaffed for such a voluminous programme in terms of funds, partners and difficulties related to the DRC specific problems.

Starting with the aid management, it can be stated that despite the enormous workload for the ECHO staff, the management team managed to drive the planning and implementation process of both GPs in a professional and efficient way. Major misdirection of some of the projects has been prevented and the entire aid management was handled clearly. The exchange of information between the ECHO desk and ECHO field coordination (based on the ficheop system) was properly handled and finally led to adequate decision-making during the implementation. The applied GP planning procedure is described later in this text. This was found to be adequate and efficient, although some deficiencies existed in terms of partner involvement (see chapter Horizontal Issues). A remarkable negative impact on the efficiency of the implementation was caused by the often very weak partner proposals, which had to be revised several times. Therefore, this involved a significant workload for the aid management team and reduced the time available for the basic aid management tasks.

The capacity of the selected ECHO partners for East DRC, their technical and management competence and the quality of personal deployed, means that a simple and unified statement and a tendency over all partners is not possible. The range varies from partners which can be called "nearly incapable to cope with the challenges in DRC" to "near perfect" operations, highly adequate to the situation and efficient. It was found that the ECHO aid management is well aware of the performance of the partners and their assessment of weak cases basically complies with the findings of the evaluation team. Due to the fact that the number of partners is limited, the manoeuvred spaces are reduced and ECHO aid management tries to improve the performance of those partners.

To give an overall qualitative judgement on the operations, it has to be said that the major part of the operations funded under the GPs (and evaluated) showed an acceptable to good performance[23]. The reasons for weak operations can be clearly identified according to the following prioritised and non-exclusive list of constraints: (i) inexperienced or insufficient expatriate field staff deployed by the partners, (ii) high staff-turnover and (iii) disconnection from efficient headquarters support. However, those projects which can be called efficient show: (i) high calibre staff, (ii) longer-term stay of the expatriates, (iii) a clear project conception for the intervention with substantial support of their respective headquarters and (iv) a strong concept of community participation. The above findings basically relate to all sectors of operation under the GPs for DRC. These findings are not new but it

[23] Precisions on this finding are provided in the sector reports

must be underlined that ECHO, to whatever degree possible, should insist on high calibre staffing of the projects (this accounts especially for complex emergencies like in DRC) in order to reach a higher level of efficiency.

The health sector

Putting aside the general comments, which refers to the efficiency of all operations, there are some specific findings for the health sector which are listed below:

- only some of the partners active in the health sector were aware of the instruments to efficiently monitor their projects, including auto-evaluation schemes that would allow them to adjust their running projects.
- nearly every ECHO partner applies a different information system for their PHC activities and even simple performance indicators (number of consultations per period and health zone) are not always available
- the ECHO budget line "evaluation" in the FPA is not used by the partners
- some partners have their own "agenda" and do not follow the basic strategy (concept) for PHC outlined in the GPs
- the ECHO partners use their tailor made approaches with few technical coordination's amongst the other partners funded by ECHO
- most partners are not used to applying the log-frame approach

In relation to these findings, the evaluation team recommends the increase of the technical assistance / supervision capacity of ECHO in the field, in order to stimulate efficient technical coordination and to advise the partners on how to properly develop project proposals. This would definitely increase the efficiency of the DRC operations under a future GP.

The efficiency of the drug supply component of the PHC projects financed under the GPs has been analysed by the following factors: (i) Application of appropriate drug quality control and quality assurance (QC/QA), (ii) measures and devotion invested in contributing to the aim of "rational use of drugs" and (iii) the prevention of losses from drugs and funds by theft or embezzlement. The summarised results of this analysis are: the majority of the ECHO partners do not take quality considerations seriously, but, with some exceptions, the partners show good performance in reaching the objective of "rational use of drugs"[24]. In the context of prevention of losses, particular weaknesses of the systems are caused by the distribution channels used (via BCZC to the Health Centres/Hospitals). A detailed model for the performance analyse is provided in annex 6, table 12.

Food-Security and Nutrition

The technical competence of the ECHO partners in charge of the F&N projects, as with the PHC sector, significantly varies. The most common partner deficiencies in the F&N field are: (i) low quality or no needs assessments are carried out, (ii) the systematic procedures for the selection of beneficiaries are often not adequate, (iii) partners use different protocols for the treatment of severe malnutrition and finally (iv) the used methodologies for the malnutrition surveys are not harmonised, which makes comparisons difficult and also bears the risk of misinterpretation. During the implementation of the GPs, the ECHO aid management had to put significant efforts on the supervision of the programmes. In some cases the management had to intervene in order to prevent important misdirection of resources. Furthermore, it was observed that some ECHO partners expended

[24] With regards to the activities of the partners directed to change the present bad treatment/prescription habits towards the regional use of drugs, this is a time consuming process which requires continuous mid-term education.

their scope of activities with the result that they failed to comply with the initial objectives of their operations and the GPs.

Looking to the more operational aspects, it can be stated that the quality of the commodities and products provided to the beneficiaries, were acceptable with some minor exceptions and that the product handling (storages, distribution) was properly carried out. The implementation of auto-evaluation systems on the other-hand, were not carried out adequately by most partners.

Water & Sanitation

The partner contracted by ECHO in the field of Water & Sanitation (OXFAM) shows good technical performance. The local personnel of the organisation are capable of implementing the required projects at a technical level (quality of works, technical concepts, choice of equipment). In this respect, the partner implemented its programmes effectively and efficiently. Looking at the "non-technical" aspects, the partner had difficulties in efficiently introducing community participation schemes (work input, maintenance, cost-recovery, etc.). It has to be said that the partner does not deploy sufficient expatriate staff, with the result that proposals for funding are lengthy and not in line with the requirements (no proper log-frame, mix-up of development orientated and humanitarian activities). The revision loops of the proposals caused a tremendous workload for the aid management team. Some additional, qualified expatriate assistance input, providing guidelines and conceptual priorities, could significantly increase the efficiency of the operations in the water & sanitation sector.

7. Co-ordination, Coherence and Complementarity

Coordination - General Aspects

The current situation in DRC is very complex with respect to security, accessibility and the predominating regional differences (economical situation, cultural environment, development potential, etc.) between the areas where humanitarian assistance is currently funded and the numerous organisations, which provide this assistance. Therefore, professional coordination of the activities is essential in order to target the limited funding resources of the donor community in the most effective manner in a situation of almost "unlimited" need.

The issue of coordination falls into several segments (i) the overall coordination of the donor community, (ii) the internal coordination of the programmes of single donors and (iii) the so-called field coordination amongst the humanitarian operators active in the same area or region. Proper functioning of all segments would contribute to efficient targeting of limited resources and support coherence and 'complementarity' of the funded activities. It is commonly accepted that the humanitarian interventions should be needs driven (beneficiary orientated) and not driven by the opportunity of action. Needs driven action requires consistent baseline information on beneficiaries, the prevailing situation in the regions to be covered and the anticipation of what other donors intend to do; hence, professional field coordination is required.

During the evaluation the team gained the impression that the higher level coordination is functioning well (donor information meetings, donors contact group meetings[25]) and the different DRC donors agree on priorities of intervention and several other aspects related to specific country problems. On the other hand, the designated coordination body (OCHA) has not yet implemented professional field coordination at a country or regional level. Although the operations of ECHO and the other important donors are to a high degree complementary and relatively well coordinated at a general level (prevention of overlaps, regional division). Strategic coordination at a sector level and integrated planning procedures with a longer time horizon are only rudimentarily developed.

[25] E.g. DRC Donors Contact Group Meeting, Geneva 9-10 July 2001 / Donor Information Meeting, Paris 3 July 2001

Coordination Structures in DRC

Weekly coordination meetings at an inter-agency level take place in Kinshasa, chaired by UN-OCHA and in Goma (East DRC). The subject of these meetings is of a more general nature (general information on security and others) rather than a factual coordination of operational strategies in the sectors and regions of intervention. At the level of coordination amongst the most important donor agencies (ECHO and USAID), regular contacts between the ECHO TAs and the representative of USAID/OFDA in Goma drive the frequent exchange of information. Regional coordination in the different areas of intervention functions on the basis of appointed lead agencies[26]. The appointed agency, for example UNICEF in Kisangani, takes over the coordinating responsibilities (in this case a weekly meeting of all operators). Due to the unsatisfactory management, some agencies organise "informal" inter-agency meetings, which better meet their requirements.

By looking at UN-OCHA, who are usually expected to have the competence and capacity to take over essential coordination functions in the country, the current situation shows that even basic coordination tasks (comprehensive matrix of operations, information base by region, security coordination, movements of IDPs, etc.) are not yet available. However, the most important donors (ECHO and USAID) contributed in 2001, a total of about 3 MEURO[27]. The continuous missing comprehensive coordination function in DRC has a negative impact on the efficiency of planning and targeting processes for all operators. Each new operator entering the country has to newly assess the situation and collect basic information that might already exist somewhere. For example the ECHO TA office had to draw maps of operations, collect basic information and to prepare briefing notes, which would usually be the task of a centralised coordination unit which serves all operators.

The indicated problematic coordination is broadly recognised by all parties and has been a point of discussion in the successive DRC Donor Contact Group Meetings since last year. Discussions with the newly appointed UN-OCHA Humanitarian Advisor for East DRC, Mr Jean-Charles Dupin, revealed that the organisation is aware of the deficiencies and that they are in the process of starting an initiative to tackle the problem. To date UN-OCHA has set up 9 offices in East DRC, of which 5 are located in RCD held territories (Goma, Bukavu, Kindu, Kalémie, Kisangani),4 in the FLC area (Bunia, Lubunbashi, Mbandaka, Gemena) plus one central office in Kinshasa.

UN-OCHAs strategy for the future includes the increase of expatriate personnel and to build up sector coordination groups for the strategic coordination in the priority sectors of intervention (public health, food security and in addition human rights and child protection). Furthermore, it is intended to ameliorate the CAP 2002 (UN Consolidated Agency Appeal) in terms of sector-orientated strategies. The success of these efforts is desirable but at short-term the absence of effective and comprehensive field coordination will prevail.

ECHO internal project coordination – Global Plans

The projects funded under the successive GP 2000 and GP 2001 for DRC amount to a total value of approximately 55 MEURO. Each year ECHO contracts around 24 different partners, which carry out about 40 projects. Most of them are in East DRC. Only one responsible Desk officer and one ECHO coordinator in East DRC have been appointed to coordinate and supervise the important amount of projects. This decreases the management costs of the GPs to a minimum but causes (i) a tremendous workload to the team and (ii) reduces the effective coverage of the projects from a coordination point of view. The coordination team did its best and due to the professionalism and dedication from the appointed team members, the programme remained manageable in terms of programme implementation and coordination. ECHO identified this deficiency and appointed two coordinators for East DRC for the second half of 2001.

[26] Goma (UNICEF/PNUD), Bukavu (WFP), Bunia (OCHA), Kindu/Kalémie (OCHA-planned), Kisangani (UNICEF/OCHA) – no regular coordination in the province Equateur.
[27] ECHO funded EURO 500.000 for the EHI Programme (Emergency Humanitarian Intervention)

During the evaluation, the team interviewed the ECHO partners in respect to their appreciation of extended sector coordination, which includes the approach to harmonise the different applied approaches in project implementation. The response to this proposal was convincingly positive (specifically for the public health sector and the food security sector). The partners highly appreciated the idea and therefore, the evaluation team strongly recommends starting an initiative in this respect. This would obviously require more technical assistance input (external experts), but it would be a support factor to define interfaces for future development orientated projects. (see Chapter Horizontal Issues / LRRD).

Conclusions on Coordination

It is advisable that ECHO introduces moderated technical sector coordination for the key-sectors of intervention (basically amongst the ECHO partners), with the objective to standardise project approaches (leaving enough flexibility to adapt to regional realities) in the light of later aid phases that are more development orientated. These coordination efforts should firstly be directed to harmonise ECHO interventions (where necessary) and to avoid the application of diverging strategies, which may not contribute to future unique developments. In addition, coordination should include the other major donors in DRC as early and as profoundly as possible. ECHO should not wait until UN-OCHA possibly be in the position to take over this task.

The DRC crisis develops as a protracted chronic crisis and the need for support might enter mid-term phases (3-5 years). The donor community, including ECHO, more or less automatically, takes over more responsibility of the efficient and well-targeted contribution of humanitarian assistance. The population and the local administrators will undertake the implementation procedures and support schemes, specifically in the field of public health, but also in the field of food security, as reference. This requires coordinated strategies with longer-term perspectives (longer than the current annual planning horizons), in order to create the interfaces of development-orientated initiatives.

8. Impact and Strategic Implications

General Statement on the Impact

The ECHO GPs currently represent the most important humanitarian assistance framework for East DRC. The programme covers, with its PHC support, about 2/3 in terms of health zones in the rebel held areas. The WatSan projects and Food Security & Nutrition projects are usually carried out in the most critical areas of East DRC (security, accessibility). The presence of aid workers in those supported zones and the displayed will of the European Commission to support the affected population under very difficult circumstances have already had an important impact. The presence of the ECHO partners in the field definitely imparts hope upon the local population, the beneficiaries and the local personnel (medical staff, others.) and provides them with a feeling of not being deserted. In addition, the presence of aid workers has a humanitarian advocacy function; independent and impartial witnesses are present in the country.

Most of the ECHO projects contribute to the reduction of tensions between the resident population and the IDPs in the hot spots and have a clear conflict prevention effect. Nearly all projects similarly support the resident population and the IDPs (health support schemes, water & sanitation and food security – road rehabilitation).

Long-term dependency creation is one of the impacts that is the most crucial to later self-managed development and is likely to occur when providing humanitarian assistance for a protracted period of time like in DRC. Regarding the specific DRC situation, it must be stated, firstly, that the population in DRC is traditionally used to coping with its problems and that the assistance of the international donors community, although impressive in absolute figures, is very limited in relation to the

humanitarian needs and in terms of expenditure per person[28]. No major tendency of long-term dependency creation can be seen, but for the moment and unless the general situation changes (political, economic, security, etc.), the population almost fully depends on foreign humanitarian assistance (esp. the health system). But it is expected that if the economical situation slightly recovers (as proven by the situation in the northern parts of the province Orientale), the community co-financing capacity will also recover.

This process, where possible, has to be supported. The ECHO partners should introduce community participation schemes (cost-recovery, strengthening of self management approaches) and ECHO should continue to stimulate and intensify these efforts, because it can hardly be expected that in the near future anybody will develop functioning civil administration schemes.

The impact of the ECHO programmes on the local economy remains limited. This is because the assistance per capita remains limited and ECHO does not provide support, which involves significant contributions in e.g. food aid and other commodities that could have a negative effect on market prices. The rehabilitation schemes of roads, linked to some food security programmes have a direct and anticipated operational impact. Since the local agricultural production can be more easily "exported" to the regional markets in those areas which are re-connected, the economy quickly recovers with the generation of small cash inflows and the prices for food items on the markets decrease with a positive effect for the population (a recent impact assessment carried out by the ECHO partner GAA proves this finding). Although more development orientated, these programmes have an important positive impact on conflict prevention and resettlement efforts in the areas concerned. ECHO should continue to support these operations in selected areas, as long as no other donor is ready to take over.

Health Sector

The reports on health and drug supply of the evaluation stress that the GPs activities in the PHC sector stimulated community participation, and was of the utmost importance, as the administrative structures in the country virtually collapsed. Further support to the local initiatives should be provided by the ECHO partners, in the development and strengthening of self-management structures (e.g. COSA-Comité de Santé).

A possible negative impact can be created through the non-harmonised approaches of the ECHO partners. Since ECHO partners support most of the accessible health zones in the rebel held territories, ECHO takes a specific responsibility for the future. The health staff and the health administrators in the supported regions get used to the implementation procedures (payment of salaries, system of cost-recovery, etc.). In the light of a possible re-unified governmental ruled system, basic approaches need to be harmonized.

Food Security and Nutrition

The nutritional feeding projects (setting up of TFC) have an important short-term impact in saving lives of the recipients (mostly children under five but also adults in some areas). The project conception to link the nutritional activities with supporting measures to the families of the malnourished (SFC, food assistance, seeds and tools distribution, training of agricultural techniques), as included in the nutritional projects, promises to cope with the causes of malnutrition and aims to bring the families back to a self-sufficient level. Although no hard figures could have been collected in this respect, the approach promises a positive longer-term impact for an important part of the recipient families.

The distribution of seed & tools to IDPs and other vulnerable groups (new arrivals, very vulnerable residents) has adapted to the conditions in the regions supported and has positive mid-term impacts

[28] As a rough indication, the average expenditure per beneficiary under the GPs was: 1,2 € in 2000 and 1,5 € in 2001

(reduction of tensions during the settlement period of the IDPs) and longer-term impacts; for example, the stabilisation of livelihoods of the families (support to reach self-sufficiency level).

The interconnection of food security measures with basic infrastructure rehabilitation (e.g. feeder roads, water points, others.) copes with structural problems such as the often-inadequate access to markets and to potable water and also other specific difficulties. The ECHO partners often used strong community participation components (road committees, etc.) to involve the local community in the works and the later maintenance of the installations. These measures are implemented with the objective to support re-settlement efforts in a sustainable way and so a positive long-term impact is expected.

The F&N projects financed under the successive GPs are seen as a well-integrated effort, which promises to have the mentioned positive impacts, without showing the tendency to create long-term dependency and without having negative effects on the local economy and the environment.

9. Visibility / Information

The ECHO partners are asked to contribute to the visibility of humanitarian operations financed by the European Community. Awareness that the EC is the donor of the aid should be brought to the target population, the general public and the media. This requirement is expressed in the Framework Partnership Agreement (FPA). The means proposed are the placement of ECHO stickers (the same size and prominence as the organisations logo) on all supplies and equipment used during the implementation of the operations and where appropriate to develop a visibility plan.

Most ECHO partners in DRC complied with the labelling requirements[29]. However in most cases, the result of the visibility efforts was weak. The local population, the beneficiaries and even the local workers did not often understand what a donor ECHO was or what ECHO/EC meant. This was revealed by the occurrence of many direct interviews with beneficiaries. It became obvious that the beneficiaries were more aware of the ECHO partner supporting them. Most often there is a lack of basic understanding of what Europe or what the European Community is (at the level of recipients). It is questionable if more efforts in the visibility issue could be justified in the DRC situation, where this can hardly be a priority.

Visibility and the linked aspect of transparency at the level of the civil administration/rebel movements in DRC have to be seen differently. The former ECHO TA for East DRC stated that there is no specific PR/Visibility strategy from ECHO for DRC. At the same time the TA stated, that the policy is to communicate to the rebel movements the impartial position of ECHO and that the decision on operations is strictly needs based. In this respect, the evaluation team obtained a statement from the FLC health responsible who heavily complained that the targeting of aid was unequal. This could be because of missing knowledge or to make a political statement. However, the introduction of a concise formulation of a communication strategy and procedures could be useful in the next GP (including to target ECHO partners but also the different other parties in DRC, e.g. rebel movements), specifically since two new ECHO TAs will take over the responsibility in East DRC.

10. Horizontal Issues

Global Plan Programming

The evaluation team assessed the two successive Global Plans 2000 and 2001 for DRC, paying particular attention to the planning approach used by ECHO. The analysis contained an assessment of the approaches used and how the GPs objectives and strategies are transformed into outputs by ECHO during the implementation of the country programme. The team also evaluated the methods adopted for monitoring the GPs implementation and impact assessment, which have been put in place in order

[29] MSF refuses to utilise the ECHO stickers.

to measure the country's programmes performance. Furthermore, regarding the aspect of "learning institution", the question of, if and how ECHO learned from past implementation plans for the planning of future interventions has been assessed.

The following two statements show the positioning, objectives and importance of the use of Global Plans for ECHO:

- "Global Plans are intended to provide a coherent framework for action in a given country or region where the scale and complexity of the humanitarian crisis is such that it seems likely to continue". - Article 15 of Council Regulation 1257/96 (Mandate of ECHO)
- "ECHO relies on global plans as its main means of programming" – ECHO Evaluation Manual 2000

The applied GP planning approach[30]

The ECHO country desk in Brussels has direct responsibility for the planning process. The basic information for the planning process is the continuous formal and informal exchange of information with ECHO partners, other international organisations and the local structures within the ECHO TA, as well as with the desk officer throughout the year. A further important means of coordination and priority definition for the planning process is represented by the regular contact group meetings between the EC (EuropeAid, DG-DEV, ECHO) and other international donors.

The practical planning of GP 2001 started in September 2000 with a request to the ECHO partners active in DRC, to prepare an operation plan for the coming year (no standardised form). Most partners presented a strategy paper with all of their planned activities and their funding needs from ECHO. An assessment mission to DRC, composed of the ECHO TA, the desk officer and representatives of the ECHO Technical Support Unit in Nairobi followed the initial information stage. The assessment mission exchanged information and coordinated the planning process with selected ECHO partners, local authorities, local communities and the most important organisations and donor representatives (UN, OFDA). Meetings and presentations of findings at the EC delegation and Member States representatives in Kinshasa followed the field mission. The results of the past years activities were presented (no standardised reporting on GP performance) and the proposals for the coming year were outlined. Within one week the assessment team had finalised its draft GP, which was then presented to the Head of Unit ECHO 1. Further exchange of information with the humanitarian actors, including ICRC and the UN agencies at the Brussels level had been carried out. During a pre-consultation session with the HAC, the ECHO intervention strategy was discussed at the end of November. The HAC approved the proposed GP at the end of January 2001.

The entire process of planning for GP 2001 up until its approval, took 5 months. All major actors in DRC and at the Brussels level where involved during the planning process.

Constraints to the planning procedure

To draft a realistic picture on the planning process and to comment on its adequacy, the major external and internal constraints on the planning process must be analysed.

There are some major constraints to the programme planning, specific to DRC: (i) only a limited number of partners are willing and capable to work in DRC, (ii) ECHO partners as well as other organisations (UN, other NGOs working in DRC) have significant difficulties in hiring experienced ex-pat staff, (iii) the accessibility and security situation in certain regions, (iv) the continued absence of centralised coordination makes it difficult to obtain reliable baseline information on beneficiaries and the target region in general, (v) and finally the absence of any functioning civil administration in the rebel held territories in East DRC.

[30] Approach used for GP 2001 planning as explained by the ECHO Coordinator East DRC during the evaluation

Moving onto the internal constraints on the planning procedure, it has to be stated that the resources made available by ECHO (one responsible desk officer in Brussels and one local ECHO TA for East DRC) for the management and coordination of such an important and voluminous humanitarian programme, does not fit in with the requirements. Some other important constraints are (i) the absence of a framework and guidelines[31] for GP planning, (ii) the unsolved question of how far objectives, strategies and approaches defined in a GP can be made mandatory for the ECHO partners working under GP funding, (iii) the absence of a permanent technical assistance unit at ECHO Brussels level which could assist in defining adaptations to standards and to assure quality in project planning and implementation (sector strategies, compliance analysis, policy analysis, etc.). One additional general constraint is the limited time available for the planning process, which basically has to be carried out by the same personnel (ECHO desk and the local ECHO coordinator) who have to implement the ongoing programme.

The result - Elements contained in GP 2001

The GPs developed for DRC, properly assess the general context of the crisis, with all its DRC specific facts and show good and professional understanding of humanitarian operations and their capabilities, when taking into consideration the given environment (political situation, security situation, local authorities, coordination, etc). When it comes to the analysis of humanitarian needs, the GPs show a clear limitation in respect to reliable figures on beneficiaries, location of beneficiaries, etc. This is more or less caused by, not having a centralised collection of information, missing information regarding the monitoring of the movement of the population and the prevailing coordination deficiencies in DRC. The choice of priorities for intervention, Public Health and Food Security/Nutrition is clearly described and argued. The priorities are in line with the assessment of the other international donors and also those of the evaluation team. All sectors of intervention are summarised in a "Strategic Matrix", which provides a good insight into the general programme structure and its focus. Furthermore, at a basic level, costing aspects are provided (estimation of cost per beneficiary in each of the sectors supported).

The implementation based on the Global Plans

The funding for GP 2001 is based on the initial operation plans and project drafts, which are applied to the ECHO standard form for proposals by the partners. Having analysed a substantial number of partner proposals during the evaluation, several weaknesses became obvious:

- Numerous ECHO partners do not understand/respect the PCM approach, which involves a logical framework[32] presentation of their projects. At present, most partners do not use the logical framework as a planning instrument but see it as an additional burden on administration (interpretation of the evaluation team).
- Criteria (success indicators) defined to measure the projects success are often not adapted to the reality of the situation, but copied from Sphere Standards or not adequately developed.
- Proper assessments of the socio-economical situation of the region in which the projects are implemented are rare (important after 2 –3 years of operation in the same region).
- Figures on the vulnerable population/beneficiaries are weakly assessed in nearly all projects

These constraints had an important impact on the workload of the ECHO TA and the desk. Lengthy discussions and exchanges of documents between the partner and the ECHO management team were used to ameliorate weak proposals. This had the effect that the ECHO TA had to manage the projects in a very pro-active and time-consuming way, sometimes to the point of virtually taking over

[31] According to the DRC desk, ECHO currently works on guidelines in this respect, which are at present in a draft stage.
[32] Mandatory for ECHO partners since February 2001 – FPA requirement

management responsibilities. A further effect that enforced pro-active approaches, was the insufficient staffing of NGOs (e.g. OXFAM which definitely does not provide sufficient ex-pat input in East DRC).

Another problem with the annual planning of humanitarian operations in DRC, involves the unpredictability of events in the regions of operation. Expectations of accessibility or security during the planning process may not be correct at the actual time of implementation of a project. Flexible handling is requested and was positively applied by the management team of ECHO. Finally, it has to be stated that some of the proposals did not meet all the requirements, which contributed to significant delays in the implementation of the project (e.g. WFP, UNHCR).

Deficiencies - Elements not included in the GPs

To comment on the deficiencies of the GP planning methodology and the missing elements is difficult, as to date, no standard guidelines for planning, implementation and monitoring of GPs currently exist. Therefore the following findings are based on the appreciations and assumptions of the evaluation team. The assumptions are based on what the team views as being necessary to improve the efficiency of a GP covered country programme.

The ECHO partners working in DRC are the most important sources of information on the situation of the regions where they operate. Due to the prevailing absence of a "professional coordination provider", ECHO could more efficiently use these sources for programme planning. During the evaluation it became obvious, that nearly all ECHO partners in the field were unaware[33] of the up-coming GP 2002 planning exercise, its objectives, the requirements ECHO had of its partners, etc. A better information policy and structured requests directed towards the partners, could help to increase the quality of baseline information and likewise lead to better proposals. This is especially important as there is a high staff turnover in numerous ECHO funded projects (only a few staff members who experienced the programme planning last year are still working in DRC).

A tailor made conception and strategy on how to face the challenges of the LRRD-model, is lacking in the past GPs. Although this may not have been the first priority during the draft of the past GPs, it has become necessary to consider this aspect in future planning exercises. Past crisis in the Great Lakes Regions showed that missing LRRD concepts[34] and the hesitancy to define in time, interfaces between humanitarian operations and later development orientated projects had backward impacts on the viability of the programmes. In accordance with this statement, it is recommended to earmark all projects during the planning process with the aid phase[35] (pre-dominating activity in a project) in which it takes place. This would allow the allocation of the position/composition of a GP in this respect. Furthermore, the evolution of successive GPs can be better assessed.

The relations between ECHO and its partners, working "under a Global Plan" needs to be clarified. Specifically the question of how far objectives, strategies and standardised approaches defined in a GP can be made mandatory for the ECHO partners during the implementation of projects. The present GP for 2001 gives basic ideas on approaches (public health care), but the approaches applied by the ECHO partners vary between total non compliance and compliance. Some of the partners are not even aware of the ECHO proposed approach. During an acute emergency situation these variations might be justified and acceptable, but in a protracted crisis situation with two successive GPs already implemented, it appears to be critical in two aspects, (i) the donor mounts a parallel system (public health, food security, other social services) taking over an important responsibility for the future development and (ii) the humanitarian assistance will not last long in an area/region of operation

[33] Although ECHO has informed the headquarters of the NGOs on 8th August 2001 in this respect
[34] See Evaluation of Humanitarian Aid requested by the Council of Ministers (Decision 1179/96) – Phase II Report, Page 58
[35] Definitions used in the report (Emergency, Emergency Recovery, Rehabilitation-Transition, Pre-Development) – based on OCHA definitions used in the Angola operations.

which passes the question of handing over to development orientated programmes and to the viability of aid.

In this respect it is recommended that future GPs should define baseline objectives (e.g. introduction of cost-recovery systems) for the sector interventions, giving minimum standards expected by the aid phase. It is evident that the introduction of standards needs to be handled with the utmost care and in cooperation with the partners working in DRC. It is also evident that the application needs a sufficient degree of flexibility. All this is difficult to accomplish but worth the consideration. The required additional inputs will definitely pay back in terms of sustainability, introduction of change and overall impact of the projects.

A system for the monitoring of the performance of a GP is missing. It is recommended that a performance measurement system of the future Global Plan for DRC is introduced. This requires firstly, that ECHO defines clear sector objectives and basic criteria to measure the degree of achievement and secondly, that the partners adhere with a greater degree of propriety to the logical framework approach and understand it as a useful and serious planning instrument.

Conclusion on Programme Planning

The present planning procedures are adequate if a Global Plan is used as a framework for a country programme, which is composed of a collection of projects (opportunity driven: available partners and their respective will plus capacity to work in certain sectors/areas) and which is a budget estimate that justifies the ECHO funding. The people involved in the GP 2001 planning and implementation process have proved to be dedicated professionals in the humanitarian field and performed well in the planning and implementation of the Global Plans in the given context.

But it must also be stated that some of the above mentioned deficiencies had to be intercepted by the pro-active personal initiative of the ECHO TA for East DRC, who endorsed project implementation approaches at direct negotiation levels to the ECHO partners. Obviously this helped to prevent wrongly directed developments in many cases, but this approach cannot replace commonly agreed strategies and baseline standards in the different sectors of intervention in the longer-term.

The development continuum - LRRD

The prevailing situation in DRC is tainted by chronic political, economical and social instability. The eastern parts of the country are not only predominated by “bad governance”, but by the total absence of what is known as civil administration, as the rebel movements do not take any responsibility in this respect. However, some structures of social services remained (e.g. public health structures somehow still related to the MoH in Kinshasa), even after decades of abandonment, two civil wars and the situation that the functionaries have not received any remuneration for years.

The donor community takes over essential elements of the social support schemes. In the public health sector ECHO, currently with more coverage-orientated activities and with basic rehabilitation works (health centres, roads to access markets), support stability and assisting IDPs to return to their homes in newly accessible regions. The regional differences in terms of the economical situation, security and accessibility are significant in those areas supported by ECHO funded projects. For example the Massisi region, South Kivu, parts of Maniema and parts of Katanga remain extremely vulnerable to repeated and even extended destabilisation (through movement of troops, etc.). Other regions show signs of slight economical recovery, examples of theses regions are in the provinces of Orientale and Equateur (obviously not in all regions). Nobody can accurately forecast the future development within the country, but it should not be overlooked that the positive developments in some regions, require support of a more structural nature. This then quickly develops into activities, which are not in the focus and mandate of humanitarian donors. It should be noted here that some ECHO partners already adapt more rehabilitation style operations (e.g. some public health projects include staff training, cost-recovery schemes and introduce quality standards for treatment), but these initiatives depend on the capability of the individual partner and do not follow a harmonised approach.

Although the conditions (presence of a government, security, etc.) for real development activities are not favourable in East DRC at the present time, the donor community should look towards the creation of interfaces between the current humanitarian operations and future development orientated programmes. Practically, this should not become a question of budgetary procedures but of clearly stated needs driven activities, which contribute to the goal of creating structural stability. This objective is clearly outlined in the Communication from the Commission on development continuum[36]. The present initiative of the European Commission to redirect parts of the funds of PATS II[37] programme (public health) towards eastern DRC is one step in this direction.

During the evaluation of the public health projects funded by ECHO, the consultants have observed various different approaches in the implementation of projects under the same GP2000 or GP2001 objectives. This basically does not support the preparation of interfaces for later structural assistance (approaches need to be standardised in order to enter in structural support schemes and for the eventual return of control to the government).

In order to pave the way for a successful change to more development orientated measures and to support the process of handing over, the evaluation team recommends the standardisation of the current activities in the different sectors of activity. This recommendation would need more professional technical assistance in the sectors concerned and a strategy on how to efficiently implement it. In this respect it is recommended to assign a team of experts (Country based LRRD Task Force)[38], which should be composed of one professional experienced in humanitarian aid (preferentially a medical professional), who could cover public health and food security/nutrition and a development professional, who could cover the development related aspects of the tasks (see Annex 7, Exp. 1. for a draft of a task description). This team should work in DRC, in close cooperation with the ECHO TAs and the EC Delegation in Kinshasa. The major objective of this recommendation, is to put in place a field-based team to jointly develop adapted strategies and concepts to efficiently implement what is called the development continuum.

Security of Aid Workers

The evaluation team has interviewed ECHO partners, on their state of preparation and their procedures in the case of an acute security problem involving their field staff and also about their subjective impression of personal insecurity. It was mostly stated that the personnel considers the risk as low or acceptable for the situation in which they work. The most prevailing security provisions maintained by the partners are the following:

- VHF/HF – Radio and information at base level and in the project vehicles used for network/exchange with international partners working in the region as well as satellite phones with e-mail/fax connection (provided by ECHO as budget provision).

- Evacuation plans organised at an individual level depending on the specific area of operation including definition of security status, the nomination of meeting points in case of security related events and the provision of emergency stocks of food/water for 1 – 2 weeks.

- Informal "Early Warning System" with the help of the local population (E.g. troop movements are announced by local communities well in advance as stated by some of the partners). Those partners interviewed evaluated this as being very efficient.

[36] COM(96) 153 – Communication from the Commission on linking Relief, Rehabilitation and Development (LRRD)
[37] The PATS II programme is currently implemented in West DRC. An ongoing EC evaluation studies the possibilities to take over some of the ECHO funded projects in North Kivu, East DRC.
[38] A highly qualified team of intermittent professionals could be an alternative in the DRC context (qualified personnel difficult to hire for longer-terms assignments), but would involve a relative high management input.

- Evacuation schemes using AIRSERV as air transport in case of an emergency (medical evacuations of staff – security evacuations if possible to access the area concerned).

The local authorities in east DRC, who have been contacted and interviewed, confirmed that they appreciate the assistance of ECHO and its partners and that the security of the aid workers is assured as far as the RDC held areas are concerned (Interviews with provincial Governors and "Administrateurs de Terrain" in Uvira, Kalima, Manono, Kasongo). The governors and administrators gave the same statement in the FLC held areas (Gbadolite, Gemena, etc.). The ECHO funded NGOs confirmed the relatively supportive position of the RDC/FLC administrators in this respect.

It was likewise stated (Kalime) that the arrival of the MONUC mission helped to stabilise the security situation and interviews with MONUC staff in Manono confirmed this assessment. Furthermore, the NGOs are in permanent contact with the ECHO coordination office in Goma/Kinshasa via e-mail (SatPhone based mail system) where security issues appear to be handled carefully. In the case of any serious event, coordination activities can be initialised at this level.

Looking at the coordination of security issues in East DRC, a weekly exchange of information takes place in Goma on the security situation in the "hot spots". A more formal and structured information system is not yet in place (including centralised database of aid workers in the regions, centralised monitoring of movement, etc.). UN-OCHA recently started an initiative to monitor aid workers movements in South Kivu. For the more unstable regions in East DRC this may be a good approach to increase the security of staff and for UN-OCHA to render a useful service to the NGO community.

The evaluators rarely observed that an ECHO funded partner did not take necessary precautions. Although one such case is the project of Memisa in Equateur (Gemena, Bwamanda), where the vehicles used are not equipped with communication devices. But it is difficult to state whether this signifies irresponsibility, since the real risk cannot be evaluated from the evidence gathered during a one-day visit to the field.

Conclusion on Aid Workers Security

It can be stated that the security measures taken by the partners appear to be reasonable in the cases assessed and that the means employed meet the requirements of the respective situation in which the ECHO partners work. ECHO provides sufficient budget provisions for basic security measures (Communication Equipment). Nonetheless, it is clear that alongside the organised rebel movements, criminal elements also carry arms in the eastern part of the country, which clearly increases the vulnerability of aid workers. Due to the deteriorated economical situation and the generally unclear power structure in many regions (Mai-Mai, Interahamwe, other armed groups), the security situation of aid workers remains fragile. Occasional armed robberies and other incidents are likely to occur. To date, such incidents have not been directly targeted on aid workers lives, but to gain personal profit. A tragic exception of this is the incident involving ICRC staff in April 2001, where 6 aid workers were killed. This incident is as yet not fully investigated. But it does not seem that comparable incidents develop into a regular pattern, which systematically endangers the aid workers in the country. However, this is an impression rather than a proper and professional risk analysis.

11. Viability

To respond to the question of what will remain from the operations and its anticipated impact/effects after the implementation period is difficult. Several elements have to be regarded which include (i) the prevailing conditions in DRC, (ii) the aid strategy formulated for the ECHO country (iii) the interface creation between humanitarian operations and development orientated activities, and (iv) the partners will and capacity to generate sustainability with the approaches applied during the implementation of projects.

The assessment has to be done on a sector basis and the future development has to be seen as a major impact on the viability of the individual project. Activities which tackle only the symptoms of the

crisis in the short-term, such as the nutrition programmes, do not give much opportunity for viability considerations. The only longer-term impact is the "know how" transferred to the personnel in the feeding centres.

The projects related to the rehabilitation of livelihoods (seeds and tools distribution), promise to have longer lasting impacts. But looking to the continued instability in DRC, beneficiaries may continue to be displaced and any impact of earlier support will fade away with a new enforced displacement of the target population. Nonetheless, these programmes are low cost and fully adequate for the situation in DRC (fertile soil in most regions, population used to small scale cultivation).

Other project types heavily depend on community participation, stable "civil administration" support and the successful introduction of cost-recovery approaches, if sustainability is to be anticipated. In the GP 2000/2001 the initiatives supporting the return of IDPs with the focus on road rehabilitation (medium scale by GAA, small scale by Save the Children)[39] to create access to market places for the population are good examples. Basically, a very good concept with stabilising structural impact on the population (local/regional economies stabilisation) and conflict prevention impact, depends fully on the successful implementation of community participation and cost-recovery. Recent events with the project of GAA showed that even if a successful community participation model could have been implemented, the project could become vulnerable to "civil administration involvement" (example: the RCD governor requested for the full payment remuneration from the local committees with the effect that road workers have not been paid for more than three months. The effects can be imagined.)

The same applies to WatSan projects. Most projects carried out in this field are related or start with an emergency style response (risk for epidemics etc.), but likewise respond to structural problems, mostly linked to medical health care aspects (e.g. no potable water in health centres / hospitals or significantly increased number of IDPs in specific locations). The most prevailing response of the ECHO partners in this respect is the setting-up of water points, source ameliorations and the installation of water distribution systems. The ECHO partner tried, not always with success, to set-up community participation systems and cost-recovery approaches. It appears to be advisable that the ECHO partners should work more intensively on these systems in order to make the projects sustainable. A positive point in this respect is that the most important WatSan partner (OXFAM) used adequate equipment (low maintenance requirements) and where possible manual pumps and gravitation-based water supply systems exist.

The general public health approach of ECHO in the GPs was to provide basic drugs at a maximum rate of coverage to the accessible population. This is clearly an approach of "coverage before quality". This approach *coverage before quality* is not likely to support the viability of the operations. Many of the partners try to include training in their concepts and invest in local human resources. But this is not harmonised within the sector and the consultants recommend revising the approach in respect to the protracted crisis situation in DRC and the forecasted long-term assistance needed. This, to save the investment and to use the period of humanitarian support to develop standardised interfaces of development orientated programmes.

Conclusion on Viability

In many projects funded under the GPs 2000/2001 the long-term impact is questionable. The blame for this cannot be given to the ECHO partners or the ECHO TAs, as they usually tried to foster community participation and recovery schemes, but it is significantly related to the unstable situation in East DRC. Despite this fact, it is recommended to continue the stabilising measures (e.g. returnee support schemes, basic rehabilitation, etc.), in order to attempt to support the population to gain a level of self-sufficiency after a crisis situation and to open humanitarian space. The risk taken is worthwhile, since no other response is conceivable in the support of stability (even if partial and region related) and to support the aftermaths of the acute DRC specific displacement schemes.

[39] (A locally initiated example was observed in the Bwamanda area.)

12. Recommendations

This synthesis report concludes with a variety of recommendations, which are divided into the related strategies of ECHO and other operational questions. They are basically derived from the individual sector reports.

General Recommendations

- *Field/Sector Coordination* – It is recommended to increase the sector specific coordination in terms of moderated technical sector coordination meetings. This is in order to (i) make the experiences made during the implementation of projects available to other ECHO partners and (ii) to harmonise basic strategies and approaches in the core sectors of intervention (namely public health and food security/nutrition). Other important donors should be able to contribute and to profit. Additional technical assistance input is required and should be made available.
- *General Coordination* – In order to tackle the existing deficiencies at a general coordination level ECHO, in conjunction with OFDA, is requested to continue the demanding position towards OCHA. Further funding of ECHO should only be provided if the organisation comes up with a feasible concept on how to efficiently organise coordination in DRC. A multi-agency short-term assessment (ECHO & OFDA) could assist OCHA to define the framework and the required conceptional and technical inputs.
- *LRRD Conception* – The LRRD issue becomes more important since many of the projects in the ECHO portfolio orientate in the direction of rehabilitation and the situation in some areas of operation would allow for developing interfaces for development orientated activities. The instrument could be the setting-up of a field based LRRD task force composed of at least two technical experts, one linked to the humanitarian programmes and one linked to the development orientated programmes. This recommendation follows the assumption that, field based coordination of the LRRD issues promises more success than central coordination in Brussels.
- *Global Plan planning* – The relation between ECHO and its partners, working under a Global Plan needs to be defined, - specifically the question of how far common objectives, strategies and standardised approaches defined in a GP should be/could be made mandatory for the partners. However, the partners in DRC need to be informed earlier about the up coming planning exercise and asked about their plan of operations for the future funding period (including e.g. joint meeting on the planning of GP 2002 in Goma). Future Global Plans need to define a strategy for LRRD aspects related to the DRC context. The individual operations under the GP should be earmarked with the aid phase they are in, in order to monitor the evolvement of the successive GPs. Minimum standards for operations in the core sectors could be developed (see examples in PHC report), helping to harmonise sector approaches. Finally, it would be useful to set up a system to monitor the performance of a GP, at least to prepare a structured report stating the results of the GP implementation and indicating recommendations/lessons learned for future planning exercises. The development of logical frameworks by region of intervention could help in this respect.
- *Baseline information and Socio-economical Assessments* – ECHO is requested to stimulate its partners into properly pre-assessing the socio-economical situation in the respective regions of operations. With respect to (i) better quantification and classification of the beneficiaries and their situation (vulnerability, economical, social, etc.) and (ii) to be in the position to prepare better quality proposals in terms of approaches (cost-recovery / community participation), with reliable figures and realistic assumptions and criteria. All this would finally allow ECHO to develop an adapted methodology for performance analysis of a future GP.
- *Strengthening of the Civil Society* – Support measures need to be strengthened in project designs, which assist the civil society development (training, management support to

committees, etc). This is due to the virtual absence of any civil administration self-organisation at a grass root level and is required to stabilise the communities. This applies for all sectors of intervention (Public health, Food Security, Rehabilitation, WatSan).

- *Preparation of Proposals* – ECHO partners should be obliged to apply the logical framework approach stating clear objectives, activities and adapted criteria for the measurement of the degree of achievement of objectives. ECHO could help by providing a set of standardised objectives, related activities and criteria that prove feasible in the DRC context. This obviously requires the input of technical experts (see LRRD team recommendation). The logframes for planned operations should be available to ECHO in a draft version before starting the GP planning exercise.
- *Emergency Contingency* – As already done in the past GPs, sufficient emergency contingency (about 10%) should also be provided for the GP 2002, since it is likely that new areas become accessible where humanitarian assistance will need to be addressed urgently.

Sector Related Recommendations[40]

Health Sector

- It is recommended to expend the PHC sector activities in the existing projects in terms of training, supervision and a more global primary health care approach (including preventive cares). This would lead to increased effectiveness and efficiency of the sector activities. The basic argument is to change from first stage intervention (more coverage orientated) activities to quality orientated activities. This would finally lead to a higher per capita expenditure in the health sector.
- The health sector intervention should continue to focus on the health centre support rather than the support of hospitals.
- The ECHO partners should be stimulated to work more on the quality of treatment in the health centres. Likewise, the role of the COSA needs to be strengthened through the active support of the partners.
- There should be space for the provision of basic equipment in those medical centres supported by a competent ECHO partner capable of handling transition/rehabilitation phase projects.
- A framework of essential activities in the health sector (by aid phase) should be proposed by ECHO in order to harmonise the sector approach, obviously leaving enough flexibility to be able to adapt to regional realities and partner creativity.
- Since expended services in the health sector have become more technically demanding, it is recommended to provide the aid management team with adequate technical assistance personnel to handle the challenges (see LRRD task force recommendation).
- ECHO should insist, to its partners, on high quality staffing of the projects funded; in terms of technical and management capacity (high calibre staff) and in terms of reduced turnover of personnel.
- The structure of the "Emergency Medical Response Programme" has to be revised. The operator (MSF-B) needs to receive clearly defined TOR, including, the requirement of building up formal links with the other ECHO partners active in East DRC.

Drug Supply System

- to review the "prix forfaitaire system " for medical treatment, presently recommended by the GP. The experiences with mixed co-financing approaches of some partners showed that these

[40] Additional, detailed recommendations in the respective sector reports (PHC, F&N, Drug Supply)

might be more future orientated (cost-recovery, exit orientated) in most of the regions (see recommendations in Drug Supply Report).

Food Security and Nutrition

- It is proposed to review the pertinence of the therapeutic feeding programmes in Kinshasa. The activities are not likely to address the tremendous needs (and its complex causes) and it can be presumed that the activities could even provoke tension amongst the population (limited support in selected quarters, whereas the suffering is spread over most parts of the city).

- The proposed sector coordination efforts should also include the food security and nutrition sector. Priorities to be discussed during sector coordination are: (i) nutritional protocols used by the operators, (ii) exchange of successful strategies and experiences to enable all partners to profit from each others knowledge, (iii) definition of commonly accepted criteria to measure the project impact, (iv) definition of entry and exit strategies.

- ECHO is requested to stimulate their partners in defining proper exit strategies already at the request stage. The exit strategies should include the handing over process of the services provided by the nutritional centres to the paediatric services of the hospitals.

- It is furthermore recommended that the approaches for nutritional surveys should be harmonised in the future, with the objective to make the outcomes of the studies comparable. One way to reach this objective may be the appointment of a lead agency for N&S in charge of the harmonisation process.

13. Lessons Learned

Professional multi-agency field coordination is the crucial point for the efficient planning/targeting, implementation and monitoring of a large-scale humanitarian programme in a complex emergency situation like in DRC. ECHO should assist the assigned coordinating body (here OCHA) in fulfilling its task. If this is not successful, quick intervention at the highest inter-agency / donor level should be undertaken to ameliorate the situation.

The quality of staffing procedures of the ECHO partners has the most important impact on the effectiveness (also cost-efficiency) and the efficiency of the projects. ECHO needs to insist on the provision of high calibre expatriate experts (at a sufficient number) and on low staff turnover.

For the case that long term humanitarian assistance becomes necessary for a country or region, ECHO should request from its partners proper needs assessments, base-line studies on the socio-economical situation of the population and properly prepared project proposals (following the logframe approach) to correctly orientate the projects to the given context. Simple copying of project approaches for many funding periods, which frequently occurs, should be prevented.