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Annexe I – Agenda des rencontres et visites de terrain

Name	Designation / Organisation/Location
3 – 6 July / European Commission Briefing Session in Brussels	
Mr Steffen Stenberg	Head of Unit ECHO 1, Africa
Ms Jaqueline Coëffard	Evaluation Advisor, ECHO Evaluation Unit
Ms Maïte Orens-Teliki	Administrator, ECHO Evaluation Unit
Mr Richard Hands	Desk Officer DR Congo, ECHO 1
Ms Evelyne Soitey (296 89 21)	ECHO – IT (also Mr Coernery)
Ms Elisabeth Feret	Principal Administrator Social Development, DG-Dev
Ms Francesca Mosca	Advisor – Unit D4 Central Africa and Great Lakes, DG-Dev
Mr Gatta Bruno	Desk Officer DR Congo, DG-Dev
Mr Raphael Aguirre	AIDCO, co-ordinator
Mr Ricardo Gambini	Desk Social Development, EuropeAid Directorate C
Mr J. Cassanova	EuropeAid –C4, Desk Officer for DR Congo
Mr J.P d'Altilia	General Manager AEDES (EU PATS II Programme)
9 – 13 July / RDC / EC Delegation in Kinshasa / ECHO technical assistant	
Mr Sprietsma	Head of Delegation, EC Delegation Kinshasa
Mr Francois Goemans	ECHO Country Coordinator for DR Congo, Kinshasa
9 – 13 July / RDC, Kinshasa	
Ms Janet A Schulman	USAID, Supervisory Program Officer
Mr Charles Tobin Vaughan	USAID / DAI, Team leader
Ms Nancy Bolan	USAID
Mr Martin Schelman	USAID, Advisor
Mr Alex Dupré	USAID
Dr Léonard Tatsoba	WHO, representative
Pr Ngo Bebe	WHO, administrator, planning, evaluation
Dr François Jung	EC PATS II, technical assistant (AEDES)
Dr Prosper Mirindi	EC PATS II, medical doctor, public health
Mr Maurizio Buresti	EC PAR, Team leader
Ms Heli Gerlach	GTZ project manager, project SSP Kenge
Mr J. C Mubalama	UNICEF representative
Ms Claudine van Remoortere	UNICEF, Administrator in charge of monitoring and evaluation
Ms Céline Carré	ACF
Ms Shannon Strother	ACF
Amivi Noukpoape	Nutrition, ACF
Mr Baert De Poorter	MSF B, medical co-ordinator
Mr Alain Kassa	MSF B, head of mission
Dr Malemba	Directeur de cabinet du Ministre de la santé
Dr Audace Makamba	Chef du bureau de Planification et des études, ministère de la santé
Dr Jacky Singa	Conseiller médical auprès du Ministre de la santé
Mr Pietro Balero	Italian Embassy
Mr Bernard Sexe	French Embassy
Mr José Pita-Gros	WFP, Directeur Adjoint
Mr Foday Turray	WFP, Program manager
Mr Alexandre Manunga	WFP, Program administrator
Dr David Nku	Médecin directeur Service médical de l'Armée du Salut, Kinshasa
Frère Luc	MEMISA, Kinshasa
13 – 15 July / Goma, North Kivu	
Mr Christian Dalmais	ECHO Coordinator Goma, Eastern DRC
Ms Angela Schwartz	GAA, Project manager for Bunia
Mr Patrick Evrard	GAA, Head of mission
Ms Annet Bok	ASRAMES, director
Dr Jannes van der Wijk	ASRAMES, technical assistant
Ms Marie Rose	ASRAMES, Pharmacist
Mr Mirindi	UNICEF / Representative
16 – 17 July / Uvira, South Kivu	
Ms Vitoria Lac	ACF, Medical co-ordinator
Ms Sophie Bruas	ACF, Head of mission
Mr Claude Chigangu	ACF, counterpart nutrition
Mr Prosper Lfungula Mutuza	RCD, Territory administrator
Mr N'Tango Turubika	Médecin chef de zone Uvira
Mr Serge Bisserbe	AMI, Medical co-ordinator

Name	Designation / Organisation/Location
Mr Cyril Nogier	AMI, desk officer

Name	Designation / Organisation/Location
18 – 19 July / Bukavu, South Kivu	
Dr Roungyambo Mr Abder Chatmi Sœur Maria Masson Dr Martial Kanyono Mr Desmond Kashosi Mr Jacques Birukuruku Mr Niel Olstein Frère Pablo Parniagua Mr Claude Jibidar Ms Gertrude Modekereza Ms Dominique van Zuylen Mr Simon Brooks Mr Horst Gebbers	MIP, Bukavu Malteser, medical co-ordinator BDOM BDOM, pharmacist APAMESK, pharmacist FHI, project assistant FHI, project co-ordinator Caritas Espagne, project co-ordinateur WFP, Est DRC, co-ordinator south kivu WFP, assistant Save the Children UK, Emergency support officer ICRC, head of the sub-delegation South Kivu Pharmakina, Director
19 – 20 July / Kalémie, Katanga et Manono, Katanga	
Mr Christian Floribert Kilanga Mr Achille Garavelli Ms Lucia Bramante Mr Enzo Campanello Mr Lorenzo Groppo Mr Stephania Del Rosso Ms Raffaella Longis	RCD, governor ALISEI, medical co-ordinator ALISEI, medical doctor ALISEI, logistician ALISEI, logistician ALISEI, mid-wife ALISEI, admistrator
20 – 21 July / Kasongo, Maniema	
Dr Danny Lunda Ngandu Mr Gérard Dandoy Mr Raphael Luka Djedi Mr Placide Zakuani Assani Mr Bakari Kayembe	FOMETRO, medical co-ordinator FOMETRO, logistic co-ordinator HGR Kasongo, Admistrator Société civile du Maniema, président Commission diocésaine Justice et Paix, General secretary
21 – 24 July / Kindu and Kalima, Maniema	
Mr John Kutumbakana Mr Gilbert Masumbuko Ms Alice Mabaya Mr Sylvain Madiela Mr Huseini Jafari Ms Bananga Ifoto Mr Rosette Lufuma Mr François Massandi Kitembele Dr Sale Dr Rwende Ms Laureen Coonley Ms Joanne Watson Dr Gabi	OXFAM, project engineer OXFAM, project manager OXFAM, sanitation health education REGIDESO, general manager Kindu REGIDESO, Commercial director Kindu REGIDESO, civil society commetee member REGIDESO, civil society commetee member RCD, chef de cité MIP, Maniema MCZ, Kindu MERLIN, medical co-ordinator Maniema MERLIN, program co-ordinator Maniema MCZ, Kalima
24 – 25 July / Goma, North Kivu	
Mr Roy Maheshe Mr Christian Dalmais Mr Patrick L'Hôte Ms Suzan	OXFAM, program co-ordinator eastern DRC ECHO technical assistant ICRC, head of mission, Eastern DRC MERLIN, nutritional project officer
25 – 26 July / Bunia, Orientale	
Dr Biliatre Mr Nuru Bendonno Mr Mohammed Selemani Dr Marian van der Snoek Ms Yane Lyse Golay Ms Ellen Tavernier Mr Daniel Masumbuku Kasereka Ms Angela Schwarz Mr Jean-Pierre Duquesnoy Mr Eugène Kasongo	MID, Ituri OXFAM, project engineer REGIDESO Bunia, general manager MEDAIR, medical co-ordinator MEDAIR, project manager MEDAIR, Isiro Nyankunde Central Pharmacy GAA, project manager GAA, logistic co-ordinator GAA, program manager
26 – 28 July / Aru and Ariwara, Orientale	
Dr Alfred Kinzelbach	MALTESER, project co-ordinator Ariwara

Name	Designation / Organisation/Location
28 – 30 July / Isiro, Orientale	
Mr Vital Budu Tandema Dr Joseph Dr Lopay	FLC, commissaire de district MID, Bas Uélé MCZ, Laybo
30 – 31 July / Gbadolite, Equateur	
Mr Jean-Pierre Bemba Ms Catherine E. Famsworth Mr Elo Yakpwende Dr Alexis Bulankete Ms Cécile Bulankete Dr Sotho Gesenwini Mr Olivier Kamikatu Mr Armand Borrey Dr Assabi Dr Iluya Lubele Dr Ilonga Ms Tanya	President of MLC/FLC USAID, Disaster Relief Co-ordinator FLC, State secretary public health FLC, medical advisor FLC, State secretary women and social affairs Ordre des médecins (MLC territory) Director of cabinet, JP Bemba MLC representative to EU in Brussels General secretary MLC HGR Gbadolite, director MCH Gbadolite MSF B
31 July – 2d August / Gemena, Equateur	
Mr Mbawa Mr Alexis Makweta Dr François Xavier Sœur Jacqueline Verbunt Dr Nyamowala	FLC, Directeur du territoire CDI Bwamanda, Deputy project manager CDI Bwamanda, medical co-ordinator CDI Bwamanda, public health advisor MEMISA / CDI, program co-ordinator humanitarian aid
2d – 3d August / Kisangani, Equateur	
	MSF B, PUC co-ordinator Handicap International team
3 – 5 August / Goma, North Kivu	
Mr François Goemans Mr Christian Dalmais Mr Jean Charles Dupin	ECHO technical assistant, West DRC (Debriefing session) ECHO technical assistant, East DRC (Debriefing session) OCHA, principal humanitarian advisor
5 – 7 August / Nairobi, Kenya Debriefing session ECHO regional support office, EC Delegation	
Mr Gary Quince Mr Johan Heffinck Mr Alessandro De Matteis	Head of Delegation, EC Delegation Nairobi Regional Coordinator ECHO – Great Lakes Region Regional Food Expert ECHO – Great Lakes Medical Expert – Great Lakes Region
30 – 31 August / Brussels – Debriefing in ECHO Evaluation Unit	
Mr Steffen Stenberg Ms Jaqueline Coëffard Ms Maïte Orens-Teliki Mr Richard Hands Mr J. Cassanova Mr R. Lewartowski	Head of Unit ECHO 1, Africa Evaluation Advisor, ECHO Evaluation Unit Administrator, ECHO Evaluation Unit Desk Officer DR Congo, ECHO 1 EuropAid –C4, Desk Officer for DR Congo ECHO Evaluation unit

ANNEXE II



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

Advisor Evaluation

ANNEX IV

TERMS OF REFERENCE

FOR THE EVALUATION OF ECHO'S 2000 AND 2001 GLOBAL HUMANITARIAN PLANS IN THE DEMOCRATIC REPUBLIC OF CONGO

ECHO/EVA/210/2001/01002

Name of firm: independent consultant

Name of consultant: Martine Logez Casaux-Bussièr

Global Plan to be evaluated

- Region and country : **DEMOCRATIC REPUBLIC OF CONGO**
- Period covered: **2000 - 2001**
- Themes to be evaluated: **nutrition**
- Decision(s):
 - ECHO/ZAR/210/2000/01000 for an amount of 20 MEURO in 2000
 - ECHO/COD/210/2001/01000 for an amount of 35 MEURO in 2001

Introduction

The Democratic Republic of Congo, one of the largest African countries by area, has for several years been torn by fighting between various factions, many of whom are backed by outside forces. At the same time the DRC is itself host to a certain number of refugees who have sought a hopefully slightly less unsafe place of refuge than their own neighbouring countries.

This means that a country long wracked by economic mismanagement has added to its woes by widespread fighting and disruption, rendering even more acute and widespread the humanitarian crisis.

In 2000 ECHO approved a global programme of 20 M€ for DRC, while in 2001 the figure has been increased to 35 M€. The plans have covered defined sectors for implementation in specific regions, and have been planned to take into account other Commission funded activities in government held areas. The most important activities provide basic health cover – the previously well-organised state system having ceased to exist – in rebel held areas – other Commission funds do the same in government areas – and nutritional aid. There is, however, provision for surveillance, co-ordination and rapid response programme to be able to react as required through most of the country, and aid

to refugees – both those who have come to DRC from Angola as well as those now able to return from across the river in the Republic of Congo.

The complexity of the humanitarian situation is more than reflected in the political situation, which has obvious effects on the logistical implementation of aid. It is often impossible to cross from one side of a frontline to the other, however well intentioned the mission.

If the government, aided by Angolan and Zimbabwean official forces, generally has control in the west and south, in the north and east there are three separate rebel movements, backed by either Ugandans or Rwandese. The wastage of natural resources and established lines of communication and trade is further increased by uprisings among specific tribes or war-leaders in what has never been a heterogeneous country.

Previous cease-fire agreements brokered either regionally or with UN – backing have not been applied, although there is some hope that the former President of Botswana may now be able to have some effect.

It is therefore essential that any evaluation not only enumerate the vast humanitarian needs but also take into account the different regions and the logistical problems applicable. It should also make proposals to ensure that, after coordination with other Commission services and donors, as far as practicable aid is distributed to all those in need.

Consultant's role

During the course of the mission, whether on the ground or while the report is being drawn up, the consultant must demonstrate common sense as well as independence of judgement. He must provide answers that are both precise and clear to all points in the terms of reference, while avoiding the use of theoretical or academic language.

This evaluation is part of a global evaluation that should be carried out by a team of 4 experts with both good experience in the humanitarian field and in the evaluation of humanitarian aid. These experts must agree to work in high-risk areas. Solid experience in relevant fields of work to the evaluation and in the geographic area where the evaluation takes place is also required.

The team members are responsible for the themes as follows:

Mr Michael Kunze : team leader, overall approach to the country, responsible for the synthesis report

Ms. Martine Logez Casaux-Bussièrre : nutrition needs and how to meet them

Mr Olivier Barthès: health needs and how to meet them

Mr Friedrich von Massow : drug procurement, distribution and tariffication systems and their appropriateness to the current socio-economic environment

Purpose of the evaluation

The Democratic Republic of Congo is roughly speaking divided into two parts: the western and southern, government-controlled part and the eastern and northern part, which is in the hands of different rebels movements. The dividing lines between and inside the regions continue to be hotly contested. There are therefore different needs in the two areas and the evaluation should be adapted to this situation.

The purpose of this evaluation is set out under points 4.1 to 4.5 below:

to assess the appropriateness of 2000 and 2001 ECHO Intervention Plans in favour of the Congolese population, and the level at which the programmes in the various sectors of activity concerned has been implemented. This should take into account assistance being provided to specific areas of DRC by other Commission services.

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 outputs;

- 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 where ECHO's aid can still be deemed both necessary and capable of being implemented, with a view to improving the effectiveness of future operations.

Specific evaluation objectives

To this end, the consultant will develop the issues below for **her own sector (defined in chapter 3)**, and cover all points in his evaluation report. He will only take into account the new facts since the beginning of the global plans. These specific issues must be studied in each sector evaluated as well as in the synthesis report.

A brief description of the Global Plans and analysis of their context:

- *the political and social-economic situation, the humanitarian needs and, where existing, any local capacities available to respond to local needs.*

- *The analysis of the country's present condition in political and socio-economic terms, should include an overview which permits to situate the Global Plans financed by ECHO. This analysis should be both quantitative and qualitative and contain information on the various economic sectors such as social and economic policies in force, the levels of income and its distribution among the population, sanitation and medical policies, access to foodstuffs, etc. An assessment should be done of the specific humanitarian context in the various parts of the country by taking into account factors such as the volatile situation, the lack of infrastructure, dependency on air transport, and the high overhead costs for the delivery of assistance.*

It would also be interesting to analyse how humanitarian organisations can best interface with rebel movements in the region in general.

- The second part of the analysis should be devoted to identifying vulnerable groups and localising them, where possible, as well as giving an estimate of their needs by category. This analysis should also indicate sectors of intervention in order to allow the Office to concentrate on specifically targeted beneficiaries (very vulnerable groups, IDP's, etc).

- The evaluation should also permit an appreciation of the capacities both of the local population and of local public authorities to deal with problems pinpointed.

*Analysis of the **relevance** of the objectives of the Global Plans, of the choice of the beneficiaries, and of the deployed strategy, in relation to identified needs. In the government controlled areas specific attention should be paid to ECHO's involvement in the health sector and its assistance to the mostly long-term IDP and refugee population. This analysis should address the problem of using humanitarian assistance in a protracted situation to deal with what are structural problems. Regarding the eastern and northern part of the country an analysis of the appropriateness of ECHO's approach for nutritional as well as health programmes should be undertaken. Linked to household food security, the approach in the delivery of non-food relief items to displaced and other very vulnerable groups should be studied.*

*Examination of the **co-ordination** and **coherence** for each of the themes concerned with:*

- other donors and international operators, as well as with local authorities.
- other European Commission services that are operating in the country with projects that are similar or related to those included in the Global Plans. The projects identified should be described with their cost and with the aid elements they include, and an analysis made as to whether the current split of activities is optimal or should be amended;

*Analysis of the **effectiveness** of the Global Plans in quantitative and qualitative terms for each of the sectors;*

*Analysis of the **cost-effectiveness** of the Global Plans. The cost-effectiveness has to be established, notably, on the basis of the quantitative elements that have been identified under point 5.4.*

*Analysis of the **efficiency** of the implementation of the Global Plans. This analysis should cover:*

- the planning and mobilisation of aid;
- the operational capacities of the partners;
- the strategies deployed;
- major elements of the Global Plans such as: staff, logistics, maintenance of accounts, selection of recipients, suitability of the aid in the context of local practices, etc.;
- management and storage of merchandise and installations;
- quality and quantity of merchandise and services mobilised and their accordance with the contractual specifications (including packaging conditions, the origin of merchandise and the price);
- the systems of control and auto-evaluation set up by the partners;
- given the restrictions imposed by the various authorities on the use of currencies, the effect of this on the purchase and price of foodstuffs;
- the effects of the difficult operating environment in the various parts of the country.

*Analysis of the **impact** of the Global Plans. This analysis should be based on the following non-exclusive list of indicators, bearing in mind that consultants might well add others:*

- contribution to the reduction of human suffering;
- creation of dependency on humanitarian aid;

- effect of humanitarian aid on the local economy;
- effect on the incomes of the local population;
- effect on health and nutritional practices;
- environmental effects;
- impact of humanitarian programmes on local capacity-building

*Analysis of the **visibility** of ECHO.*

*Analysis of the integration of “**gender issues**” (social, economic and cultural analysis of the situation of both women and men) in the intervention.*

*Analysis of the measures taken to assure the **security of aid workers**, both ex-patriate and local: means of communication placed at their disposal, specific protection measures, emergency evacuation plan;*

*Analysis of the **viability** of the Global Plans.*

*On the basis of the results of the evaluation, the consultant will draw up **operational recommendations** on the needs of a humanitarian nature that might be financed by the European Community. These recommendations may also cover other domains than humanitarian aid, such as development co-operation. In this context the recommendations should establish specific proposals on:*

- *the way forward for ECHO as an important humanitarian donor and the linkage with other Commission instruments currently utilised in the country or which are eligible to be so.*
- *capacity for phasing out / handing over to other donors in certain sectors/regions.*

*Analysis of the **methodology of programme planning** used by ECHO for the Global Plans should be included in the synthesis report;*

*A drawing up of “**lessons learned**” in the context of this evaluation must also be provided. The “lessons learned” must include the analysis of the role of ECHO and other services of the Commission in the decision making process and monitoring.*

Working method

For the purpose of accomplishing her tasks, the consultant may use information available at ECHO, via its correspondents in the country, in other Commission services, the Commission Delegation in Kinshasa and in Nairobi, ECHO partners on the spot, aid beneficiaries, as well as local authorities and international organisations.

The consultant will analyse the information and incorporate it in a coherent report that responds to the objectives of the evaluation.

Timetable

The evaluation will last 52 days, beginning with the date of signature of the contract by the last party and ending no later than **31 October 2001** with the acceptance of the final reports.

Phases of the evaluation

*A **briefing at ECHO** will be held from the **3rd till the 6th of July 2001** with the responsible staff during which all documentation necessary for the mission will be provided. The day after the consultant will submit by e-mail to ECHO "Evaluation" a concise report of the briefing listing any clarifications to the terms of reference which will have to be taken into consideration during the mission;*

*A **briefing with the Commission delegation** in Kinshasa and in Nairobi.*

*The **mission to the area concerned** will last maximum **30 days** starting the second week of July 2001. The consultant must work with the Commission Delegation in Kinshasa and in Nairobi, as well as with the ECHO experts throughout DRC, ECHO partners, local authorities and international organisations and other donors;*

*The consultant should devote the **first days of his mission** to the areas concerned to preliminary and preparatory discussions with the ECHO expert and local partners, in Kinshasa and then in each region visited. A visit to the E.C. Delegation in Nairobi shall also take place during the first days of the field mission. It may be necessary to reach certain regions after travel through a third country. The **last day of the mission** in each area should be devoted to a discussion with the ECHO expert and partners for observations arising from the evaluation. The team will discuss the schema and the content of the synthesis report;*

*The **draft report** should be submitted by electronic transmission on the **20th of August 2001** (Word 7.0 format or a more recent version) to ECHO "Evaluation" in Brussels before its presentation and discussion during the debriefing : this is to ensure that the relevant ECHO operational unit can provide prior written comments on the draft for discussion during the debriefing;*

*A **debriefing** at ECHO of a maximum of 2 days will take place on **30 and 31 August 2001**;*

*Once the necessary amendments to the draft report, have been incorporated, the **revised text** will be resubmitted to ECHO "Evaluation", which should mark its agreement within 15 days or request further amendments;*

*Submission of the **final report** which should take account of any remarks, which may be made after the submission of the revised report.*

Report

*The evaluation will result in the drawing up of **4 reports** (1 for health, 1 for nutrition, 1 for drug procurement and 1 synthesis report of the evaluation) written in English or French, of a maximum length of 15 pages including the evaluation summary which should appear at the beginning of the report.*

The evaluation report is an extremely important working tool for ECHO. The report format appearing under points 9.2.1 to 9.2.5 below must, therefore, be strictly adhered to:

Cover page

- title of the evaluation report;
- period of the evaluation mission;
- name of the evaluator;
- Indication that the report has been produced at the request of the European Commission, financed by it and that the comments contained therein reflect the opinions of the consultants only.

Table of contents

Summary (see form in annex)

The evaluation summary which should appear at the beginning of the report.

EVALUATED GLOBAL PLAN (5 LINES MAX)

DATE OF EVALUATION:

CONSULTANT'S NAME :

PURPOSE & METHODOLOGY (5 lines max.):

MAIN CONCLUSIONS (+/- 20 lines)

- Relevance
- Effectiveness
- Efficiency
- Co-ordination, coherence and complementarity

- Impact & strategic implications
 - Visibility
 - Horizontal Issues
- RECOMMENDATIONS (+/- 20 lines)
LESSONS LEARNED (+/- 10 lines)

The **main body** of the report should start with a section on the method used and should be structured in accordance with the specific evaluation objectives formulated under point 5 above (10 pages maximum).

Annexes

- list of persons interviewed and sites visited;
- terms of reference;
- abbreviations;
- map of the areas covered by the operations financed under the Global Plans.

If the report contains confidential information obtained from parties other than the Commission services, this information is to be presented as a separate annex.

The report must be written in a direct and non-academical language.

Each report shall be drawn up in 20 copies and delivered to ECHO.

The report should be submitted with its computer support (diskette or CD ROM, Word 7.0 format or a more recent version) attached.

SUMMARY FRAMEWORK FOR THE EVALUATION OF A GLOBAL PLAN

The summary should provide clear and concise information about the key findings of the evaluation. Its structure must follow the main criteria commonly used for the management and evaluation of aid interventions. All subsections must be addressed. If not, a justification should be given.

To better understand this document, details on each criterion are provided in the attached annex.

Subject of the evaluation : Country of operation (<i>or region</i>) :..... Operation contract n° (<i>Decision n°</i>) : Dates & duration of the operation (<i>period covered</i>) : Amount :EURO Sector(s) concerned and description (max. 5 lines) :
DESCRIPTION OF THE EVALUATION Dates for the evaluation (from - to): Name of consultant: Purpose & methodology (5 lines max.)
CONCLUSIONS (+/- 25 lines) <i>Relevance</i> - Needs assessment, identification of beneficiaries, problem analysis, methods used for needs assessment. - Understanding of the context and analysis of the humanitarian situation . - Relevance and feasibility of the intervention strategy: general objective(s), project purpose, results, activities and means, timetable, external factors, community participation, protection systems,
<i>Effectiveness</i> - Analysis of the attained results and the level of achievement of the project's purpose; adaptation to changes in the situation. - Cost-effectiveness.
<i>Efficiency</i> - Partner's operational management, organisation and implementation (technical competence, staff, effectiveness of monitoring and co-ordination), quality of products. - Administrative management (costs, budget management).
<i>Co-ordination, coherence and complementarity</i> - Coherence et complementarity with interventions of other donors and Commission services. - Co-ordination arrangements in the field (other humanitarian agencies, local authorities, member states and others, co-operation with ECHO).
<i>Impact & strategic implications</i> - Analysis of the operation's impact (measures utilised) - Analysis of other effects, including sustainability (dependence, environment, gender, ...). - Perspectives, link between emergency, rehabilitation and development.
<i>Visibility</i> - Visibility (beneficiaries, partners, local authorities) - Means used and effects.
<i>Horizontal issues</i> Gender ; LRRD ; human rights; security of humanitarian staff.
RECOMMENDATIONS (+/- 20 lines)
LESSONS LEARNED (+/- 10 lines)

SUMMARY FRAMEWORK FOR THE EVALUATION OF A GLOBAL PLAN²
ANNEX

<p><i>Relevance</i> <i>(Appraisal of the intervention's objectives. Justification of objectives in relation to the problems and needs)</i></p>
<p><u>Needs assessment</u> Identification of the beneficiaries (type, number, localisation, socio-economic information, ...) ? Description of the beneficiaries' problems ? Analysis of their needs ? Identification of the priority needs (in relation to the political and humanitarian context, and to ECHO's intervention strategy) ? Methods used to assess the needs (participatory consultations, norms used to identify humanitarian emergency, technical assessment, ...) ?</p>
<p><u>Context and humanitarian situation</u> Understanding of the country's overall situation (political, social, economic, security) and constraints ? Knowledge and analysis of the humanitarian situation ? Knowledge of the national authorities' strategies (in particular concerning disaster preparedness) ? Partner's experience ? Knowledge of the local capacity to respond to the humanitarian situation ? Description of other interventions addressing the humanitarian situation ?</p>
<p><i>Co-ordination, coherence et complémentarité</i> <i>(Efficient account taken of connected interventions)</i></p>
<p><u>Coherence</u> and <u>complémentarité</u> with present and future interventions of other donors ? other Commission services ?</p>
<p>Organisation set in place for field <u>co-ordination</u> : ministries and local authorities, other humanitarian agencies (UN, NGOs), direct link with beneficiaries, co-operation with ECHO correspondent and delegation, ... ?</p>
<p><i>Effectiveness</i> <i>(level of achievement of the intervention's objectives)</i></p>
<p><u>Results</u> Attained results (qualitative et quantitative) ? Results' contribution to the project purpose (beneficiaries reached ? means of measurement, ...) ? Account taken of the situation's evolution ? Effectiveness of modifications ? Project cost in comparison with the level of achievement of the project purpose ?</p>
<p><u>Monitoring</u> Measurement systems put in place ?</p>
<p><u>Factors of success/ failure</u> Description of success strategies ? Analysis of weakness and recommendations ?</p>

<i>Efficiency</i> (<i>Economic quality of the transformation of means into results and achievements</i>)
<u>Partner's operational management / organisation & implementation</u> Technical competence : planning (respect of timetable, management system, ...), mobilisation capacity ? Logistics management ? Appropriate quality and quantity of products delivered ? Transport, distribution and storage systems ... ? Respect of local habits ? Technical aspects specific by sectors ? Personnel : Competence of employed personnel ? Organisation in the field ? Personnel security measures ? Communication ? ... Monitoring : quality of the monitoring ? Auto-evaluation ? Quality control ? Quality of the reporting ? ... Co-ordination : quality of the co-ordination ?
<u>Administrative management</u> Costs ? Budget management ? Supply policy ? ...
<i>Impact & strategic implications</i> (<i>Effects deriving from the intervention. Changes in the situation after the intervention</i>)
<u>Impact</u> Analysis of the impact ? Measures used ? Contribution to the reduction of human suffering ? Dependence on humanitarian aid ? Effects on the local population's income ? Effects on gender aspects ? environment ? strengthening of local capacities ? Other effects ?
<u>Perspectives & viability</u> Perspectives for the future ? Emergency, protracted crisis, rehabilitation ? Opportunity to initiate development operations ? Respect of the Madrid Declaration principles ?
<i>Visibility</i> (<i>Means of communicating about ECHO's presence and actions</i>)
Means used ? Visibility » achieved ?
<i>Horizontal issues</i> (...)
Gender : were the gender aspects appropriately taken into account in the design phase and during the implementation of the project ?
LRRD :
Human rights :
Security of the humanitarian staff :
RECOMMENDATIONS (+/- 20 lines)
LESSONS LEARNED (+/- 10 lines)

Annexe III – Liste des Abréviations

CAP	UN Consolidated Inter-Agency Appeals	A
CIF	Cost Insurance Freight	A
DAC	Development Assistance Committee of the OECD	A
DG-DEV	Directorate General for Development of the European Commission	A
DRA	Drug Regulatory Authority	A
DRC	Democratic Republic of Congo (ex Zaire)	A
DRF	Drug Revolving Fund/s	A
EC	European Commission	A
ECHO	European Commission Humanitarian Aid Office	A
EDL	Essential Drug List	A
EPI	Enlarged Program of Immunization	A
FAO	Food & Agriculture Organisation	A
GMP	Good Manufacturing Practices	A
GP	Global Plan (Humanitarian country programme for a one year period – ECHO)	A
HQ	Headquarter	A
ICG	International Crisis Group	A
IDA	International Dispensary Association (Amsterdam, The Netherlands)	A
IDP	Internally Displaced Person/s	A
IRIN	Integrated Regional Information Networks	A
JMC	Joint Military Commission	A
JMS	Joint Medical Store (Kampala, Uganda)	A
LRRD	Linkage with Relief, Rehabilitation and Development	A
MERLIN	Medical Emergency Relief International	A
MOH	Ministry of Health	A
MONUC	United Nations Organization Mission in the Democratic Republic of the Congo	A
NGO	Non Governmental Organisation	A
NL	The Netherlands	A
NOVIB		A
OAU	Organisation of African Unity	A
OCHA	Office for the Coordination of Humanitarian Affairs (secretary to the UNDP)	A
OECD	Organisation for Economic Co-operation and Development	A
PCI	United Pharmaceutical Center Isiro	A
PHC	Primary Health Care	A
PIC	Pharmaceutical Inspection Convention	A
QA/QC	(Drug) Quality Control & Quality Assurance	A
SANRU	US-AID Project “Santé rurale”	A
SCF	Save the Children Funds	A
Sphere Project	Humanitarian Charter and Minimum Standards in Disaster Response	A
TA	Technical Assistance	A
TOR	Terms of Reference	A
UK	United Kingdom	A
UN	United Nations	A

UNHCR	UN High Commissioner for Refugees	A
US \$	United States (of America) Dollar/s	A
Ush	Ugandan Shilling	A
WATSAN	Water and Sanitation Sector	A
WFP	World Food Programme of the United Nations	A
WHO	World Health Organisation	A

ACF	Action Contre la Faim	F
AMI	Aide médicale Internationale	F
APAMES K	Association Pour L'Approvisionnement en ME du Sud Kivu (Bukavu) asbl	F
ASRAME S	Association Régionale d'Approvisionnement en Médicaments Essentiels (Goma) asbl	F
BCZ	Bureau central de Zone	F
BDOM	Bureau Diocésain des Œuvres Médicales	F
CC	Consultation Curative	F
CdA	Centrale/s d'Achat	F
CDI	Centre de Développement Intégral (Bwamanda) asbl	F
CEPAM	Centre Protestant d'Approvisionnement en Médicaments	F
CME		F
CNS	Centre Nutritionnel Supplémentaire	F
CNT	Centre Nutritionnel Thérapeutique	F
COGE	Comité de Gestion	F
COSA	Comité de Santé	F
CRDI	Centre Rurale de Développement Intégral (substructure of CDI)	F
CS	Centre de Santé	F
CSR	Centre de Santé de Référence	F
DCMP	Dépôt Central Médicaux Pharmaceutique	F
FAM	Fonds Achats Médicaments	F
FB	Franc Belge	F
FC	Franc Congolais	F
FOMETR O	Fond Médical Tropical (Bruxelles)	F
HGR	Hôpital Général de Référence	F
JNV	Journée Nationale de Vaccination (Poliomyélite)	F
MCZ	Médecin Chef de Zone	F
ME	Médicaments Essentiels	F
ME-G	Médicaments Essentiels sous forme Générique / <i>Generic Essential drugs</i>	F
MEDAIR		F
MEMISA		F
MID	Médecin Inspecteur de District	F
MIP	Médecin inspecteur Provincial	F
MSF	Médecins sans Frontières	F
MSF-B	Médecins sans Frontières	F
OMS	Organisation Mondiale de la Santé – Belgique	F
OMNIS	Fournisseur Belge / en matière pharmaceutique	F
ONG	Organisation Non Gouvernementales	F
PAM	Programme Alimentaire Mondial	F

PATS	Programme d'Appui Transitoire Santé	F
PEV	Plan Elargi de Vaccination	F
PFA	Paralysie Flasque Aiguë	F
PG	Plan Global	F
PMI	Protection Maternelle et Infantile	F
PS	Poste/s de Santé	F
PSF	Pharmaciens sans Frontière	F
SSP	Soins de Santé Primaire	F
UNICEF	Fond des Nations Unis pour l'enfance	F
ZS	Zone/s de Santé	F

Annexe IV – Documents Consultés

Titre	Publication	Date
Formulation de l'avant projet du plan directeur pharmaceutique national (PDPN) de RDC	Ministère de la Santé Publique RDC – PNUD/OMS	12/1998
Politique Pharmaceutique Nationale	Ministère de la Santé Publique RDC	12/1999
Projet de Plan Directeur de Développement Sanitaire pour la Période de 1999 a 2008	Ministère de la Santé Publique RDC	8/1999
Etat des Lieux du Secteur de la Santé – Profil Sanitaire du niveau central, des provinces, des zones de santé et de ménages	Ministère de la Santé Publique RDC	5/1999
Chronicles of a humanitarian Crisis – Democratic Republic of the Congo	UN OCHA	3/2001
Rapport Annuel d'activités	ASRAMES	2000
Statu provisoire de la centrale d'achats et d'approvisionnement en médicaments de KISANTU	Pats Project	6/2001
Guide clinique et thérapeutique (4ème édition)	MSF	1999
Médicaments Essentiels (3ème édition)	MSF	1999
First quarterly report	MEDAIR	5/2001
Les médicaments fabriqués par la pharmacie diocésaine Dr Martial et R. Kanyono	BDOM Bukavu	2000
Recueil d'informations sanitaires 1998 4ème rapport annuel	ISA	1999
Séminaires MEDAIR – Modules concernant la gestion et la prescription rationnelle	MEDAIR	5/2001
Response to measles epidemic Kalima health zone	MERLIN	5/2001
Nutrition assistance to war affected population in Kalima Final report	MERLIN	4/2001
Nutrition survey, Kaliman town, Maniema Province DRC	MERLIN	01/2001
Health assistance to war affected populations in Maniema Province East DRC Narrative interim report	MERLIN	3/2001
Programme d'aide médicale d'urgence en RDC, zone rebelle Rapport narratif	MSF B	2000
Activités du pool d'urgence Congo 1996 – 2000	MSF B	12/2000
Synthèse des interventions : MSF en RDC	MSF	7/2000
Enquête socio-économique sur la capacité de prise en charge en soins médicaux des ménages de la Province du Nord Kivu en RDC (draft)	ASRAMES	12/2000
Manuel de santé communautaire	ASRAMES, SCF, BIP Nord Kivu	7/1997
ASRAMES : statuts	ASRAMES	2001
Drug use patterns & prescribing behaviours at PHC level in North Kivu	HEALTHNET ASRAMES	12/1995
ASRAMESSAGE	ASRAMES	3/2001
Aide d'urgence au nord Ubangi, sud Ubangi et Mongola en Nord Equateur Rapport descriptif synthétique	MEMISA B	7/2001
Zone de santé rurale de Bwamanga Rapport synthétique de l'année 2000	CDI Bwamanga	2001
Programme d'appui transitoire au secteur santé Plaquette de présentation	AEDES	1996
Rapport narratif intermédiaire	Nuova Frontiera (Alisei)	11/2000
Politique sanitaire du Front de Libération du Congo	FLC	2001
The sphere project		1998
Médecine tropicale	Marc Gentillini	1993
La situation des enfants dans le monde	UNICEF	1997
Rapid household food economy assessment of Masina	Save the Children UK	06/2000

Commune in Kinshasa	Camilla Knox-Peebles consultante	
Evaluation de l'économie alimentaire des ménages des provinces du Sud et Nord Kivu	Save the Children UK	01/2000
The human tragedy of the conflict in the DRC « No End in Sight »	Save the Children UK	08/2001
Rapport de l'enquête nutritionnelle dans la zone de santé d'Uvira, Province du sud Kivu	ACF USA	04/2000
Programme de sécurité alimentaire Kinshasa Rapport d'activités de avril à juillet 2000	ACF USA	07/2000
Programme médico-nutritionnel d'urgence à Kinshasa Rapport intermédiaire de juin à octobre 2000	ACF F	12/2000
Programme médico-nutritionnel d'urgence à Kinshasa Rapport intermédiaire de novembre 2000 à janvier 2001	ACF F	2001
Rapport trimestriel d'activités du programme nutritionnel d'urgence dans les territoires d'Uvira et de Fizi de janvier à mars 2001	ACF F	2001
Enquêtes nutritionnelles dans les communes de Kimbanseké, Selembao et Kisenso à Kinshasa (31 janvier au 23 février 2001)	ACF USA / CEPLANUT	2001
Formation dispensée au personnel de santé chargé de l'éducation nutritionnelle et sanitaire	ACF USA	01/2001
Formation technique maraîchage / programme de sécurité alimentaire de Kinshasa	ACF USA	
Formation dispensée au personnel des centres de santé chargés des consultations préscolaires	ACF USA	11/2000
Formation dispensée au personnel chargé de la réhabilitation nutritionnelle : prise en charge de la malnutrition sévère et modérée	ACF USA	11/2000
Formation en nutrition dispensée aux « mamans Bongisas » chargées des visites à domicile (Kinshasa)	ACF USA	12/2000
Modules de formation sur les centres nutritionnels thérapeutiques et l'argumentation des protocoles	ACF USA	12/1998
Evaluation socio-économique des travaux de réhabilitation de la route Sake-Mweso-Kanyabayonga réalisés par AAA (German Agro Action)	ULPGL Goma	03/2001
Chroniques d'une crise humanitaire année 2000 RDC	Nations Unies Bureau de coordination des affaires humanitaires	03/2001
Briefing sur la situation humanitaire au Sud-Kivu	PAM	07/2001
Rapport d'évaluation de la situation nutritionnelle à Rimba, Nioka et Shubert dans le district de l'Ituri	COOPI	04/2001

ANNEXE V – CARTES

1. Carte générale de la République Démocratique du Congo



2. Carte des projets nutrition/sécurité alimentaire 2001



ANNEXE VI – Tableau 1

Situation des projets – Couverture par la mission d'évaluation (Plans Globaux 2000 / 20001)

Partenaire	A. PG 2000		PG 2001			Secteur	Province
	En cours		En cours	A l'étude	Prévu		
UNICEF				2.000.000	-	SSP/PEV	Est RDCongo
MSF-B				440.000	-	Santé/ surveillance épidémiol	Est RDC
Coopi - I			420.000	-		SSP (Soins de Santé Primaire)	Equateur
Memisa B			1.000.000	X		SSP	Equateur
MSF-B			350.000	-		Nutrition	Equateur
MSF-B				770.000	-	SSP	Equateur/Orientale
Merlin - UK	400.000	-			300.000	SSP	Kasai
PSF- Fr			500.000	-		SSP/ médicaments	Kasai oriental
NF/Alisei-I			500.000	X		Nutrition	Katanga Nord
NF/ Alisei-I			370.000			SSP	Katanga Nord
ACF-F	430.000	X		500.000	-	Nutrition	Kinshasa
Fometro B	400.000	X		400.000	-	SSP	Maniéma
Merlin-UK			715.000	X		SSP	Maniéma
Merlin-UK			300.000	X		Nutrition	Maniéma
Oxfam-UK			400.000	X		Hygiène/ eau	Maniéma
GAA-A			600.000	X		Sécurité alimentaire	Nord.Kivu
SCF-UK			500.000	-		Sécurité alimentaire	N.Kivu
Novib			1.200.000	X		SSP/ médicaments	N.Kivu
Oxfam-UK			200.000	-		Hygiène/eau	N.Kivu
GAA-A			600.000	X		Food Security	Grand N.Kivu
Solidarité F	500.000	D		500.000	-	Sécurité alimentaire	GrN.Kivu
W. V - USA			500.000	-		SSP/ nutrition	GrN.Kivu
Caritas-E			600.000	X		Sécurité alimentaire	Sud.Kivu
SCF-UK			230.000	D		Sécurité alimentaire	S.Kivu
ACF-F			800.000	X		Nutrition	S.Kivu
Caritas-E			400.000	X		Nutrition	S.Kivu
AMI - F			360.000	D		SSP	S.Kivu
Johanniter	240.000	-		400.000	-	SSP	S.Kivu
Malteser			530.000	X		SSP	S.Kivu
Malteser			1.200.000	X		SSP/ médicaments	Orientale
Medair- S			1.385.000	X		SSP / médicaments	Orientale
GAA - A			850.000	X		Sécurité alimentaire	Ituri
Coopi - I	1.000.000	X		800.000	-	Nutrition	Ituri
Oxfam - UK					400.000	D Hygiène / eau	Ituri
MSF-B			750.000	D		Santé/surveillance épidémiol	Ouest RDC
HCR			4.200.000	-		Réfugiés	Ouest RDC
OCHA				500.000	D	EHI	RDC
CICR/FICR				1.000.000	-	Urgence	RDC
PAM			4.500.000	D		Sécurité alimentaire	RDC
Réserve			3.030.000				
Total	2.970.000		26.990.000	7.310.000	700.000		
PG Total	20.000.000		35.000.000				

Remarques: X = Projets visités au cours de l'évaluation, 71% nutrition et 57% sécurité alimentaire
D = Discussions avec les responsables de projets sur le terrain, 28 % sécurité alimentaire
- = Non visité, pas de rencontre avec les responsables sur le terrain

Situation des projets :

Plan Global 2000 : 28% du budget total alloué au secteur nutrition / sécurité alimentaire

Nutrition en cours 7,5 % / budget total PG ; 20,5% du budget du secteur réalisé

Plan Global 2001 : 33,43% du budget total alloué au secteur nutrition / sécurité alimentaire

En cours 6,7% nutrition, 9,7% sécurité alimentaire projets et 12,9 % sécurité alimentaire PAM

En négociation 10,4% de projets de nutrition

ANNEXE VI – 2 – Cadres logiques simplifiés des Plans Globaux 2000 et 2001

I. PG 2000 Objectif général :

- **Contribuer à la réduction de la malnutrition aiguë en appuyant des programmes de nutrition thérapeutique et supplémentaire ciblant des groupes vulnérables (pour un nombre limité de bénéficiaires concentrés en milieu urbain et rural en fonction de leur accessibilité)**
- Promouvoir et appuyer des activités de sécurité alimentaire (distribution de semences et d'outils (dans les régions identifiées))

Objectifs spécifiques	Activités	besoins estimés	Résultat attendu par projet	Indicateurs
1. Mettre en place une capacité de réponse rapide à la malnutrition aiguë chez les populations affectées par la guerre (réfugiées et déplacées).	- En mettant en place des programmes nutritionnels thérapeutiques et supplémentaires. - En ouvrant des centres nutritionnels temporaires ciblant des groupes vulnérables identifiés par le réseau des Eglises.	Pour un nombre estimé de bénéficiaires mensuel de 19 000 pendant 9 mois avec une moyenne de 25 EURO par personne. Soit 4. 250. 000 EURO	Etablissement d'un programme nutritionnel temporaire dans les points focaux de malnutrition	Les enquêtes nutritionnelles montrent un taux de malnutrition aiguë inférieure à 10% chez les enfants de moins de cinq ans
2. renforcer la capacité locale de cultiver et de devenir autosuffisant en liaison avec les activités nutritionnelles	Distribution de semences et d'outils Formation et supervision	Produits alimentaires Semences Outils 900 000 EURO	Certains centres nutritionnels feront la promotion d'activités agricoles	
3. Approvisionner les personnes déplacées ou réfugiées en situation d'urgence en rations alimentaires adaptées	Achat, transport, stockage et distribution de nourriture aux familles ciblées	Contribution au PAM (EMOP) pour la RDC 3.000.000 EURO	Le PAM assure l'apport alimentaire au travers des ONG	

II. PG 2001

Objectif général : Réduire l'incidence et l'impact de la malnutrition aigue en appuyant la mise en place de programmes nutritionnels thérapeutiques et supplémentaires intégrés à des interventions d'aide et de sécurité alimentaire ciblant les familles des enfants malnutris. Le programme se concentrera sur les zones de malnutrition importantes, sélectionnées sur la base de critères anthropométriques indiscutables.

Objectif spécifique	Activités	Moyens	Résultats	Indicateurs
1. Apporter des soins nutritionnels thérapeutiques et de supplémentation en réponse à la malnutrition aiguë identifiée sur des critères anthropométriques chez les populations affectées par la guerre et ciblant les enfants de - de 5 ans	Apport de produits alimentaires, d'appui logistique et technique pour le fonctionnement des CNT et des CNS	CNT et CNS Estimation 73 000 Bénéficiaires 48 EURO / Bénéficiaire 3 500 000 EURO	- 60 000 enfants malnutris modérés identifiés et traités en CNS - 13 000 enfants sévèrement malnutris identifiés et traités en CNT	- CNS : taux d'admission contenus puis réduits - CNT : Décès < 10% Guéris > 75% Gain de poids > 8gr/kg et par jour Abandons < 15%
2. Améliorer la capacité des familles vulnérables à cultiver et à devenir autosuffisantes	Apport de semences, outils et d'appui technique	Population ciblée FS 250 000 bénéficiaires * 13 E = 3 200 000 E	Estimation de 50 000 familles	Incidence de la malnutrition aigue contenue et réduite : suivi des admissions dans les CNS et CNT

				Les familles ciblées reçoivent 1000 Kcal/personne/jour jusqu'aux moissons
3. Approvisionnement en rations alimentaires adéquates pour les personnes déplacées ou réfugiées en situation d'urgence	Achat, transport, stockage et distribution de nourriture aux familles ciblées	Aide Alimentaire 250 000 bénéficiaires * 20 E	Le PAM assure l'approvisionnement de nourritures au travers des ONG	Suivi de l'économie alimentaire des familles dans les zones ciblées

ANNEXE VI – Tableau 3

Analyse du budget PG 2000/2001 (Coût par mois et par bénéficiaire)

Plan Global 2000						
Partenaire	Contrat	Durée En mois	Montant du contrat en EURO (milliers)	Nombre de Bénéficiaires	Coût par mois en EURO (milliers)	Coût / mois / bénéficiaire
Nutrition and Sécurité alimentaire des familles d'enfants malnutris						
ACF - France	ECHO/ZAR/210/2000/01028	7	600	9.100	85,71	9,42
ACF – F	ECHO/ZAR/210/2000/01012	9	430	359.164	47,78	0,13
AVSI	ECHO/ZAR/210/2000/01013	7	355	110.000	50,71	0,46
CARITAS B	ECHO/ZAR/210/2000/01001	6	500	3.600	83,33	23,15
CARITAS-Espagne	ECHO/ZAR/210/2000/01017	5	400	28.750	80,00	2,78
COOPI	ECHO/ZAR/210/2000/01036	8	1000	20.000	125,00	6,25
MSF-BE	ECHO/ZAR/210/2000/01033	3	300	450	100,00	222,22
SOLIDARITES	ECHO/ZAR/210/2000/01026	6	500	115.390	83,33	0,72
Sous-total			4.085			
NF Alisei (+santé)	ECHO/ZAR/210/2000/1031	7	750	1.500.000	107,14	0,07
Réhabilitation						
GAA – A	ECHO/ZAR/210/2000/01004	7	850	575.000	121,43	0,21
Save The Children	ECHO/ZAR/210/2000/01009	6	500	221.200	83,33	0,38
GAA - A	ECHO/ZAR/210/2000/01002	8	1150	35.550	143,75	4,04
Total			2.500			

Plan Global 2001						
Partenaire	Contrat	Durée En mois	Montant du contrat en EURO (milliers)	Nombre de Bénéficiaires	Coût par mois en EURO (milliers)	Coût / mois / bénéficiaire
Nutrition and Food Security						
ACF – F	ECHO/COD/210/2001/01025	6	670	16.230	111,67	6,88
CARITAS – E	ECHO/COD/210/2001/01013	12	1000	69.000	83,33	1,21
Merlin UK	ECHO/COD/210/2001/01001	3	210	7.800	70,00	8,97
MSF-BE	ECHO/COD/210/2001/01017	6	350	900	58,33	64,81
Total			2.230			
Réhabilitation						
GAA – A	ECHO/COD/210/2001/01004	10	800	66.250	80,00	1,21
GAA – A	ECHO/COD/210/2001/01008	12	1200	170.000	100,00	0,59
Save the Children	ECHO/COD/210/2001/01009	12	700	991.493	58,33	0,06
Total			2.700			

Remarques : les informations sur le nombre de bénéficiaires proviennent des Fiches d'Opération recueillies durant l'évaluation.

Ces chiffres ne sont pas toujours précis ou bien définis par les partenaires (quelquefois il s'agit de la population totale d'une zone, d'autres fois des bénéficiaires réels ciblés etc.). De plus, certains des projets bénéficient d'un cofinancement par d'autres donateurs avec des approches différentes, ce qui rend difficile la comparaison des coûts unitaires comme les coûts par bénéficiaire et par mois

ANNEXE VI – Tableau 4 – Budget par ligne

Budget PG 2000 / 2001 (Budget par ligne budgétaire)

Plan Global 2000										
ONG	Numéro de contrat	Pers. Exp. %	Pers. Local %	Biens Services %	Transp International %	Transp ort local %	Autre %	Ad-minis-tration %	Ré-serve %	Total en milliers (EURO)
Nutrition and sécurité alimentaire										
ACF - France	ECHO/ZAR/210/2000/01028	13,50	22,17	29,55	8,63	10,31	9,53	6,12	0,19	600
Action Contre La Faim	ECHO/ZAR/210/2000/01012	21,98	13,56	25,17	3,53	10,33	6,95	5,53	12,95	430
AVSI	ECHO/ZAR/210/2000/01013	12,25	15,18	43,00	0,00	9,52	11,12	6,20	2,72	355
CARITAS Secours International	ECHO/ZAR/210/2000/01001	10,80	4,02	72,78	0,00	3,72	2,11	6,21	0,36	500
CARITAS-Espagne	ECHO/ZAR/210/2000/01017	5,63	18,18	67,65	0,00	0,00	0,56	6,23	1,76	400
COOPI	ECHO/ZAR/210/2000/01036	13,95	25,68	30,78	2,75	9,22	9,07	5,57	2,98	1000
German Agro Action	ECHO/ZAR/210/2000/01002	8,35	6,41	61,15	0,00	7,18	6,62	5,34	4,95	1150
MSF-BE	ECHO/ZAR/210/2000/01033	9,00	9,70	30,18	26,28	14,83	2,96	6,38	0,67	300
SOLIDARITES	ECHO/ZAR/210/2000/01026	12,90	18,77	33,92	1,00	17,38	7,25	6,07	2,71	500
Moyenne GP 2000		12,04	14,8	43,79	4,69	9,16	6,24	5,96	3,25	5235
Réhabilitation Autres										
German Agro Action	ECHO/ZAR/210/2000/01004	6,88	5,15	59,56	0,00	13,94	4,26	5,64	4,56	850
Save The Children	ECHO/ZAR/210/2000/01009	4,05	10,56	61,69	0,00	4,91	11,49	6,16	1,14	500
Moyenne GP 2000		5,46	7,85	60,62	0,00	9,42	7,87	5,9	2,85	1350

Global Plan 2001										
ONG	Numéro de contrat	Perso nnel expat rié %	Perso nnel local %	Biens et servis es %	Trans- port Interna tional %	Trans port local %	Dépen ses auxilia ires %	Ad-minis-tration %	Ré-serve %	Total en milliers (EURO)
Nutrition et sécurité alimentaire										
ACF F	ECHO/COD/210/2001/01025	11,42	19,17	33,65	8,00	10,35	8,99	5,93	2,50	670
CARITAS Espagne	ECHO/COD/210/2001/01013	5,40	14,84	70,94	0,00	0,00	0,65	5,59	2,57	1000
German Agro Action	ECHO/COD/210/2001/01004	16,88	19,31	16,63	0,00	24,09	14,83	5,80	2,47	800
Merlin UK	ECHO/COD/210/2001/01001	12,86	16,40	40,41	3,14	13,83	2,89	6,27	4,20	210
MSF-BE	ECHO/COD/210/2001/01017	14,14	17,70	32,03	12,60	9,86	1,82	6,02	5,84	350
Moyenne 2001		12,14	17,49	38,73	4,75	11,63	5,83	5,92	3,52	3030

Réhabilitation										
German Agro Action	ECHO/COD/210/2001/01008	9,00	12,95	46,16	0,00	19,30	4,52	5,39	2,68	1200
Save the Children	ECHO/COD/210/2001/01009	5,79	14,98	51,05	0,00	7,30	11,36	5,83	3,69	700
		7,39	13,65	48,6		13,3	7,94	5,61	3,18	1900

Remarque : ce tableau ne tient pas compte des cofinancements par d'autres bailleurs ou par fonds propres

ANNEXE VI – 5 – Indicateurs pour les projets nutritionnels financés par ECHO Fréquentation des CNT de janvier à avril 2001

Province	Projet Ville ou zone	Nouveaux cas	Sortis guéris %	Mortalité Nombre	Abandons %	Gain de poids gr/jour	Durée de séjours (j)	Personnel
Maniema	Merlin Kalima (sur 2 mois)	148		23				
Nord Katanga	Aliséi Kalémie	593		65				
Nord Katanga	Aliséi Manono (sur 2 mois)	135		9				
Nord Katanga	Aliséi Nyunzu	389		13				
Equateur	MSF Basankusu	897		17				
Sud kivu	ACF Uvira	1171	84,08	46 2,89%	4,74	14,1		
Ituri	COOPI	449		37				
Grand Nord Kivu	Solidarités Kayna (sur 3 mois)	242		21				
Kinshasa	ACF					17	21	

Ces chiffres sont tirés de la fiche de suivi mensuelle mise en place par le correspondant ECHO sur le terrain.

Les autres indicateurs : % / population cible, couverture / chiffres prévus par enquête nutritionnelle, % sortis guéris, % abandons, gain de poids par jour en grammes, durée du séjour ou de la prise en charge, nombre d'enfants / personnel etc. devront faire partie intégrante des rapports narratifs

2000					
ONG	Contrat	Secteur	Province		Nombre
SC	500	S A	Sud Kivu Nord Kivu	Walungu Masisi	221200
GAA	850	SA	Nord Kivu	Masisi Lubero	575000
GAA	1.150	SA	Ituri		35550
Total					831750
Caritas	400	Nut / SA	sud Kivu	Bukavu	75000
COOPI	1000	Nut	Ituri		20000
Caritas	500	Nut / Sa	Kin		3600
MSF	300	Nut	Equateur	Basankusu	450
Solidarités	500	Nut/eau	Gd Nord Kivu	Kayna	2400
NF	750	Santé/nut	Nord Katanga		2000
Total					103450
2001					
ONG	Contrat	Secteur	Province		Nombre
SC	700	S A	Sud Kivu Nord Kivu	Walungu Masisi	221200
GAA	1.200	SA	Nord Kivu	Masisi Lubero	170.000
GAA	800	SA	Ituri		66.250
Total					457450
Merlin	210	Nut	Maniema	Kalima	7.800
Caritas	1000	Nut / SA	Sud kivu	Bukavu	75000
ACF	670	Nut / SA	Sud Kivu	Uvira	16.230
MSF	350	Nut	Equateur	Basankusu	900
Total					99.930

ANNEXE VII – AUTRES

**DRC Affected Populations by Province
 Refugees and Internally Displaced
 (April 2001)**



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations

Prepared by OCHA Great Lakes Regional Office, Nairobi

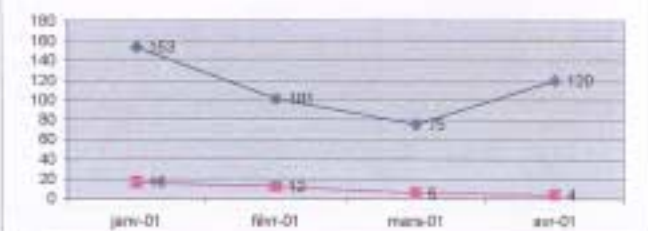
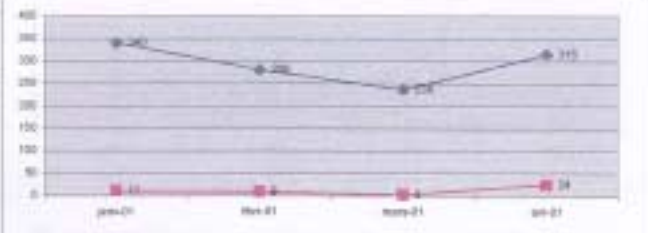
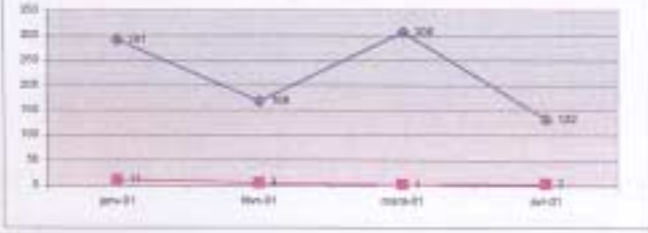
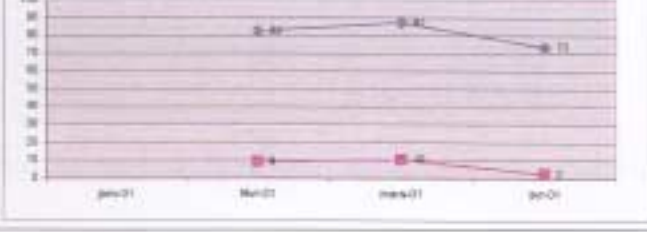
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2. Graphe du suivi des programmes nutritionnels de janvier à avril 2001 – ECHO

Suivi des programmes nutritionnels

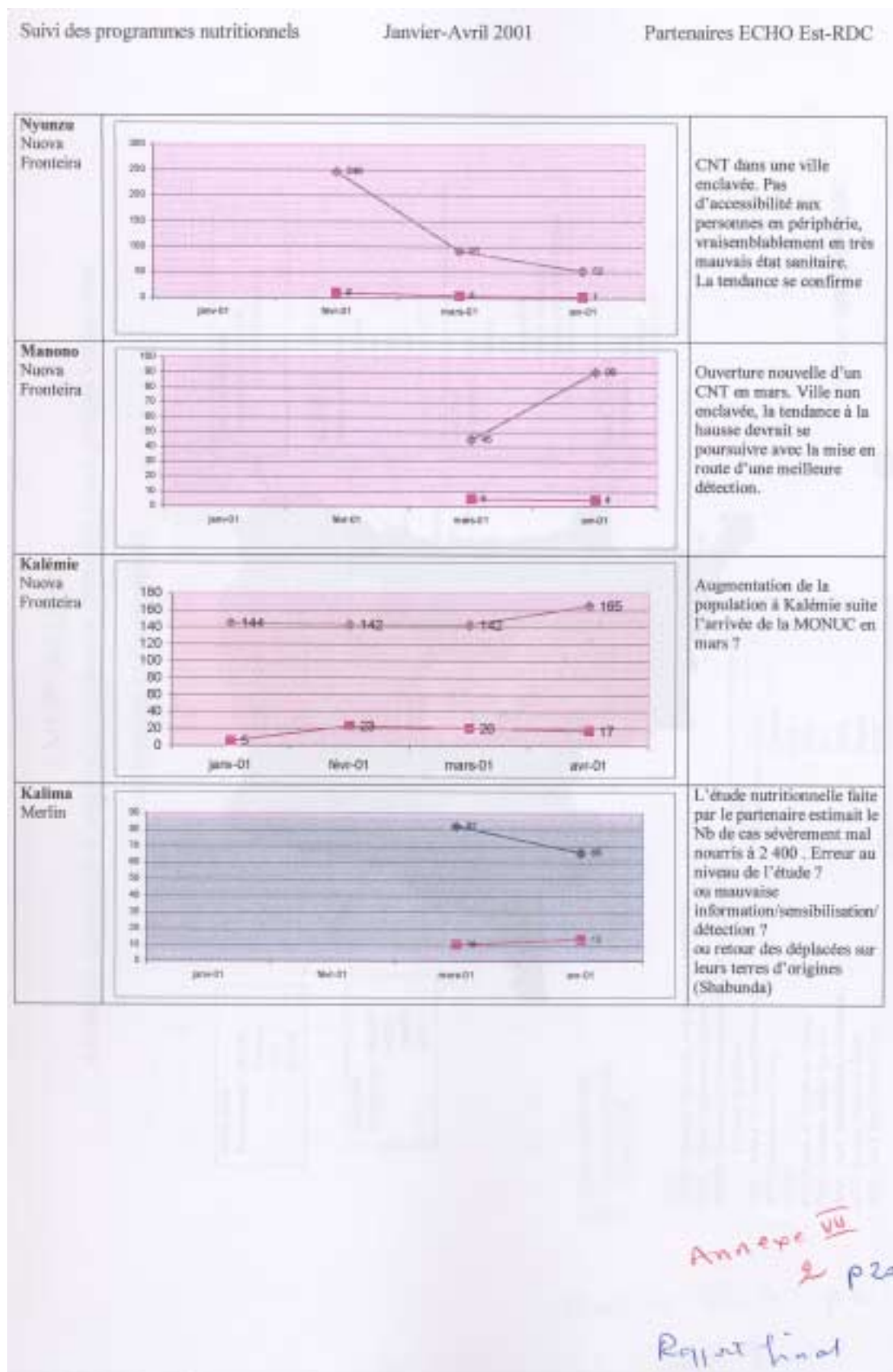
Janvier-Avril 2001

Partenaires ECHO Est-RDC

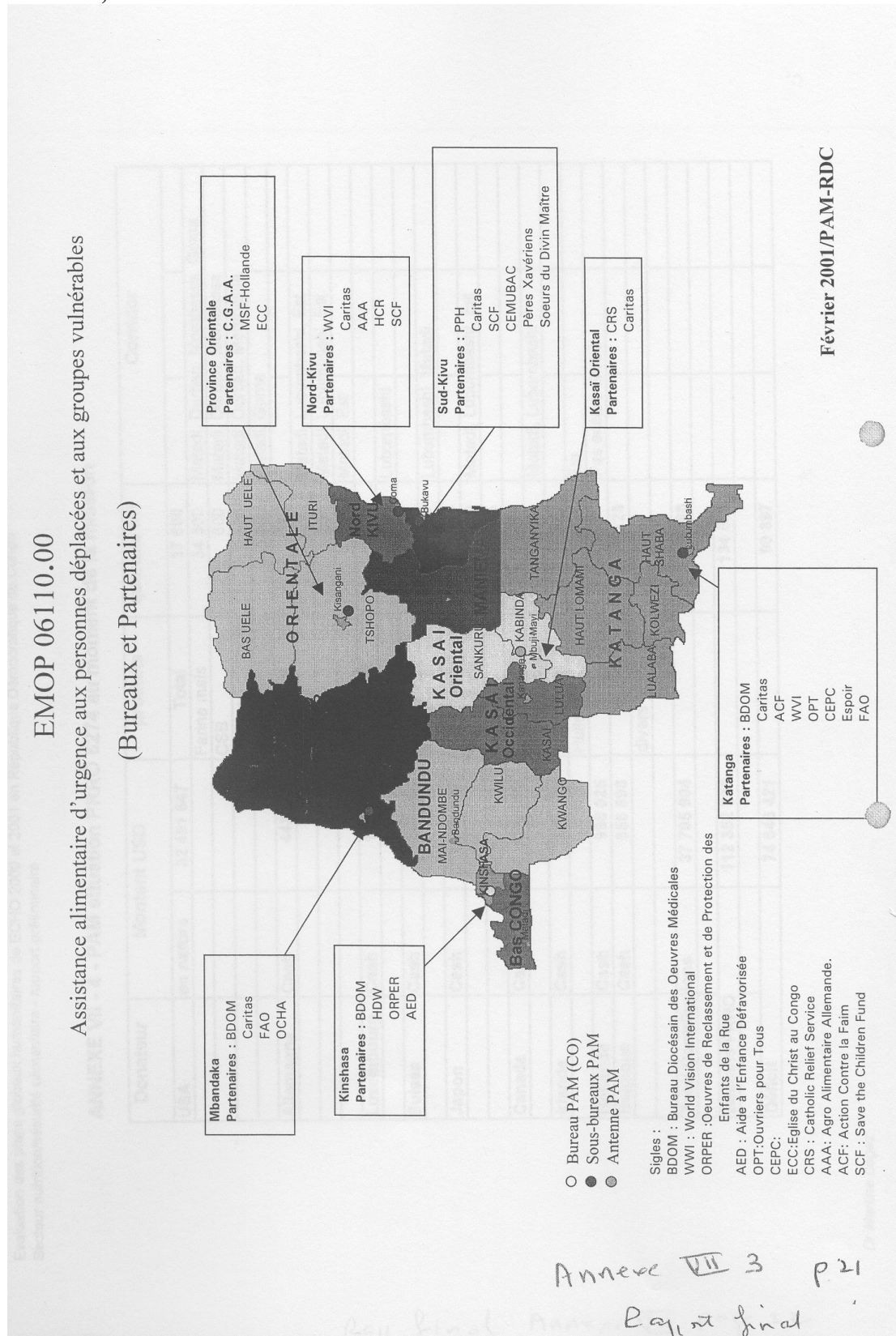
Lieu Partenaire	Graphique de fréquentation des CNT (bleu=nouvelle admission, rose=décès)	Commentaires
Ituri Coopi		<p>Ouverture du CNT à Mongwulu en Avril</p> <p>Maintien des CNT ouvert après l'assassinat des 6 collègues du CICR le 26.04, mais baisse de la qualité de supervision</p>
Uvira ACF		<p>La réouverture de 4 CNS dans la plaine de la ruzizi en mars a augmenté le Nb de référés au CNT en avril Augmentation également des cas en provenance de l'axe lacustre.</p> <p>Nb des décès transférés à l'hôpital d'Uvira très important.</p>
Bosankusu MSF B		<p>Nette amélioration de la situation nutritionnelle sur la zone de Bolomba (le CNT de Bokatata est installé dans la zone de Bolomba) . La plupart des nouveaux cas provient de la ZS de Bosankusu.</p>
Kayna Solidarité		<p>Amélioration de la prise en charge des cas transférés à l'hôpital.</p> <p>Le mouvement de retour sur Kibirizi se confirme. Moins de déplacés sur kayna = baisse du nombre de bénéficiaire au CNT de Kayna</p>

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3. PAM, EMOP 06110 Carte des bureaux et des partenaires



4. PAM, tableau de situation du PRRO 6274 au moment de la mission



ANNEXE VII - 4 - PAM situation PRRO 6274 au moment de la mission						
Donateur	Montant USD		produits	quantité MT	Corridor	
USA	en nature	32.491.647	Total	37.600		
			Farine maïs	34.500	Matadi, Durban, Mombassa, Goma	
			CSB	600	Matadi, Durban, Mombassa	
			Haricots	2.500	Matadi, Durban, Mombassa	
			Huile	3.000	Matadi, Goma	
Allemagne	Cash	442.282	Total	660		
			sucre	180	Matadi, Lubumbashi, Est	
			sel	250	Matadi, Lubumbashi, Est	
			CSB	230	Matadi, Est	
Luxembourg	Cash	180.000	Total	282		
			Farine maïs	282	Lubumbashi	
Suisse	Cash	249.984	Total	857		
			Farine maïs	857	Lubumbashi, Matadi	
Japon	Cash	1.709.402	Total	2.314		
			Farine maïs	1.229	Matadi, Lubumbashi, Est	
			Autres	1.085		
Canada	Cash	500.000	Total	500		
			Légumineuses	500	Matadi, Lubumbashi	
Irlande	Cash	280.666	Total	327		
			Huile	327	Est	
Hollande	Cash	995.025			Pas encore alloué	
Belgique	Cash	856.898	Total	1.128		
			divers			
Total Contributions		37.705.904		43.668		
Besoins PRRO		112.352.325		134.565		
Déficit		74.646.421		90.897		

5. Phases en fonction de l'urgence selon OCHA

TYPE Intervention	Urgence	Urgence – récupération	Transition / Réhabilitation	Pré développent
Définition	1.le projet s'adresse à une situation , 2.il y a un manque de nourriture et de matériel de base pour assurer la vie de tous les jours 3.les infrastructures de base n'existent plus. 4.Accès difficile et/ou dangereux	5.Les besoins les plus urgents sont couverts mais il y demeure un risque de décès important si l'intervention s'arrête 6.Il y a accessibilité mais pas encore une sécurité complètement assurée; 7. Quelques infrastructures en mauvaise condition	8.il existe des possibilités de moyens de subsistance, la population n'est pas menacée de mort 9.la sécurité alimentaire est assurée et un accès sans danger à des infrastructures réhabilitées 10.les bénéficiaires de produits non alimentaires peuvent se les procurer par leurs propres moyens	11.la population participe de façon active à son propre développement 12.le droit à la propriété et la démocratie sont assurés