

EVALUATION MISSION

SIERRA LEONE

ECHO

GLOBAL PLAN 2000

INTERVENTION PLAN 2001

SYNTHESIS REPORT

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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	3
2. EVALUATED GLOBAL/INTERVENTION PLANS	7
3. DATE OF THE EVALUATION	7
4. NAMES OF THE CONSULTANTS	7
5. PURPOSE AND METHODOLOGY	7
6. MAIN FINDINGS	8
6.1. General context	8
6.2. Situation of the "Health, Water and sanitation, Nutrition" sector	9
6.3. Situation of the "Child Protection and War Victims" sector	9
6.4. Situation of the "Uprooted Populations" Sierra Leone	10
6.5. Coordination of the humanitarian assistance	11
6.6. ECHO response to the humanitarian situation in Sierra Leone	11
6.6.1. The Global Plan 2000	
6.6.2. The Intervention Plan 2001	
6.7. Evaluation of ECHO's response	12
6.7.1. Relevance	
6.7.2. Effectiveness	
6.7.3. Efficiency	
6.7.4. Impact	
6.7.5. Sustainability	
7. CONCLUSIONS AND RECOMMENDATIONS	18
7.1. "Health, Water and Sanitation, Nutrition" Sector	18
7.2. "Child Protection and War Victims" Sector	19
7.3. "Displaced populations" sector	20
7.4. "Operational support/coordination" sector	20
7.5. The Link between Relief, Rehabilitation and Development (LRRD)	21
8. LESSONS LEARNED	21
8.1. Co-funding	21
8.2. Flexibility	21
8.3. Working with the Government	22
8.4. Absorption capacity	22

1. EXECUTIVE SUMMARY

Evaluated Global/Intervention Plans

The European Commission Humanitarian Aid Office (ECHO) has decided to commission an evaluation of the humanitarian operations implemented in Sierra Leone. The evaluation covered two consecutive plans carried out in 2000 and 2001 : the Global Plan May 2000 – February 2001, "Proposal for Community financing of humanitarian assistance to Sierra Leonean populations", and the "ECHO Intervention Plan 2001 – Humanitarian Assistance to Sierra Leone (March 2001 – November 2001)"

Date of the evaluation

The evaluation has been carried out in Sierra Leone from 15/9/2001 to 17/10/2001.

Consultants names

Christine Bousquet, Francine Dal and Pascal Simon.

Purpose and methodology

The purpose of the evaluation is to obtain the necessary information to allow ECHO to decide strategies and improve any future action in Sierra Leone, especially the future 2002 intervention plan.

The evaluation team was composed of three consultants, each of them having the responsibility to focus on a specific sector : (1) health, nutrition, water and sanitation, (2) child protection, (3) uprooted populations.

The present report will provide a synthesis of the three individual reports which have been presented to ECHO for each sector.

Main findings.

Sierra Leone's recent history has been dominated by military takeovers and civil war. From 1991, the Revolutionary United Front (RUF) launched a military campaign against the government in place. The initial reasons for this conflict were poverty, lack of basic social services to the population, failing state, corruption and lack of economic opportunity. However, in recent years, the struggle for the control of diamonds fields in Sierra Leone has fuelled the war, with Liberia openly acting as a support to the RUF. The conflict was characterised by widespread human rights violations and systematic attacks against civilian population which resulted in massive population displacements inside and outside of the country.

In 2000, ECHO released 8.7 MEURO for humanitarian assistance to Sierra Leone. In 2001, the budget has been increased to 11 MEURO. In 2000, projects suffered from the escalation of the conflict after May; in 2001, projects benefited from an improvement of the situation and took a more integrated approach.

Relevance

In both plans, ECHO provided assistance in the sectors of Health, Nutrition, Water and Sanitation, Child Protection as well as to some projects supporting the implementation of other projects (e.g. Sierra Leone Information System - SLIS -, Helicopter service). The general strategy for intervention, the choice of the sectors and target groups were generally consistent and allowed ECHO partners to address the needs of the most vulnerable groups through relevant activities. ECHO also responded with flexibility to the dramatic increase of displaced populations after May 2000 by adapting its response to the new humanitarian context.

Assistance to the large displaced population was crucial as this group depends mostly from external assistance to survive; provision of health services, clean drinking water and adapted sanitation facilities constituted an absolute humanitarian requirement.

The decision to get involved into the Child Protection sector was particularly appreciated as this group of beneficiaries is considered as extremely vulnerable and is very important for the future of the country; leaving such a group without support for reintegration and family reunification would certainly jeopardise all the efforts currently implemented to rebuild the country.

ECHO also targeted "resident communities" through various projects, as health services; this move allowed to resume the provision of essential services to populations who were previously left without any assistance.

Effectiveness

Although political, institutional and logistics constraints have to be acknowledged, the assistance planned by ECHO partners has generally been delivered as expected. Humanitarian activities obviously suffered from the deterioration of the situation in May 2000 but operations quickly resumed and were reoriented towards an emergency response to the needs of the increasing displaced populations.

In the health sector, projects improved access to services for the Sierra Leonean people but some of the supported projects now become increasingly long term programs, with a wide range of activities and heavy recurrent budgets; some of those projects were also too ambitious for the time duration and results were much lower than initially anticipated.

In the Water and Sanitation sector, objectives have been achieved as expected and activities even went beyond the concrete establishment of infrastructures by including hygiene promotion within the community.

ECHO supported 4 partners which developed Interim Care Centres (ICC) in various provinces, but the number of children still to be released by the various armed factions remains unknown.

Efficiency

The mission noted that partners were very much engaged in delivering concrete assistance and services at the detriment of long term planning and strategic thinking; reporting and in-depth analysis also suffered from the focus on the operational implementation. In the child protection sector, few partners had developed long term plans and were prepared for ECHO phasing out from this sector in 2002; in the health sector, Ministry of Health is now invited to take over activities which were developed with little consideration for its financial and operational limitations. Although understandable in emergency programs, this attitude of replacing rather than supporting does not facilitate the transition from short term humanitarian activities to long term rehabilitation and development interventions. This situation is partly the result of the past military and political chaos in Sierra Leone as well as the low capacity of the Government of Sierra Leone (GoSL) to efficiently coordinate and plan delivery of assistance.

Impact

Although the impact is not always easy to measure, ECHO funded projects have mitigated the negative humanitarian consequences of the conflict in Sierra Leone : restoration of access to basic health services, prevention of an increase of malnutrition, provision of essential water and sanitation facilities, reintegration of ex-combatant children within the community, rehabilitation of disabled people, support to vulnerable displaced populations were all activities which had positive impact. However, some projects could not document their achievements, such as the immunisation program and the dissemination of the Code of Conduct. In the Child Protection sector, the main short term impact is the separation of children from adult combatants and the provision of safe environment and of appropriate medical-psychological-social assistance. The lack of capacity building was noticed due to the irregular presence of the expatriate staff in the field of operations along with local workers.

Sustainability

The mission acknowledged that relief operations are not exclusively conditioned to long term sustainability considerations; in addition, ECHO partners have also to be responsible to ensure sustainable development of their activities.

For displaced populations, the only realistic sustainable outcome will be the resettlement in their villages and communities of origin. The training, sensitisation and promotion of better hygiene practices to IDP's will have a long term effect of those populations after their resettlement. ECHO funded projects have developed important operational capacity which will be difficult to sustain in the long run; important budgets were released in 2000 and 2001 and nothing guarantees that this level of funding will remain available from other EC budget lines or other donors in the near future.

Technically, it would be disastrous to suddenly suspend assistance to the various hospitals and health facilities as well as to the reintegration process of ex-combatants and separated children; such a suspension would jeopardise the benefits of the resources and efforts previously invested into those sectors.

Conclusions and Recommendations

"Health, Water and Sanitation, Nutrition" Sector

The mission recommends to improve modalities of project management : more effective targeting, realistic planning, monitoring focused on process and outcome indicators and more systematic external evaluation. It is recommended that the scope for health activities be based on a comprehensive plan, developed in accordance with local capacities and actors (e.g. quality versus quantity, strategy versus implementation) and more emphasis be put on quality improvement initiatives including improved management, supervision and training. As ECHO's efforts to support the delivery of immunisation services faced difficulties, it is recommended that the scope for the Expanded Programme for Immunisation (EPI) be re-appraised and scaled down concentrating either on frontline areas or on a more specific area of support such as vaccines procurement. Current nutrition activities undertaken at TFC and SFC levels should be gradually phased out. Improvement of child care practices should be integrated as much as possible at primary and secondary health care levels and with the water and sanitation activities.

Water and sanitation activities at camps level should be scaled down by transferring management, including care and maintenance, to communities. Partners should be able to assist in a strategic manner with resettlement by preparing the conditions for return and by maintaining and reinforcing a proactive community approach as developed adequately during the period under review.

"Child Protection and War Victims" Sector

It is recommended to accompany UNICEF in the phase down of the ICC process and provide a last phase of support to the ICC's of Kono (IRC) and Daru/Kailahun (SCF) for at least 6 months (from January 2002 to June 2002).

It is recommended to support the COOPI "Conforti" and "Dropping" centres for a duration of 6 months to facilitate the hand over of the activity to longer term donors.

It is proposed to launch an operational research on sexual abuse; the research would allow to fill an important gap and would allow ECHO to ensure the link with longer term activities in the sector, possibly the Child Protection budget line, and finalise efficiently and usefully its involvement in the child protection sector.

"Uprooted Populations" Sector

It is recommended to support the IDP's resettlement process and provide assistance into the communities where important resettlement movements will take place. The assistance should target the most affected and vulnerable chiefdoms and districts according to pre-defined criteria and should be provided on a community-based approach. Provision of a minimal support, when and if necessary, to IDP's/returnees who are still located into the Southern and Eastern regions has to be continued.

"Operational support/coordination" Sector.

It is recommended in principle to continue the ECHO support to the SLIS with the objective of improving the analysis and the dissemination of the data collected by the system as well as looking for a solution for future hand over. The mission recommends to suspend temporarily the financial support to the dissemination exercise of the Code of Conduct, to wait for the results and recommendations of the evaluation to be carried out in November and, in line with the conclusions of the evaluation, to carefully consider the possibility to support the four month phase in 2002 with the objective to implement the hand over to national organisations.

The Link between Relief, Rehabilitation and Development (LRRD).

As most of the EC long term programs are not yet ready to be developed soon, it appears that ECHO will have to remain committed to assist Sierra Leone for a while, even if the strategy should be to gradually accompany its partners in phasing out some projects or help others to reorientate their operational plans toward the long term. At such a sensitive time for Sierra Leone, ECHO should consider to give the possibility to its partners to find "bridging" financial answers. The role and the initiative capacity of the EC Delegation in Freetown are crucial to develop solutions within the Commission to link humanitarian assistance to rehabilitation and development interventions; the current devolution exercise of the Commission may be beneficial to the process. In addition, the Regional Health Co-ordinator role is seen as critical in planning for health projects orientation and in assisting partners to access other budget lines available to NGO's.

Lessons learned

The mission noted that it would be worth, in case ECHO contribution is part of a larger project co-funded by other donors, to clearly identify a logical set of activities to be funded by ECHO in order to adapt the inputs to the expected outputs of the operation and keep a balanced budget.

In a very volatile situation as Sierra Leone, flexibility in the operations and the management of a global plan is a necessity to make sure that the projects respond to the evolution of the humanitarian needs.

Some humanitarian agencies seem to be reluctant to collaborate genuinely with the GoSL, arguing that they could lose their independence and impartiality. Although INGO's have certainly to stick to their humanitarian mandate, it should be recognised that the GoSL has to take responsibility for the general coordination of the assistance to the Sierra Leonean population.

The absorption capacity of national institutions should be taken into account when defining a hand over strategy. The partners who set up large and ambitious interventions will soon face the challenge of phasing out of supporting the projects which will no longer fit within the scope of assistance.

2. EVALUATED GLOBAL/INTERVENTIONS PLANS

The mission has evaluated two consecutive global/intervention plans :

- the ECHO¹ Global Plan May 2000 – February 2001, "Proposal for Community financing of humanitarian assistance to Sierra Leonean populations" (which will be referred to as the "Global Plan 2000" in this report)², and
- the "ECHO Intervention Plan 2001 – Humanitarian Assistance to Sierra Leone (March 2001 – November 2001)³", which will be referred to as the "Intervention Plan 2001" in the report.

3. DATE OF THE EVALUATION

The evaluation has been carried out in Sierra Leone from 15/9/2001 to 17/10/2001.

4. NAMES OF THE CONSULTANT

Christine Bousquet
Francine Dal
Pascal Simon

5. PURPOSE AND METHODOLOGY

The main purpose⁴ of the evaluation was to obtain the necessary information to allow ECHO to decide strategies and improve any future actions in Sierra Leone, bearing in mind the need to react to a sometimes rapidly changing situation.

The evaluation team was composed of three consultants. Each consultant had the responsibility to focus on a specific sector :

- health, nutrition, water and sanitation (Christine Bousquet),
- child protection and war victims (Francine Dal),
- uprooted population, (Pascal Simon).

The present report is a synthesis of the three individual reports which have been presented to ECHO for each of the sectors covered by the evaluation.

The evaluation team spent two days at ECHO Headquarter for briefing. On arrival at Conakry, the team had a briefing by the ECHO correspondent on the Guinean context of the crisis. In Freetown, the team had an extensive briefing by ECHO Sierra Leone before engaging in meetings with ECHO partners in the country as well as with various representatives from national and international organisations⁵.

In the course of the mission⁶, team members prepared three interim reports (every 10 days) including main findings and recommendations; those interim reports were particularly important as ECHO was preparing the 2002 Intervention Plan in Sierra Leone while the evaluation was carried out.

¹ See in Annex 1 the List of Abbreviations and Acronyms.

² See in Annex 2 the List of the Projects funded by the Global Plan 2000.

³ See in Annex 3 the list of the Projects funded by the Intervention Plan 2001.

⁴ See in Annex 4 the ToR of the Evaluation Mission.

⁵ See in Annex 5 the List of persons and organisations contacted during the mission.

⁶ See in Annex 6 the Routing of the Mission.

At the end of the mission, the three team members organised three separate debriefing sessions in Freetown with the ECHO partners involved in the three main sectors covered by the evaluation. Those sessions provided the possibility for the partners to make remarks and recommendations to the mission regarding the future involvement of ECHO in Sierra Leone.

6. MAIN FINDINGS

6.1. General context

Sierra Leone⁷ became a republic in 1971, with Siaka Stevens as President for a five-year term. In 1978, it became a one-party state under Steven's APC party. In April 1991, the Revolutionary United Front (RUF) launched a military campaign to overthrow the APC government in place. Since, Sierra Leone's recent history has been dominated by military takeovers and civil war.

In January 1999, the RUF and the Armed Forces Military Council (AFRC) attacked and held Freetown but were later repelled by ECOMOG troops. During the rebel invasion and occupation, over 5,000 people were killed and most of the Eastern suburbs of Freetown destroyed. Both the rebels and ECOMOG forces committed widespread human right abuses. A cease-fire was agreed in May 1999 and led to a peace agreement signed in Lome in July. The agreement offered amnesties for crimes committed before the agreement signature, planned for a Disarmament, Demobilisation and Reintegration (DDR) program and allowed for RUF representatives to enter into the Government. In November/December 1999, the United Nations Mission in Sierra Leone (UNAMSIL) was deployed to monitor the peace agreement.

The implementation of the Lome agreement remained limited; attacks on civilians by rebel forces continued and DDR process remained slow. In May 2000, with the capture by RUF forces of some 500 UNAMSIL troops and the destruction of DDR camps in central and eastern Sierra Leone, hostilities resumed. United Kingdom troops were deployed to Freetown to stop RUF and allow for the arrival of UN reinforcements.

In 2000, the war also spread across borders and engulfed Sierra Leone, Guinea and Liberia into a regional conflict. Tension escalated between Guinea and Liberia following attacks in southern Guinea by forces opposed to the Guinean Government; Guinea accused Liberia of backing the dissidents. The authorities in Monrovia, on the other hand, charged that Guinea's government was supporting the rebel "Liberians United for Reconciliation and Democracy" (LURD) who have been carrying out attacks in northwest Liberia in recent years.

A struggle for the control of diamonds fields in Sierra Leone has been at the heart of the crisis in recent years. Diamonds have fuelled Sierra Leone's conflict, stealing its patrimony and putting the country last on the UNDP Human Development Index (HDI). From the outset of the war, Liberia acted as banker, trainer and mentor to the RUF. Liberia's open support to RUF in Sierra Leone has finally resulted in UN Sanctions and in an embargo on Sierra Leonean "stolen" diamonds exported from Liberia.

In November 2000, the Government of Sierra Leone (GoSL) and the RUF signed a cease-fire agreement in Abuja, Nigeria. The agreement mainly stick to the terms of the Lome agreement and allowed for the resumption of the DDR process in May 2001; UNAMSIL troops are now progressively deployed in all regions of the country and RUF seems to transform itself into a political party which could participate into the national and presidential elections scheduled in 2002.

⁷ See in Annex 7 Maps of Sierra Leone.

6.2. Situation in the "Health, Water and Sanitation, Nutrition" sector

Health

In Sierra Leone, the infant and child mortality rates of 170/1,000 and 286/1,000 respectively are among the highest in the world. Maternal mortality is 1,800 per 100,000 live births. The most prevalent health problems among the under-five group include malaria, acute respiratory infections (ARI) and diarrhoeal diseases. High levels of Sexually Transmitted Diseases (STDs) have been registered among adults. The presence of HIV has been documented in major urban cities, border lands and mining areas. An unpublished study indicates a 6% HIV prevalence in adults and demonstrates an increasing trend over time. The situation is further aggravated by population displacements inside and outside the country. Even before the civil war and despite an elaborate nation-wide network, health care activities did not bring about expected improvements in health status, especially among rural populations. It is estimated that only 34% of the population have access to health facilities, mostly in the Western area. Due to chronic instability and dilapidation of health structures, large number of NGO's are operating in various districts to resume the provision of services.

Nutrition

Access to adequate, nutritious food is a prerequisite for good nutrition. A major contributing factor to under-five mortality for Sierra Leone has been childhood malnutrition. The present levels of moderate and severe malnutrition rates are comparable to the figures reported for Sierra Leone in the period 1990-97. Similar norms are also found for other countries in West Africa suggesting the regional dimension of child malnutrition. The last nutritional surveys carried out in Bo and Kenema Districts found a global malnutrition rate of 3.8% and 5.3% respectively. A recent survey carried out in pre-harvest times showed no significant difference as opposed to the data collected in the post-harvest period, indicating that the causes of malnutrition relate more to poor hygiene and child care practices than food insecurity. Among the many and complex causes of food insecurity, reduced agricultural production, unemployment, low income and a high ratio of household dependants to earners have been reported. The long lasting conflict had also serious implications for care behaviours and practices. The breakdown of family and community structures placed extra stress on caregivers who spend more time searching for income, water and food, resulting in less support for child care.

Water and Sanitation

Conflict and subsequent collapse of government and social structures have caused major damages to the water and sanitation infrastructure. Access to safe drinking water and sanitation is very poor across the country. National standards for water supply and sanitation in the country are not yet defined; the broad strategy is to improve access and quality in partnership with the MoHS department that is in charge of health education and community awareness. This process has been seriously hampered by lack of resources, poor planning and management capacity. Most water is taken from streams, rivers or shallow wells; the quality of the water source has also been questioned as the rebels have been accused of polluting water. As observed in project sites, the wells installed with hand pumps had fallen into disrepair due to lack of maintenance.

6.3. Situation in the "Child Protection and War Victims" sector

Enrolment of children

The various military factions (RUF, AFRC, SLA and CDF) have recruited children to participate into the conflict. The RUF has expanded through capturing young people, some joined the group by themselves while others were given by their parents in exchange for money. Terrorised in the process of capture, they were later treated generously to induce loyalty. The RUF manipulated the children through initiation practices, use of drugs (marijuana, alcohol, "blueboats"); children were also forced to commit atrocities against their own families or villages to make them unable to leave the rebellion.

Gender Violence

Throughout the conflict, rebel forces have perpetrated widespread, organised and systematic sexual violence against women and girls including individual and gang rapes. In an unknown number of cases, sexual violence has been followed by the abduction of women and girls and forced bondage to male combatants. Those girls often got children and remained with the rebels for years. According to UNICEF, there are 8% of girls among the children associated with fighting forces and registered by child protection agencies; 37% of all the separated children registered in the Family Tracing Network are girls.

Consequences of the war

Children are emotionally devastated by their experience; they have been subject to psychological traumas that are so extreme that self-defence mechanisms frequently result in the child having only blurred memories of their time with the rebels. Depression is common amongst ex-child combatants, while hopelessness and desperation have been known to lead to self-destructive behaviour, like drug addiction and para-suicide. Those children did not go through any socialisation process and therefore the meaning of notions like "good", "bad", "justice" or "injustice" have been significantly broken.

Many girls got babies; so far, there is no estimation of the number of these babies. Medico-psychosocial consequences for these girls can be especially serious because of complications arising from sexually transmitted disease (STD), social rejection and alienation. The ability of girls to breastfeed their babies is undoubtedly impacted by their membership in armed forces because they are likely to be malnourished, lack adequate fluids and clean water, be deprived of rest, and suffering from disease or injury. Consequently, their babies become sick and often die. The babies, sometimes called "rebel babies", are more at risk to be abused by their mothers (physical or emotional abuse) than babies of mothers who are supported by their family. One of the first medical consequences of the conflict is the high prevalence of STD's among rape victims (70 to 90%) while the rate in the general population is only 6%.

The conflict has shown horrifying examples of cruelty towards the people of Sierra Leone : men, women and children have been mutilated, hands and arms have been cut. No statistics are really available about the number of victims but it is estimated that they would be around 1,400 for the regions of Freetown, Bo, Kenema and Makeni.

6.4. Situation of the Uprooted Population in Sierra Leone

The armed conflict and the widespread human rights abuses associated with it are the main causes for movements of population in Sierra Leone. Reflecting the cyclical nature of this conflict, many Sierra Leoneans have been displaced and returned several times as rebel forces have advanced or withdrawn.

The pattern of population movements in Sierra Leone often happened in two steps : first, individuals under threat flee to temporary safe-heavens such as remote settlements or bush-camps; when they have exhausted their coping mechanisms, they often move on to sites under government control such as IDP camps or public buildings. Others look for shelter and support with relatives while others chose to leave to neighbouring countries. The number of refugees in Guinea reached between 300,000 to 400,000.

During the second half of 2000, the conflict spread across the border to Guinea, including RUF attacks on Guinean villages and camps hosting Sierra Leonean refugees. A result of this situation has been additional internal displacements as well as return of Sierra Leonean refugees in their country (there are now around 80,000 refugees left in Guinea).

In January 1999, rebels forces entered the capital before retreating and consequently causing new influx of IDP's; as a result of this latest attack on Freetown, many civilians were mutilated by the rebels and around 150,000 people were displaced in and around Freetown.

By November 2000, the UN had registered an IDP caseload of 341,000 people, two thirds of those IDP's being registered after the May 2000 conflict escalation. The majority of registered IDP's have sought refuge in Tonkolili district, Port Loko district, Freetown, Kenema, and Bo townships. A substantial part of the displaced population is composed of women and children.

Due to the complexity of those population movements, figures about displaced people remain difficult to verify and there can be substantial differences between official figures and the actual caseload. According to SLIS/OCHA, in August 2001, there was a total of 247,600 IDP's in Sierra Leone (127,000 in camps and 120,600 in hosting communities). In October 2001, UNHCR had registered a total of 59,500 returnees; they have been settled in camps and in hosting communities. Apart from the legal protection aspects related to the UNHCR mandate, the situation of the returnees is basically similar to the situation of the IDP's; they also receive the same level of assistance. Considering the total of the IDP's and the returnees caseload in Sierra Leone, the total number of officially registered "displaced people" can therefore be estimated at around 310,000 people. Resettlement of IDP's and returnees cannot yet be organised as their areas of origin are not declared "safe for resettlement"⁸.

6.5. Coordination of the humanitarian assistance.

Due to the numerous actors and the quick changes in the political and military situation, coordination of the humanitarian operators is obviously not an easy task in Sierra Leone. For few years, due to the GoSL incapacity to ensure effective coordination, INGO's were operating in an institutional "no-man's land". Fortunately, this disorganised situation is now changing and some improvements have been acknowledged.

The overall coordination of the humanitarian assistance is mainly ensured by the National Commission for Reconstruction, Resettlement and Reintegration (NCRRR). NCRRR is officially in charge of the policy making, the planning and the coordination of the operations in the sectors of relief assistance, rehabilitation, reconstruction, repatriation and reintegration. NCRRR chairs a monthly national Consultative Forum attended by all humanitarian agencies; regular Technical Committees are also organised for the numerous sub-sectors (food aid, water and sanitation, health, non food items, education, camp management, child protection, etc..). The system, although complex, represents at least a valuable tentative by the Government to improve the coordination.

Recently, the GoSL has decided the creation of the "National Recovery Committee" (NRC), chaired by the Vice-President; NRC focuses mainly on the restoration of the civil authority in the areas where the Government has regained control; but the committee has also other responsibilities in the humanitarian sector. There is therefore a clear mix of humanitarian and political objectives in the mandate of this new NRC; organisations operating in Sierra Leone have to remain vigilant to make sure that humanitarian assistance is not diverted from its initial purpose for political objectives.

In absence of any official donors coordination system like "consultative groups", donors took the decision to have their own informal regular meetings. It is particularly important for the EC, DFID and OFDA to have those contacts as they are among the most important humanitarian donors in Sierra Leone.

6.6. ECHO response to the humanitarian situation in Sierra Leone.

6.6.1. The Global Plan 2000.

Covering the period May 2000 to February 2001, the Global Plan 2000 mobilised a total of EUR 12 million by the decision ECHO/TPS/210/2000/12000 dated 9/6/2000 to support a total of 31 projects in Sierra Leone, Guinea and Liberia : 23 projects took place in Sierra Leone, 5 of them in Guinea and 2 in Liberia.

⁸ See in Annex 8 Map of areas declared "safe for resettlement".

On the 12 MEURO, 8.723 MEURO (73%) have been allocated to Sierra Leone. In this budget, 4.6 MEURO (53%) has been allocated to Health and Nutrition, 0.66 MEURO (8%) to Water and Sanitation, 0.5 MEURO (6%) to the provision of Non-Food Items (NFI), 2.355 MEURO (27%) to Child Protection and Disabled and 0.6 MEURO (7%) to "operational support" activities⁹.

The Global Plan 2000 has been prepared in the beginning of 2000 when the humanitarian situation was expected to improve and displaced population to return to their place of origin. In the wave of the conflict escalation in May 2000, accessible geographical areas were limited as well as the absorption capacity of NGO's and GoSL. As a result, some projects were cancelled or reduced while 8 other projects were launched, using the reserve to respond to the additional massive influx of IDP's into governmental areas : 5 of them in the "Health, Water and Sanitation, Nutrition" sector, 1 of them for the provision of NFI and 2 projects to support the INGO helicopter service.

6.6.2. The Intervention Plan 2001

The Intervention Plan 2001 supports 24 projects in Sierra Leone only. A total of EUR 11 million has been provided through the decision ECHO/SLE/210/2001/01000 dated 22/3/2001; the plan covers the period March 2001 to November 2001. At the time of the mission, 10.58 MEURO had been engaged¹⁰.

The political and military situation has been improving in Sierra Leone since the beginning of 2001, especially after May when the peace process and the DDR resumed. Therefore, the ECHO 2001 operations have been developed in a more favourable environment than in 2000. The plan took a more integrated approach with three main "pillars" : "Relief and Integrated Projects" (7.35 MEURO, 71%), "Child Protection and Disabled" (1.81 MEURO, 17%) and "Coordination and Operational Support" (1.23 MEURO, 11%)¹¹. Most of the projects included into the Intervention Plan 2001 were the continuation of projects initiated in the Global Plan 2000¹².

6.7. Evaluation of ECHO's response

Overall, the mission considers that the ECHO response to the humanitarian needs in Sierra Leone has been appropriate and suited to the needs; in 2000, ECHO has been flexible in responding to the important increase of IDP's and adopted a more integrated approach in 2001 when the situation stabilised.

6.7.1. Relevance

Coordination of humanitarian assistance is probably not yet very efficient in Sierra Leone, but the situation has been improving recently. ECHO's assistance to displaced has been relatively well coordinated with the two other main donors in the sector (OFDA and DFID). Even in the absence of an official donor coordination system, frequent meetings took place between those major donors and complementarity has been ensured between them.

Health, Water and sanitation, Nutrition

Alongside promoting the concentration of resources in various geographical areas, ECHO encouraged a more integrated approach to project identification and planning. The projects were relevant to the acute needs caused by displacements and efforts were made to minimise the burden placed upon infrastructures by the displaced and returnees and to include resident populations within the scope of assistance.

⁹ See in Annex 9 the Analysis of the Global Plan 2000.

¹⁰ See in Annex 10 the Analysis of the Intervention Plan 2001.

¹¹ Those figures exclude the budget for the ECHO Regional Office in Abidjan (EUR 280,000).

¹² Two new partners received funding from ECHO in 2001 : Tearfund (Water and Sanitation) and UNOCHA (SLIS).

Assistance also reflected the efforts to meet the basic health needs of people through first and secondary level of health care. However, due to logistical constraints and institutional weaknesses there has been a general tendency for projects to focus on specific aspects of implementation and not enough on strategy. In some instances, the short project cycle was not adapted to the financing of projects operating at institutional level as was the case for EPI.

Water and sanitation projects focused on high-risk areas and vulnerable groups. Most projects developed community maintenance systems and introduced community participation during implementation. The IDP camps in Kenema and Port Loko are well supplied with water of an acceptable quality. In 2001, assistance in this sector has been more integrated and gradually targeted also rural communities. Most of the nutrition and water and sanitation interventions benefited populations which have been displaced, thus reducing the prospects of malnutrition and water-borne diseases. Interventions aimed at improving the nutritional status are targeting vulnerable groups including children less than 5 years, pregnant and lactating women.

Child Protection and War victims

Projects funded by ECHO in the child protection sector participate in a program developed by UNICEF and the Ministry of Social Welfare. ECHO decided to support operation costs of the Interim Care Centres (ICC) which constitute a crucial step in the demobilisation of child combatants.

ECHO's decision to get involved in the sector was extremely relevant as ex-combatant and separated children constitute a very vulnerable group. Those children have experienced violence and may well remain always violent, introducing violence into the community for the long term. Girls were systematically raped and are exposed to STD's and social rejection; their babies are particularly at risk to be abused by their own mothers.

Amputees, war related disabled people and their families also constitute a vulnerable group. The conflict obviously disrupted rehabilitation and medical services, aggravating the consequences of existing disabilities and even increasing the number of disabled people.

Uprooted populations

Globally, an important part of the ECHO contribution to Sierra Leone supported activities benefiting displaced populations¹³. Assistance to those vulnerable populations has been crucial to ensure access to clean drinking water and sanitation, health and nutrition services and provision of non-food items.

The 2000 Global Plan has been quite responsive to the deterioration of the humanitarian situation and the consequent massive influx of new IDP's; in 2001, the Intervention Plan maintained an acceptable level of assistance to those beneficiaries while taking a more integrated approach mixing assistance to displaced, hosting communities and resident communities. Taking into account the fact that, with the stabilisation of the situation, all those groups share more or less the same level of vulnerability, it can be considered that ECHO's strategy was relevant.

Operational Support

The decision to provide funds for the three "operational support" projects is also considered relevant :

- presence of the INGO helicopter allowed for safe transportation of staff and cargo to various difficult locations and therefore contributed positively to the expansion of humanitarian assistance to the North and the East,
- Through data collection and dissemination, SLIS is a very important tool to strengthen the coordination of the humanitarian activities within the different locations of operations,

¹³ More than a third of the general ECHO contribution can be considered as targeting displaced populations; this figure remains an estimation only due to the difficulty to precisely identify the correct amounts within integrated projects and the impossibility to clearly identify displaced beneficiaries among the total beneficiaries of ECHO supported interventions.

- the Code of Conduct provides useful guidance for humanitarian operators and tries to ensure that basic humanitarian principles are respected. However, the dissemination of those principles to numerous groups of the Sierra Leonean society remains questionable.

6.7.2. Effectiveness

Health, Water and sanitation, Nutrition

The health sector is the most important in terms of expenditure; projects are well spread geographically despite a concentration in Kenema district. Activities include support to 4 district hospitals and to an estimated number of 55 PHUs. The objectives were often ambitious and the results much lower than originally anticipated. Inconsistencies were also found between the number of PHUs actually supported and those listed within the interim reports. Partners have focused too much on specific aspects of implementation and not enough on strategic planning and capacity building; this situation tends to normalise institutional weaknesses and to perpetuate the passive role of MoHS. There is also a danger that the projects outputs will not be sustainable.

While UNICEF interim report does not provide a detailed information of what has been achieved, the field visits indicate that, in most instances, routine immunisation is virtually non-existent and poorly conducted. Poor planning and irregular transport from the MoHS are negatively affecting the supply of the correct items and vaccines at district level. The lack of supplies, including auto-destruct syringes and needles, has been reportedly pointed out in all projects. This situation has forced partners to use their own syringe supplies, paid for by ECHO, resulting in double funding to administer vaccines.

The nutrition projects are concentrated in areas with high numbers of IDP's and returnees. The result so far can be summarised as 3 functional TFC's and an estimated number of 38 SFC's. In Bo and Kenema, 22 health centres and three screening teams are undertaking nutritional surveillance.

In the "Water and Sanitation" sector, the number of expected beneficiaries is estimated at 80,000. A combination of approaches including hygiene promotion, safer disposal, hand washing and maintaining drinking water free of contamination has been adopted by ACF, GOAL and OXFAM.

Child Protection and War victims

The ICC supported by ECHO are located in Western (COOPI, Freetown), Southern (IRC, Bo) and Eastern (IRC, Kenema and SCF, Daru) provinces. Political situation has obviously a strong influence on the projects as partners remain dependent on the DDR progress; in 2000, some ICC's had to be evacuated as children were at risk to be enrolled again by RUF. The number of children expected to be released is still unknown, especially girls. ECHO partners have rightly concentrated their activities on the quality of the reunification and reintegration process within the families.

Rehabilitation centres for disabled people are currently functioning in Freetown and Bo; they provide physiotherapy services and orthopaedic devices to a large number of beneficiaries.

Uprooted Populations

The assistance provided to displaced populations by ECHO partners has generally been delivered as expected; provision of water and sanitation facilities took place as initially planned in the camps; the delivery of the non-food items by ICRC has been made to ensure better living conditions to the beneficiaries.

Operational support

The INGO helicopter flies on request. The report provided by the partner in annex to the new request for the year 2001 shows that, in 2000, the INGO helicopter made 271 trips, transported 950 persons and 152 tons of cargo.

SLIS is centralising the information provided by the various humanitarian operators in Sierra Leone; in addition, information is treated, put on maps and eventually circulated in order to facilitate the coordination among the sector. The mission collected many useful information from SLIS and noticed the high competence and capacity of the international staff in charge of the service.

The Dissemination of the Code of Conduct project reports a very large number of workshops, drama and sensitisation sessions to INGO, LNGO, UN agencies, ex-combatants, SLA, CDF, SLP, UNAMSIL, UK troops, newspapers, radio and TV stations, general public, paramount chiefs, religious leaders, etc..

6.7.3. Efficiency

Health, Water and sanitation, Nutrition

While technical aspects of the projects seem satisfactory, most partners have gained experience in working in difficult context and circumstances.

The fact that most health projects are still implemented in an emergency mode and lack realistic objectives in relation to their time frame has put strong pressure on the staff. Still in charge of major decision-making and the day-to-day decision, expatriate staff is absorbed in the operations and does not always consider the benefits of adequate analysis and planning. With an over-reliance on expatriate staff, projects have also suffered from a high level of staff turnover.

Budget management remains controlled by head offices in capital and field staff have little knowledge about budgetary follow up. Monitoring of ongoing projects performance depends on individuals with a good understanding of indicators. Logical framework tends to be loosely constructed with indicators too often ill defined, lacking quantification and time limits. A consensus for health and nutrition key indicators has not been reached so partners use their own monitoring system. Too often interim and financial reports have been behind schedule. Reporting mainly concentrates on a description of activities with little analysis taken.

ECHO has recently streamlined monitoring indicators for measuring progress. Although this was perceived as an additional burden by partners, the mission findings indicate the need for implementing agencies to improve their monitoring systems and use data collection systems that facilitate ECHO assessment of project performance.

The fact that the Regional Health Coordinator position has remained vacant over the past months may have limited technical monitoring, especially for large and complex projects such as EPI and MERLIN.

The structure of the budgets makes it difficult to identify the expenditures by activity or beneficiary groups. Another limitation is the fact that some partners are undertaking a wide range of activities that involve the contribution of other donors. As a result, the particular effects of ECHO interventions are impossible to isolate.

Child Protection and War victims

Most ECHO partners are already experienced in working with traumatised children; they maintain a strong working relationship with UNICEF which ensures the leadership in the child protection sector.

Cost efficiency analysis is difficult in this sector; in theory, ECHO supports only the ICC process, but, by supporting expatriate staff, there is also an indirect support to the various steps of the whole program. The mission regrets that some expatriate staff spend so little time in the field, undermining the capacity building exercise. In addition, expatriate staff turn over is important and contracts are often short term; this situation is obviously detrimental to training consistency and capacity building.

Operations are generally well organised; there are always two caregivers in the ICC's and there is a back up from social workers in case of problem. Medical follow up is regular and children have access to hospital services. Partners also developed fruitful relations with the Ministry of Education and NGO's involved in the education sector. Partners report about the number of children who have been reintegrated but emphasis is given to clinical and operational work, not enough on research and analysis.

Uprooted Populations

The mission considers that, in general, operations implemented for the benefit of the displaced population have been efficient. The ICRC NFI project was implemented in close collaboration with the Sierra Leone Red Cross and concentrated mostly on the provision of concrete assistance to the target beneficiaries, with minimal running costs.

Operational support

Some past problems have been mentioned in the management of the helicopter service; following those problems, the partner decided to impose stricter rules to all potential users. During the mission, it was however noticed that the main preoccupation was to make sure that the helicopter would fly the planned number of hours per month; the mission also noticed that those strict rules were not always respected.

The SLIS could certainly do more in the analysis of the data collected by the system; this analysis would increase the efficiency and impact of the system by facilitating coordination and planning of the operations. UNOCHA said to be determined to improve this aspect of the project in the future. A positive sign is also the fact that more and more ECHO partners now used the maps and the geo-codes defined by the system to plan their operations.

6.7.4. Impact

ECHO funded projects have mitigated the impact of conflict by developing operations of a stabilising nature and by improving the capacities of local communities to integrate IDPs and returnees. The improved situation of assisted populations is reflected in a lower incidence of disease.

Health, Water and sanitation, Nutrition

The impact of relief efforts in preventing the prevalence of malnutrition from increasing beyond regional norms is worth noting. Over the past two years, nutritional surveys have shown an observable and declining trend in global malnutrition rates.

Across Sierra Leone, the available health statistics are of questionable quality and it is difficult to assess the health status of the population. The contribution that projects have made to restore basic health services has created better conditions for health staff but the issue of long-term capacity of public services to sustain a certain level of delivery remains a very significant constraint. The impact of immunisation coverage is not yet properly documented; given the institutional constraints, the program might not result in the expected reduction of morbidity and mortality.

In a few projects, partners reported on the implementation of cost recovery mechanisms with patients paying for consultation, with the exception of the displaced and returnees. However, it is too premature to evaluate the impact of those systems; public financing of PHUs is so dismantled that individual projects might hardly design models which could be easily replicated throughout districts.

Child Protection and War victims

The most important impact is that the children are separated from the adult's combatant and provided with a safe environment, given appropriate medical-psychological-social assistance, respecting his/her culture and religion. The child gets education again; in general, there is comprehension and respect for the child's suffering. An ex-combatant is perceived more as a victim than a perpetrator.

The quality of the work with the children in the ICC is variable and depends on the quality of the training the carers received and therefore the availability of expatriate staff..

It is too early to measure the long-term impact of the programmes. Above all, an assessment is needed to evaluate the quality of the integration of the children in their family and the community.

Positive aspects of the program include :

- Children are provided with a safe environment,
- Interventions are based on the resources of the individual, the family and the community,
- The program is community based,
- There is a foster family association that takes part in selecting and training foster families,
- The work is well coordinated between the MSWGCA, the child protection agencies and other national or international NGOs.

But the mission also noticed some shortcomings :

- there is sometimes no assessment of the families before reunification; there are not enough follow up visits and assistance paid to economic assistance; selection guidelines for foster families are not always respected,
- In the ICC's, there is no special support for young mothers and their children; the program does not pay attention to rape victims being at risk to have contracted HIV/AIDS,
- Social workers may have difficulties to admit and analyse failures,
- Capacity building effort is insufficient (except for COOPI),
- Importance given to forgiveness may be detrimental to the recognition of injustices suffered by the victims.

In collaboration with the College of Medicine, Handicap International has developed an officially recognised training for 10 rehabilitation workers; outreach services for disabled people provide treatment at home and facilitate social reintegration.

Uprooted populations

As already mentioned, the massive displacements of populations in Sierra Leone are the cause of the vulnerability of those populations who remain dependent on the provision of humanitarian assistance for survival. It was noted that the nutritional status and the health indicators among the IDP camps population and resident communities were not much different. It has also been noted that no major outbreak of water related diseases had been witnessed in those camps. This shows the positive impact of the assistance provided to IDP's despite the fact that the camps are overcrowded and would therefore favour the appearance of such problems. The provision of non-food items is important as this assistance contributes to a better hygiene in the camps; those non-food items also benefited several thousands IDP's who resettled into their place of origin.

Operational support

The helicopter service facilitated the development of partners operations and contributed to ensure a minimum of security for the teams operating in RUF controlled areas or in governmental enclaves within rebel zones.

Collection, centralisation and dissemination of data has certainly contributed to the improvement of the planning and coordination of the humanitarian operations; the charts and maps produced by SLIS are used by most of the operators and represent a valuable effort to standardise the information system in Sierra Leone.

With the Dissemination of the Code of Conduct project, the main problem is the impossibility to measure the impact of the operation. The mission already mentioned that the overall objective of the operation appears too ambitious; but, in addition, the partner could not provide any indication of any positive impact of the dissemination effort.

6.7.5. Sustainability

In the current context, it is evident that full-scale rehabilitation and development assistance is premature ahead of a political settlement. The challenge for field operators will be to try to promote self-sufficiency as opposed to the simple delivery of services and maintenance of an "assistance culture".

Although there are different available financial instruments, evidence shows that the delays experienced up to date have seriously hampered the Commission's responsiveness to LRRD; in addition, it is still unclear how some projects, particularly in the health and child protection sectors, can fit within the objectives of future interventions.

Health, Water and sanitation, Nutrition

Over the last year, ECHO has considerably developed its capacity to address a post-conflict situation and has moved rapidly into post-emergency program. In the health sector, important changes have been introduced to minimise the dependency created by the international aid as the reduction of incentives and the introduction of cost-recovery systems. However, cost recovery has tended to be seen as ends in itself rather than as means to improve utilisation and quality. In the camps, the only realistic form of sustainability is transfer of activities to the beneficiaries.

Child Protection and War victims

Reintegration of children among their families and community is obviously a long term task and must be done in view of social and economic perspective, seeking a balance between immediate substitution and support to residual resources.

Quality of the reintegration will depend on the political evolution of the country, success of the poverty reduction strategy, capacity building support to social workers and the Ministry of Social Welfare and on further external assistance.

In a near future, dropping centres will have to be established within the community to identify children in potentially dangerous situation.

As ECHO will not be in a position to continue the support to this sector in the long term, it is necessary for partners to actively plan for a take over by other donors.

Displaced populations

By definition, most of displaced people in Sierra Leone are not in a sustainable situation; most of them remain heavily dependent on the provision of humanitarian assistance. With the reasonably positive evolution of the political situation and the peace process, it will gradually become possible to consider the resettlement of the displaced into their communities of origin where assistance will be provided in a more sustainable way.

Operational support

The partner in charge of the helicopter management decided to not re-submit a new proposal to ECHO; no other potential partner indicated it was ready to take over. This confirms the feeling of the mission that the need for this facility has strongly decreased. In 2002, the second humanitarian helicopter, operated by WFP and managed by a special committee, will continue to respond to the needs of the humanitarian community.

An exit strategy should be developed by UNOCHA to gradually transfer the SLIS to an official institution of the GoSL; NCRRR is a possibility which has been mentioned to the mission. However, so far, no real effort has been made into that direction.

The partner in charge of the dissemination of the Code of Conduct has recently presented an exit strategy to hand over the dissemination exercise to various national civil society groups. It is however unfortunate that this effort has not been made during the first phase of the project.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1. "Health, Water and sanitation, Nutrition" Sector

Modalities of Project Management

Over the past two years, the modalities of project management have ensured responsiveness and effectiveness of the interventions but could be further enhanced in order to improve ECHO and partner's capacity to deal with strategic issues.

In particular it is recommended that attention be paid to the following aspects:

- appraisal should include more effective targeting (especially women and children under 5)*
- planning should be adequate and realistic, using a Log Frame as a tool*
- monitoring should be improved and focused on process and outcome indicators*
- external evaluation of individual projects commissioned by partners and ECHO within the Framework Partnership Agreement should be more systematic.*

Health

The current strategy seeks to fill temporary shortages in vital resources such as staff and medical supplies. However, complex health projects are difficult to implement in the current environment.

It is recommended that the scope of activities be based on a comprehensive plan, developed in accordance with local capacities and actors (e.g. quality versus quantity, strategy versus implementation) and more emphasis be put on quality improvement initiatives including improved management, supervision and training.

The quality of EPI delivery is dependent upon technical and human resources and requires a long-term investment based on a health reform process, including decentralization and institutional strengthening at district levels. In this context, using ECHO funding mechanism designed explicitly to respond to short-term emergency needs is not seen as an appropriate instrument.

While ECHO position is to maintain a delicate and subtle equilibrium with UNICEF, this strategic consideration must be taken into account and highlights the need for ECHO to re-appraise the situation. Based on the parallel funding for auto destruct syringes and needles and the limited achievements in cold chain maintenance, it is recommended that the scope for EPI assistance be scaled down concentrating either on frontline areas or on a more specific area of support such as vaccines procurement.

Nutrition

In ECHO-funded projects, the current levels of malnutrition would not support the continuation of TFCs and SFCs.

Based on nutritional assessments and in collaboration with MoHS, the current activities undertaken at TFC and SFC levels should be gradually phased out. Improvement of child care practices should be integrated as much as possible at primary and secondary health care levels and with the water and sanitation activities.

As access to populations affected by the conflict in Kailahun and Kono districts increases, a coherent framework defining strategy and prioritising activities is crucial.

It is recommended that ECHO and the partners with expertise in nutrition coordinate and are able to respond rapidly to acute nutritional situations. The partners should urgently define strategies and prioritise activities.

Water and Sanitation

Given the large movements of population, ECHO support enabled partners to ensure that the general sanitary conditions could be maintained and improved. To date, there is a need to expand activities within the rural communities.

It is recommended that activities at camp level be scaled down by transferring management, including maintenance, to communities. Partners should be able to assist in a strategic manner with resettlement by preparing the conditions for return and by maintaining and reinforcing a proactive community approach as developed adequately during the period under review.

7.2. "Child Protection and War Victims" Sector

The DDR program should be finalised by beginning of 2002; however, the reintegration and reunification of all children will take longer time, especially for girls.

It is therefore recommended to accompany UNICEF in the phase down of the ICC process and provide a last phase of support to the ICC's of Kono (IRC) and Daru/Kailahun (SCF) for at least 6 months (from January 2002 to June 2002).

The COOPI "Conforti" and "Dropping" Centres are rare facilities in Sierra Leone for prevention, diagnostic and treatment of sexual abuses; this facility is essential for young mothers victim of rape and their children to prevent mother-to-child relationship problems.

It is recommended to support this facility for a duration of 6 months to facilitate the hand over of the activity to longer term donors.

The sexual abuse on children is not seriously taken into account in Sierra Leone; however there is a strong need to elaborate a multi-disciplinary strategy (legal and therapeutic) for the benefit of the children, their families and the perpetrators.

It is proposed to implement an operational research on this issue; the research would allow to launch an essential activity, would allow ECHO to ensure the link with longer term activities in the sector and finalise efficiently and usefully its involvement in the child protection sector.

7.3. "Uprooted populations" Sector

Resettlement of displaced populations has now to be organised and supported. NCRRR has recently revised the National Resettlement Plan which is going to be used as a framework for assistance. This plan is a classical resettlement plan and seems globally satisfactory, even if it has the particularity to target only GoSL controlled areas.

For the ECHO 2002 plan, the mission recommends :

- *To continue the provision of a minimal support, when and if necessary, to IDP's/returnees who are still located into the Southern and Eastern regions.*
- *To support the resettlement process, in providing non-food items or shelter assistance, to ease the reintegration of the displaced populations into their place of origin, being officially declared "safe for resettlement" or not.*
- *To provide assistance into the communities where important resettlement movements take place. The assistance should target the most affected and vulnerable chiefdoms and districts according to some criteria (i.e. the level of destruction; number of displaced resettling or expecting to return). Assistance may include water and sanitation, nutritional support, distribution of seeds and agricultural tools¹⁴. Assistance should be provided on a "community-based" approach and the current categorisation of the Sierra Leonean population into various groups (displaced, returnees, demobilised, ...) has to disappear.*

7.4. "Operational support/coordination" Sector.

The mission considers that there is no need for continuing the support to the INGO helicopter service as the country is gradually opening up and road transportation has become increasingly possible.

In a context where coordination of humanitarian operations is difficult, the mission considers that the SLIS is a valuable tool which can contribute to improving the existing situation. *It is therefore recommended to continue the ECHO support to the SLIS with the objective of improving the analysis and the dissemination of the data collected by the system as well as looking for a solution for the future hand over.*

¹⁴ Assistance provided by ECHO should not overlap with other EC departments, e.g. the Food Security budget line.

It remains uncertain if the effort of disseminating the humanitarian principles has any impact on the target groups and the mission doubts that so ambitious objectives are realistic.

The mission recommends to suspend temporarily the financial support to the dissemination exercise, to wait for the results and recommendations of the evaluation to be carried out in November and, in line with the conclusions of the evaluation, to carefully consider the possibility to support the four month phase in 2002 with the objective to implement the hand over to national organisations.

7.5. The Link between Relief, Rehabilitation and Development (LRRD).

ECHO Sierra Leone and the EC Delegation are active in trying to look for solutions to link ECHO funded projects to longer term EC programs. It has to be recognised that, for the time being, the results remain very modest although some interesting plans have been developed :

- The Health Sector Support Program (HSSP)¹⁵ will probably start only around the last quarter of 2002 and it remains to be seen how this project could for example support and relay activities currently implemented by ECHO partners;
- The EC/Sierra Leone Resettlement and Rehabilitation Program (SLRRP), which is already in place, mainly focuses on physical rehabilitation or construction; it can therefore provide some assistance in the rehabilitation of medical facilities and support water and sanitation infrastructure. However, the TA team contract expires on 24/12/2001 and it is feared that the new team will not be in place before 31/3/2002.
- Food Security budget line may also be very useful during and after the resettlement process; apparently, some proposals are still waiting for a final decision from the Commission.
- Human Rights/Child Protection budget line could also be used in order to continue operations in the Child protection sector.

Most of those long term programs are not yet ready to be developed very soon, it appears therefore that ECHO assistance will remain a necessity in a near future to ensure the link between relief and rehabilitation and development activities. The Regional Health Co-ordinator position is seen as critical in planning for health projects orientation and future and in assisting partners to access other Budget Lines eligible to NGOs such as co-financing. The key role of the Delegations should be underlined in this particular issue in order to mobilise other services of the Commission : the current devolution exercise of the Commission may be beneficial to the process.

8. LESSONS LEARNED

8.1. Co-funding

The mission noted that, in some cases, ECHO support was considered as a contribution to a larger project co-funded by another donor (DFID or OFDA). In these cases, the "ECHO project" remains difficult to assess in itself and does not always have a balanced budget between funded inputs and the expected outputs. In case the ECHO support is a contribution to a larger operation, the mission advises to clearly identify a logical set of activities to be funded and to adapt the inputs accordingly (expat staff, vehicles, etc..).

8.2. Flexibility

In a very volatile situation like Sierra Leone, flexibility is crucial to ensure that operations effectively respond to the actual needs. The 2000 Global Plan, in particular, showed a certain level of flexibility which allowed for an adaptation of the plan to a dramatic increase of the displaced populations. This positive example shows that all the plans, though carefully elaborated well in advance, have sometimes, maybe often, to be changed in order to remain efficient. Due to the fragile evolution of the peace process, ECHO has also to remain ready for potential future emergencies.

¹⁵ Three project appraisals have been made in the past for this program.

8.3. Working with the Government

The mission noticed that some international agencies in Sierra Leone appeared reluctant to collaborate with national authorities. They seem to say that they would lose their independence and therefore their "NGO status" if they collaborate with the GoSL. The mission will certainly recommend to ECHO partners to stick strictly to their humanitarian mandate and avoid any political manipulation. However, it should be recognised that the GoSL has to take responsibility for the coordination of the provision of assistance to the Sierra Leonean population; INGO's have to recognise the presence and the authority of the GoSL and therefore to collaborate with the officials in charge of this coordination. When valid national counterparts are present, a fruitful collaboration may also result in an increased capacity building of the civilian official administration.

8.4. Absorption capacity

The volume of recurrent support being provided by ECHO partners cannot be absorbed by the GoSL within a foreseeable future. Thus the viability of the "start-up-and-hand-over" paradigm is called into question. The partners who set up large and ambitious interventions are now facing the challenge of phasing out of supporting projects which will no longer fit within the scope of assistance. ECHO and its partners should learn the lessons by enhanced and careful strategic planning and by expending a great deal more effort on handing over to the government some of the projects they run on its behalf. On the same token, partners must be more realistic about their technical, logistical and financial capabilities and use ECHO assistance in a more rational manner.

List of the Annexes

- ANNEX 1 : List of abbreviations and acronyms**
- ANNEX 2 : List of projects funded under the Global Plan 2000**
- ANNEX 3 : List of project funded under the Intervention Plan 2001**
- ANNEX 4 : ToR of the Evaluation Mission**
- ANNEX 5 : List of persons contacted during the Mission**
- ANNEX 6 : Routing of the Mission**
- ANNEX 7 : Maps of Sierra Leone**
- ANNEX 8 : Map of areas declared "Safe for Resettlement"**
- ANNEX 9 : Analysis of the Global Plan 2000**
- ANNEX 10 : Analysis of the Intevention Plan 2001**
- ANNEX 11 : Overview of sectoral INGO activities in Sierra Leone**