

**EUROPEAN COMMISSION
ECHO
HUMANITARIAN AID OFFICE**



**EVALUATION of ECHO's HUMANITARIAN AID
IN FAVOUR OF THE TIMORESE POPULATION**

**FINAL REPORT
*SYNTHESIS***

Dates of the Evaluation: 6 March to 28 March 2001
(Timor)

Name of the Evaluator: Michael Atkinson

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PROLOG CONSULT – Belgium

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FINAL REPORT - SYNTHESIS

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EXECUTIVE SUMMARY

INTRODUCTION

Country of Operation: East Timor & West Timor

Name of partners: UNHCR, WFP, IOM, UNICEF, International NGOs.

Decisions covered:

ECHO/IDN/210/1999/02000, 03000, 04000 & 05000
ECHO/IDN/210/2000/01000, 02000, 03000 & 04000.

Total amount: EURO 28,637,000.

Sector(s) concerned and description: **SYNTHESIS REPORT** of all sectors evaluated:
Shelter / Rehabilitation; Repatriation & Protection; Water & Sanitation; Health; LRRD (Linking Relief to Rehabilitation and Development).

Dates for the evaluation: 28 Feb. – 30 April 2001 (Fieldwork 4– 28 March 2001)

Name of Consultants: Michael Atkinson (Team Leader, Shelter/Rehabilitation, Repatriation & Protection, LRRD) Pam Minnigh (Water & Sanitation), Robert Soeters (Health).

Purpose & Methodology: evaluation of the ECHO support to the shelter / rehabilitation, repatriation and protection, water & sanitation and health sectors during the emergency phase in East Timor and the implications of this for LRRD Components of EC Aid policy. The methodology consisted of briefings/ debriefings at ECHO in Brussels, documentation search, electronic questionnaires, discussions with the implementing partners, the ECHO correspondents in Dili and Jakarta, relevant stakeholders and beneficiaries through several field visits. Due to security reasons and the current impasse in the programme there, the evaluators did not visit West Timor.

CONCLUSIONS

Relevance

The programming decision by ECHO to focus funding on shelter / rehabilitation, repatriation and protection activities as well as the water & sanitation and health & nutrition sectors was extremely relevant due to the nature of the crisis in East Timor and its spill over into West Timor. The choice of partners – multilateral and NGOs, some of which were already on the ground at the time of the crisis was appropriate and pragmatic and enabled the most vulnerable sections of the population to be effectively targeted. This facilitated a decentralised utilisation of funds, which was a very appropriate method to target refugees, displaced or vulnerable groups. ECHO's objectives in relation to the Timor operation allowed partners to develop appropriate strategies adapted to the reality of the situation they encountered.

West Timor

Lack of access to refugees and security issues represent the most difficult aspects of humanitarian intervention in West Timor. The ECHO Correspondent in Jakarta visited West Timor in February 2001 and judged the situation to be very tense and uncertain. However, the general impression is that there is no major humanitarian need putting the refugee population in a high risk. At the present time, there is only one ECHO supported programme in West Timor. There is a strong commitment in Brussels to support further interventions in West Timor, if humanitarian and security conditions warrant such support.

Effectiveness (East Timor)

The effectiveness has been high as a result of an appropriate programming strategy, the activities of the ECHO partners and the strict application of vulnerability criteria when targeting beneficiaries. Due to differences in cost comparison, only after a period of say 5 years, will it be possible to arrive at any accurate assessment of the **cost-effectiveness** of the various shelter interventions. In W&S, it is relatively low, since the water systems put in place use expensive (imported) materials, and are usually only a temporary measure. The cost-effectiveness of ECHO-funded activities in the health sector has been high, but was reduced due to the lack of a performance-based salary system of Timorese health workers.

Efficiency

The use of existing partners to deliver projects not only enabled a quicker response but also saved on the start-up costs of bringing in new partners. In ECHO-funded projects, the percentage consumed by expatriate and other staff costs is relatively high, particularly in the water & sanitation sector where due to the lack of competent local staff, there has been a heavy reliance on substitution staff. In the health sector projects, expatriate staff carried out simple tasks that could have been done by Timorese health workers, if they had been in a different employment system. Any delays in project approval, contract delivery and follow-up of funding arrangements particularly affected NGO partners, who are not in a position to pre-finance their activities.

Co-ordination, Coherence and Complementarity

The presence of an ECHO Correspondent in Dili has clearly reinforced the role of ECHO in supporting the various sectoral interventions and their coordination. By supporting the activities of the coordinating organisations, ECHO ensured that its assistance was targeted strategically and not in an 'ad hoc' fashion.

Managing the interface between the centralised 'ECHO the Funding Structure' and the decentralised 'ECHO the Field Operation' requires considerable personal and professional skills and competencies, as well as appropriate skills and understandings of project cycle management at the 'decentralised' levels (Dili and formerly, Jakarta) and the 'central' level (Brussels). This has been a strong point in the programme in East Timor.

The shelter projects raised issues concerning coherence since the various shelter project implementers used 4 different shelter kits. The exit of UNHCR from the coordination role has left a strategic vacuum in respect of future shelter interventions. Ineffective coordination of water & sanitation activities could result in duplication and overlaps with Quick Impact Projects of UNTAET (UN Transitional Administration for East Timor)/ UNHCR and with the Community Empowerment & Local Governance Projects financed through TFET (Trust Fund for East Timor).

Impact & Strategic Implications

The sheer scale of displacements and destruction in relation to the population and size of East Timor meant ECHO's contribution to the reduction of human suffering of the Timorese population has been significant. The distribution of aid relief on the basis of the strict application of vulnerability criteria has played an important role in resolving potential conflicts related to the allocation of resources between IDPs and returning refugees. By supporting water and sanitation (W&S) activities outside of refugee camps for the benefit of dispersed community groups, ECHO has in essence made a longer than emergency phase commitment which is not sustainable if activities are not organised together with the community. The creation of dependency on humanitarian aid has, to a certain degree, been inevitable. There is a large dependency of the health system on external funding in the absence of East Timorese resources. In addition, the UNTAET authorities – apparently under political pressure from East Timorese politicians – chose for a system of providing health services free of charge. This will create further dependence on external aid and reduce sustainability. The utilisation of inputs from the local economy has been minimal. As yet the environmental impact of the demand for construction material has not been systematically assessed. The impact of the shelter programme in particular on local capacity building has been positive.

Visibility

All partners have shown their appreciation by working on the visibility of ECHO through a display

of ECHO stickers, clothing and documented statements. A large number of beneficiaries have even incorporated / displayed the name ECHO on their physical W&S and shelter constructions. The ECHO Correspondent has through her active involvement in meetings contributed considerably to the visibility of ECHO in the overall donor field. It would be justified to draw more attention from the public in Europe to ECHO's intervention in East Timor.

Horizontal Issues

Gender Shelter projects in particular have adopted a gender-sensitive approach through their targeting of widows, single parent and large families. Water & sanitation projects have benefited families and also informed women of the health risks related to water and waste disposal. Health programmes have predominantly targeted children and women.

LRRD NGO shelter partners are seeking to adopt a longer - term, development perspective in relation to East Timor and are seeking to move into other sectors. Water & sanitation and health & nutrition programmes can be integrated into all aspects of the LRRD continuum providing appropriate coordination and funding mechanisms are in place to support these. From an LRRD perspective, the performance of the Trust Fund should be systematically monitored by the EU, in line with EU strategic priorities. Dissatisfaction with the performance of the Trust Fund would logically lead to the need for the EU to consider the introduction of more appropriate funding mechanisms. A financial instrument(s) will be required to deal with the effects of the protracted nature of uprootedness that are likely to continue for several years in East Timor.

Human rights ECHO's support to East Timor has clearly been respectful of the issue of human rights in humanitarian aid. Coordination and targeting attempted to ensure that as many vulnerable people as possible were reached. However, as the effects of protracted uprootedness emerge and impact upon civil society, human rights issues are likely to become more prominent and appropriate aid mechanisms for addressing such will be required.

Security of humanitarian staff This is problematic in West Timor where a Phase 5 security rating is in place, which can only be lifted by UNSECOORD. In East Timor appropriate security measures are in place and are respected by ECHO partners.

RECOMMENDATIONS

Global Programme

- The ECHO strategy of working through NGO partners has been excellent, and should continue in a new crisis anywhere in the world.
- The qualitative statement of Article 4 of the General Conditions of the Framework Partnership Agreement could be changed into a quantitative statement such as for example that the response will not delay longer than "x" working days. The number of days ("x") could then be defined on the basis of each emergency. This would increase accountability and strengthen partnership.
- ECHO could develop a media strategy for the purpose of EC visibility in East Timor to focus on "what has the EC's emergency support achieved?"

Shelter

- In cooperation with UNHCR, implementing partners & Timorese stakeholders, consideration should be given to the commissioning of an evaluation of the UNHCR coordinated shelter programme in East Timor.
- Serious consideration should be given to the **immediate** funding of a further 1000 shelter kits in partnership with CARE & IRC. Parallel to this, the findings of the proposed World Bank mission on shelter and housing needs in East Timor (due to report in July 2001), should be assessed in order to judge the need for a project assessment / formulation exercise to determine the options for further EC support to the shelter sector.

Repatriation / Protection

- Contingency plans exist to deal with a possible mass influx of returnees from West Timor – further ECHO support to this sector may therefore be required.

Future EC Policy arising from Shelter, Rehabilitation, Repatriation & Protection Activities

- Future EC development policy should adopt a 'decentralised cooperation' approach. The 'interface' would therefore be at the level of the district administrations. EC support should be focused on capacity building and decentralised rural development.

Uprootedness – the Protracted Effects

- When ECHO exits, it appears that there will be no effective financial instrument available to deal with the effects of the protracted nature of uprootedness (which cuts across all sectors), that is likely to continue for several years in East Timor. From this perspective, the TFET Community Assistance Policy should be effectively monitored. The EC should consider the deployment of an appropriate budget line(s) to help respond to this situation.

Water and Sanitation

- More effective appraisal of the capacity of partners to enter into framework agreements and implement individual projects is necessary. Their access to material and specialised human resource support should be verified.
- More effective coordination is essential to cover a maximum number of beneficiaries.
- **Future policy in the water and sanitation sector** should recognise that professional support for water supply, sanitation facilities as well as hygiene education is necessary to make a lasting impact. East Timor had weak water and sanitation even before the ECHO intervention. W&S activities as initiated by ECHO, need to be continued and therefore a mechanism should be in place before support can be finalised and ECHO can withdraw.

Health

- The EC should monitor the role of TFET in relation to its (EC) stated criteria for support to the health sector and the lessons learned / reservations held by the evaluation team concerning the future coordination, effectiveness, efficiency and sustainability of the health sector.
- **Future policy in the health sector** should focus on the utilisation of a contract approach emphasising a public-private mix and performance-related incentive systems for health staff. Partnerships with church-related health facilities and other potential actors in the private sector should be encouraged.

LRRD

- The Trust Fund should be monitored from the perspective of how it contributes to the development of East Timor in relation to the LRRD policy of EC. From this perspective, it is important to monitor how (if) TFET enables (former) ECHO partners (and thus ECHO investment) to contribute to longer-term development of East Timor. When this is deemed problematic, a parallel funding strategy should be considered and more appropriate funding mechanisms introduced.

Monitoring

- The role of the Correspondent in monitoring the ECHO partners has not been well defined. The distinction between 'contractual monitoring' of the project proposal funding contract - which is the responsibility of ECHO, and 'internal project work plan monitoring' - which is the responsibility of the partner, needs to be acknowledged in order to address the basic questions of 'who monitors who' and 'who monitors what' ? With the appointment of a second ECHO Correspondent in Dili, monitoring issues are likely to become more central and clear guidelines will be required, if micro management of partner's projects is to be avoided. If necessary, external technical assistance could be provided to develop such guidelines.

LESSONS LEARNED

Global Programme

- The ECHO Timor operation is a good example of the transition from distance management to field operation, where the 'grey areas' between 'funding' and 'operational' roles have been negotiated without compromising the ECHO mandate and 'modus operandi'. This has been achieved in far from optimal operating conditions.
- At the national decision-making level in East Timor, there seems to have been greater emphasis on resource procurement than on substantive policy issues. An example of this is the need for greater discussion on the issue of the protracted effects of uprootedness (which cuts across all sectors) in relation to the situation in East Timor, and its implications for EC and bilateral donor support. The issue of land-title is particularly important.

Shelter / Rehabilitation, Repatriation and Protection

- The ECHO interventions in the area of shelter & repatriation have contributed to the establishment of a platform from which reconstruction and development-oriented activities can be launched. The challenge is now to bring other, more appropriate, funding mechanisms on board, particularly those which enable NGOs to sustain and scale-up their contribution to the development of East Timor.
- There is an uncertainty concerning the future of the shelter sector programmes in East Timor with the exit of UNHCR from the coordination role. A policy vacuum has been created, resulting in a lack of strategic guidance on which donor organisations such as ECHO can base their programming response. A valuable lesson could be learned through an independent evaluation of the global shelter programme and coordinating role of UNHCR in this.

Water & Sanitation

- There are professional NGO's and UN agencies, which are able and willing to start activities in the front line, as soon as the security situation permits. They are able to make assessments and give professional support before larger institutions have even materialised. To this end they need to be supported on short notice, and ECHO is the most effective funding agency to date. In larger scale emergencies, ECHO should establish arrangements to start full-time coordination in order to avoid duplication or overemphasis of interventions, and to ensure equality of access.
- W&S support is in essence a long –term commitment. ECHO needs to decide when it is appropriate to exit in view of the current transitional and subsequent development period.

Health

- Massive donor funding for the current system might mask underlying health policy problems, and create an unsustainable system for the future once donor funding is reduced. This could create huge (political) problems once East Timor is independent.



MAIN REPORT

1. INTRODUCTION / METHODOLOGY

This report synthesises the sectoral reports of the evaluation of ECHO Humanitarian Aid in favour of the Timorese population during the period July 1999 – December 2000. Following a briefing at ECHO in Brussels, fieldwork in East Timor was carried out from 4 - 28 March 2001. The EC mission in Jakarta was visited in order to meet with the ECHO Correspondent for West Timor and brief the Development Counsellor. Following the fieldwork, a further meeting took place with ECHO and EuropeAid in Brussels.

The methodology adopted by the evaluators included study of relevant documentation, meetings with key stakeholders and fieldwork visits to projects and project beneficiaries. 10 NGOs responded to an electronic questionnaire, providing valuable input to the evaluation. At the end of the fieldwork, verbal feedback was given to key partners and stakeholders. Due to security reasons and the current impasse in the ECHO programme there, the evaluation team did not visit West Timor.

2. CONTEXT

2.1. Political, Socio-economic and Humanitarian Needs

Prior to the referendum, held at the end of August 1999, there was already a very tense situation in Timor. Internal displacement and flight to West Timor was already taking place. Following the pro-independence vote, a three-week rampage by Indonesian supported militias resulted in the severe destruction of East Timor's infrastructure. Close to 600,000 persons were displaced, of which around 280,000 East Timorese sought refuge in West Timor and the adjacent islands. An estimated 50-100,000 East Timorese are still in West Timor; estimates vary between 20% and 50% as to the number of those likely to return. The exodus of the Indonesians included most people with managerial and technical skills.

The economy of East Timor collapsed after the September 1999 events. Banks, public transport systems, telephones, hotels disappeared. Humanitarian needs for the refugees and displaced were assessed as acute in terms of shelter, food supplies, health care services, clean water and sanitation. A huge humanitarian relief operation started after the arrival of the Australian-led intervention force. Most of the operational work was done by some 100 international and local NGOs, backed by significant donor funding. Under a UN mandate, an interim administration (UNTAET) was established in early 2000. In May/June 2000, the donors officially declared the emergency phase to be over, and the transition phase started towards full independence and self-reliance. After elections, which are planned for August 2001, it is expected that the interim administration UNTAET will hand over its mandate by 2002. However, although the situation is relatively stable and secure, there is still a risk that underlying tensions will come to the surface around election time, as the factions do not yet unanimously agree to the developments which are taking place in their country at the moment.

The ECHO partners based their data on extensive field assessments, as soon as the security situation allowed, and with a focus on Dili and thereafter the district towns. At first, almost all proposals submitted were approved, provided they clearly followed the guidelines and priorities of ECHO. After June 2000, as a result of improved coordination, joint donor meetings and the proactive policy development role of the transitional authority - UNTAET / ETTA (East Timor Transitional administration), ECHO developed a more systematic approach to its intervention strategy. As a result of this, project proposals, which were outside the agreed programming strategy (e.g. road rehabilitation) or duplications of the interventions of other donors, or if they had become part of the mandate and responsibility of the transitional authority, were rejected.

2.2. Shelter, Rehabilitation, Repatriation, Protection: East Timor

UNHCR have estimated that more than 70% of the housing stock in East Timor was destroyed along with public buildings and utilities. An inter-agency task force assessed that some 85,000 houses need to be rehabilitated or reconstructed. To date, UNHCR is undertaking a shelter programme (outside of Dili) to rehabilitate 35,000 housing units through the provision of self-assembled shelter kits. A further 15,000 housing units are being rehabilitated through NGOs such as Caritas International, CARE, World Vision as well as ICRC. ECHO has been the largest donor 'earmarking' funding for shelter activities, having funded 13,825 shelter kits. A World Bank assessment mission on future shelter assistance / housing needs, originally planned for October / November 2000, will now take place in April. UNTAET is also considering a policy option for future housing reconstruction in rural and urban areas. Apart from the shelter programme, ECHO has funded some 16 small rehabilitation components of health programmes (total Euro 509,000), the largest being the hospital at Alieu for Euro 142,500.

By 9 March 2001, over 177,000 refugees had returned to East Timor mostly under the auspices of UNHCR and IOM. A current pattern is emerging of returnees 'trickling' back to East Timor, though there is by no means any consensus as to whether this could turn into a 'flood', particularly if there is forced mass repatriation by the Indonesian authorities prior to the proposed election as a means to sabotage such. If this turns out to be the case, organisations such as IOM and UNHCR have contingency plans in place, which do not include a 'shelter' component. Protection and reintegration activities involving strong coordination with UNTAET for provision of security upon arrival were necessary and start-up assistance packages were distributed to returnees upon their arrival in East Timor. The planned UNTAET / UNHCR 'camp closure and registration programme', which was scheduled to take place at the time of the mission, was postponed indefinitely.

Initial emergency operations were implemented by WFP through NGOs targeting the estimated 550,000 people requiring food assistance were supported by ECHO. WFP are now focussing on supporting church-based, traditional food security strategies as part of their exit strategy for East Timor.

2.3. Water and Sanitation: East Timor

Water supply especially in urbanised areas is in essence a time consuming and capital-intensive effort and not just a management and logistic arrangement. As water is one of the most essential needs, quick delivery during emergencies has to be a main priority, despite the costs. After the initial emergency situation, water supply efforts always proceed in phases, which have different characteristics, conditions and prerequisites. Therefore planning and budgeting is complex, and if the conditions are not respected, all efforts will drain in a bottomless pit, as is the case in many degrees in developing countries. Sanitation and hygiene education, except in the refugee camps, is usually an issue which comes in a later stage when the situation has stabilised. This was the case with East Timor. The different periods of intervention need to be examined, in order to determine the impact of the interventions.

Before the events. Prior to the crisis, a public water supply network existed in 13 district towns and 49 of the 63 sub-district towns. The quality of the construction was generally poor and coverage was variable and low, commonly ranging from 25 – 40% in the central part of towns. All 440 rural villages had water supply of varying types but most were of a very low standard. Sanitation systems and solid waste management were generally lacking or in poor condition throughout the country.

The water utilities for urban water supply were managed as a centralised public services system. The urban and semi-urban systems were managed on a (semi-) governmental basis through Ministry of Internal Affairs represented by the District Head. Depending on the type of water supply system and the original funding and support, rural systems were in essence controlled through various village structures, although these were often weak due to the ambiguous roles

and legal standing of both the community management groups and the government. Many rural systems, even the piped ones, did not function properly or not at all.

During the events. During the events of August and September 1999, the water and sanitation facilities were main targets of destruction. Most of them were destroyed, which resulted in a total standstill of piped water supply, polluted wells and an absence of proper sanitary facilities, producing a high risk of outbreaks of water-related communicable diseases. Water shortage in general was also a risk. Limited information is available regarding the situation in the camps, but water shortage and the outbreak of communicable diseases were clearly very high risks.

The former structure, being part of the Ministry of Internal Affairs, had collapsed. The PDAMs, semi-governmental utilities, responsible for the urban and semi-urban piped water systems, in district and sub-district towns (IKK) with their staff having fled had effectively ceased to exist. Alternatives for urban piped water supply, like private electrical pumped systems, were limited and wells were neglected. In the rural areas, the struggle for water had always been difficult. Improvements made in villages, mainly through donor interventions over the last 20 years, were destroyed, and the rural population is now more or less back where it started.

During the emergency phase. Due to the effective response of the specialised NGOs, major problems in terms of water shortage and outbreak of water-related diseases were prevented. Dili and the urban areas were the main focus of attention, since detailed assessments for rural areas were difficult to obtain due to security and access problems. Initially, all ECHO's partners started in Dili and then extended into the district towns and had effectively taken over the management and operation of these district systems. At national level they were the main counterparts of UNTAET. Not until mid 2000 did UNTAET create a water and sanitation authority, which became the Water and Sanitation Services (WSS) and part of the Ministry Infrastructure of ETTA.

Apart from the situation in the urban and rural areas, transitional camps were made near Dili and the border areas. These were under the management of UNHCR and quick intervention; specialised water and sanitation facilities were installed. These are functioning to date, as the camps have not been dismantled yet.

Current phase, March 2001. In March 2001, WSS became the Water & Sanitation Authority and Administration (WSA). It is financed by the UNTAET fund for recurrent costs, and supported by a Project Management Unit (PMU). WSA as part of the new Ministry, co-ordinates all W&S activities in the country, between the various donors and NGO's. WSA is already active in the districts as of mid 2000. Its main task is to rehabilitate the former urban water supply systems in the district and, occasionally, sub-district towns.

External assistance has increased dramatically over the last year. ADB has become responsible for infrastructure, and US\$ 4,5 mill. has been made available by the Trust Fund for East Timor (TFET) for 2000-2001. Other donors like JICA en CIDA are also assisting with urban water supply in Dili and in several of the district towns. Several NGO's, like the specialised W&S partners of ECHO, have received contracts with the PMU and other donors to support urban water supply in district towns, and in rural areas. Efforts have also been made to implement programmes in rural areas. Through direct cooperation with UNICEF, a Rural Water Supply and Sanitation Secretariat was incorporated in WSA. SBSR was located within WSA and not the Ministry of Health, in order to increase their direct impact at community level through shorter communication lines.

AUSAID are to implement a major Community Based and Managed Water Supply program, whereby the word rural is avoided, as this does not cover all the areas where community initiatives are of major importance. The project, in cooperation with WSS through the CFET fund, will include a major training component for community facilitators.

2.4. Health & Nutrition: East Timor

In the health sector most government health facilities were destroyed. Church-related health facilities were less affected, but still suffered considerable damage. Most of the 160 mainly Indonesian doctors left the country. The remaining East Timorese health workers are mainly nurses and support staff, and the country was left without managerial capacity to run the health services.

Disastrous outbreaks of communicable diseases such as diarrhoea & immunisable diseases, dengue, malaria, and TB were likely to occur under the unfavourable circumstances of lack of shelter, destroyed water and sanitary facilities, shifting populations, and the collapsed health infrastructure. In addition, East Timor during the pre-crisis era, had already an infant mortality rate (IMR) of 70-95 per 1000 live births, maternal mortality ratio (MMR) of 890 per 100,000 live births. Malaria was highly endemic, representing approximately 25% of all morbidity. Tuberculosis is a major health problem with an estimated 8000 active cases nationally. HIV/AIDS is not (yet) a major health problem.

It was in this vacuum that both international NGOs and local church related organisations played a crucial role. Some 20 international health NGOs spread out over the country - some the same day when the International Forces for East Timor (INTERFET) cleared the area from militias. Besides the NGOs, OCHA, WHO and UNICEF quickly set up offices in East Timor and played an important co-ordinating role during the first months. There were regular meetings with all health NGOs, and basically the UN compound served as a meeting place for NGOs entering the country, and served as a forum for discussion "who would do what, where and when". The atmosphere during those early days in the UN compound was energetic, supportive, and business like.

ECHO had no permanent expert in East Timor during those first months, although the Jakarta-based ECHO correspondent made several brief visits to Dili. So ECHO partners could only discuss their proposals in Jakarta (which was politically undesirable) or in Brussels (which was logistically cumbersome). The EC made eight financial decisions both for East and West Timor through which some 29 million Euros became available to combat the humanitarian crisis, of which 14 million Euro was focused on health and nutrition projects. This financial support encouraged ECHO partners to set up important relief efforts in East Timor.

2.5. Repatriation & Protection: West Timor

Lack of access to refugees and security issues represent the most difficult aspects of humanitarian intervention in West Timor. UNHCR withdrew from West Timor in September 2000 and at the time of the present mission, has still not resumed activities there. The ECHO Correspondent in Jakarta visited West Timor in February 2001 and judged the situation to be very tense and uncertain, though the general impression is that there is no major humanitarian need putting the refugee population in a high risk. At the present time, there is only one ECHO supported programme in West Timor, the nutritional programme of CARE. There is in Brussels a strong commitment to support humanitarian interventions in West Timor, if humanitarian and security conditions warrant such support.

2.6. Water and Sanitation: West Timor

In West Timor the governmental structure has not changed, therefore the PDAM will be in charge of all the urban and/or piped water systems of West Timor. The PDAM is run per district, of which there are 6 on Timor. For rural areas the governmental has only limited responsibility, even more when a type of community based management is in place, as has been done over the last 10 years. However, the refugees in the camps are in a different situation as water supply and sanitation provision largely depends on those responsible for the camp. It is reported that the government is trucking water to those camps located in very dry areas.

2.7. Health & Nutrition: West Timor

Indonesia's health infrastructure in West Timor did not suffer the damage of East Timor. The main problem was the influx of refugees, overburdening the health system. NGOs therefore intervened in the camps, a few of them getting ECHO funding, for example MSF-Belgium. Most refugees returned to East Timor during the first 8 months after the crisis. The future of the remaining refugees in terms of health remains unclear, but integration into the existing health system seems the most appropriate strategy.

Demand-side problems. The refugees – and also the general population - under-utilise the existing government services due to limited opening hours, and the perceived poor quality of the services. In addition, the refugee population may not feel welcome in the West Timorese health facilities. The often-aggressive behaviour of the militias has not been received well by the local population and may also negatively affect the attitude of health workers towards all East Timorese refugees. Many refugees expect the health services to be free-of-charge, while resources are actually lacking to do so. Some observers argue that a proportion of refugees are not used to attending modern health services and prefer traditional practitioners.

Supply-side problems. The influx of refugees created an additional burden on the Indonesian regular health services. The services are, in theory, provided “free-of-charge” to the refugees. For this purpose the government provided additional funding, but this funding stopped in August 2000. This came on top of the already existing problems of the West Timor government health services such as inadequate salaries, and poorly motivated health workers.

Approximately 50, 000 – 100,000 East Timorese remain in squalid camps or villages in West Timor. The provincial government responded to humanitarian needs with some limited support, but this is inadequate to meet basic needs fully. Once the security situation improves, ECHO assistance to West Timor needs to be continued.

3. RELEVANCE

3.1. Shelter / Rehabilitation, Repatriation and Protection

This programming decision by ECHO to focus funding on shelter / rehabilitation and repatriation activities as well as support to protection and emergency food assistance, was extremely relevant due to the nature of the crisis in East Timor and its spill over into West Timor. The choice of partners – UNHCR, WFP, IOM and NGOs, some of which were already on the ground at the time of the crisis was appropriate and pragmatic and enabled the most vulnerable sections of the population to be effectively targeted. ECHO's objectives in relation to shelter / rehabilitation and repatriation, allowed partners to develop appropriate strategies adapted to the reality of the situation they encountered.

3.2. Water & Sanitation

As 60-80% of the people of East Timor were displaced, and a similar percentage of homes destroyed, almost the entire population was eligible for support. Since nearly all piped water systems and a considerable number of wells were destroyed it was of the utmost importance to supply fresh water by whatever means in the shortest possible period of time, in order to avoid communicable diseases. The number of victims, the security situation and the absence of alternative water sources, justified a first intervention in Dili and shortly thereafter, in the district towns, through the ECHO partners.

The transitional situation, which came about after June 2000, called for another type of intervention. The focus shifted from urban to semi-urban and rural areas, as the major interventions in district towns were slowly taken over by different donors. ECHO partners, due to intense coordination efforts are now focussing on gaps, which exist in the planning, and implementation activities of the emerging authorities, such as school sanitation and related water supply. This is supplemented with hygiene education which was largely absent during the emergency situation, as water supply had the highest priority.

3.3. Health & Nutrition

The relevance of ECHO to intervene in the health sector with their partners in Timor was high due to the acute health needs. The relevance of the choice of beneficiaries was excellent as the result of the ECHO strategy by operating through partner UN organisations, and in particular through NGOs. This facilitated a decentralised utilisation of funds, which was *the* appropriate method to target refugees, displaced or vulnerable groups.

4. EFFECTIVENESS

4.1. Shelter / Rehabilitation, Repatriation and Protection

The effectiveness of the ECHO support to shelter / rehabilitation and repatriation & protection activities has been **high**. This has been the result of an appropriate programming strategy, the activities of the ECHO partners and the strict application of vulnerability criteria when targeting beneficiaries. ECHO's programming decision to focus on shelter activities was taken in order to achieve the objective helping life return to normality in the towns and villages and, as a consequence of this, the reactivation of economic activities. To this end, ECHO has financed the provision of 13, 825 shelter kits targeting 59,125 persons. Of the direct ECHO-funded shelter projects visited by the evaluators, both CARE and World Vision produced positive results. Due to security reasons, it was not possible to visit CESVI although the impression given is one of an organisation, which is highly donor-driven and this continually affects its capacity to both find a strategic niche and implement larger projects. According to UNHCR, the most effective shelter partners are IRC, Goal, Concern and PWJ; however, we were not able to detect any significant differences between those UNHCR shelter projects, which we visited.

ECHO's objectives in relation to the repatriation & protection activities of NGO and the multilateral agency were to provide protection and assistance to all people in refugee-like situations outside of East Timor (UNHCR) and motivate and support their safe return (IOM). To date, over 177,000 returnees have returned. ECHO finance has also been used to provide essential relief items for 495,000 internally displaced people distributed through UNHCR and a further 13,000 non-food relief kits through CESVI targeting another 65,000 people. In addition to this, ECHO financed the running costs for the Air Bridge for the WFP special operation between Darwin and East Timor, and contributed to the provision of food aid (rice and canned fish) to 344,000 beneficiaries over a 6-month period, including a vulnerability caseload of 58,000 people, who received supplementary rations.

It is extremely difficult to arrive at any accurate assessment of the **cost-effectiveness** of the various shelter interventions. Each ECHO partner in the shelter programmes issued 'different' kits – though UNHCR issued standard kits through its 8 implementing NGOs. ECHO therefore approved projects, which utilised 4 different types of shelter kits. As this was a self-construction project and since individual families sometimes sought to combine their kits with those of other family members or purchase extra materials from their own resources, it is difficult to compare the final products of the different shelter interventions. Therefore, from a technical viewpoint, differences in the final product could not be solely attributed to the different kits. Considering that the aim of the programme has a definite durable character, only in time – perhaps after 5

years – one will be able to have a more realistic assessment of the proven cost-effectiveness of these different shelter interventions.

4.2. Water & Sanitation

The W&S interventions have been very effective, since in a very short time a large number of people in the transit camps, Dili and in the district towns were provided with an acceptable quantity and quality of water. Locations were selected based on assessments, resulting priorities and the existing security situation. The main choice was to rehabilitate wells and to use/reinstall hand-pumps, instead of repairing the already weak piped systems. This was very appropriate as it achieved the objective of delivering quickly sufficient water of an acceptable quality. Since the situation regarding the returnees did not develop according to the expectations, and there was no massive return movement, many partners still have an existing stock of materials, which is slowly being used in on-going activities.

The cost-effectiveness of W&S in an emergency situation is always relatively low, though appropriate, since the water systems put in place often use expensive (imported) materials, and are usually not meant to serve for a long time, as has been the case in East Timor. Rehabilitation of existing systems is too time - consuming and would not effectively reduce the risk of communicable diseases. In the transition period, to date more cost-effective activities have been implemented with an increased number of local staff. However, W&S activities especially urban piped systems are by nature very cost intensive as they demand relative expensive materials and professional supporting (international) staff. There are only 2 local NGO's who have some professional staff for W&S.

4.3. Health & Nutrition

The effectiveness of the ECHO funded activities has been high as the result of the initiatives of the international NGOs. They facilitated and carried out a large share of the health services in East Timor, immediately after the referendum. In the one year after the start of crisis, NGOs carried out 620,000 external consultations. ECHO was the main donor to the health NGOs.

The cost-effectiveness of the NGO interventions was high, but was reduced due to the lack of a performance-based salary system of Timorese health workers. Health workers receive fixed salaries irrespective of their output. Hard working staff receive the same salary as non-performing or absent colleagues. A situation was created whereby relatively expensive NGO workers and Timorese staff in religious health facilities carried out most of the work whereas Timorese health workers in government health facilities reduced their working hours or sometimes refused to work. Several NGO managers and staff brought up this point as an important matter for ECHO concern.

5. EFFICIENCY

5.1. Shelter / Rehabilitation, Repatriation and Protection

Early monitoring of the situation in East & West Timor enabled ECHO to initiate project interventions prior to the post-referendum violence. The use of existing partners to deliver shelter projects not only enabled a quicker response but also saved on the start-up costs of bringing in new partners. Every single shelter project funded by ECHO needed a 'no cost extension'. This was primarily due to delays in the procurement and transport of materials to East Timor. It also appears that there were problems related to the quality of some of the materials, particularly timber. The fact that different shelter partners were distributing different shelter kits also resulted in adjustments having to be made to the projects of WORLD VISION and CESVI, as beneficiaries played the entitlement card and demanded equality in terms of materials received.

THE UNHCR shelter programme raises concerns from the point of view of efficiency. UNHCR unit costs were significantly higher than those of the nearest comparable programme – that of CARE, and it would seem that it has not been able to benefit from the point of view of 'economy of scale' and the possibility to purchase in bulk. The shortfall in the UNHCR budget raises the question as to whether UNHCR will be able to meet its planned distribution target of 35,000 kits.

The relatively small amount of funding committed by ECHO to the repatriation / protection programmes, represents a high degree of efficiency.

Of the shelter implementing organisations directly funded by ECHO, the percentage consumed by expatriate and other staff costs is relatively high, however, effective appraisal of project proposals by ECHO staff, has resulted in these costs being reduced in certain cases. Although this has not been empirically tested, it would seem that the expatriate – East Timorese staffing ratios in the shelter projects are much lower than in many other aid interventions.

5.2. Water & Sanitation

All partners in W&S have displayed professionalism in assessing, organising and implementing their activities. In first instance, they have regarded the emergency situation and focussed on the priorities in the areas they supported - mainly district and sub-district towns. Due to the lack of competent local capacity they have had to rely heavily on substitution staff. Only UNICEF has used a large number of local staff for their entrepreneur's activity for the supply of latrines. However, due to the very widespread implementation, they still lack appropriate monitoring to guarantee an acceptable quality.

Due to the limited central administrative capacity, the often-difficult field conditions for data collection, and the specific reporting conditions of the various donors, there have often been delays with partner's final reporting.

At the level of Brussels, there have been delays in project approval, contract delivery and follow-up of funding arrangements which impede the activities of ECHO in relation to the start-up of their project interventions. This particularly affects NGOs who are not in a position to pre-finance their activities.

It is also advisable to provide for a summary format of progress and final reports so that reporting to multiple donors can be streamlined and such reports shared amongst all stakeholders.

5.3. Health & Nutrition

The operational capacity of the partners was by and large good with the exception of a few of the smaller NGOs, which had problems in mobilising skilled staff, or which were not aware of standards laid down in the SPHERE "Humanitarian Charter and Minimum Standards in Disaster Response". The quality of the NGO interventions improved through the good collaboration with and supervision by the ECHO correspondent, and the establishments of Minimum Standards by the DHS (Division of Health Services).

NGO staff carried out simple tasks, which could also have been done by Timorese health workers, if provided with the right incentives. This problem is reflected in the relatively high proportion of the ECHO budget allocated for NGO staff salaries. The ratio was typically 60% of the budgets, while other overhead costs such as transport, office accommodation and communications was another 20% of the budget. The proportion of funds utilised for operational costs such as equipment, drugs, training, and community activities was only 20%. This is a very low ratio. Although the DHS and UNTAET planned that operational costs would be mainly financed by the central authorities, centralised purchased systems are likely to be inefficient and several NGOs reported stock-outs, blockage of training activities, non-performing health centres due to lack of equipment, etc.

The suitability of the NGO activities in the post-crisis environment has been the subject of debate in East Timor. The reputation of the NGOs seemed to improve when more dialogue took place. However, the acceptance of the NGOs by the population, Timorese health workers and the politicians remains a point of concern.

6. MONITORING & EVALUATIONS SYSTEMS

6.1. General Issues

As understood by the evaluators, ECHO is a funding structure – it is operational but it is not an implementing organisation. To achieve its goals it uses others / partners under contract. This contract is the basic monitoring instrument. The ECHO Correspondent monitors the contractual agreements signed with the project-implementing partners, and the partners monitor their own internal work plans/ project implementation. The distinction between 'contractual monitoring' of the project proposal/ funding contract -which is the responsibility of ECHO, and 'internal project/ work plan monitoring' -which is the responsibility of the partner, needs to be acknowledged in order to address the basic questions of 'who monitors who' and 'who monitors what' ? These must be distinguished from issues related to monitoring workload and technical monitoring capacity. The 'Framework Partnership Agreement' (FPA) between ECHO Brussels and the partner guarantees the quality of the intervention. The partner has to monitor and manage its own intervention, with emphasis on the technical aspects; this is not the task of the ECHO Correspondent. However, in the directive on 'Applying Current Operational Working Methods' resulting from ECHO-3's MEETING WITH EXPERTS (16/11/2000), ECHO has indicated that they would like the Correspondents to make regular field visits and reports. This implies some type of technical monitoring. The role of the Correspondent in monitoring the ECHO partners has not been well defined. Firstly as a matter of principle, regarding the formal mandate, should the Correspondent monitor in detail the work done by ECHO's partners, or is it just to check if the partners are at work? ECHO is first and mainly a funding agency, not an implementing one, but this point is about to become fuzzy by additional monitoring interventions. Monitoring of the Contract related to the progress and results attained as reported by the ECHO partners is necessary. This process should be timelier and should include feedback from ECHO Brussels to ECHO Dili, as well as by the Correspondent to the partner.

On the other hand, to ensure minimum standards, ECHO and its partners have to determine how the monitoring can be done most effectively. Furthermore it should be stressed that effective contract monitoring is no substitute for ineffective appraisal. With the appointment of a second ECHO Correspondent in Dili, there is now the potential for spare staff capacity as shelter projects come to an end and paradoxically there is now a danger of 'over-monitoring'. Monitoring issues are thus likely to become more central and clear monitoring guidelines will be required, if micro management of partner's projects is to be avoided.

6.2. Shelter / Rehabilitation, Repatriation and Protection

Of the direct ECHO shelter partners visited by the evaluation team, CARE & WORLD VISION had adequate systems in place. The responsibility for monitoring the implementation of the shelter projects coordinated by UNHCR and contracted out to the 8 NGO partners lies with UNHCR, since it is the contractual partner to ECHO. ECHO has no monitoring responsibility with regard to these sub-contracted shelter projects. The UNHCR monitoring system in relation to the contracted NGOs consisted of weekly and monthly reports, fortnightly shelter task force meetings and regular logistical updates. In addition to this, UNHCR staff in the districts are supposed to carry out field monitoring visits to the projects. Discussions with the implementing NGO partners revealed that such field visits were not very systematic – some NGOs had never had a field visit as such, and sometimes these visits were a source of tensions. The implementing NGO partners set up their own internal monitoring systems, which varied from organisation to organisation. These systems were often designed to produce information for the monitoring

reports of UNHCR as opposed to monitoring the implementation and impact of their particular shelter programme. For example, little attention seems to have been paid to the adjustment function of monitoring whereby problems detected by the monitoring are corrected. An example of this is the issue of beneficiaries still not having completed their shelter construction work which was observed in the UNHCR projects of SCF, IRC, ACF, PWJ & Timor Aid.

The monitoring relationship between the ECHO Correspondent and UNHCR was not clear to the evaluators. Whilst UNHCR sent reports to ECHO, this is not the same as monitoring. Unfortunately, since the ECHO Correspondent was on leave for most of the time of the evaluation mission, it was not possible to clarify this.

Apart from the ongoing consultations between EC and the UN agencies concerning, amongst other things, the issue of reporting and the signing of FPAs, and which are far beyond the scope of this evaluation, the issue of reporting does not seem to have been particularly problematic for ECHO and its partners. UNHCR were appreciative of the fact that ECHO conditions are much more flexible than DG-Development or DG-Relex and that this enables them to make submissions in a more flexible way than NGOs. Both at the level of Dili and Brussels, reporting has been effectively managed and partners have responded to any requests for adjustments etc.

6.3. Water & Sanitation

Monitoring has been done mainly by the partners themselves, and they have been providing regular assessments. With the establishment of the ECHO representative office a start was made with an ECHO-monitoring system based on provided documents, but even more on personal contacts and field visits.

To ensure minimum standards in W&S activities, ECHO and its partners have to determine how the monitoring can be done most effectively. As W&S needs huge capital investments and professional substitution at a very early stage for a long period, screening (new) partners on these aspects is required during appraisal before a contract is rewarded. This aspect should become more explicit and be reinforced during appraisal.

6.4. Health & Nutrition

Monitoring and evaluation systems have been greatly enhanced by the setting up of minimum standards to which most partners seem to comply. Auto evaluation and the capacity to enhance a more structural type of assistance is weak with some of the more emergency-type of organisations, which also depends on the quality of the fast-rotating staff.

7. CO-ORDINATION, COHERENCE AND COMPLEMENTARITY

7.1. Shelter / Rehabilitation, Repatriation and Protection

By supporting the activities of the coordinating organisations in the areas of shelter, repatriation, protection, food assistance (UNHCR, IOM, and WFP), ECHO ensured that its assistance was targeted strategically and not in an 'ad-hoc' fashion. The coordination of the shelter activities by UNHCR through the Shelter Task Force Meetings ensured that duplication was avoided, beneficiaries selected on the basis of vulnerability and that minimum standards as laid down in the SPHERE 'Humanitarian Charter and Minimum Standards in Disaster Response' were respected. However, with the exit of UNHCR from the coordination role, there is uncertainty concerning the future of the shelter sector programmes in East Timor. A policy vacuum has been created resulting in a lack of strategic guidance on which donor organisations such as ECHO can base their programming response.

The presence of an ECHO Correspondent in Dili has clearly reinforced the role of ECHO in supporting the various sectoral interventions and their coordination. This has been a strong point in the programme in East Timor. In respect of the shelter programme, the effects of not having a physical presence in Dili until March 2000, was counterbalanced by the earlier, proactive, distance management approach of ECHO, a relevant programming strategy and a funding policy which

facilitated a partnership approach and not simply a sub-contractual relationship with implementing organisations. The ECHO intervention in East Timor is characterised by its dualistic nature: 'ECHO the Fund' (the funding role) and 'ECHO the Field Operation' (the managing, advising, supporting role).

Managing this interface between the centralised 'ECHO the Funding Structure' and the decentralised 'ECHO the Field Operation' requires considerable personal and professional skills and competencies, as well as appropriate skills and understandings of project cycle management at the 'decentralised' levels (Dili and formerly, Jakarta) and the 'central' level (Brussels). This has been a strong point in the programme in East Timor.

7.2. Water & Sanitation

All partners have been careful in managing the funds of various donors to avoid duplication and overlap. Coordination improved considerably with the arrival of the ECHO Correspondent, and was institutionalised with the formation of the Water and Sanitation Services (WSS), of the Ministry of Infrastructure. ECHO has played a major role in establishing a coherent and complementary planning for their mainly NGO partners, who are pioneering the start-up of major water supply systems and more recently, a comprehensive rural activity plan based on water supply and sanitation for schools and their hinterland villages. This was a gap in the planning of PMU/ADB. In several localities preparations have been made and are to be continued by the local authorities (WSS), which have been put in place. It will nevertheless be difficult to cope with the effects of the initial weak installations and an organisation (WSS), which is still in its start-up phase.

7.3. Health & Nutrition

There was initially no need for ECHO to play a pro-active role in health policy *co-ordination* or geographical targeting of the efforts as this was done by UN organisations. However, the absence of an ECHO expert during the initial months of the emergency negatively affected the administrative aspects such as the processing of applications of partner organisations. With the arrival of the ECHO field expert, co-ordination aspects at Dili level of the operation considerably improved. The Correspondent has been *the right person, in the right place, although arriving late*. Once in place, there were logistical problems, and the evaluation team is of the opinion that additional logistical / administrative support to the consultant would have been helpful.

8. IMPACT & STRATEGIC IMPLICATIONS

8.1. Shelter / Rehabilitation, Repatriation and Protection

The sheer scale of displacements and destruction in relation to the population and size of East Timor meant ECHO's contribution to the reduction of human suffering through the provision of funding support to shelter / rehabilitation, repatriation and protection projects has been significant. The distribution of aid relief on the basis of the strict application of vulnerability criteria has played an important role in resolving potential conflicts related to the allocation of resources between IDPs and returning refugees.

The creation of dependency on humanitarian aid has, to a certain degree, been inevitable, not only for the people of East Timor, but also for the more donor-driven partner organisations who have come to depend upon ECHO funding in order to maintain a programme presence in East Timor. The utilisation of inputs from the local economy has been minimal. The shelter projects and the way in which they have been implemented by the NGOs have provided a platform for local economic regeneration. However, the effect on the incomes of the local population will remain negligible until significant development investment (agriculture, credit programmes, income generation programmes, etc) is forthcoming into these rural areas. Shelter programmes have created a demand on local construction material. As yet the environmental impact of such has not been systematically assessed.

The impact of the shelter programme in particular on local capacity building has been a positive element in the ECHO programme in East Timor.

8.2. Water & Sanitation

The impact of the initial relief interventions has been straightforward and although covering only a part of the population, has been as effective as could be expected under the circumstances. Pockets of unserved people especially in remote areas always remain, and are still very difficult to reach.

The strategy in the transitional period after June 2000 was geared towards rehabilitation and was more demanding. Only a limited number of locations are taken into account due to the lack of capacity, human resources and a practically absent WSS authority. Interventions were more dispersed and specific, thus demanding the training and involvement of more local staff. In district towns, partners are contracted by PMU/ADB (TFET Trust fund) to support governmental district staff of WSS. This is a newly created public agency responsible for the district town system, and is a continuation of the initial rehabilitation activities funded after the events by ECHO. Based on normal development principles, only slow progress is being made in rural areas, where the situation is not much different from the one before the events.

The consequences of choices made and absence of clearly defined roles between the initial partners and the newly created governmental bodies, make the transition to sustainable managed systems in urban as well as rural areas difficult. The strategic choice of the partners in the framework of ECHO, to work on W&S as complementary activities of the school emergency readiness project is just, since this aspect was omitted by PMU. However, these activities will already be based on development principles and therefore need to be incorporated into the process of village and/or community management. Especially urban, but also rural, water supply, demands continuous, professional and capital intensive support. However, it is doubtful that the East Timor government will be able to guarantee this investment in the long term. Through its experience of the Indonesian model, East Timor has inherited a very centrally dominated system, which can severely hamper efforts to find a more suitable management system. Therefore, other types of management should not be excluded and if possible explored. UNTAET/ETTA will have to make arrangements to guarantee sufficient 'degrees of freedom' for the communities, the government as well as private institutions to enable and decide on the development of an appropriate public/private mix, which is affordable by either the government and/or the communities. In addition, an appropriate management system can only be developed when discussions and agreements are made regarding the natural inclusion of water resources, watershed areas and land ownership issues, as they will form the basis of the stability of all in-country institutions.

8.3. Health & Nutrition

The *impact* of ECHO's contribution to the reduction of human suffering has been significant with numerous death prevented, and reduced suffering from disease. The ECHO intervention in East Timor is likely to have been one of the more successful ones.

There is a large dependency of the health system on external funding in the absence of own East Timorese resources. In addition, the UNTAET authorities - apparently under political pressure from East Timorese politicians - chose for a system of providing health services free-of-charge. This will create further dependence on external aid, and reduce sustainability.

The effect of NGO assistance on the local economy has been important through their recruitment of some local staff and by reducing morbidity so that the population lost fewer productive days as a result of disease or illness. The effect could have been larger if the authorities would not have chosen for a centralised approach. Some NGOs spend typically 80% of their budget on salaries, other NGO operational costs and overheads instead of direct investments in the health system and the local economy.

9. VISIBILITY

9.1. Shelter / Rehabilitation, Repatriation and Protection

The reports of partners showed that ECHO's visibility was, to differing degrees, present in protection, repatriation and food security activities, through stickers, T-shirts, caps, notices, etc. However, it was much less visible in the UNHCR shelter activities in the field than in those of CARE and World Vision.

9.2. Water & Sanitation

All partners have shown their appreciation by working on the visibility of ECHO through a display of ECHO stickers, special sanitation campaign stickers and documented statements. A large number of beneficiaries have even incorporated the name ECHO on their physical W&S constructions. The ECHO Correspondent has through her active involvement in meetings contributed considerably to the visibility of ECHO in the overall donor field.

9.3. Health & Nutrition

By the quality of ECHO's intervention through its partners, there has been high visibility in terms of outputs. The people with whom we spoke generally appreciated this. As far as the stickers on cars and houses are concerned, the evaluation team observed that partners obeyed this instruction.

It would be justified to draw more attention from the public in Europe to ECHO's intervention in East Timor. ECHO could for example commission for this purpose a film with a title such as "East Timor 2 years later - what did the EC Emergency Support".

10. HORIZONTAL ISSUES

10.1. Gender

Shelter projects in particular have adopted a gender-sensitive approach through their targeting of widows, single parent and large families. There was a clear gender imbalance in the staffing structure of the NGOs implementing shelter projects, which were dominated by men. In respect of **Water & sanitation**, gender has not been a specific issue, as there has been no preference for any group or gender. Families as such have benefited from the W&S aid. At a later stage, more attention was given to informing women about the health risks related to water and disposal of faeces and waste and this was integrated into planning and construction.

The **health** care programmes of the NGOs and later specified by the Minimum Standards of the DHS, focus on children and women. The influence of their better health on economic, social and cultural aspects is clear. A problem, though, is the dogmatic stand of the Catholic Church on sexual health, and family planning in particular. Some NGOs diplomatically made family planning available to those couples, who were seeking it.

10.2. LRRD

One might argue that the evaluators have focussed too much on LRRD from the perspective of partners and not on the sustainability of the project interventions is acknowledged. However, the position of the evaluators is that this is not an 'either / or' situation, that partnership and sustainability are fundamentally linked from an LRRD perspective. Quite simply, if it were not for its implementing partners, ECHO could not function, since it is not an implementing structure. Project sustainability is influenced by a number of factors, a key one being the capacity and sustainability of the implementing organisation.

Whilst the mandate of UNHCR, WFP, IOM, focuses primarily on the emergency / relief phases, the majority of ECHO's NGO **shelter** partners appear to be adopting a longer - term, development perspective in relation to East Timor and are likely to move into other sectors. From an LRRD perspective, the performance of the Trust Fund should be systematically monitored by the EU, not only in the 'earmarked' sectors of health and infrastructure, but also across all sectors where former ECHO partners are / seek to operate such as agriculture, community development, etc. Dissatisfaction with the performance of the Trust Fund would logically lead to the need for the EU to consider a parallel strategy from such and the introduction of more appropriate funding mechanisms. Furthermore, when ECHO exits, it appears that there will be no effective financial instrument available to deal with the effects of the protracted nature of uprootedness that are likely to continue for several years in East Timor. There is need for greater discussion on this issue of the protracted effects of uprootedness in relation to the situation in East Timor, and its implications for EC and bilateral donor support. The issue of land-title is particularly important.

Water & sanitation programmes can be integrated into all aspects of the LRRD continuum, providing appropriate coordination and funding mechanisms are in place to support these. Here again, TFET should be effectively monitored from this LRRD perspective in relation to its support to water & sanitation programmes.

TFET funds, managed by the Division of **Health** Services are playing an important role in the phasing-out strategy of ECHO. This sector wide approach aims to improve donor co-ordination, and to create a more comprehensive policy development under the leadership of the World Bank.

The "vision" for the health system seems to be one of a publicly financed - publicly provided system, free of user charges, and with a heavy emphasis on a Timorese civil service. The decision for this type of health system was mainly political.

From both the perspectives of LRRD and sustainability, there is the problem of the shortage of managerial capacity in the East Timor health system. The choice for a publicly provided health system implies that it will take at least 7-10 years before well-trained and skilled Timorese government health managers are in place. However, it will be difficult to maintain those managers for a salary of approximately \$240 dollars per month.

Furthermore, the apparent choice in East Timor for freely provided services is another reason for concern. Free health care systems have generally been criticised to be unsustainable and inefficient. It tends to create a system of free health care for the well connected, and no health care for the poor. A "free" health care system prevents the population to be aware about the costs of the health services, and "free" health services tend to nurture large inefficiencies, because a consumer cannot complain about a service for which he or she does *not* pay.

Finally, a major concern of the NGOs is that they do not feel as the partners of the DHS in development, but as implementers with a marginal role in a dialogue.

10.3. Human Rights

ECHO's support to East Timor has clearly been respectful of the issue of human rights in humanitarian aid. However, as the effects of protracted uprootedness emerge, human rights issues are likely to become more prominent and appropriate aid mechanisms for addressing such will be required. Coordination and targeting attempted to ensure that as many vulnerable people as possible were reached.

10.4. Security of Humanitarian Staff

This is problematic in West Timor where a Phase 5 security rating is in place, which can only be lifted by UNSECOORD. In East Timor appropriate security measures are in place and are respected by ECHO partners. As far as the evaluation team is aware, there were no accidents concerning ECHO financed aid workers in the health or water & sanitation sectors. Generally speaking the NGOs are responsible for their security policy, and some seem willing to take bigger risks than others.

11. RECOMMENDATIONS

11.1. Global Programme

- The ECHO strategy of working through NGO partners has been excellent, and should continue in a new crisis anywhere in the world.
- The qualitative statement of Article 4 of the General Conditions of the Framework Partnership Agreement could be changed into a quantitative statement such as for example that the response will not delay longer than "x" working days. The number of days ("x") could then be defined on the basis of each emergency. This would increase accountability and strengthen partnership.
- ECHO could develop a media strategy for the purpose of EC visibility in East Timor to focus on what the EC emergency support achieved.

11.2. Shelter

- In cooperation with UNHCR, the implementing NGOs and East Timorese stakeholders, consideration should be given to the commissioning of an independent evaluation of the UNHCR coordinated shelter programme in East Timor as a valuable case study / learning opportunity for future interventions and cooperation.
- Serious consideration should be given to the **immediate** funding of a further 1000 shelter kits in partnership with CARE & IRC. Parallel to this, the findings of the proposed World Bank mission on shelter and housing needs in East Timor (due to report in July 2001), should be assessed in order to judge the need for a project assessment / formulation exercise to determine the options for further EC support to the shelter sector. The exercise would have four main objectives: (1) to confirm the need for further EC support to shelter sectors projects, (2) to revise / reassess the criteria for shelter support, and (3) identify the most appropriate delivery method / partner for addressing such needs. (4) To identify the most appropriate EC funding mechanism.

11.3. Repatriation / Protection

- Contingency plans exist to deal with a mass influx of returnees (IOM, UNHCR) - further ECHO support to this sector may therefore be necessary.

11.4. LRRD

- The Trust Fund should be continuously monitored and annually reviewed from the perspective of how it contributes to the development of East Timor, in relation to EC strategic priorities. From this perspective, it is important to monitor how (if) TFET enables (former) ECHO partners (and thus ECHO investment) to contribute to longer-term development of East Timor. When this is deemed problematic, a parallel funding strategy should be considered and appropriate funding mechanisms introduced.

11.5. Uprootedness - the Protracted Effects

- An effective financial instrument is required to deal with the effects of the protracted nature of uprootedness that is likely to continue for several years in East Timor. From this perspective, the TFET Community Assistance Policy should be effectively monitored. The EC should consider the deployment of an appropriate budget line (s) to help respond to this situation.

11.6. Water & Sanitation

- In order for partners to give timely and professional support, they need to be supported by an appropriate funding mechanism. ECHO has fulfilled this role by being a relatively quick and flexible funding outfit. Future support needs to be flexible in terms of implementation time and budget, in order to give leeway to the partners, especially NGOs, to adjust their support in relation to the needs situation on the ground.
- Before a contract is made, the capacity of partners to have access to material and specialised human resource support, should be verified.
- When a proposal is presented and appraised, the specific qualifications of the partner, including the maximum acceptable workload during emergencies, should be taken into account.
- As ECHO deals with several partners, coordination is essential to cover a maximum number of beneficiaries. It is to be based on an integrated approach which covers a larger area and / or number of beneficiaries, instead of supporting individual activities at dispersed sites.
- Water and sanitation interventions are intrinsically complex, and longer-term activities. Only in camps and where there are concentrated groups of people can standardised, costly (imported) equipment be used. In all other situations, interventions are not only costly and time consuming, but need to be planned to be sustainable or at least serve for a mid to long-term solution, otherwise capital destruction occurs.

11.7. Health & Nutrition

- There is a need that “developmental NGOs” - in collaboration with their Timorese district counterparts obtain more autonomy of management and executive responsibilities concerning the utilisation of resources, and human resource management.
- A more decentralised and autonomously managed human resource market is likely to absorb more health workers in formal health care facilities than the current system of recruiting a publicly paid health worker's elite.
- Lessons learned from the contract approach world-wide suggest that it is more important to seek common ground with potential contractors, and to think in terms of partnerships and common goals.
- The contract approach may be utilised to develop new initiatives towards more performance-based incentive systems for health staff. This may imply the recruitment of a limited number of (well-paid) civil servants, and a larger share of staff to be locally recruited by district and health facility management. The very simple basic incentive principle is that more work done also increases the salary of a health worker.
- Double checks, for example in collaboration with the donor organisations (World Bank, European Commission) could be developed to reduce the potential for double funding in the contracting process at national level.
- The contract approach could also be utilised to promote the development of the Timorese private sector, and to create a conducive environment of partnerships with the church-related health facilities and other potential actors in the private health sector.
- A better public -private mix health system with performance-based incentives for health staff with nominal fees may make the system more competitive and efficient and thereby more sustainable.

11.8. Monitoring

- The role of the Correspondent in monitoring the ECHO partners has not been well defined. The distinction between ‘contractual monitoring’ of the project proposal/ funding contract - which is the responsibility of ECHO, and ‘internal project/ work plan monitoring’ - which is the responsibility of the partner, needs to be acknowledged in order to address the basic questions of ‘who monitors who’ and ‘who monitors what’ ? With the appointment of a second ECHO Correspondent in Dili, monitoring issues are likely to become more central, and clear monitoring guidelines will be required if micro management of partners projects is

to be avoided. If necessary, external technical assistance could be provided to help develop such guidelines.

11.9. Future Policy Implications

- Future EC development policy should adopt a 'decentralised cooperation' approach. The 'interface' would therefore be at the level of the district administrations. EC support should be focused on capacity building and decentralised rural development.
- Professional support for water supply, sanitation facilities as well as hygiene education is necessary to make a lasting impact. East Timor had weak water and sanitation even before the ECHO intervention. WSS activities as initiated by ECHO, need to be continued and therefore a mechanism should be in place before support can be finalised and ECHO can withdraw.
- Future policy in the health sector should focus on the utilisation of a contract approach emphasising a public-private mix and performance-related incentive systems for health staff. Partnerships with church-related health facilities and other potential actors in the private sector should be encouraged.

12. LESSONS LEARNED

12.1. Global Programme

- The ECHO Timor operation is a good example of the transition from distance management to field operation, where the 'grey areas' between 'funding' and 'operational' roles have been negotiated without compromising the ECHO mandate and 'modus operandi'. This has been achieved in far from optimal operating conditions. This has been recognised, understood and endorsed by Brussels.
- At the national decision-making level, there seems to have been greater emphasis on resource procurement than on substantive policy issues. An example of this is the need for greater discussion on the issue of the protracted effects of uprootedness (which cuts across all sectors) in relation to the situation in East Timor, and its implications for EC and bilateral donor support. The issue of land-title is particularly important.

12.2. Shelter / Rehabilitation, Repatriation and Protection

- The ECHO interventions in the area of shelter & repatriation have contributed to the establishment of a platform from which reconstruction and development-oriented activities can be launched. The challenge is now to bring other, more appropriate, funding mechanisms on board, particularly those which enable NGOs to sustain and scale-up their contribution to the development of East Timor.
- There is an uncertainty concerning the future of the shelter sector programmes in East Timor with the exit of UNHCR from the coordination role. A policy vacuum has been created resulting in a lack of strategic guidance on which donor organisations such as ECHO can base their programming response. In this sense, the UNHCR exit strategy has not been as effective as it might have been and the evaluation team is left with the distinct impression of shelter as an 'abandoned' sector in need of strategic guidance. A valuable lesson could be learned through an independent evaluation of the global shelter programme and coordinating role of UNHCR in this.

12.3. Water & Sanitation

- The main lesson learned is that there are professional NGOs and UN agencies, which are able and willing to start activities in the front line, as soon as the security situation permits. They are able to make assessments and give professional support before larger institutions have even materialised. To this end they need to be supported on short notice, and ECHO is

the most effective funding agency to date. However, it is necessary that in larger scale emergencies, ECHO, as an emergency fund, establishes arrangements to start full-time coordination.

- Coordination in an early stage is essential, especially when a reconnaissance period is over and supplies are provided on a larger scale. The risk of duplication or an overemphasis of interventions in locations or areas needs to be avoided, as all affected people should have, as much as possible, the same access.
- W&S support is in essence a long –term commitment. ECHO needs to decide when it is appropriate to exit in view of the current transitional and subsequent development period. In view of the situation in the rural areas, it is appropriate to continue support as a joint and consistent effort, such as support to the school readiness programme, as people also suffered major damage but for a long time could not be reached. To initiate support with proper community base approaches will repair some of this damage and at the same time redirect the way to sustainable solutions.

12.4. Health and Nutrition

- Massive donor funding for the current system might mask underlying health policy problems, and create an unsustainable system for the future once donor funding is reduced. This could create huge (political) problems once East Timor is independent.