EVALUATION OF ECHO's COOPERATION WITH UNICEF AND UNICEF ACTIVITIES FUNDED BY ECHO

FINAL REPORT

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Acknowledgements

Whilst conducted independently, the field visit made full use of the facilities and support offered by and gratefully accepted from UNICEF offices and staff. In particular, the continuous protection and guidance provided by the very thorough UN security system have been instrumental in providing access to projects in both Somalia and Burundi, under very difficult field conditions. During the briefing meetings organised in Brussels, New York, Nairobi and Copenhagen, essential background information and orientation were readily provided both by the European Commission (Desk Officers of ECHO-1 and 4 in Brussels, Regional Office in Nairobi) and by the UNICEF (Brussels Office, Evaluation & EMOPS Divisions in New York, Supply Division in Copenhagen, Somalia and Burundi Country Offices, Nairobi Regional Office). The ECHO Evaluation and Security Functions similarly provided a valuable support throughout the project. The evaluation team would finally like to express its gratitude to all other stakeholders –staff, partners, beneficiaries, recipient authorities and external actors- who kindly gave their time and contribution.

A. EXECUTIVE SUMMARY

A.1. THE EVALUATION

Evaluated countries:	Somalia (Central & Southern Zone –CSZ) and Burundi, with visits to UNICEF HQ in New York, Regional Office in Nairobi, Supply Division in Copenhagen, and complementary desk study
Dates of evaluation:	20/10 – 28/11/2003 (field visits)
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i) The objective of the evaluation was to assess the set up and impact of the UNICEF programmes in selected country case studies and to see the part played in them by the ECHO contribution. From these individual studies and complementary desk review and meetings, conclusions had to be drawn on how ECHO and UNICEF should work together in the future, both generally and in the specific programmes examined, and how ECHO could better support UNICEF in its core mandate and key functions. [§ 1-3]

ii) The methodology of the evaluation reflects the above objectives and the case study structure. The evaluation was divided in typical phases. Every finding and recommendation had to be clearly supported by facts and had to reflect some kind of recurrent pattern to be found either in the assessment of projects implemented between 2001 and 2003, or through cross-checked discussions with various knowledgeable actors. Some constraints were faced in the limited number of field studies for a global review (two countries, in Africa only) and in a tenuous co-ordination with other concerned Commission Services. Working conditions were often very difficult in Somalia and Burundi. Access to project sites was ensured through the protection and guidance of very professional security and emergency UNICEF staff. [§ 4-8]

A.2. KEY FINDINGS AND RECOMMENDATIONS

A.2.1. GLOBAL STRATEGY LEVEL: POLICY AND DIALOGUE

Conclusions

iii) *Although relatively limited in coverage for such a wide-ranging institutional evaluation, the findings collected at headquarters and country levels contributed to illustrate some of the comparative advantages, challenges and current shortcomings of UNICEF -and of the Commission- at the global strategy level, leading to conclusions, lessons learned, as well as to some corresponding recommendations. Cross-references to other paragraphs and to the main report are indicated between [ ], where relevant.*

Positive conclusions at the global level can be listed as follows:

iv) The global mandate endorsed by UNICEF "to establish and to protect children's rights, especially in their most crucial aspects of survival, protection and development of children victims of war, disaster and extreme poverty", designates the agency as a key partner to achieve ECHO objectives. Most priorities of UNICEF in the two countries visited (immunisation against measles, provision of safe drinking water, hygiene and sanitation, protection against violence in conflicts, preparedness) are of particular relevance to ECHO humanitarian mandate, and were highly coherent with ECHO's own objectives. Relations should be further

enhanced by the recently endorsed Good Humanitarian Donorship principles. [§ 18, 21, 49-55, 59-63, 132]

v) Similarly, the Convention of the Rights of the Child, which has been signed by all UN member states, including every EU country, supports an integrated approach by UNICEF from emergency relief to development (sustainability through infrastructures, national capacity building and standards). This approach is illustrated in UNICEF priorities of Core Corporate Commitments (CCC) and Medium Term Strategic Plan (MTSP). It is therefore highly relevant for the Commission as a whole, in particular to the current efforts to bridge the transition gap; UNICEF should actually be considered as an LRRD[1] partner. [§ xv, 18]

vi) To be able to better respond to emergencies, UNICEF has initiated wide-ranging efforts to reform its internal organisation and procedures. These efforts have been significantly increased since 1998, in particular by strengthening the Emergency Operations Division, by starting the "Martigny" consultation process and implementing its outcomes (CCCs, Emergency Preparedness, etc), and by carrying out the DfID support programme. [§ 22-48]

vii) In parallel, UNICEF has developed very proactive efforts to enhance its international co-ordination role e.g. in the Inter Agency Standing Committee, or at country level in the Somalia Aid Co-ordination Body in Nairobi. [§ 40-43, 65-66, 69, 72-73, 77]

viii) Despite relatively limited contributions to the overall UNICEF budget, ECHO appears as an important donor, since (i) ECHO policy focuses on low-visibility emergency crises, where money is usually in short supply and where relatively small funds can make a major difference, (ii) it can provide a forum for dialogue on key policy issues with the Commission and, (iii) it can potentially provide access to development funding through LRRD mechanisms, where appropriate. [§ 19-20]

<u>However:</u>

ix) The co-operation, and even more the strategic partnership between ECHO and UNICEF must be seen in the broader context of the FAFA (Financial and Administrative Framework Agreement) which has recently been signed between the European Commission and the United Nations. Some of the FAFA articles illustrate potentially diverging concerns of both parties, such as multi-donor actions and more flexible reporting requirements for the UN, or "focus on results" and enforced performance measurement for the Commission. [§ x, 21]

x) This last issue would require the use of effective monitoring tools, since quality assurance in monitoring should be seen as a *pre-requisite* and a confidence-building measure for the consolidated donor reporting promoted by UNICEF in the framework of FAFA. However, such tools are still being developed by UNICEF and the internal reform process will still require significant and long-term efforts, especially to translate reforms at field level. Monitoring and evaluation (M&E) has been recognised as a "slow starter" in the current DfID programme. Shortcomings in monitoring capacity were found in both countries, that should be of particular concern to ECHO results-oriented strategy. [§ xxxiii, xlv, l, 35-37, 81-86]

xi) Despite international efforts, some lack of co-ordination was still to be found in the field (lack of WHO presence in Somalia). Inter-agency agreements are trying to avoid some previous duplication with ICRC (in one water project visited, also in Somalia). [§ 42-43, 66-68, 70-71]

[1] Linking Relief to Rehabilitation and Development

xii) Non-emergency ECHO decisions can have a duration of twelve months –or eighteen where justified (the Regulation mentions only emergency actions with a duration of six months). Nevertheless, the lack of predictability for further funding in chronic crises still proved to be a major constraint both for the UNICEF mandate and for the results-oriented strategy of ECHO in Somalia. In such a difficult context, even the extended timeframe may provide fragmented outcome/results only. Assessment of impact is even more problematic, especially considering that impact can be influenced by a large number of 'environmental' and long-term factors, often not directly related to the project or to the partner. [§ xliv, xlvi, 55-57]

xiii) On top of their limited strategic horizon, ECHO contracts have often relatively small budgets which also appear as a constraint to UNICEF, since they would generally require as much –if not more- management resources than large ones; they limit flexibility and tend to increase recovery costs. [§ 58]

xiv) There seems to be a scope for much more exchange on key policy issues during Strategic Programming Dialogue meetings. UNICEF has confirmed to the evaluation that it would welcome more technical dialogue with ECHO on humanitarian response strategies and indicators, independently from any possible linkage to funding. [§ 32, 79-80, 155]

xv) Despite some positive statements in the Country Strategy Papers (CSP), the two countries of reference illustrate some of the weaknesses of the current LRRD mechanisms, stemming from the different approaches followed by ECHO (grass-roots response to urgent needs) and by the development Commission Services (top-down EU-defined priorities and limited number of focal areas for co-operation, chosen by beneficiary countries). As a result, LRRD could not – and should not- be applied to all humanitarian activities but should be restricted to some key aspects only of international assistance. In this respect, the position of UNICEF in the LRRD spectrum is rather unique. The agency is at the same time a humanitarian actor and a privileged advocacy body for government policy; hence it could possibly conciliate approaches regarding some of its core activities (e.g. vaccination and cold chain). Nonetheless, current LRRD weaknesses did not facilitate the potential sustainability of such activities, which would require subsequent strengthening of health systems beyond emergency. At the opposite, it was found that some humanitarian-related water projects in urban areas of Somalia (Jowhar), had been supported by the EC Somalia Unit (ECSU) without initial funding from ECHO. [§ xlvi, 55, 57, 107, 113, 155, 169-170, 206-207]

xvi) In parallel to the lack of LRRD, the CSPs do not refer clearly to any specific budget line (EDF or other) from which UNICEF could possibly draw further EU funding to sustain its longer-term activities, in either country. In Burundi, social sectors are supposed to be funded through macro-financial assistance only, and in Somalia the long-term Health sector policy was focusing on institutional capacity building and training in Somaliland and Puntland and disregarded immunisation in Central & Southern Zone (CSZ). [§ 204-205, 208]

Recommendations

xvii) *The reform strategy of UNICEF is in place. Complementary means are now needed to carry it out to its completion and to the field, beyond the limits of the DfID funding.*
ECHO (and the Commission) could contribute in several manners, as follows:

xviii) In close co-ordination with the existing DfID programme, additional efforts should be made to support key internal capacity-building instruments of UNICEF. ECHO should focus on some aspects that are most relevant to the effective implementation of FAFA measures, i.e. bolstering *monitoring capacity in emergencies* (in particular those tools compatible with the

Commission Project Cycle Management -PCM), and to a lesser extent the complementary function of evaluation. More detailed operational recommendations can be found in § xxxix.

xix) ECHO (and the Commission) should take a leading position in helping to design the requirements and guidelines of the upcoming consolidated donor report format, to ensure that it is adequately results-oriented.

xx) Twelve or eighteen months may be appropriate for the implementation of project cycles, but ECHO needs also to be able to develop a survey capacity to see beyond that "horizon" in protracted/chronic crises, to improve predictability and to discuss LRRD on adequate basis.

xxi) To optimise flexibility of funding and management costs for some core issues of UNICEF mandate, ECHO should set up *thematic funding* for activities and training in *Child Protection* and also possibly in *Emergency Preparedness,* a cross-cutting concern in the agency's humanitarian mandate (CCCs). Operational suggestions regarding Preparedness are further detailed in § xxxviii and lxii, and Protection is commented in § lxiii.

xxii) At the level of the Strategic Programming Dialogue, ECHO should engage into discussions with UNICEF regarding i.a. the following issues: (i) definition of the Rights of the Child in ECHO mandate and priorities. (ii) Concrete applications of Good Humanitarian Donorship principles (e.g. in FAFA provisions, sharing of data, joint field visits and seminars, country/regional strategies, etc). (iii) LRRD and standards compatible with longer term development. (iv) Joint communication and image initiatives. ECHO could better use the recognised expertise and formulation capacity of UNICEF to enhance its own communication policy and guidelines. (v) Co-ordination with the DIPECHO strategy on emergency preparedness. (vi) Results-based monitoring. (vii) The various issues evoked by the Supply Division in Copenhagen –see § 32. (viii) Combating other major killer diseases for children, such as e.g. malaria. Methodologies of the "Roll-Back Malaria" programme are duly in place and need to be co-ordinated with AIDCO, WHO and other actors involved.

xxiii) Activities and inputs of the UNICEF Brussels Office are also a crucial part of the strategic co-operation, and bring a significant added value. ECHO should better acknowledge and support the capacity of the Brussels Office by strengthening its own policy dialogue capacity.

xxiv) To support and complement ECHO initiatives and to enhance the continuum of UNICEF's unique LRRD-bridging mandate, the Commission should create an appropriate "Child Protection/Child Rights" budget line, to secure longer-term sustainability of appropriate activities out of EU or Accession countries (where the matter is already covered by Justice & Home Affairs programmes). The line should also be accessible to other actors involved in the sector, NGOs or agencies (if possible also some ECHO partners for LRRD linkages).

xxv) In parallel, there should be a training cycle on LRRD for EC staff, to be preferably attended jointly by ECHO and longer term Services personnel. ECHO should apply the proven methodology of management by objective, and set up a dedicated LRRD function .

<u>Recommendations for UNICEF</u>

xxvi) In the framework of its "shift in organisational culture", there is a need for UNICEF to strengthen a *culture of monitoring*, focused on outcome/results, performance and impact *at field level*. UNICEF has recognised the need for Results Based Management and has been working to develop a number of tools compatible with PCM and logical framework analysis (LFA). Once finalised, these should be disseminated to all field offices as soon as feasible, to be better in line with the results-oriented Commission approach.

A.2.2. OPERATIONAL STRATEGY LEVEL: MANAGEMENT TOOLS

Conclusions

xxviii) Long standing presence, resources and in-depth knowledge of political and social country situations have promoted UNICEF to a leading role in the two countries of reference, in extremely difficult working conditions. In the Somalia CSZ in particular, the agency can almost be considered as the "acting Ministry of Health and Education", thanks to its appropriate attitude towards Non-State Entities, dialogue with local communities, and its unique capacity to cover all accessible regions with sub-offices. The flexibility stemming from combined rapid ECHO funding and UNICEF operational capacity may lead to effective and timely exploitation of field opportunities to gain access ("to open doors") for international assistance to new areas in the country. [§ 107-108]

xxix) However, the high-profile image of UNICEF tends to create a number of expectations from stakeholders, which are sometimes difficult to fulfil. As a result, UNICEF is often trying to do too much within some sectors and has sometimes over-ambitious objectives. UNICEF is stretched too thinly in Somalia to carry out WES (water and environmental sanitation) project supervision and monitoring with appropriate efficiency and effectiveness.[§ xlv, 109,124, 142]

xxx) Despite its organisational resources, it is indeed difficult for UNICEF in both Somalia and Burundi to attract enough qualified applications, either international staff (lack of candidates for dangerous assignments) or national officers (lack of qualified staff in country, brain drain). As a result, the effectiveness of UNICEF emergency operations in the field still depends too often from a very limited number of highly qualified and committed staff. [§ 120-124]

xxxi) Whereas the whole setting of the UNICEF organisation in the CSZ of Somalia was essentially dedicated to emergency-type operations, the Emergency section in Burundi was made of only three staff, assisted by the Security Officer – out of a total personnel of almost 80 people who mostly remained in Bujumbura. The differences in field presence and in the *potential* of effective monitoring and project results (provided that the right tools are made available) were very significant. [§ 125-131]

xxxii) Some of the organisational measures necessary to ensure field effectiveness can have a high cost for UNICEF country budgets (e.g. frequent relocations of sub-offices in Somalia due to fighting), to be added to the cost of the increased UN security measures. [§ 110-111]

xxxiii) As a result of the lack of adequate monitoring tools and trained M&E officers in the field, there is a tendency to over-rely on monitoring by implementing partners, in particular government agencies that can be rather weak themselves, or may not be objective. Pending finalisation of rapid assessment tools, there is often a lack of baseline survey before starting a project, which further limits capacity to monitor. The monitoring is still focused on outputs, not on outcome/results or performance/quality. Cross-sectoral co-ordination is still a big challenge: monitoring was not adapted yet to an integrated/cross-sectoral approach in Somalia (monitoring tools are separated for each sector, not co-ordinated), though in Burundi several inter-sections "Task forces" had been set up. [§ x, xlv, xlix, l, 87-106]

xxxiv) An important lesson learned is that humanitarian aid is comparatively powerless when it is used as a gap-filler for detrimental political decisions, and when there is no co-ordination of international actors to tackle the problem. Several valid examples were collected in Burundi:

locations of many IDP camps not adapted to humanitarian purposes, hurried integration of nutrition centres in hospitals, access to primary schools denied for the most deprived, etc. [§ 74-75, 113, 212-213]

xxxv) Despite recognised needs for "louder and bolder" advocacy against violations of children rights, and efforts by UNICEF senior field management to "take risks, achieve results and survive", attempts to push forward such key policy issues in front of reluctant national authorities have often appeared rather ineffective in Burundi, though some positive outcomes must be emphasised. Furthermore, project activities in some sections appeared too strongly influenced by government interest or policy. [§ 24, 113, 212-213]

xxxvi) Finally, despite significant improvements at the Supply division in Copenhagen, some Country Offices (Burundi) still lack some training in procurement and logistics, which may have detrimental impact on cost estimates and deliveries. The Brussels Office is working on quality control measures. [§ 114]

Recommendations

For ECHO

xxxvii) ECHO should assist in the mitigation of UNICEF field staff problems through support measures detailed below in § xxxviii and xxxix. As a general rule, ECHO could also support the implementation of newly developed corporate training packages in the field of Results Based Management, which are closely related to monitoring of thematic issues of Emergency Preparedness and Protection. Training costs may indeed be high in the frequent case of staff turnover, and in introducing an increasing number of staff to preparedness and response in complex emergencies context.

xxxviii) ECHO should assist through thematic funding the UNICEF efforts to enhance the core issue of E*mergency Preparedness*. The support should concern preparedness activities (see also § xxi and lxii) or SD innovations (§ 32), but also continued capacity building of emergency staff functions, in co-ordination with the current DfID programme. Such recommendations include (i) support to a roster of trained emergency staff (preferably with appropriate NGO background, or possibly former ECHO field staff); (ii) funding of Emergency positions in project budgets, where appropriate; (iii) funding of systematic emergency training for all staff; (iv) promoting access of relevant NOHA graduates to UNICEF.

xxxix) At Country Office/operational level, ECHO should *support M&E* by funding: (i) positions of M&E officers in the framework of key sector or country programmes, provided that these officers have the appropriate background profile (extensive experience of humanitarian operations in the field, no local strings attached), that they have the appropriate means to "listen to the field" at decentralised/sub office level, as appropriate, and that their independence is protected (by LFAs, external instructions, etc.) from potentially intrusive national authorities. (ii) Systematic training and advocacy courses in monitoring for general staff (to avoid internal isolation of M&E officers, and to make their tasks easier). (iii) Capacity building/training tools and measures for the development of (preferably independent and external) M&E Units within relevant national government services. (iv) More joint monitoring visits between UNICEF and ECHO should be encouraged at field level.

xxvii) To enhance the capacity of the UNICEF Supply Division (SD) to initiate procurement activities, if necessary, before the transfer of the ECHO advance payment, a solution proposed by the SD was the setting up by ECHO of a "contingency budget" (possibly revolving), that may be used immediately. The advanced money could possibly be deducted later from project

payments. Another proposal concern the possible funding of the dedicated ECHO co-ordinator within SD. This position is currently paid out of procurement income (not by support budget) and can be a very effective help as focal point for country offices.

For UNICEF

xl) UNICEF should try to better focus its activities, taking a more realistic account of available resources and operational constraints (WES in Somalia). Similarly in Burundi, UNICEF is trying to do too much in some sectors (WES, Education) and, as a result, it is not always focusing on its core MTSP priorities (water and sanitation in some needy primary schools). Better training in LFA-type approach by UNICEF field offices could certainly help to improve focus of proposals, and hence to produce reporting which would be in line with objectives and monitoring indicators. Inter-service co-ordination must also be improved.

xli) Effectiveness of operations demands optimum field presence by UNICEF wherever necessary and feasible; Emergency sections in particular need to be staffed at the appropriate level ('critical mass' according to country-specific situations), and to be properly "mainstreamed" throughout the other sections to be fully effective.

xlii) Problems related to the implementation of key aspects of the global mandate of UNICEF at country level must be discussed with ECHO during Strategic Programming Dialogue meetings, to investigate possibilities of joint actions and support at EU level, possibly through LRRD mechanisms. LFA could also be considered by UNICEF as a tool of reference for discussing some of these key policy issues with diffident governments.

A.2.3. SECTOR STRATEGY LEVEL: EFFICIENCY & EFFECTIVENESS

Conclusions for Water & Sanitation and Health in Somalia

xliii) UNICEF would need to take a broader view, and look at the longer-term *strategy* (what is the longer-term objective) and at the *impact* (where is the strategy leading to ?). Reflections on key sectors should include, i.a.: (i) a careful assessment in the water sector regarding the objective to rehabilitate all damaged boreholes, many of which had been created in the 1970's and 80's by the Soviet planners of the Syad Barre regime. (ii) In the health sector, the needs and consequences of sustaining costs of medical structures on an indefinite though certainly long-term period need to be carefully considered. Training of medical staff must also to considered on the long term, from the point of view of quality, refresher courses, etc. Impact on health structures (which remain the same or become worse) of greatly increased population around rehabilitated boreholes needs to be assessed. (iii) Education, a major component of the UNICEF mandate, which needs to be seen as an essential key to unlock the problematic of Somalia for the future generations. [§ 139, 147-149, 212]

xliv) Considering the extremely difficult and country-specific working conditions in the CSZ, effective projects are mostly *long-term* and *multi-sector* (integrated approach with water, sanitation, hygiene, health, training). Dialogue with local communities regarding commitment and ownership is a pre-requisite to achieve any result in Somalia, and this process can be quite protracted. Some water projects became effective after 3-6 years only, which does not fit with ECHO limited contractual periods. "Entry points" could either be achieved through water revenues (UNICEF) or through hygiene/sanitation advocacy (according to ECSU approach), though they would need interwoven support of the other activities to become fully effective. [§ 9-10, 55, 117, 135-138, 149]

xlv) Implementation of focused health projects was mostly satisfactory, but UNICEF resources were too thinly spread in the WES sector for optimum effectiveness. Needs assessments, technical surveys, regular supervision and field monitoring of multiple and much disseminated sites were restricted by considerable constraints of access and security, and by the lack of adequate monitoring tools. As a result, some faulty design were ignored and monitoring focused on outputs not outcomes (the latter was also true for health). Hygiene awareness approach and co-ordination could be improved. Nevertheless, positive results were found, especially in some urban areas (not ECHO-funded). [§ 139-146, 150-154]

xlvi) The EPI[2] Acceleration Drive campaign planned by UNICEF between 2002 and 2006 is an example of the need for ECHO to enlarge is vision/planning horizon beyond the current 12 months limit in the acute phase of a programme. It should also be a topic in strategic dialogue regarding LRRD funding where appropriate, e.g. in subsequent requirements for longer term strengthening of health systems and in development standards. [§ 155]

Conclusions for Water & Sanitation and Health in Burundi

xlvii) Despite field constraints, commendable results have been achieved in the EPI sector. Health institutional partners were often suitably organised, the capacity of the UNICEF section was adequate, and the population was generally aware about the importance of vaccination. [§ 12-15, 158-159, 169-171, 179-180]

xlviii) In the WES sector, important shortcomings in effectiveness have been noted, often due to the weakness of the institutional implementing partners. Despite some efforts and advocacy by UNICEF, projects have generally not managed to overcome the main constraint to results and impact, which is the lack of awareness of notions and benefits of hygiene by the largely rural, under-educated population. The importance of awareness activities and community mobilisation do not appear to have been appropriately considered in the CAP 2004, either. [§ 156-157, 161-166, 167-168, 173-174, 175-178]

xlix) Education was arguably the weakest among the sectors assessed in Burundi, and co-ordination was poor with other sectors. In some cases, large and deprived primary schools had not been properly served by water and sanitation projects (MTSP priority of Integrated Early Childhood Development). [§ 113-114, 160, 172, 176]

l) The position of international M&E officer had been vacant since 2002 and monitoring was weak in all sectors. UNICEF presence in the field was low (to the exception of Emergency staff) and the agency mostly relied on its partners for supervision; indicators were generally focused on outputs rather than on outcomes or impact. [§ 168, 172]

li) An advantage of the position of UNICEF in Burundi has been the possibility to fund very valuable local NGOs as implementing partners (e.g. "Maison Shalom"). [§ 196]

lii) The UN agency mandate provides for strong co-operation with governments through Basic Agreement and Master Plan of Operations. Nevertheless, when government organisations were found to be inefficient and possibly corrupt, the tendency has reportedly still too often been to co-operate first and foremost with them, rather than to balance approach with more effective NGOs. [§ 164]

[2] Expanded Programme of Immunisation

Conclusions Regarding Other Sectors

liii) UNICEF appeared as the leading agency on Emergency Preparedness in the two countries visited, despite the current lack of Emergency resources and staff in Burundi. Following a thorough identification, the agency is putting in place and maintaining emergency stockpiles in most disaster-prone (accessible) areas of Somalia, and it is carrying out very valuable contingency planning and regional training modules with all actors in Burundi, to prepare for potential disasters and for the mass repatriation of refugees from Tanzania. [§ 181-192]

liv) The core mandate component of Protection has only recently been developed in Somalia – activities have mostly been focused up to now on survival. Protection is the second largest component of the Burundi country programme for 2003 in budgetary terms (27,5% of total appeal requirements), and should become even more important in 2004 with possible mass returns of displaced population and demobilisation of child soldiers, should the peace process continue. [§ 193-199]

lv) Weaknesses were found at several levels in the nutrition sector, despite its recognised fundamental importance on the development of children. There was e.g. a lack of resources at HQ level and a poor policy dialogue with government in Burundi despite sectoral co-ordination function. [§ 23, 61-62, 72-73, 113]

Recommendations for Somalia

lvi) As already stated, UNICEF should better focus its projects and aim at objectives that can be achieved, taking more realistic account of constraints and available resources.

lvii) Potentially effective projects need to respond to a number of *pre* and *post-conditions*. Pre-conditions include: (i) relative local stability (inasmuch as this can be predicted beyond an horizon of 6 months). (ii) Awareness and commitment of a local community who would assume ownership; possibly privatization through a local company. (iii) Perceived neutrality of the agency or NGO in the wider Somali context. (iv) Baseline survey of situations before starting the project. (v) Sufficient access and qualified supervisory staff to ensure regular visits and final acceptance. (vi) Adequate cross-sectoral monitoring capacity (tools, indicators and resources) by the agency or NGO, not only during installation (input and output) but also after (outcome and performance). Post-conditions mainly concern the pledging by a longer-term donor (possibly AIDCO in the LRRD framework) to sustain funding throughout the time needed to complete dialogue with the community, and/or the periods during which the project might not be accessible for security reasons.

lviii) Security permitting, UNICEF staff in the CSZ would much welcome regular field visits by ECHO experts, as it would allow ECHO to get an optimum understanding of the prevailing situation in the funded projects and to better identify areas that may require additional emergency funding.

Recommendations for Burundi

lix) UNICEF should consider more carefully its co-operation with the Burundian government in the WES sector. The co-operation could concentrate on institutional issues such as dialogue on long-term strategy, capacity building of governmental staff, training, information collection and statistics, policy reforms and systems organisation, etc. Actual implementation of projects should be favoured with specialised NGOs, duly present in the field, especially in matters of sensitisation of beneficiaries, hygiene awareness, and participatory approach with local

communities to planning and implementation. Failing this, ECHO should consider funding directly such partners and not through UNICEF.

lx) Comparisons of efficiency and effectiveness levels between Somalia and Burundi have demonstrated that a number of operational *pre-conditions* must be put in place by UNICEF, to ensure optimum capacity in emergency/ humanitarian activities in difficult countries: (i) appropriate de-centralisation of UNICEF in the country (hub and sub-offices, where necessary/feasible) to enhance field presence, dialogue with local (rather than central) authorities, identification of priorities, emergency response capacity, and monitoring. (ii) Strengthening of the Emergency section capacity in the country, up to the appropriate level required to mainstream and complement the more traditional 'development' side of UNICEF in Burundi. (iii) Developing and extending training of all UNICEF staff in emergency, LFA and monitoring fields. (iv) Increase integrated approach through inter-sections "Task Forces".

lxi) As a result of the above, ECHO should: (i) continue its support to the Health sector and try to connect activities to LRRD, where possible and appropriate; (ii) it should also support new psycho-social projects and favour cross-sectoral projects, where appropriate. (iii) In the WES sector, ECHO should prefer implementation of emergency projects by specialised and duly decentralised NGO partners using effective participatory approach to hygiene awareness, pending proper mainstreaming by the UNICEF Emergency section and appropriate monitoring measures. (iv) Similarly in the Education sector, ECHO should only fund projects that are benefiting from the mainstreaming of the Emergency section, and from adequate monitoring. (v) Finally, ECHO should strongly promote the cohesion of the international community to support UNICEF initiatives in policy dialogue with authorities.

Recommendations Regarding Other Sectors

lxii) ECHO should support valuable Emergency Preparedness projects (Somalia, Burundi), resulting from the Emergency Preparedness Response Planning initiative, through a thematic funding (see xxi and xxxviii). Support to emergency preparedness would have to be included in the DIPECHO strategy, though it could also complement this strategy in Africa, where DIPECHO is not currently involved.

lxiii) Synergies should be built up between ECHO and UNICEF for better protection of vulnerable children in crisis situations, such as e.g. child soldiers, orphans, family reunification, psychological support, forced labour or sexual exploitation, and for training of staff. The complexity and variety of Child Protection issues appear to call for flexible responses such as appropriate thematic funding (see § xxi). Activities related to demobilisation of child soldiers in Africa need to be closely co-ordinated with the World Bank-led Multi-Country Demobilisation and Reintegration Programme (MDRP). [§ xxi, 198].

lxiv) Considering some weaknesses in the Nutrition sector, the strategy of ECHO should be to consider funding emergency life-saving actions preferably directly through specialised partners, except in specific country situations where the comparative advantages of UNICEF might clearly be stronger (better supply line of standard nutrition products, good network of implementing partners in place, with appropriate mainstreaming by emergency staff, etc.).

B. MAIN REPORT

B.1. INTRODUCTION

B.1.1. Objectives

1. The overall objectives of the evaluation (see Annex A, Terms of Reference) were as follows: "…to assess the set up and impact of UNICEF programmes in Burundi and Somalia and to examine the part played in them by ECHO's contribution. From these individual studies, conclusions should be drawn on how ECHO and UNICEF should work together in the future, both overall and in the two specific programmes examined".

2. More specifically, the evaluation had to examine:

- the results of the UNICEF plans for each of the regions under examination – relevance, impact, effectiveness, efficiency and, if appropriate, sustainability and the development of durable solutions – and of the way these results have been achieved.
- ECHO's strategy for the two beneficiary countries and the reasoning behind the contribution to the two programmes and analyse UNICEF's operational decision-making and implementation processes, including monitoring and evaluation, and efficiency in managing ECHO funds.
- How ECHO can support UNICEF in its core mandate to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.
- ECHO's support for the co-ordinating role of UNICEF in the future.

3. The evaluation analysis had to be carried out at three levels – global, operational and sector strategies-, and had to propose responses or clarifications to a set of thirteen desired results. These results have been translated in to evaluation questions, on which is based the structure of Chapters B.2 to B.4 of the report.

B.1.2. Methodology

4. The evaluation team was made up of three consultants, who travelled together to Somalia and Burundi: Michel Van Bruaene (Team Leader), Jochen E. Binder (Water & Sanitation), and Zohra Lukmanji (Health, Nutrition, Gender Issues).

5. The methodology of the various country evaluations reflected the above objectives and the case study structure. The evaluation was divided in four phases : (i) general briefing in Brussels; (ii) field visits to Somalia from 20 October to 05 August 2001, and to Burundi between 12 and 27/11/2003. These missions included discussions with the UNICEF and ECHO regional offices based in Nairobi. (iii) Preparation of the draft report and (iv) finalising. A desk study in ECHO and UNICEF offices in Brussels, and separate visits to UNICEF headquarters in New York (from 21 to 25 September) and to the Supply Division in Copenhagen (on 06 and 07 November) were carried out by the Team Leader alone.

6. Throughout the field missions, the members of the evaluation team have gratefully benefited from the full co-operation and support of UNICEF's extensive logistical organisation and very professional security officers. Field visits essentially took place in "Phase IV" areas (suspension of UN programmes), either in the Central and Southern Zone of Somalia (CSZ), or in the Southern provinces of Burundi, where most of ECHO-funded assistance is concentrated.

7. Considering the high level of interest granted to the project by the stakeholders, every finding and recommendation needed to be clearly supported by facts, and had to reflect some kind of recurrent pattern to be found either in individual project assessments or through cross-checked discussions with various knowledgeable actors. The evaluation therefore focused mainly on the projects and programmes for which most of the relevant actors could still be found and lessons learned were readily available.

8. With hindsight, some constraints appeared to have potentially restricted the number and the scope of findings, conclusions and recommendations made by this evaluation:

- To assess the framework of global institutional relations between a major donor and a key UN agency, two country case studies only do not always appear appropriate to establish or confirm patterns of findings. The resulting knowledge base is often too narrow to lead to valid conclusions and recommendations, despite the fact that Burundi was the 3rd recipient country of ECHO funds to UNICEF in 2003 (the 1st and 2cd places being held by Iraq and Sudan). One additional country, preferably not in sub-Saharan Africa[3], would have been recommendable for triangulation purposes.
- Although useful for preparing evaluation work and providing guidelines, a desk study cannot possibly deliver the same level of thoroughness as a field visit and would always require further validation. Few really relevant details can usually be found in reports made by previous evaluations (e.g. Sudan), which had been carried out with different objectives. Visits at Headquarters or Regional Office levels would allow to meet with many knowledgeable people, though these would often tend to focus on the most positive aspects of the programmes in which they have invested much efforts.
- The global mandate of UNICEF which stretches from emergency to development as well as its medium term strategic plan (MTSP) priorities are at least as relevant to ECHO, as they are to longer term development Services of the Commission. Furthermore, relations with UN agencies must now been seen through the global FAFA (Financial and Administrative Framework Agreement), in which ECHO cannot be isolated from other Commission Services. The lack of closer co-ordination with DEV, RELEX and AIDCO in the preparation of this evaluation may have been a missed opportunity for strengthening LRRD.

B.1.3. Somalia and Burundi: Some Facts and Figures

Somalia

9. Somalia has a land area of 637,657 km sq, and a population of approximately 5-6 million (1993 figures). Its national government, administration and infrastructures have been utterly destroyed by a decade of one of the worst civil wars in Africa. Approximately 2/3 of both surface and population are located in the "Central and Southern Zone" (CSZ), a much more troubled part of the country than the comparatively more settled "unrecognised micro states" of northern Somaliland and Puntland. Field visits in Somalia were focused in the CSZ, which concentrates all the humanitarian assistance of ECHO.

10. According to the UNDP Human Development Report (HDR) of 2001, Somalia ranked 161 out of 163 countries on the human development index (HDI). In the HDR 2003, Somalia was not classified any more in the index, due the lack of existing statistics and the lack of access and

[3] This recommendation is made for overall methodological purposes only, and can arguably be applied only when the possibility arises. The evaluation acknowledges the facts that ECHO's support to UNICEF and other partners is likely to focus increasingly in the future on sub-Saharan Africa, and that inclusion of other countries must be considered in the larger framework of ECHO evaluation workplan.

security necessary to collect the data (the same situation applied e.g. to Afghanistan, Iraq or North Korea). There are, for example, no statistics regarding the access to drinking water or to sanitation facilities in the HDR. However, the few scattered or outdated indicators that are available and are also relevant to UNICEF's emergency MTSP priorities and to the corresponding Millenium Development Goals (MDG), are sufficient to demonstrate the extreme seriousness of the humanitarian situation in Somalia. These statistics are complemented in some cases by data taken from the Multiple Indicator Cluster Survey (MICS) undertaken by UNICEF in the CSZ in 2000: :

- Malnutrition: 71% of the overall population in 1998-2001, incl. 26% of under-five children (HDR). Acute malnutrition among under-fives in CSZ: 21,2% (MICS).
- Mortality rate among under-fives in 2001: 225/1000 (HDR). Mortality of 231/1000 in CSZ (MICS).
- Percentage of the CSZ population with access to safe drinking water: 17,8% (MICS).
- Percentage of the CSZ population with access to safe sanitation: 50,8% (MICS).
- Vaccination rate of 1-year olds against measles in 2001: 38% (HDR).
- Mortality rate among under-fours due to malaria in 2000: 373/100.000 (HDR)
- Gross enrolment ratio for primary school age children: 17% (Primary School Survey 2002/3)

The table 1 below attempts to show the comparative importance of ECHO funding for UNICEF in Somalia, as well as the place of UNICEF in the ECHO country budget:

Table 1

SOMALIA	**Water & Sanitation UNICEF Contract n° Amount / percentage**	**Health UNICEF Contract n° Amount / percentage**	**Other Sectors UNICEF Contract n° Amount / percentage**	**Total ECHO budget /% to UNICEF**
2000	N° 2000/02005, 576.000 Euro	-	-	6.293.333 Euro, 9,2% to UNICEF
2001		N° 2001/01002, 220.000 Euro	-	1.700.000 Euro, 13% to UNICEF
2002	N° 2002/03004, 510.000 Euro	-	-	5.855.000 Euro, 8,7% to UNICEF
2003		N° 2003/01002, 500.000 Euro	-	7.000.000 Euro, 7,1% to UNICEF (possible additional funding of 650.000 Eur in Water & sanitation)
Average %	Approx. 60%	Approx. 40%	-	7,9%

11. In terms of sector coverage, UNICEF is the only ECHO partner in cold-chain activities, and the main one in water & sanitation, besides some emergency relief by ICRC. UNICEF is also instrumental in providing support and facilitation to other partners (MSF, ICRC) in vaccination/ EPI. However, despite the key position of UNICEF in CSZ, its network of disseminated sub-offices and long country experience, the importance of the agency among the 8 ECHO partners in Somalia appears relatively small, in terms of budget: UNICEF came in the 5th position in 2002, and would be in third position (on a par with the MSF family) in 2003, provided that the additional funding is granted. In comparison, the SACB Donor Report for 2002 indicated a total UNICEF contribution to Somalia of 4.327.000 US$, including 1.054.000 US$ for health activities and 532.000 US$ in the water & sanitation sector. This last figure amounts almost exactly to the ECHO project 2002/03004, which demonstrates *per se* its importance.

Burundi

12. Burundi is a small (27,835 Sq. km.) and very densely populated country: 6.847.000 people had been registered in 2001, or 246/Sq. km. The country has been engulfed in civil war since 1993, though Burundi's history has been marked by previous cyclic conflicts (1965, 1972, 1988, 1991) between the different ethnic groups, mainly Tutsi and Hutus. The Burundian people, economy, state services and infrastructures have suffered heavily from a decade of fighting, the drop of world prices for the main cash crops, and from drought. A large part of the population has been almost abandoned by the state, though the backbone of the main social services (water, health, education) has –amazingly- survived and could still be seen at work in the visited provinces (some hard-pressed but functional heath centres, committed school directors and teachers, regideso staff, etc.). This chronic crisis has displaced more than 1,2 million people internally and externally, approximately 17,5% of the total 2001 population.

13. Between 1993 and 2001 the country's GDP fell by 20%. Burundi is fifth from the bottom (171/175) in the 2003 UN Human Development Index –and its 2001 HDI was lower than it had been in 1985. Primary school enrolment is currently 28%[4], and infant mortality is back to its 1960 level. 58,4% of the population has a daily income of less than 1 US$, and 89,2% of less than 2 US$ per day[5]. It should be noted that 42,1% of IDP households (6 persons in average) have *only 1 US$ per month*.

14. However, even before the events Burundi was suffering from deep-rooted problems: over-population[6] considering the primitive family agriculture of subsistence, leading to chronic lack of food and malnutrition from October to January, combined with lack of education and sanitation, and endemic malaria. Straightforward rehabilitation, which would imply a return to the ex-ante situation and would already be a considerable achievement in itself, would therefore not be sufficient to ensure that Burundi has reached an acceptable level of sustainability. Furthermore, the regional dimension of the Burundian conflict was prominent since all conflicts in the Great Lakes, especially in the DRC and in Burundi, have been closely linked. The recent improvement of the situation in DRC and the sustained economic recovery of Rwanda should have positive influence.

15. Other relevant indicators from UNDP Human Development Report 2003:

- Malnutrition: 69% of the overall population in 1998-2001, incl. 45% of under-five children.
- Mortality rate among under-fives (2001): 190/1000
- Vaccination rate of 1-year olds against measles (2001): 75%
- Mortality rate among under-fours due to malaria (2000): 714/100.000

As for Somalia (table 1), the table 2 provides an overview of the mutual importance of ECHO and UNICEF in Burundi.

Table 2

BURUNDI	Water & Sanitation	Health	Other Sectors	Total ECHO budget

[4] 3,4% of GDP was spent in Education and 1,6% in Health in 2000. Source: HDR 2003.
[5] UNDP Human Development Report 2003
[6] Women have 6,8 children on average; 47,5% of the population was under 15 years of age in 2001, and the overall population is expected to grow by 53% between 2001 and 2015. Source: UNDP HD report, 2003

	UNICEF Contract n° Amount / percentage	UNICEF Contract n° Amount / percentage	UNICEF Contract n° Amount / percentage	/% to UNICEF
2001	2001/01016, 450.000 Euro (10,7% of total budget)	2001/01007, 01017, 01024 & 01030, 3.430.000 Euro (81,7% of total budget)	Education, 2001/01031, 320.000 Euro (7,6% of total budget)	19.750.000 Euro, 21% (4,2 mEuro) to UNICEF
2002	2002/01014, 500.000 Euro (41,6%)	2002/01011 & 01019, 702.000 Euro (58,4%)		17.500.000 Euro, 6,9% (1.202.000 Euro) to UNICEF
2003	2003/1007, 500.000 Euro (19,6%)	2003/1008 & 1009, 1.700.000 Euro (66,7%)	-Education, 2003/01010, 200.000 Euro (7,8%) -IDPs, 2003/01024, 150.000 Euro (5,9%)	15 million Euro, 17% (2.550.000 Euro) or 22,8% (3.420.000 Euro including 0,87 mEuro in prospective contracts) to UNICEF
Average %	24 %	68,9%	7,1%	Between 15% and 16,9%

16. In budgetary terms, the relative importance of UNICEF for ECHO in Burundi is almost exactly the double of Somalia: 15 – 16,9% of ECHO budget instead of 7,9%. UNICEF comes in first position among the 17 ECHO partners. The lower share of water & sanitation is normal, considering the comfortable water resources of Burundi, and Education is added. To mirror this situation, ECHO similarly appears as the major donor for UNICEF over the 3 years: 48,3% of the country budget of 8.692.803 US$ in 2001, 11,2% of 11.756.894 US$ in 2002, and 34,6% of 8.837.762 US$ in 2003[7].

[7] 'Other resources' figures in consolidated donor reports for 2001 and 2002, and funded CAP requirements as of 20/10/2003 in Donor Update published on 6 November.

B.2. GLOBAL STRATEGY

B.2.1. Relevance of Overall Objectives

Have the programmes funded through UNICEF been relevant to the overall objectives of the European Commission and UNICEF at the overall level ?

17. *Before examining the specific situations in the two countries of reference, it is necessary to highlight some aspects of the reform process which has been taking place in recent years within UNICEF in order to strengthen the capacity to respond to emergencies. These initiatives should ultimately contribute to the global coherence of approaches and strategies between the Commission and UNICEF, and hence to the mutual relevance of specific programmes. UNICEF internal documents duly acknowledge that much remains to be done, and that some tools (especially in the key field of monitoring) are 'slow starters'. The chapters below will successively describe the reform process, selected outcomes of Martigny, strategic priorities, monitoring and evaluation (M&E), and some key co-ordination and management tools.*

Introduction and Comparative Figures

18. Like most other international humanitarian or development actors, UNICEF has been faced at the beginning of the 1990's with the sudden surge in numbers and complexity of crisis situations, directly or indirectly related to the collapse of the former Soviet Union and its global alliances. Whereas one of the responses of the European Commission has been the creation of ECHO, UNICEF has sought to adapt its previously development-oriented structures and programmes by setting up EMOPS (the Emergency Operations Division, see below), strengthening its widely decentralised structure[8] through the introduction of new management tools (see ProMS below) and by expanding its core mandate (to work "on behalf of children whose futures are endangered by poverty, preventable diseases, malnutrition and the lack of educational opportunities") i.a. through the Convention of the Rights of the Child in 1989, and by the 1996 Mission Statement to provide protection and special assistance to children affected by armed conflicts (CAAC). A number of new wide-ranging organisational steps were taken from 1998 onwards, which are developed below.

19. It is also useful at this stage to provide a brief overview of some respective key global budget figures, to better place ECHO and UNICEF in their mutual financial perspective. The table 3 on the next page therefore summarises the budgets and contributions for the last three years.

20. ECHO contributions, which in the table below may appear relatively limited in comparison with the annual UNICEF total budget, have however a number of major advantages from the point of view of EMOPS and of the UNICEF Programme Funding Office (PFO), i.a.:
    - ECHO policy focuses on low-visibility emergency crises, where money is usually in short supply, and where relatively small funds can make a major difference. Whereas some years ago, the majority of UNICEF funds were still 'regular resources' (i.e. non-earmarked), currently up to 55% of funds are earmarked by donors, dedicated essentially -of course- to high-visibility crises.
    - ECHO can potentially provide access to additional EC funding through the LRRD mechanism. Co-operation with EC Development Services, would be a logical follow up for

[8] UNICEF is the most decentralised among UN agencies – see Chapter B.3.3

UNICEF mandate and priorities, an actual bridge over the grey zone of transition, and an effective LRRD tool.

Amounts in thousands of Euro or US$ *Table 3*

Year	OVERALL	
	ECHO overall budget/ % to UNICEF	**UNICEF overall budget/ % from EC/ECHO**
2001	-Total of Decisions: 543.703.000 Euro -Funding to UNICEF: 22.760.000 Euro (4,2% of the total)	-Total income*: 1,225 mill. US$ -Subtotal Emergency: 235 mill. US$ (19,2% of total income) -Share from EC/ECHO: 24,7 mEuro, or approx. 10,5% of Emergency income
2002	-Total of Decisions: 537.790.000 Euro -Funding to UNICEF: 14.626.000 Euro (2,7%) UNICEF is the 4th main partner after WFP, HCR and ICRC)	-Total income*: 1,454 mill. US$ -Subtotal Emergency: 240 mill. US$ (17%) -Share from EC/ECHO: 32,6 mEuro**, or approx. 14,9 % of Emergency income
2003	-Total of Budget: 598.970.000 Euro -Funding to UNICEF: 28.159.346 Euro (4,7%)	-Total income*: 1,400 mill. US$ -Subtotal Emergency: 245 mill. US$ (17,5%) -Share from EC/ECHO: 48 mEuro (estim.), or approx. 23,5% of Emergency income

The exchange rate has been roughly calculated at 1,0 US$ for 1 Euro in 2001, 1,1 in 2002 and 1,2 in 2003
*An increasing share of UNICEF income is made of earmarked funds
** ECHO contribution varied between 14,6 and 21 mEuro in 2002, according to sources.

21. In this respect, the co-operation, and even more the strategic partnership between ECHO and UNICEF must be seen in the broader context of the FAFA which has recently been signed between the European Commission and the United Nations. Some of the FAFA articles are particularly relevant and reflect the main concerns –sometimes antagonistic- of both parties. For example, the Preamble (§4) mentions multi-donor actions –leading for the UN to less stringent and more flexible requirements, including in the common donor reporting evoked later in §2.4: "The Commission will consider establishing contribution-specific agreements that coincide with UN reporting cycles, so as to facilitate the use of UN standard reports…". However, the Commission's point of view can readily be perceived in § 1.1 ("Focus on results"), where it is firmly stated that "…proposals will include objectives and indicators of achievement…these will be reflected in subsequent workplans and reports. Performance measures will be based on objectives that are specific, measurable, attainable, realistic and time-based". As it will be seen below, such requirements entail i.a. the use of monitoring tools that are still being developed by UNICEF. The relations between ECHO and UNICEF have been further defined by the "Good Humanitarian Donorship" principles which were endorsed in June 2003. These principles have already been included in the ECHO strategy for 2004 and should provide a number of guidelines and benchmarks to apply FAFA provisions, but also to enhance relations at global, regional and country levels through increased dialogue on humanitarian response strategies, sharing of reports and databases, joint field visits and technical seminars, etc.

Emergency and UNICEF Structures: The Reform Process[9]

22. *This section provides a brief overview of some of the most relevant – from ECHO's point of view – of the major changes and capacity building measures that have recently been undertaken within the UNICEF management structure in order to improve the overall capacity to act in emergency situations (Core Corporate Commitments). Some aspects (e.g. telecommunications) are not covered below.*

[9] In the report "reforms" will apply only to the UNICEF "Martigny" process and not to overall UN reforms.

EMOPS (Emergency Operations Division)

23. EMOPS was created in 1992 as a separate Division within UNICEF, to compensate for the previously largely 'developmental' orientation of the agency. EMOPS was divided into "Humanitarian Policy and Advocacy" and "Security and Operations Support" Sections, to streamline strategy, planning and response within UNICEF and to liaise outside with other UN agencies and co-ordination bodies. Its capacity has been significantly strengthened from 1998 onwards through the "Martigny" process (see below) and by the targeted assistance provided by DFID. Nevertheless, it appeared from discussions that some aspects of emergency operations still need a significant amount of support and capacity building, for example the "Nutrition Security and Emergency" section, which is too often considered 'under control' and is placed at the bottom of the priority line regarding resources and staff[10].

The "Martigny" I and II Consultation Process

24. To accompany and further develop the internal change and capacity building process, global consultations of UNICEF representatives and key staff were organised in September 1998 in Martigny, Switzerland, and in June 2003 in Copenhagen ("Martigny II"). The objectives were to formulate recommendations to improve response capacity, to increase in-house awareness about change needs, and to discuss priorities openly and in a holistic manner. The process resulted i.a. in the establishment of CCCs (Core Corporate Commitments -below) and in the strengthening of the preparedness capacity. The internal documents of Martigny II, which were openly shared with the evaluation are very transparent and informative, and constitute an example of good practice in reform for an organisation such as UNICEF. Topics touched upon a wide variety of subjects, most of them very relevant for ECHO funded activities. They included, among many others:
    - Prioritisation (danger to try to do too much in the acute stage of response, need to focus more on a core set of interventions or 'niche').
    - Tendency to over-intellectualise, to concentrate more on process than on outcomes or on concrete results for children.
    - CCCs to be established throughout the LRRD cycle, from early warning and preparedness to transition, recovery, rehabilitation and development (including local capacity building).
    - Need for closer inter-agency co-operation, common systems and integrated approaches.
    - Need for 'louder and bolder' advocacy against violations of children rights, including greater emphasis on how to "take risks, achieve results and survive" for senior field management.
    - M&E to measure success in terms of impact achieved, rather than e.g. speed of response.
    - Last but not least, need to find ways to retain qualified staff after the peak of a crisis has passed. Too often, expertise and competencies painstakingly built up, are leaving the organisation. Existing rosters and secondment MoUs with partners (DRC, NRC, DFID) do still not fill a significant part of staffing needs in emergencies.

The DFID Support Programme

25. The 'Martigny' process has been assisted by a long-term DFID programme, called "Strengthening UNICEF Programming as it Applies to Humanitarian Response". Phase I of the programme (budget £ 9 million) started in 2000, and Phase II (US$ 4 million) is being carried out between May 2002 and April 2005. Phase I was closely co-ordinated with EMOPS and focused

[10] Child nutrition, whose impact is crucial between 6 months and 5 years, is a pre-condition for health (60% of induced mortality rates) and for primary education (difference of 10/15 IQ points). The Section claims to be in need of funding (earmarked funds would only come indirectly through the higher profile HIV/AIDS programmes, "to avoid breast-feeding contamination"), of more qualified staff at country and regional levels (staff are mostly junior and lack qualification), and of a database of consultants. The few HQ staff, who should mainly deal with policy issues, are spending most of their time backstopping various Country Offices. This weakness is reflected at field level (see Burundi).

on three projects: Children Affected by Armed Conflicts (CAAC), strengthening of UNICEF humanitarian response in crisis situations, and combating landmines. The second objective in particular required various improvements in operations systems, such as emergency preparedness planning, security, telecommunications, supply/logistics, and human resources. Some of these issues and their practical outcomes (EPRP, Security, Supplies) are further developed below.

26. Phase II defined no less than eight subsequent goals, including the further strengthening of: preparedness planning and response to emergencies, operational readiness, availability of appropriate staff, development of core competencies, security, knowledge base, advocacy for CAAC and gender. A recent progress report[11] emphasises the achievements, including strengthening of regional offices, but outlines also several outstanding problematic areas (highly relevant in the framework of this evaluation), such as: the need for a rapid assessment tool, for key indicators and monitoring tools, for more quality staff in difficult country offices, and for clearer assessment of strategy and impact. It should be noted that EMOPS' mainstreaming strategy (also with DFID's assistance) include imaginative -and effective- tools, such as the use of 'facilitators' within some other UNICEF Divisions, to accelerate the emergency process if required, e.g. by physically helping to circulate files between concerned services.

The Outcomes of Martigny

Core Corporate Commitments in Emergencies (CCC)

27. One of the key follow-ups of Martigny I was the definition of CCCs in emergency, presented to the Executive Board in May 2000. These were described as " a minimum set…that constitutes the organisation's initial response to protection and care of children and women in unstable situations". CCCs encompass the commitments that UNICEF will deliver in the *first six to eight weeks of any crisis situation* and cover the following areas: rapid assessment, monitoring and advocacy, co-ordination, programme commitments (survival by WES, health & nutrition, child protection, resume primary education, HIV/AIDS), and operational commitments (human resources, information technology and telecommunications, supplies and logistics, fund-raising & donor relations, media & communications, finance & administration). An objective of Martigny II was furthermore to adjust CCCs in the light of new priorities (Medium Term Strategic Plan - MTSP and Millenium Development Goals – see below). As a result, CCCs are currently considered by UNICEF as defining their mandate in emergency response, to be linked to MTSP, the mandate in longer term development goals. Throughout CCCs, emergency preparedness appears as a main cross-cutting aspect (see also B.4.2).

Emergency Preparedness Response Planning (EPRP)

28. EPRP is another major outcome of Martigny and DFID support. To enhance its capacity to develop early warning, contingency planning and to respond to emergency situations, UNICEF has adopted a participatory preparedness initiative that aims to ensure that every office regularly undertakes as an integrated part of its normal functions an emergency preparedness review. This review includes assessing potential emergencies, reviewing objectives and actions for all key functions to be undertaken in the event of en emergency, as well as identifying actions that should be undertaken immediately to enhance readiness. This planning is recorded as preparedness plans – EPRPs. With the support of the regional emergency staff and EMOPS, over the past three years some 120 UNICEF offices have undertaken preparedness reviews and have developed EPRPs at least once. As a part of this process, offices complete an "emergency profile" to determine potential emergencies, their likelihood, humanitarian characteristics, scale and possible implication for UNICEF. The compilation of these profiles provides a regional and

[11] Mid-Year Progress Report, May-October 2003

global picture of potential emergencies. Field assessments in Somalia and Burundi have confirmed the thoroughness of the survey, and illustrated the valuable practical results and the ensuing leading sectoral role assumed by UNICEF in these two countries (see B.4.2).

Security: OPSCEN and MOSS

29. The Operations Centre (OPSCEN) is located at UNICEF headquarters in New York, as a part of EMOPS. OPSCEN had been in place since 1999, though its then rather 'narrow' services were considerably expanded under the DFID programme. Professional Watch Officers, dedicated to specific regions and proficient in all main languages, operate the centre on a 24-hours basis. Their role is to monitor all relevant events, to enhance the strategic capacity to respond to humanitarian crises, and in case of trouble, to provide a direct interface between the concerned Country Office and the UNICEF top management (often with the Director herself). OPSCEN has already provided valuable support to staff members posted in dangerous countries (e.g. in both Somalia and Burundi), either by ensuring permanent contact (this rather low-visibility, psychological support can be crucial to combat field stress) or by organising rapid evacuation. The centre also maintains close liaison with other concerned UN bodies (UNSECOORD, OCHA, WFP, UNHCR, WHO, etc.).

30. UN interagency Minimum Operating Security Standards (MOSS) were established in 2000, though implementation measures have been strongly reinforced in January 2003. UNICEF has issued its own Security Policy, under which MOSS compliance is now an accountability issue for all UNICEF Regional directors and Country Representatives. UNICEF has also disseminated a useful training CD-Rom (Basic Security in the Field), containing a security training course which is now compulsory for all staff. The Martigny II documents acknowledge however "a concern that the UN security system continues to constrain rather than support humanitarian assistance" (e.g. in Burundi, by making field travel sometimes too dependent from the willingness of authorities to provide the required military escorts).

The Supply Division

31. The significant organisational changes and improvements undergone by the Supply Division (SD) of Copenhagen during the past 12 months can be considered as yet another outcome of Martigny (Martigny II discussions were hosted in Copenhagen). One of the main achievements has been the development of an emergency reaction capacity within 24 to 48 hours. A "Total Quality Assurance" policy is being enforced, together with annual targets and indicators for management performance. A comprehensive country review has also been undertaken, to better identify SWOT factors and delays in terms of local customs clearance, handling, inland transportation, warehousing, etc. Communications have been improved with COs, New York headquarters and the Brussels Office, and an ECHO-dedicated co-ordinator has even been nominated. Global logistics capacities should soon be further expanded through a number of regional hubs in Pretoria and Ankara (already set up), Dubai, Panama and possibly Bangkok. An outstanding shortcoming is the current lack of on-line information to concerned COs about situation of their purchase orders. As from 2004, the SD will develop "availability check" and Target Arrival Date confirmation process, and "track-an-trace" is available on the freight forwarders internet sites, as soon as an order is shipped. In addition, the Supply Division is still dependent from frequent variations of world prices regarding some key commodities (especially the vaccines, see below and B.3.1), and their rapid inclusion in the product catalogue. Furthermore, some financial limitations tend to place recurrent constraints on the capacity of Copenhagen to initiate the procurement process as early as it would ideally be suitable (i.e. often before transfer of ECHO advance payments).

32. Notwithstanding the above, the Copenhagen centre appears very well organised indeed, and duly follows its mantra of "planning, planning, planning". However, the same cannot always be said

about COs where additional training would be sometimes needed to use existing management systems and to issue adequate supply requests in time for delivery, in particular considering the duration of ECHO funded projects. Finally, it should be noted that the meetings in Copenhagen have outlined the opportunity of dialogue with ECHO on a number of key policy issues, i.a:

- Compatibility of the provisions of Document 14 of the ECHO FPA (procurement) regarding international open tendering, *vs* the (necessary and logical) pre-qualification of suppliers of pharmaceutical products currently applied by UNICEF.
- Introduction of a code of conduct in the ECHO FPA procurement rules, which would e.g. exclude all companies using children labour or producing weapons and mines (even through subsidiaries).
- A joint 'suppliers platform' (existing list of accredited suppliers) could be discussed and used more widely in the framework of the FPA, for the benefit of all ECHO partners.
- Discussions could also concern the "Supply Tool Box" being developed in the LSS (Logistics Support System) which could be thematically supported by ECHO in the framework of other SD-generated innovations to improve emergency preparedness, and disseminated to benefit all other ECHO FPA implementing partners.
- Issues related to the procurement of vaccines need to be thoroughly discussed. This major procurement activity of UNICEF requires long-term planning and some predictability (production period varies between 6 and 9 months for measles vaccines, and between 9 and 24 months for other vaccines). This cannot be in accordance with ECHO short-term funding, and ECHO needs to acknowledge that used vaccines originate from existing stocks, and cannot be produced specifically. The ECHO funding would merely be used to replenish stocks.

Strategic Priorities

Millenium Development Goals (MDG)

33. Millenium Development Goals (MDG) were pledged by all 189 UN Member States (including all the EU countries), and were confirmed during the General Assembly Special Session on Children in 2002. A set of eight key objectives has been defined for 2015; most of them are highly relevant for UNICEF and concern issues such as: primary education (MDG 2), gender equality (MDG 3), child mortality (MDG 4), maternal health (MDG 5), HIV/AIDS, malaria and other diseases (MDG 6), and part of MDG 7 (safe drinking water and sanitation). However, MDGs seem to be more politically- than field-driven, and the objectives of e.g. MDG 7 appeared rather unrealistic in the two countries visited by the evaluation. For 2015, they include commitments such as "reduce by half the proportion of people without sustainable access to safe drinking water" or "all schools equipped with facilities for sanitation and hand washing". A recent report[12] on progress made acknowledges that "Africa presents the greatest challenge due to large displaced populations, conflicts and the HIV/AIDS pandemic….In the world's poorest countries, no progress was made over a decade…In Sub-Saharan Africa, sanitation coverage remained virtually unchanged at 53 per cent….To meet MDG target…translates into the establishment of (sustainable !) new water supply services for an additional 275,000 people each day until 2015…Breakdown rates in rural Africa can be very high (e.g. more than 30% of water systems not functioning….), often due to inadequate training or inappropriate technologies[13]".

Medium Term Strategic Plan (MTSP)

[12] "Water Supply and Sanitation in Year 2003", UNICEF, Apr. 2003

[13] not to mention the lack of hygiene awareness and communities' "sense of ownership", leading to frequent vandalism and disrepair of recently rehabilitated water supply systems –author's note

34. In accordance with MDGs, UNICEF has defined five key priorities in its Medium-Term Strategic Plan (MTSP) for 2002-2005: (i) girls' education; (ii) integrated early childhood development (IECD); (iii) immunisation 'plus'; (iv) fighting HIV/AIDS, and (v) protection of children from violence, exploitation, abuse and discrimination (Child Rights). UNICEF currently considers MTSP as their mandate in the development area, to be complemented by the CCCs which reflect the agency's mandate in responding to emergencies. Some of the MTSP priorities are nevertheless quite coherent with the overall objectives of ECHO, in particular the "integrated approach to services" in IECD which include health, nutrition and water and sanitation components, immunisation plus (vaccination against measles complemented by vitamins), and protection. Others should be considered as LRRD bridging tools to be supported by appropriate long-term funding, failing which momentum and effectiveness may be lost. These priorities should include i.a:
    - Sustainability and follow-up of IECD and integrated primary schools upgrading (social access for the most destitute families and for girls, water, sanitation, nutrition/supplementary feeding, hygiene, etc.) through long-term capacity building of local authorities; TA and infrastructures, and possibly support to Education budget.
    - Sustainability and follow-up of EPI and immunisation activities, through long-term capacity building of local authorities; TA and infrastructures, and possibly support to Health budget.
    - Malaria roll-back programme; combating other main child-killing diseases, e.g. water-borne.
    - Protection and advocacy towards human rights and post-conflict demobilisation.

Monitoring & Evaluation

Prospects and Limitations of M&E

35. The key functions of M&E within UNICEF appear to be engaged in two difficult crossroads: the comprehensive decentralisation process has extended their activities from top to bottom of the organisation, without providing –as yet- the corresponding means, resources and tools. The M&E tasks are also faced to a certain extent with the ambiguity of being divided between the UN agency mandate to co-operate as closely as possible with national authorities (neutrality), and the crucial position of being an 'independent' observer of activities (impartiality and sometimes independence).

36. For UNICEF the term of 'monitoring' usually derives from the agency's global commitments (see ChildInfo below). Monitoring is therefore primarily understood as a control of *situations* (condition of children and women) which usually leads to data collection, either through specific baseline surveys or global MICS (below). UNICEF is however well aware about the importance of strengthening the culture of results-oriented monitoring, and more broadly of Results Based Management (RBM): monitoring must also focus on *performance*, on outcomes, impacts and accountability rather than simply on outputs. The issue is duly developed –together with Programme Cycle and Logical Approach- in the "Programme Policy & Procedure Manual" (last revised in May 2003), and is commented in the Martigny II documents. An RBM guide for the country level programme process, which includes a results matrix, has recently been presented to the Executive Board. Some relevant corporate training packages have been revised, e.g. the Programme Process Training which complements the Emergency Preparedness and Response Training. However, despite the active support of the DFID programme, other tools such as the "*Country Programme Evaluation*" guide and training materials on "*M&E in Emergencies*" are still under development or in draft form only. There is a lack of M&E Officers, and little or no guidance on M&E of humanitarian response programmes in many of the newer programming areas.

37. Furthermore, as it is appropriate for a UN agency, UNICEF seeks to promote and strengthen co-operation with national authorities, rather than to behave as a third party/independent observer (which would be a key added value from the ECHO point of view). Expected results are mainly related to "advocating better policies" (..) with governments –which, for different reasons, was not the case in the two countries visited-, or are used for tracking overall UN policy goals. The UNICEF mandate involves participatory and empowering partnership with governments in M&E, hence data is often expected to be provided by authorities, with some technical assistance or material inputs from UNICEF if required (see also Chapter B.2.5)

Information and Databases: MICS, ChildInfo and DevInfo

38. In 1996 UNICEF –in collaboration with WHO and various other partners, and with the financial support of USAID between 1998 and 2001- has initiated the first MICS (Multiple Indicator Cluster Survey), the largest household survey ever undertaken on children's rights–related issues. The survey derived from the World Summit for Children held in 1990, and the need to monitor the implementation of its plan of action and to measure progress made in its 13 main goals. It covered 67 countries, including 9 countries in conflict. Subjects or "modules" assessed by MICS included key issues for children survival and development, such as protection against vaccine-preventable diseases, water-born diseases, nutrition, access to primary education, to safe water and sanitation, etc. New rounds of MICS to update data are planned every 5 years, and the next one is due to be initiated in 2004. Discussion in Somalia and Burundi confirmed that MICS results were useful, and were regularly used by UNICEF in ECHO-funded activities.

39. ChildInfo similarly derives from global UNICEF commitments, such as monitoring the progress of MDGs or MTSP targets. ChildInfo is a software package designed to support the MDG monitoring work and to integrate data from monitoring tools such as MICS. ChildInfo has been in use for six years, and is currently utilised in the field by UN country teams and by recipient governments in 84 countries, thanks to its accessible technology and high degree of built-in ownership. ChildInfo is due to be complemented in 2004 by the more comprehensive DevInfo database, though funding shortcomings (approx. 3 million US$ were still missing before the last biennial budget allocation was made) have so far prevented its completion (information update and/or correction) and have postponed training and management capacity building. UNICEF is working together with UNDP on ChildInfo and DevInfo, though closer co-ordination would be advisable with the "VAM" system developed by WFP.

Co-ordination and Management

Role in IASC (Inter- Agency Standing Committee)

40. UNICEF is probably the most active member of the UN Inter-Agency Standing Committee. The agency is currently chairing or co-chairing the three most relevant IASC task forces/working groups (out of twelve): gender and humanitarian assistance, protection from sexual exploitation and abuse, and contingency planning. Furthermore, UNICEF is taking a very pro-active or leading role in all of nine other task forces[14], either in Geneva or in New York. The other most active members are WFP (essentially), WHO, UNHCR, OCHA, the Red Cross and some NGOs. More recently, IASC has also become a lobbying and advocacy instrument to the UN Security council in matters of key policy issues.

Inter-Agency Co-ordination: the MoUs

41. Memorandums of understanding (MoU) have been signed with UNHCR and WFP, respectively in 1996 and 1998. In each case, the MoU outlines the specific roles and responsibilities of

[14] Sanctions, CAP, training, HIV/AIDS, CIMIC, NSA, IDPs and Human Rights

UNICEF and of the other agency in emergency situations, in accordance with the core mandates (food supply, logistics, refugees, etc.) while allowing for country-specific modalities.

42. Although the partnership in the area of Health between UNICEF and WHO largely pre-dates the above agreements, there is no formal MoU (a draft is reportedly being discussed), and linkages are very complex. Whereas roles are in theory relatively well defined (WHO advises national health authorities regarding issues of policy, standards and protocols, data collection and surveillance, whereas UNICEF is more actively involved in provision of primary health care for children, immunisation and monitoring of medical supplies and delivery), in practice both agencies tend to share the health tasks according to their respective position and influence in the various countries, and would generally in that case exchange country-specific letters of agreement. Joint statements are also published on some specific issues, such as recently (February 2003) about "measles mortality reduction in emergency and post-emergency situations".

43. High-level meetings on "issues of mutual concern" are regularly held with ICRC, and country-based co-operation initiatives are encouraged. Dialogue at the Nairobi and field level has been considerably improved over the past years; UNICEF and ICRC have co-ordinated WES activities in the Gedo region of CSZ Somalia. Nevertheless, there is no MoU and the secretive nature and the specific, high emergency framework of ICRC interventions in war zones do not always provide for an optimum co-ordination context (e.g. the WES project in Hosungu, Somalia). Similarly, co-ordination with OHCHR regarding the somewhat overlapping matters of human rights, children's rights and protection is not always easy to implement in the framework of the agreement signed in 1994 (e.g. Burundi).

The UNICEF Office in Brussels (UBO)

44. Most ECHO Desk Officers in charge of major programmes, who had been approached by the evaluation during the desk study (Iraq, Sudan, North Korea, Caucasus, Zimbabwe, etc.) mentioned the very positive role of UBO as an interface between UNICEF Country Offices, headquarters and ECHO. The terms of reference of UBO include a large number of policy dialogue and logistical facilitation and support tasks, complemented by visibility, interface, information, trouble-shooting, etc. As a result, positive impact and added value have recently been felt at various levels: quality of proposals, understanding of Commission requirements and constraints, streamlining and formatting of narrative and financial reports from various COs, and decreasing delays in reporting, either from Country Offices, Copenhagen or New York.

45. On this last specific aspect, the statistics collected by the evaluation from UBO files on recent ECHO projects[15] (including in Burundi and Somalia) tend to demonstrate that UBO interventions have been instrumental in almost every case to streamline the process and reduce delays. UBO's own statistics further show that average delays for submitting final reports to ECHO have been reduced from 199 days in 2000 to 119 in 2001, and to 38 days only in 2002.

46. Nevertheless, statistics also demonstrate that, whereas COs increasingly succeed in submitting their narrative reports in time or with a maximum delay of one month, most delays actually seem to originate from the time required by the Division of Financial and Administrative management (DFAM) in New York to finalise financial statements (up to 3,5 months for 2001/01038 in RDC). It needs also to be acknowledged that much work is being accomplished by very few staff (4 permanent, including the secretary) at UBO. This however cannot always compensate for technical and financial shortcomings from some field COs (Guatemala, Angola).

Programme Manager System (ProMS)

[15] Source: internal UBO document "EC Contract Monitoring Schedule", compiled from 2000 to 2003

47. The Programme Manager System for Country and Regional Offices was first developed in 1992, and gradually introduced between 1995 and 1997 with the 160 field offices to provide an adequate, "Y2K"-compliant management control tool and to support the decentralisation process. ProMS has since been repeatedly updated and improved, and can provide very detailed information about projects allocations, activities, outputs and disbursements – when it is correctly utilised by COs. The latest version (ProMS 4.0) should be available to all COs in 2004, and will use the logframe approach to project planning and management. In this respect, the system is bound to strengthen the focus on results and may in the future establish linkages with monitoring and evaluation.

48. There are still some shortcomings, though. ProMS requires adequate training at CO level to be fully effective. The monitoring function at CO level is one of the weakest spots of UNICEF, and –when it exists- tends to focus on 'traditional' outputs rather than outcome, results or quality of implementation by partners. Monitoring itself would therefore need to be substantially strengthened, in order to use ProMS at its full potential. Last but not least, decentralisation has its limits and final financial statements of projects, including reconciliation of accounts between CO and Supply Division in Copenhagen, are not supervised by CO or RO but are made at HQ level in New York. ProMS is therefore 'complemented' at HQ level by an entirely different system – the SAP (Systems Application Programme)-, which had to be procured off the shelf in 1999 to protect corporate management and control capacity from possible consequences of "Y2K" bugs. The standard SAP package has been customised and compatibility between the two systems has gradually been improved, although it is still not entirely satisfactory. As a consequence, reconciliation of accounts by DFAM (the Comptroller's office) can be very labour-intensive – especially for ECHO projects which would require nine working steps in DFAM's procedures instead of the usual three for other donors. Combined with a reportedly high turnover of qualified staff in DFAM, delays of up to three months have occurred in producing ECHO's final financial reports –despite reminders by UBO.

B.2.2. Relevance of Country Objectives

Have the programmes funded through UNICEF been relevant to the overall objectives of the European Commission and UNICEF in the regions ?

49. The evaluation of ECHO and UNICEF objectives in Somalia and in Burundi, and the resulting comparative - and combined- added value or failures provide a valuable illustration of the strong points and the shortcomings of both organisations, and to the overall relevance of their partnership.

50. The global mandate endorsed by UNICEF to establish and to protect children's rights, especially in their most crucial aspects of survival, protection and development of children victims of war, disaster and extreme poverty, takes it full sense in Somalia and Burundi which have both been consistently ranked among the ten least developed countries in the world, according to every successive UNDP Human Development Report.

51. Considering the dramatic situation and disastrous humanitarian indicators in both cases, the largest components of the two UNICEF country programmes are jointly focused on emergency activities in the sectors of Health, Nutrition, Water & Sanitation and Education. Such activities, which make up for more than 60% of the last UNICEF budget forecasts[16] are fully relevant to the provisions of ECHO Regulation, in particular its Articles 1 and 2. Emergency support to

[16] 62% of programme budget 2004-8 in Somalia, 63% appeal requirements for 2003 in Burundi. Source: UNICEF Somalia Country Programme and Burundi Donor Update.

primary education has been funded in Burundi only, where disruptive impact of violence is more clearly identifiable (reports of school furniture burned by army or rebels), though basic needs are probably even larger in Somalia due to the total collapse of the national education system. Education and protection of children (which has not been funded by ECHO in the countries of reference) are part of the current ambiguities of ECHO Regulation. Education is not mentioned *per se* (the scope and duration of the task are usually much more relevant to longer-term development funding) though some limited rehabilitation can be considered under Art 2.d, and support to e.g. primary schools in refugee camps could often be relevant. "Protection" is more readily understood in the Regulation in the sense of "physical protection of victims of fighting" (Art 2. g). Emergency preparedness, which has been identified by the evaluation of one of the strongest new assets of UNICEF reforms in the field of emergency (see also B.4.2), has not been funded in either country, despite its relevance to Art. 2.f of ECHO Regulation and to the Core Corporate Commitments, the UNICEF mandate for emergencies.

Somalia

52. The UNICEF programmes in the sectors of Water & Sanitation, cold chain and EPI (expanded programme of immunisation) are fully relevant to the rationale, identified needs, target population/regions, perspective and objectives of successive ECHO Decisions during the past four years[17]. In the *water and sanitation* sector, for example, UNICEF's country programme goals for the years 2001 to 2003 are to reduce mortality and morbidity of infants and children under five years of age, to reduce maternal mortality and morbidity and to promote the welfare and advancement of women. ECHO's objectives for the water and sanitation sector are to increase availability of, and accessibility to, clean water, and improve the sanitation situation of vulnerable groups. The focus will be in particular on re-establishment of water points in rural areas, water and hygiene interventions, including water & sanitation education, in IDP camps and cholera prone areas.

53. UNICEF's country programme goals for *health* for 2001-2003 are also to contribute to the reduction of infant, child and maternal mortality and morbidity; to promote the welfare and advancement of women and to save lives. ECHO's objectives for health and nutrition are to improve access to quality and affordable health care services, notably for the most vulnerable population groups (women, children and victims of armed conflicts and natural disasters); to reduce prevalence of malnutrition among them. ECHO's main contribution will be towards strengthening the EPI and cold chain operations and support to primary health and paediatric care. This is in an attempt to attain maximum vaccination coverage among children under-fives and women of child bearing age and to reduce morbidity and mortality.

54. UNICEF aims to achieve its by strengthening EPI services to increase coverage; by promoting safe mother hood and safe delivery practices; increasing population access to good quality health care and ensuring their wider utilization and by supporting the management of severe malnutrition. Hence, the overall objectives of health and nutrition projects of UNICEF compare with those of ECHO. ECHO also expects any humanitarian assistance to be a prerequisite for rehabilitation and development with an integrated approach involving full community participation.

55. The situation in the CSZ of Somalia, typical of a protracted "chronic humanitarian crisis" illustrates some of the main comparative advantages -and also some shortcomings, of the partnership between UNICEF and ECHO. Appalling indicators of vulnerability firmly place the CSZ among the worst humanitarian situations in the world, and call for continuous emergency

[17] Decisions 2000/01000 & 02000, 2001/01000, 2000/03000, 2003/01000 & 02000.

procedures of assistance. However, adverse local conditions (detrimental cultural behaviours of the population, lack of access and security) and traditional ways of life that would anyway be judged quite poor by humanitarian standards in more normal times, combine to place any type of assistance on the very threshold of the grey zone between relief and rehabilitation. Field findings indicate that most types of assistance in water, sanitation or hygiene sectors are likely to involve between 2 and 6 years of continuous dialogue and supervision, before they become fully accepted by local communities ("ownership") and could be seen as (hopefully) sustainable -provided of course that the process is not utterly disrupted in the meantime by fighting or environmental changes. It this context, it must be stressed that any "emergency humanitarian" approach in these sectors without duly considering the local communities, is likely to lead to wasted funding, without direct results or impact for the targeted beneficiaries (i.e. women and children)[18], despite apparently adequate efficiency and effectiveness of implementation. Both ECHO and ECSU (the EC Somali Unit of AIDCO) are therefore bound to operate on the verge of their respective mandates and should co-ordinate closely and pragmatically, which was mostly the case in water and sanitation, but not in the health sector.

56. In this context, a weakness seems to appear in the current ECHO procedures. Decisions were initially limited to six months only in the Regulation (Point 2 of the Art 13), which was not fully coherent with a number of other provisions (Preamble, Art. 1, 2 and 4)[19]. This further introduced some confusion between the very real need of an emergency reaction capacity – to be able to issue funding decisions rapidly enough to respond to crises-, and an often unsubstantiated objective to rapidly terminate projects. In Somalia, the Regulation period of 6 months –now only applied to "emergency decisions"- was found to be valid in a limited number of cases only, e.g. (i) natural disasters –such as the El Niño episode of 1997-98, and (ii) temporary outflows of IDPs due to recurrent fighting between clans. It should be noted that UNICEF does not intend to apply for the ECHO "primary emergency decisions" (to be allocated within 72 hours and with a duration of three months), since private contributions to UNICEF in case of sudden disasters are usually sufficient (e.g. the earthquake in Bam, Iran).

57. This shortcoming has since been amended as far as implementation of projects is concerned, and non-emergency decisions can be extended to twelve or even eighteen months where justified, in "long duration and stable humanitarian crises"[20]. However, even such durations are often quite short in the difficult context of Somalia, and the ECHO decision process still appears fragmented in the absence of longer term vision or planning capacity. In such contexts, a wider horizon appears indeed necessary to better manage chronic crises[21], to ensure some measure of continuity or "predictability" to annual programmes, as well as to provide a useful instrument to discuss LRRD on optimum bases with longer-term Commission Services. This proved to be a major constraint both for the UNICEF mandate and for the results-oriented strategy of ECHO in Somalia. Considering the constraints of access, security and dialogue with communities, a one-year project is often too limited to cover the necessary cycle from baseline survey to collection of relevant outcome/results indicators. Furthermore, within this short timeframe, assessment of impact is even more problematic, especially considering that impact can be influenced by a large number of 'environmental' and long-term factors, often not directly related to the project or to the partner. In view of the above and of the set of pre- and post-conditions detailed in § 136-137,

[18] At best, such projects would benefit to nomadic cattle raisers, which could indirectly improve food security in the short term, though with unknown consequences of over-grazing on the very fragile environment.
[19] E.g. "…humanitarian assistance…must therefore cover the full duration of a crisis and its aftermath" (Preamble, §5), or "…It shall do so for the time needed to meet the humanitarian requirements resulting from these different situations…" (Art 1, §2)
[20] Source: ECHO Humanitarian Aid decisions, Manual of Procedures (draft) vers. 4a /14.06.02
[21] This is not in contradiction with the Regulation "…general studies…to be phased out gradually where funding is over several years…" (Art 4, §4)

the only two -as yet- fully effective examples of water and sanitation projects visited by the evaluation had not been funded –and could not possibly have been funded by ECHO contracts[22]. LRRD aspects will be discussed more specifically in Chapter B.4.4 (Cross-Cutting Issues).

58. On top of their limited strategic horizon, ECHO contracts have often relatively small budgets which also appear as a constraint to UNICEF mandate and management costs, since they would generally require as much –if not more- management resources than large ones, and tend to increase recovery costs. In 2002, 22% of ECHO contracts were under the threshold of 499,000 Euro and 14% were between 500,000 and 999,000 thousand Euro (the figures slightly decreased to 17 and 11% respectively in 2003).

Burundi

59. As for Somalia, UNICEF has been a long-standing and major partner of ECHO in Burundi. Extensive discussions are generally taking place in finalising Global Plans, which ensure coherence of main programme components and relevance of objectives.

60. The main goal in the *water and sanitation* sector, as mentioned in the UN Consolidated Inter-Agency Appeal, is to improve access to potable water, hygiene and sanitation systems for the most vulnerable populations including displaced and repatriated, and contribute to the reduction of diseases caused by poor hygiene practices. In the field of water and sanitation, the main ECHO objective refers also to the improvement of hygienic conditions and of access and availability of drinking water for the target groups (mainly displaced people) in order to reduce water and hygiene related diseases. Improvement of emergency reaction capacities, concentration on IDP camps, minimum access to drinking water and latrines, sustainability of activities, sensitisation of beneficiaries and improved co-ordination of activities with other actors have been defined as main strategic aspects.

61. UNICEF has been present in Burundi since 1964, and EPI has been its main priority since 1982. The overall objective of UNICEF's country programme for *health and nutrition* is to reduce morbidity and mortality among children, women and vulnerable groups such as the IDPs. More specifically, the programme aims at "safeguarding every child against disease and disability, emphasising immunization plus, stopping the spread of HIV and ensuring that the young people already affected are cared for". The specific project objectives of UNICEF are to improve EPI and cold chain operations including new vaccines (hepatitis and meningitis), support nutrition rehabilitation of malnourished and HIV positive children, support antenatal care and safe delivery of pregnant women by qualified personnel, support interventions for malaria and measles control. UNICEF ensures national co-ordination for the nutrition sector and has been managing stocks and standardising protocols.

62. ECHO's funding since 1998 has supported routine EPI, selective feeding programmes and malaria control in four provinces; HIV/AIDS control, basic education, measles vaccination campaign. Since 2001, ECHO's strategy has focused on the provision of adequate health care and nutrition and food security particularly in the areas of most acute humanitarian need and most affected by insecurity. The move forward from relief to rehabilitation and close collaboration with other partners is emphasized (see LRRD in Chapter B.4.4). Therefore, the

[22] The Jamaame urban water system was financed by OFDA over a period of 3 years, and the more comprehensive Jowhar network by the EC over 6 years. Both are also good examples of the validity of an "integrated", multi-sector approach in Somalia.

global and specific objectives of UNICEF health and nutrition commiserate with the goals of ECHO. The contributions from ECHO can achieve the goals and objectives of both ECHO and UNICEF if the projects are implemented according to the defined objectives. In the nutrition sector, ECHO has discontinued funding to UNICEF in 2002 and has focused on other, more specialised partners.

63. The perceived importance of community approach to achieve impact, and of cross-sectoral integrated projects due to complex situations (see the issue of HIV/AIDS in chapter B.4.4) have convinced ECHO and some key partners such as CARE, GVC, MSF and UNICEF to consider the psycho-social sector as a new focal point for future projects in Burundi.

B.2.3. Coherence and Complementarity

Have UNICEF's strategic orientation and funding decisions been coherent and complementary, and has the role of UNICEF been effective in the co-ordination of humanitarian and other donor activities in each region ?

64. As already emphasised here above, the strategic orientations of UNICEF in the two countries of reference have been very coherent with ECHO's objectives, though much less relevant for the strategies of the other Commission Services involved, for various reasons. The present chapter will further examine the relations with external actors and donors.

Somalia

Overall Co-ordination

65. The main co-ordinating Body for Somalia is the SACB (Somalia Aid Co-ordination Body), based in Nairobi. The SACB exists since 1993 and was created after the UN withdrew from Somalia (operation "Restore Hope"). The SACB is widely accepted by all agencies and NGOs working in Somalia, despite its slow pace of work. The SACB organises some field co-ordination meetings and monthly co-ordination meetings in Nairobi. It also supervises joint planning, the development of general guidelines, co-ordination of protocols and of sectoral and regional overlapping of activities. The contribution of some stakeholders (ICRC, MSF) is limited to an observer's role only, though, in line with their mandates and emergency procedures.

66. UNICEF is playing a key pro-active role in running the SACB: the agency is co-chairing the three most relevant Sectoral Committees (Education, Health and WES – Water & Environmental Sanitation), and ensures a presence in the two other Committees (Food Security and Rural development, and Governance) as well as in the SACB Executive and Steering Committees. SACB appears as a privileged forum for dialogue with the EC: ECHO is represented in the Health Committee, whereas ECSU is chairing or co-chairing three sectoral committees and is present in all others. A key missing actor in the SACB is the WHO, with only a token presence in three committees: the agency decided in 2002 to re-locate all its activities to Hargeisa, Somaliland. Despite reportedly excellent co-operation in the Polio Eradication Initiative and Roll Back Malaria Programme, this unfortunate decision has deprived UNICEF from some crucial support (e.g. baseline surveys of water-borne diseases and water quality monitoring in CSZ, health and mortality data, etc.). Another shortcoming of the SACB is the complete lack of co-ordination or even of information about the significant amount of assistance provided to Somalia by either the Arab countries or by the wealthy Somali diaspora.

Water & Sanitation

67. In parallel to SACB, UNICEF co-operates and co-ordinates rather closely with the ICRC, which is also active in the WES sector, but has no permanent basis in Somalia. UNICEF's concepts and strategies are discussed with the ICRC. The Assistant Head of UNICEF's WES Section, previously an ICRC Delegate, can still refer to his in-depth knowledge of concepts, strategies and regional interventions of the Red Cross organisation. Both agencies have developed a combined training concept for borehole operators. The standing agreement specifies that ICRC will be active on conflict sites, whereas UNICEF takes responsibility for other, rather peaceful project sites. Both agencies admit nevertheless that the ICRC visions and activities are shared with UNICEF only occasionally. It should be mentioned for example, that on some WES project sites visited by the Consultant, ICRC and UNICEF had intervened several times in a rather confusing manner during recent years, so that in these cases a clear co-ordination of activities was not evident.

68. There are also some other co-ordination shortcomings to be mentioned. GTZ e.g. is planning to rehabilitated boreholes in the same project region as UNICEF (Bay and Bakool). Since UNICEF has rehabilitated more than 80 % of the existing boreholes, certainly some interference with UNICEF activities can be expected, even though GTZ's WES projects are usually of a smaller and different nature. However, the revived inter-agency meetings, co-ordinated by OCHA for the Bay and Bakool area, are likely to be a conducive forum for WES projects in the future. Since there are no governmental institutions in place in Somalia, UNICEF is usually implementing WES projects in direct co-operation with communities. Co-ordination with implementing partners or with national authorities is therefore not required *per se*.

Health & Nutrition

69. In addition to its role in the SACB Health Committee, UNICEF co-operates closely with the Food Security Assessment Unit (FSAU) of the FAO, based in Nairobi. The FSAU co-ordinates nutrition surveys and reports on nutrition and food security situation in the region.

70. UNICEF works with more than 20 national and international NGOs as partners. The degree of daily interaction between UNICEF and partners vary. For example one agency such as Muslim Aid may be totally responsive to UNICEF directives and supervision while MSF – Spain may not be.

71. UNICEF's linkage with the private health sector is very weak, to the exception of a partnership with some "private" clinics in Mogadishu. There are services which an NGO-managed clinic could not provide in Somalia, and the beneficiaries are often forced to refer to various private services which are unregulated and of dubious quality. More than half of the "modern" curative care is currently being provided by the private sector including clinics, consultation rooms, pharmacies or drug-sellers. Many of them have no qualified pharmacist, and they are not always even selling genuine medicines.

Burundi

Overall Co-ordination

72. There are several co-ordination frameworks operating in Burundi:
    - In the framework of the peace agreement (Accords de Paix et de Réconciliation) signed in Arusha in August 200, the overall co-ordination of re-integration an re-building efforts in Burundi is ensured by the CNRS (Commission Nationale de Réhabilitation des Sinistrés) on the government side, and by the CIR (Cellule de Co-ordination Inter-agences pour la Réinsertion) for the UN counterparts. Considering the possible mass repatriation of refugees

from Tanzania in 2004, both UNICEF and UNHCR have decided to join forces to streamline and to reinforce the CIR by seconding some qualified staff.

- Weekly inter-Agency security co-ordination meetings
- Weekly CIC (Co-ordination Inter-Agences) meetings for Heads of UN Agencies, organised by OCHA (Office for Co-ordination of Humanitarian Affairs) and funded by ECHO.
- There are in addition various thematic/sector co-ordination groups, which different modalities. UNICEF is heading the following sectors:
    - Nutrition (1 meeting per month)
    - WES (4 meetings per year)
    - Primary Education (8 meetings per year)

73. Although Health is the major UNICEF activity in Burundi in terms of budget, the overall sector co-ordination is ensured by WHO, to the exception of Nutrition. It should be noted, however, that most international Health actors –including important NGOs such as MSF- are relying on UNICEF for stock management of e.g. therapeutic milk or new anti-malarial drugs.

Water & Sanitation

74. As stated above, UNICEF is the main co-ordinating agency in Burundi in the WES sector. UNICEF supports the co-ordination of all interventions in the water sector at national level, through the Direction Générale de l'Hydraulique et des Energies Rurales (DGHER) of the Ministère du Développement Communal et de l'Artisanat. At national level also, the co-ordination meetings are headed by UNICEF whereas at provincial level, co-ordination meetings are headed by the sectoral focal points of the leading agency of the water and sanitation sector.

75. In the opinion of the Consultant, though, the global mandate and leading position of UNICEF in the WES sector should have resulted in some much-needed political dialogue with the government, regarding e.g. such key questions as the highly detrimental location of some IDP camps in Makamba province (camps have been placed for military reasons on top of steep hills, which makes water supply almost impossible), or concerning the development of a nation-wide hygiene and sanitation policy – a major concern for all NGOs interviewed.

76. Interviews with locally based NGOs further revealed that the dialogue with UNICEF could be reinforced. UNICEF should take over the leading role that NGOs request from the UN organisation. It was proposed that UNICEF could e.g. take over the mapping of all existing IDP camps with the help of GIS facilities, or could prepare contingency plans for the expected return of refugees from neighbouring countries.

Health & Nutrition

77. Financially, UNICEF supports the Ministère de la Santé Publique (Ministry of Health) in almost every health and nutrition activities. Along with the Ministry and some twenty other implementing partners, UNICEF monitors nutrition activities and situation as part of its contribution to an Early Warning System with FAO, WFP and OCHA. Similarly, in the health sector UNICEF within GAVI[23] has co-ordinated and facilitated the introduction of new vaccines, nation wide measles campaign accompanied by Vitamin A administration ("immunisation +") and polio vaccination, mass vaccination to control a meningitis outbreak and roll back malaria activities. In addition, UNICEF has responded through its partners to a number of acute and chronic emergencies since 2001. These have included e.g. the provision of initial survival assistance to IDPs, addressing malaria epidemic in 2001 and cholera and meningitis in

[23] Global Alliance for Vaccines and Immunisation comprises organizations and countries: UNICEF, World Health Organization, World Bank, Japan, USA, DFID, CANADA, AMP, CVP/PATH, SCF. Others may include private pharmaceutical industires.,

2002. UNICEF has been effectively active in reinforcing and facilitating the protocols for malaria treatment, management of malnourished children, strengthening immunization plus services, management of HIV-affected population, of reproductive health, and responding to emergencies. However, because of the political mandate, UNICEF is not the final decision maker and does often not influence the policy of the Ministry[24]. Consequently, it does not have a complete control on the implementation and impact of the activities it supports.

B.2.4. Co-ordination

Have the ECHO – UNICEF co-ordination sessions been relevant and useful ?

78. The evaluation has not been in a position to collect significant information on the current relevance and usefulness of such co-ordination sessions regarding the two countries of reference. Two co-ordination meetings were held during this project implementation period, to which the evaluation was not invited to participate by ECHO. A specific meeting, dedicated to the EPI project 2001/01038 in DRC took place on of 26 September 2003, and a more general "Strategic Programming Dialogue" (SPD) meeting was held on 03 December.

79. Although DRC was not one of the countries of reference of the evaluation, it was nevertheless relevant in the wider context of global institutional relations between ECHO and UNICEF. The problems evoked concerning the DRC project were reportedly very similar to the field constraints assessed by the evaluation in Somalia or in Burundi. Field effectiveness of UNICEF emergency operations too often depends from a very limited number of qualified staff, and the further lack of appropriate field presence or monitoring tools and capacity prevented the full achievements of the (overly) ambitious objectives of the project. As a result, indicators could not be monitored as expected by ECHO. Shortcomings of the field narrative report were combined with long delays in the completion of the financial report by headquarters in New York, and could not be completely mended by the UNICEF Brussels Office, despite its usual pro-active efforts.

80. UNICEF has confirmed to the evaluation that it would welcome more technical dialogue with ECHO on humanitarian response strategies and indicators, independently from any possible linkage to funding. Attempts have been made to increase the sharing of data and approaches for targeting children in emergencies (e.g. the 2002 workshop with ECHO Health experts and desk officers on Key risks to Mortality in Emergencies, or the 2003 WATSAN workshop in Cambodia). However, there seems to be a scope for much more exchange on key policy issues. UNICEF is reportedly pleased with the shift towards a more strategic dialogue at the annual SPDs with ECHO, and it is encouraging its field offices to elevate the level of discussion to overall humanitarian approaches and strategies at country/regional levels.

B.2.5. Reporting and Monitoring

What has been the quality of the reporting and monitoring, both of the programmes and of the implementing partners, and how far has this met ECHO requirements, particularly regarding the "Focus on results" ?

81. Although reporting and monitoring systems should theoretically have been considered under the Section B.3 of the report (Operational Strategy), their crucial importance for the results-oriented policy of ECHO and their potential

[24] Although UNICEF lobbying contributed to some policy issues e.g. nutritional protocol, new vaccines, etc.

impact on the effective implementation of FAFA, have prompted their assessment at this stage. As already briefly mentioned in Chapter B.2.2, results-oriented monitoring at field level and subsequent effective reporting of outcomes and impact by UNICEF are still key weaknesses of the agency, even though these have been identified and corrective measures and tools are reportedly being developed. ECHO should take the lead among donors to disseminate the value of this message. To the opinion of the consultant, the essence of a co-operation or partnership such as the one between ECHO and UNICEF can be reflected and revealed through the monitoring relationship. The way in which ECHO 'monitors' UNICEF and how UNICEF responds to this monitoring are key indicators of the quality and nature of what 'partnership' means to both organisations. This chapter will further elaborate about the overall situation, before examining specific findings in the two countries of reference.

Introduction and Overall Considerations

82. There are currently three levels of monitoring and evaluation within the UNICEF structure, which would theoretically allow the necessary flexibility to investigate at both micro (project or country) and macro (overall strategy and policy) levels.
    - From headquarters (HQ), M&E is being performed at the global level and will focus on issues such as overall strategy, statistics or performance. HQ is in charge of aspects of methodology, policy, and can also provide assistance in emergency situations (real-time).
    - At the Regional Offices (RO) level, M&E officers are looking at the regional situation, they provide technical assistance, advice and quality oversight, and they co-ordinate or manage regional assessments and evaluations. They also report to the HQ Evaluation office and to the Executive Board on mid term reviews and major evaluations.
    - The task of Country Offices (CO) is to monitor and evaluate programmes and projects in co-operation with governements.

    In addition, the first of the CCCs concerns Rapid Assessment capacity (though this has still been repeatedly identified in the Martigny II documents as an area of weakness for COs).

83. Adequate resources are still lacking, though. Approximately 1/3 only of COs have dedicated M&E Officer positions, the others having merely "focal points". Somalia and Burundi both had theoretically full M&E coverage, though reality was different. In Somalia, a very dedicated though isolated national officer was in need of support, in particular for setting up adequate monitoring tools and testing them in the field. The international M&E officer in the Nairobi country office seemed to be himself in need of some additional training, whereas the regional office appeared more concerned with upcoming global evaluations. In Bujumbura, the position of international M&E officer had been left empty since December 2002.

84. Although such weaknesses have been duly identified in the Martigny process, activities to strengthen M&E (development of tools, training) are recognised to be usually 'slow starters' and to require significant work before any difference can be seen at field level. The "Martigny II" internal documents noted i.a. (page 16) that M&E… "was identified…as being weak and continues to be a concern….only 3 out of 28 offices audited provided any guidance on what field visits should cover... The lack of system of field monitoring in stable contexts does not bode well for monitoring in unstable and crisis contexts where field visits should become such a critical means of monitoring the situation and programme performance"…

85. The latest policy references on UNICEF Results Based Management (RBM) and M&E are to be found in several regularly updated documents, such as the "2003 Programme Policy and Procedures Manual" (PPPM), the "2003 RBM Guide", the "Evaluation Technical Notes", or the "M&E Training Resource" for generic technical guidance and adapting LFA-type approaches to emergencies. These documents –to be complemented by other tools still being prepared (see §36)- are bound to present a comprehensive and coherent approach to results-oriented monitoring of emergency projects and programmes, at the global policy level. It must further be noted that the importance of outcome and impact have repeatedly been stressed in other recent

UNICEF documents, such as in the excellent evaluation report on Somalia[25] (see below). Nevertheless, as mentioned above, the system still suffers at field level from shortcomings in staff and in training. These were reflected in the analysis of the projects proposals below..

86. In accordance with the mandate, UNICEF procedures[26] duly stress the fact that monitoring activities need to be carried out in close co-operation with relevant government authorities (including capacity building measures if necessary). The PPPM states that " Well-planned field trips are indispensable for monitoring progress and the ongoing relevance of activities...(…)...Field trips should be undertaken jointly with national and local partners." (Chap. 4, Section I §11). The BCA further confirms "UNICEF's right to observe all phases of the programme". Nevertheless, in the absence of an M&E officer as in Burundi, the UNICEF Country Office may have a tendency to over-rely on authorities for monitoring and reporting, which may prevent effective monitoring if authorities are themselves weak or are not objective.

Somalia

87. The UNICEF Somalia country programme has benefited from two valuable internal documents: a comprehensive evaluation made in 2002[27], and a baseline survey made in 2001[28], though the latter was somewhat limited in coverage, obviously due to the usual security and access constraints (narrow geographical area and population basis). The evaluation report outlined in particular the needs to focus monitoring on outcome and impact rather than on output, and the need to implement integrated approaches –with appropriate monitoring tools. The executive summary (Page 12) stated that… "programme structuring often has a narrow sectoral orientation that is programme output based. This has resulted in a loss of opportunity of one programme piggy-backing on another….This in turn has resulted in limited impact, as a single programme does not have the ability to change the lives of children and women in its totality…. Exclusive focus on implementation and monitoring of programme outputs, at the expense of monitoring outcome and impact has compounded this problem". Though noting that "…although outputs are directly related to inputs, correlations between outputs and outcomes, and especially between outcomes and impacts, need to be acknowledge that indicators are influenced by many other environmental factors (positively or negatively) not directly related to UNICEF", the report further provides concrete examples of integrated frames of indicators to be used for each sector (input, output, outcome and impact, in table 1.1). Detailed recommendations are also provided on monitoring of service delivery, cross-sectoral and quality programme implementation (chapters 5.2.5 to 5.2.7). Unfortunately, these recommendations had not yet been put in practice by UNICEF during the evaluation mission.

Water & Sanitation

88. The LFA matrix submitted by UNICEF in its proposal for the WES project 2002/03004 is a valuable attempt to streamline implementation and monitoring, but it also reflects the current lack of training in LFA methodologies and the absence of adequate monitoring tools at field level. The LFA refers to three overall objectives in the envisaged intervention:
    - *Provide greater access to clean water to the populations of the region...*
    - *Reduce the incidence of water transmitted diseases in rural communities....*
    - *Strengthen the capacity of the community....to operate, manage and maintain water systems.*

[25] "Evaluation of UNICEF's Country programme in Somalia", final report, Oct 2002.
[26] The Basic Co-operation Agreement (BCA) constitutes the legal basis for UNICEF's presence in a country, and the Master Plan of Operations (MPO) defines the programme co-operation for a specific period
[27] Op.cit.
[28] WES impact indicators study in selected areas, Bay and Bakool regions, Somalia, UNICEF, Oct. 2001

89. Usually, the overall objective should represent the wider sectoral or national programme objectives, to which the envisaged intervention is designed to contribute (e.g. "improve the living conditions of the population"). According to the experience of the evaluator, the defined overall objectives should neither focus on the project region nor on the project results or project activities. The overall objective should preferably be limited to only one general objective.

90. Specific project purposes further refer to the two sectors of
    - *water supply and sanitation, and*
    - *community organisation, training and education,*

    whereas unfortunately only overall expected project results are listed under these headlines. The specific project purpose should refer to the project's central objectives in terms of the benefits to be delivered to the targeted population. Benefits of rural water supply projects are usually related to an improved health situation of the targeted beneficiaries. Therefore, the specific project purpose should be e.g.: "improve the health situation" or "improve the hygienic conditions" of the population. Neither project results nor project activities should be mentioned under this point.

91. The project results should describe the services to be provided, and for which the project manager can be held directly accountable. Those are listed rather adequately under the related chapter of the LFA. Likewise, the listing of project activities that describe how the project's goods and services will be delivered, generally respects the requirements. Objectively verifiable indicators or sources of verification are mentioned neither for overall objectives nor for specific purpose, but rather under project results and only in general terms, without mentioning any detailed figures. At this stage however, introduction of health indicators would have been possible, even considering the scarcity of baseline surveys (see above). According to the UNICEF Regional Health Advisor, monthly health updates can be found based on information from NGOs, UNROS, local interviews and others. In addition, information on cholera are often available at local level, and the few existing hospitals have also their own monthly health records.

92. It seems clear that most of the above indications were not familiar to the authors of the project proposal. Without corresponding indicators, monitoring of the project impact is extremely difficult. Verification of the extent of the project's contribution to an improvement of the living conditions of the population or to a possible reduction of the incidences of water-borne diseases among the targeted project beneficiaries, is rather complicated if not excluded. On the other hand, monitoring of the project results could only be done if the proposed results, the work plan, the proposed strategy and even the budget breakdown are taken into account and matched in order to obtain a clear picture of the prevailing situation. It should finally be noted that the monitoring plan submitted in the proposal seemed overly optimistic: monitoring was scheduled to take place on a continuous basis throughout the eleven months of implementation, whereas access to many areas of Somalia is actually almost impossible up to six months per year, due to the two rainy seasons.

93. Regular interim and final reports were duly submitted. Key issues, like changes in number and status of beneficiaries, activities undertaken, problems of security, objectives achieved, visibility and financial situation were addressed. However, due to inadequate LFA, lack of supervisory staff and monitoring tools, but also due to structural constraints (no census, no specialised agency for data collection, weak HIS system, low utilisation of public health services, limits in skilled local staff) results and impacts were neither monitored nor reported. The services or *outputs* provided by the project, like number of boreholes and hand-dug wells rehabilitated, discussions held with community representatives, setting up of community based committees and training activities were described adequately, whereas indicators mainly related to the number of

sites rehabilitated were used. Under the chapter "obtained results" or *outcome*, some project activities were also listed, like the type of pumps installed and details about the community development activities. The problem of necessary data collection in Somalia, such as morbidity and mortality, is not UNICEF-specific, though, and is being addressed at the SACB.

Health & Nutrition

94. Evaluation findings in this sector generally confirmed those already made for water and sanitation. Reporting and monitoring similarly focused more on inputs and outputs at the levels of health facilities, hospitals or selective feeding programmes rather than on impact on incidence of diseases and mortality of children, women and other population groups.

95. Monitoring indicators are not appropriately defined to track results or impact, and the staff (to the exception of the M&E Officer) lacks adequate understanding and training. The reporting format consists of standard forms which all implementing partners are expected to fill. This includes forms to record monthly data on outpatients visits of children and mothers, diseases treated, numbers of vaccinations, of antenatal mothers, of admission and discharges into the feeding programmes and so on. Usually, 60-70% of the health facilities comply with this reporting procedure. The progress of activities is also reviewed at workshops regularly organised by UNICEF and attended by representatives of the implementing partners. Databases are operational for EPI, and for diseases surveillance and nutrition (both are under the responsibility of FSAU).

96. Since 2001, the reporting mechanism for ECHO-funded cold chain operation in Somalia has been well organised and co-ordinated by UNICEF. Overall achievements and constraints in relation to cold chain maintenance and services delivered are well documented, though the contribution to the reduction of morbidity and mortality rates is not reported.

Burundi

Water & Sanitation

97. LFA matrices usually mention the following single overall objective for their interventions in the WES sector (projects 2001/01016, 2002/01014, 2003/01007): "*Contribute to the reduction of the incidence of water- and/or hygiene-related diseases for the targeted population (IDP and primary schools in particular)".*

98. Specific project purposes are similarly as follows:
    - *Improve access to drinking water for (number) of population and (number) of primary schools and (number) of health centres*
    - *Improve hygienic behaviour and access to adequate sanitary installations for (number) of schools and (number) of students.*

99. Overall objective and specific purposes provide an adequate description of water supply and sanitation projects in Burundi, considering the specific situation of the country. Whereas the overall objective describes the wider sectoral objective to which the project should contribute, the specific project purposes specify the benefits to be delivered to the beneficiaries or institutions, and defines the project's expected achievements. Numbers of beneficiaries should rather appear as objectively verifiable indicators, though.

100. On the other hand, project results and activities were not established according to standard LFA requirements. For the description of the project results, the author of the proposal has simply copied the specific project purposes as mentioned above. Instead of describing how the project

services will be delivered, only project results are mentioned under the project activities chapter. No objectively verifiable indicators are provided, either for overall or for specific objectives. Indicators for results can only be found (at the incorrect place) under the intervention logic of project activities (e.g. number of water supply systems and latrines to be rehabilitated or built).

101. As for Somalia, without appropriate indicators, monitoring of impact is obviously a very complicated task. Hence, the extent of achievement of objectives i.e. contribution to reduction of incidence of water- and/or hygiene-related diseases for the targeted population (IDPs and primary schools in particular) cannot be verified, even though registration of diseases could be found by the evaluator in the health centres of most villages and in IDP camps targeted by UNICEF. With proper tools, monitoring of outcomes and results could have be done with the help of the figures provided under the specific project purpose, or by using the numbers of sites mentioned under project activities.

102. Another key reason for the lack of results-oriented monitoring obviously lies in the lack of regular field presence or even visits by concerned UNICEF staff, which was repeatedly stressed by implementing partners, recipient local authorities and by beneficiaries (see B.3.3). UNICEF therefore relies essentially on the monitoring capacity of its implementing partners –often government services. The annual report prepared by the PEA refers to purely technical, financial and strategic issues and indicates the number of sites rehabilitated, whereas the objectives concern the improvement of water supply services. Project results/outcomes or impact were *neither monitored nor reported* by the governmental partners of UNICEF. Monitoring and reporting was done by indicating percentage of work achievement, or quantity of technical items provided (i.e. outputs only).

Health & Nutrition

103. As for WES, UNICEF relies to a great extent on Health reports brought to them by the Ministry and various implementing partners. However, in the Health sector this system has so far apparently been able to produce a much more comprehensive picture of the country situation, due to a better organised collection mechanism and more appropriate information forms –except for impact.

104. At provincial level, activities implemented are co-ordinated by the "Ministère de la Santé Publique" in collaboration with various partners and are therefore also monitored by Ministry and partners staff. Data[29] for day to day activities (e.g. all types of vaccinations, cases of malaria or water-borne diseases, etc.) are recorded in standard forms by every health centre or hospital, and are submitted to the Ministry every month. The Ministry is responsible for all epidemiological data collection and tools, with support from UNICEF, with the exception of Nutrition which is led by UNICEF.

105. On that basis, UNICEF is able to maintain the disease surveillance data base for measles, malaria or meningitis. It can also produce detailed reports on levels of routine immunisation coverage, incidence of diseases, cold chain operation, number of admissions and discharges at the feeding programmes, etc. Other technical outputs such as the number of training workshops held or training modules produced are similarly monitored. In addition, health and nutrition meetings co-ordinated by UNICEF are organised every month with the Ministry and partners, and activity progress is reviewed. Protocols, such as those for feeding programmes are discussed and standardised during these meetings. UNICEF supports nutrition surveys that are carried out annually by concerned NGOs and provincial health authorities, in co-operation with the nutrition Service at the Ministry. Results are shared and discussed at the monthly UNICEF co-ordination

[29] This does not appear to be well scrutinised during supervisory visits and hence the quality of the data could be verified

meetings, and are reported in the Food Security and Nutrition newsletter produced bimonthly by FAO in collaboration with UNICEF, OCHA, WFP and other partners.

106. However, despite the above, the actual impact of activities is difficult to define in the absence of any appropriate indicators. The impact of interventions is not monitored or reported by the government either. UNICEF's annual report for Health and Nutrition focuses on technical, financial and strategic issues, and on achievements relating to outputs. Results regarding overall objectives to reduce morbidity and mortality of women and under-fives are inadequately addressed. Integrated approach, e.g. in the assessment of impact of water projects in connection with EPI activities on the reduction of morbidity, which would be expected by ECHO, does not exist.

B.3. OPERATIONAL STRATEGY

B.3.1. Channeling of Funds

How effective was the channelling of funds by UNICEF to and within Burundi and Somalia, and for which tasks have the funds been used ?

Somalia

107. With regard to the chronic crisis in Somalia, international and national aid organisations need to be present in the field on a permanent basis to be able to respond adequately to the peaks caused e.g. by droughts and insecurity. In this context, UNICEF can almost be considered as the "acting Ministry of Health and Education" in the CSZ, due to a country presence dating back to 1972 and to its extensive resources; it is also the leading agency in emergency preparedness in Somalia. UNICEF has developed a remarkable knowledge of the political and social situation in Somalia, which allows the agency to adopt the right attitude and approach towards Non-State Entities (no taxes paid, firm attitude, strict neutrality) and towards communities (facilitation of dialogue for the time needed to achieve results). The flexibility resulting from combined rapid ECHO funding and UNICEF resources and operational capacity may result in effective and timely exploitation of field opportunities to gain access ("to open doors") for international assistance to new areas in the country.

108. Only the ICRC and the MSF family could be compared from the point of view of expertise and resources, though with a much less comprehensive organisational setting in-country, and with different mandates.

109. Children, the main target group of UNICEF's activities, were not addressed specifically in the framework of the interventions in the WES sector. However, the provision of drinking water to the whole population did obviously benefit to children as well. In the health and nutrition sector, UNICEF strategy and support are targeted at women and children. Their main aim is to support any implementing partner willing to establish a health facility, either for drugs or equipment, the partner bearing the cost of human resources and infrastructure. In some areas, routine EPI coverage has been below 30% instead of 50% or above as targeted, which implies that planning targets may have been too ambitious. On the other hand, these funds have also contributed to the identification of drawbacks and problems, e.g. the reasons of low EPI coverage, and to finding solutions. Neither UNICEF nor any other implementing partner reported having experienced detrimental delays in receiving donors funding.

110. It must be stressed that Somalia is a very expensive operation for UNICEF, for a number of reasons linked to security and access. Cars or trucks have to be hired from local "operators" (vehicles owned by foreign organisations would be immediately looted); furthermore, organisations must hire several cars simultaneously at any one time, to spread the expenses among the various fighting clans and sub-clans present in a given area, to better appear as "neutral". Foreign organisations' vehicles have always to travel in convoys, under the protection of hired armed guards (their number and range of weaponry varies according to the area). Similarly, expatriates must always travel in group (at least by pair) and never be isolated –which is a major constraint e.g. for field monitoring. UNCAS (UN Common Air Service) flights, essential for travel to most locations, are also quite costly. Finally, to ensure continuous operational

capacity, flexibility and perceived neutrality, and to sustain the ability to transfer activities to other locations if fighting and looting breaks out and in any area, several equipped offices need to be maintained at all times. UNICEF has currently one "hub" office in Jowhar and three sub-offices in Kismayo, Baidoa and Mogadishu – the last two for local staff only. UN security rules impose the presence of one field security officer (FSO) for each sub-office.

111. In these conditions, the FAFA agreed recovery costs of 7% are of course far from adequate, and UNICEF has to draw heavily from its general budget.

Burundi

112. Funds are clearly channelled to the benefit of children and women in the sectors of EPI, nutrition, or education. They contribute to their welfare in WES, though often indirectly (by targeting the population as a whole), and suffer regularly from lack of maintenance, capacity of government implementing partners, or from lack of hygiene awareness by recipient communities. In some cases, large primary schools –a key MTSP priority- have not been effectively deserved (IDP camps of Muyange I or Gatabo, or various schools around Ruyigi –see also §176 and attached footnote).

113. Burundi has raised wider concerns, though. In the WES sector, UNICEF supports through the "Ministère du Développement Communal et de l'Artisanat" the co-ordination of all interventions. Extents of co-operation and influence of the agency are comparable in the Nutrition (where UNICEF ensures national co-ordination, on top of supporting the activities of the Ministry of Health regarding malaria control, cold chain operations and immunisation) and in the Education sectors. Combined with its global mandate of assistance to children, such privileged situations should have authorised UNICEF –in co-ordination with other international actors- to open a constructive dialogue with the government regarding some crucial humanitarian problems. This was however often not the case for various reasons, at least overtly (see also B.4.4 re. Human Rights and risks while facing hostile authorities). Findings of the evaluation have listed the following key issues, among others (not to mention the much discussed health recovery costs):

- Many IDP camps, especially in the province of Makamba, have been placed by governmental /military decisions in locations (e.g. on the top of hills) which can not be reached by gravity-fed drinking water supply systems, mainly due to topographical constraints. Obviously, there was no adequate weighing between military requirements of security against rebel activities and humanitarian needs.
- The government is hurriedly pushing the policy of urgent "integration" of nutrition/feeding centres currently run by NGOs (and benefiting to children and young mothers) into the regional hospitals to avoid repeating the example of Rwanda[30], even though most hospitals do not have either the adequate management capacity or the equipment and infrastructures to accommodate the nutrition function. Funds to support the process are completely lacking[31]. A more realistic agenda needs to be discussed urgently and firmly with the Ministry.
- No standard criteria seem to be applied -nor do they apparently seem to be a priority topic of strong policy discussion with UNICEF- regarding the vast population of *indigents* (most destitute) children and their attendance to school. Despite a presidential decree which has

[30] When the situation started to improved in Rwanda, many NGOs left precipitately with the result that nutrition centres were often left to be picked up by MoH without adequate resources
[31] 27 Therapeutic Feeding and 226 Supplementary Feeding Centres that are costing millions in management costs by NGOs are being integrated with only 40.000 US$ granted by UNICEF.

established three criteria ("extreme poverty", repatriation and children heads of households – i.e. orphans of both parents), in practice each commune uses its own criteria to define the "vrais indigents" according to the situation (reports from zones and sectors, but mostly the availability of funds to help them). This situation is naturally bound to create large disparities[32]. The children whose destitute parents are not able to pay the "minerval" (school fee) are regularly expelled from school, and do not appear on the list of indigents either, since this would oblige the commune to intervene. The minerval, which is currently of 1.500 FBU to be paid entirely at the beginning of the year, has been increased five-fold in recent years (it was only 300 FBU in 1998). Furthermore, it is reportedly used to pay indirect expenses (cars, chalk that has already been provided by UNICEF, etc). Some neighbouring countries (Uganda, Tanzania, Kenya) have decided to abolish primary school fees, with some highly significant results: enrolment has more than doubled in Uganda since1996.

114. The field assessment in Burundi has also provided some examples of shortcomings in procurement matters (mostly delays and lack of awareness by the country office), which illustrate either the specific issue of international procurement of vaccines, or the detrimental impact of delivery delays:

- The cost estimate issued in February for the large EPI contract 2001/01030 (1.430.000 Euro) used the price USD 1.06 per 10-dose vial of measles vaccine. (CE 10001633 shared with both Burundi Country Office and ECHO in Brussels refers). This was also the price that was applied in the purchase order (PO 45029875) for 3.6 million doses. However, as the price in PROMS was higher (USD 1.49), at the time the UNICEF Country office requested the vaccines through PROMS, the Country office failed to adjust the total requisition budget down to meet the USD 1.06 per vials, but kept the budget on the requisition at USD 1.49 per vial. The country office could have been able to recoup the over-budgeted amount had they compared the requisition budget with the actual Purchase Order that was copied to them. As this was not done, the budget error was carried through to the end of the project, leaving the over budgeted amount (approx. 155.000US$) unspent.
- Under contract 2003/01010, UNICEF had ordered a large amount of school books to avoid extremely problematic expenses for 53.000 "indigent" children (a survey made in 2002 indicated that 73,8% of school abandons by children were caused by the impossibility to pay fees and material). The books were due to be delivered in September, for the beginning of the academic year. However, for unclear reasons the Education section of the country office issued the supply requisition in July 2003 only (the contract start-up date had been in February and the ProMS budget item had been created in March), and realised too late that the material supposed to be ordered in Rwanda according to regional procurement rules (school kits from Copenhagen were too expensive), had actually to be produced in South Africa. As a result, the five containers of exercise books had still not arrived when the field evaluation took place in November. The impact on the indigents is unknown, though both the Supply Division in Copenhagen and the Regional Centre in Pretoria have done a very good work in trying the mend the problem by tracking the transport, cutting the delays and drawing lessons learned. Furthermore, The UNICEF Brussels Office is also taking quality control actions to supervise planning and prevent such occurrences in the future.

[32] For example, the six communes of Makamba province have officially registered 4.326 indigents (with official certificate, despite which communes have not helped them either with minerval or school material), whereas the schools of the same province have proposed a list of 23.150 names to UNICEF (and hence to ECHO) for support. However, even this last figure is considerably underestimated: in Muyange school, only the most recent repatriates were listed as indigents, and those returned in 2002 had already been eliminated. To be an IDP is *not* a criteria, since this would apply to *all* children.

B.3.2. Visibility

What was the degree of visibility of the donor achieved by UNICEF, and how can this be improved ?

115. Among UN agencies, UNICEF has probably the better developed -and best applied- policy of image, public relations and communication. It has published and disseminated comprehensive guidelines regarding the nature and definition of what needs to be perceived of the organisation (vision, ideas and values, mission and activities), as well as suitable approaches, messages and languages to be used while addressing the various key "targets" (children and their caretakers, but also UN member states, Child Rights activists, donors, media, concerned international and private actors and stakeholders, and finally staff members -even consultants !- and their families).

Somalia

116. The project proposals submitted for ECHO emphasised the importance of promoting ECHO's name and image as much as possible, and this was duly carried out. Wherever appropriate and feasible, UNICEF ensured that ECHO's logo was clearly visible on health-related equipment such as vaccine refrigerators, cool boxes carrying vials, or on the walls of cold rooms. Similarly, every water tank rebuilt by UNICEF next to a rehabilitated borehole duly showed the ECHO logo, generally painted (interpreted) by local artists. Furthermore, T-shirts and field jackets carrying ECHO and UNICEF logos with the slogan "working for a better Somalia" have been produced and distributed to staff and to some partners.

117. Beyond this however, Somalia is probably not the ideal country to deploy the full potential of UNICEF's extensive know-how in matters of public relations and communication. In most areas of the CSZ visibility is to be kept at a low level, and cars are left unmarked for security reasons. Somali people can be quite violent, many carry weapons, and they can react unexpectedly fast to any wrongly perceived behaviour (even if the foreign perpetrator is not aware of his/her misdeed). Since the days of the Syad Barre regime and even more since the short-lived UNOSOM failure, the population would often see aid as a "right" due to be provided by agencies and NGOs, and would not necessarily demonstrate gratitude. In some Islamic fundamentalist areas (Luuq), westerners are not heartily welcome. On the other end, some media (private radio stations in Jowhar and Mogadishu, some independent local journalists) are increasingly used by UNICEF for communication and advocacy purposes, and results are reportedly encouraging.

Burundi

118. Visibility was duly present in every project visited, either in the WES, health or education sectors. On each reservoir or water point rehabilitated by UNICEF a large sign-board (often freshly painted) was fixed mentioning the names of UNICEF and ECHO, which ensured an adequate joint visibility. The ECHO logo was equally displayed in front of concerned health centres, primary schools, in IDP camps, etc., and every report or publication pertaining to ECHO-supported activities carried the ECHO logo.

119. A few minor remarks should be made, though. The UNICEF/ECHO sign-board was attached even on facilities initially constructed by Action Aid or by other NGOs, and on which UNICEF had done only minor rehabilitation works. The Consultant is of the opinion that it is at least questionable to give the impression that the water supply system was provided completely by UNICEF/ECHO without mentioning the original donor or implementing agency. Furthermore, ECHO visibility was only advertised in French (which was not, or barely understood by most

IDP population in the camps concerned). A problem was mentioned by ECHO/NBO regarding the new malaria protocol envelopes, which UNICEF has pledged to amend as rapidly as possible.

B.3.3. Human Resources

What were the relative strengths and weaknesses of UNICEF staff (including turnover rate) as compared to other implementing partners ?

120. The quality of the staff (and their presence at the appropriate location and time) is probably the most important factor of success in any operation or programme. UNICEF has understood that the increasing numbers and complexity of acute emergency situations required a subsequent presence at the level of the countries and regions concerned. As a result, UNICEF has become the most decentralised among the large UN agencies. Out of a total staff of 5.772[33], 996 (17%) were based in headquarters locations such as New York, Copenhagen or Geneva, and 4776 (83%) were disseminated across Regional and Country Offices.

Somalia

121. The presence of UNICEF in the CSZ amid the other actors is very significant, both in terms of personnel and geographical dissemination. Out of a total of approximately 36 expatriates who are currently working for various agencies and NGOs in the CSZ (mostly on a on-and-off, rarely permanent, basis), one third (12) are UN international staff, and 6 are working for UNICEF. It is estimated that 50% of the remaining (12 known staff) are operating for NGOs concentrated in the relatively calm region of Bay and Bakool (Hudur, Dinsor, Wajid). This "massive" (for CSZ) presence increasingly raises questions of absorption capacity by local communities, as well as worries of price inflation and hence of conflicts with local sub-clans. It should also be stressed that a significant number of these "expatriates" are actually Somalis with double nationality (Ethiopian, Djibouti, Canadian), or are Kenyan nationals.

122. In addition, apart from the 6 international staff already mentioned, UNICEF employs approximately 80 national staff in CSZ, disseminated between the "hub" office of Jowhar and the sub-offices in Kismayo, Baidoa and Mogadishu. Only the first two are accessible to international staff. Baidoa, the previous hub, had to be evacuated recently due to fighting. International staff are assigned for 2 years in Somalia (they can start applying for a new position after 1 year), and for 4 years in Nairobi, where they can safely live with their families. UNICEF, like other UN agencies are bound to follow the common UN scale of national staff salaries (from 200 US$ to 1000-1500 US$ for highly qualified project officers with 10 years experience), and are consequently offering almost double rates as compared to NGOs or to ECHO fees. Recruitment programmes are widely publicised on local radios, and staff undergoes a series of tests, interviews, etc. Despite announcements and attractive salaries, however, there are recurrent problems to attract quality staff in adequate numbers, both international (the CSZ is known as one of the toughest assignments) and national (the brain drain of diaspora has emptied the country of competencies, and many diplomas presented for recruitment are forged). The structure found in the CSZ during the evaluation –which does not show the national Assistant Project Officers for Health & Nutrition, Education or WES- was as follows:

[33] Source: "An Overview of UNICEF's Humanitarian mandate and Activities", UNICEF 2002

		RPO (Resident Project officer) & Emergency Preparedness				
PCSM (Public communication & social mobilisation)	HIV/AIDS (incl. Gender issues and FGM)	Health & Nutrition	WES	Child Protection & Youth	Education	M&E
1 national project officer	1 national project officer	2 international project officers 1 international assistant P.O.	1 international project officer	1 international project officer	2 national project officers	1 national project officer

123. The above organigramme does not include the country office (international) staff based in Nairobi, which consists i.a. of the Senior Programme Officer, the Heads of Health and WES sections (who are frequently travelling to the CSZ and other parts of Somalia), an EPI officer, the emergency officer, and a planning and M&E officer.

124. The staff was generally highly qualified, but very thinly stretched. In the WES section, for example, the whole staff responsible for project activities in the CSZ consisted in the project officer (Jowhar) and the Head of section (Nairobi) already mentioned, plus an assistant in Nairobi and five national Somali experts (2 technicians, 1 trainer and 2 social mobilisers). This structure did not allow e.g. adequate project supervision or monitoring by international staff (a pre-requisite for effectiveness) of the (too) numerous and (too widely) disseminated projects throughout the CSZ (almost as large as France), without proper roads, and with most areas unreachable six months per year due to rains. For reminder, international staff *must* travel by pair for field visits, for security reasons.

Burundi

125. This seemingly large Country Office[34] has 58 long-term positions "postes établis" and at least 18 temporary positions (TFT, Temporary Fixed Terms), including 16 national and 3 international staff. The turnover (especially for national staff) seems quite low, probably due to very favourable working conditions. The Office internal organisation is mainly divided between the Programme and Operations sections. A rough diagramme of the Programme section indicates the following sub-divisions and sectors:

Programme Officer		
Rights Promotion / Child Protection: 4 postes établis & 2 TFT		
Health/ Nutrition 7 postes établis & 1 TFT (nutrition)	WES 4 postes établis	Education 5 postes établis & 2 TFT
HIV/AIDS: 2 postes établis		
M&E: 3 postes établis (the PO position is vacant)		

126. The Communication section (1 international and 2 national staff) depends directly from the Country Representative and is not on the diagramme, nor is the very efficient "mainstreamed/diagonal" Emergency section. Emergency is currently trying to operate with only 2 international and 1 national staff (all TFTs), though they have asked for 1 additional expatriate and 4 national staff (who should mostly be existing experienced staff, to be transfered from other sections).

[34] The Burundi office is nonetheless considered a medium sized office in UNICEF terms.

127. In the WES sector, both the international Project Officer (Engineer, 5 years UNHCR experience) and the Burundian Assistant Project Officer (Engineer, 10 years DGHER experience, 2 years with UNICEF) have adequate technical backgrounds in the construction sector, though neither has received any training in monitoring and evaluation of project activities, nor can they refer to appropriate experiences in sensitisation of beneficiaries or in hygiene awareness promotion measures. The other positions of the section are held by a national economic administrator and two provincial co-ordinators[35]. The technical field staff provided by the Burundi Government have all purely technical backgrounds, sometimes referring to several years of service in the administration and implementation of water projects.

128. For the Consultant, it is of major concern that, with the exception of the Project Administrator, all important positions are currently held by actual or former governmental officials. Such a situation requires i.a. a rather strong ability of the international Project Administrator to assert himself against the ideas of the other national staff members. There is no evidence that some or most of the project activities of the WES section are not strongly influenced by governmental interest and policy. The same is true for the Education, and possibly for the Protection sections.

129. The Health and Nutrition sector is well managed by a large number of staff, with mostly relevant qualifications. Except for EPI and malaria control, each of the sub-sectors – reproductive health, nutrition and HIV, occupies both expatriate and national staff. Major strengths include familiarity with government procedures and good relationship with institutional counterparts (most national staff have worked in government offices themselves), as well as suitable experience of UNICEF (two years or more). The implementing partners' staff interviewed at the Ministry of Health, International Medical Corps, or "Concern" offices in Bujumbura seemed well qualified, efficient and competent. Discussions confirmed that they are able to fulfil the objectives of UNICEF and ECHO in malaria treatment and control or in EPI.

130. A major constraint is that, to the exception of the three Emergency staff and the Security Officer, all UNICEF technical personnel are essentially concentrated in the Bujumbura Country Office and do not regularly travel to the field. They refer to security constraints or to the lack of sub-offices in the concerned provinces, although this does not prevent Emergency staff from travelling extensively.

131. In this respect, the Regional Office of Nairobi demonstrated one of its added values by sending without delays to the field, for the period of time needed, an EMOPS expert during the fighting and IDP outflow of July 2003.

B.3.4. Working Relations with ECHO

What was the quality of the communications and working relations between UNICEF and ECHO correspondents in the field ?

132. Relations have generally been described as quite good for the two countries of reference. The ECHO Regional Office in Nairobi stressed that UNICEF strategy was lucid, adapted to the situation, and coherent with ECHO approach and philosophy.

133. Contacts are usually taking place on an ad hoc basis, e.g. for preparation of proposals, contract modifications or urgent crises, and do not follow any regular, institutionalised pattern of

[35] National Co-ordinators are financed by UNICEF, but are not UNICEF staff.

meetings except in the larger framework of SACB. Working relations have however never reached the closer level of joint field initiatives such as joint monitoring visits (which are recommended by the consultant), or mutual attendance to regional seminars, as it had been the case e.g. between ECHO and UNHCR during the Balkans crisis, which much profit. These aspects might be discussed in the framework of the recently endorsed Good Humanitarian Donorship principles.

134. In this regard, UNICEF staff in the CSZ would much welcome regular field visits by ECHO technical experts –security permitting-, as it would allow ECHO to get an optimum understanding of the prevailing situation in the funded projects and to better identify areas that may require additional emergency funding. ECHO field visits had indeed been quite frequent in the first half of 2001 (four visits are recorded), and have been reduced to one annual mission in 2002 and 2003.

B.4. SECTOR STRATEGY

B.4.1. Efficiency and Effectiveness

Have the employed means been adequate to achieve the objectives ?

Somalia

Introduction and Overview

135. Considering the extremely difficult and country-specific working conditions in the CSZ, effective projects are mostly long-term and multi-sector (integrated approach with water, sanitation, hygiene, health, training). "Entry points" could either be achieved through water revenues (UNICEF) or through hygiene/sanitation advocacy (according to ECSU approach), though they would need interwoven support of the other activities to become fully effective. They need also to respond to a number of *pre* and *post-conditions*, namely:

136. Pre-conditions

- Relative local stability (inasmuch as this can be predicted beyond an horizon of 6 months).
- Awareness and commitment of a local community who would assume ownership; possibly privatization through a local company.
- Perceived neutrality of the agency or NGO in the wider Somali context.
- Baseline survey of conditions before starting the project
- Sufficient access and qualified supervisory staff to ensure regular visits and final acceptance.
- Adequate cross-sectoral monitoring capacity (tools, indicators and resources) by the agency or NGO, not only during installation (output) but also after (outcome and performance).

137. Post-conditions

- Pledging by a longer-term donor (possibly AIDCO in the LRRD framework) to sustain funding throughout the time needed to complete dialogue with the community, and/or the periods during which the project might not be accessible for security reasons.

138. It needs however to be stressed that even the above pre-requisites cannot guarantee complete or automatic success. Dialogue with local communities and elders often take most of the project intended time and may not be conclusive despite efforts (which may result in disrepair or looting); lessons learned in one area may not necessarily apply as such to another region of CSZ, and unexpected fighting might destroy the project. Local staff and implementing partners are often poorly qualified, which in turn requires additional international staff for supervision (and qualified volunteers for Somalia are difficult to find, as already mentioned). Furthermore, the rainy season is likely to prevent access/monitoring to many remote areas (there are almost no good roads and the earth would turn almost instantly into the deepest sticking mud) during six months out of twelve (Oct-Dec and Apr-Jun).

Objectives and Relevance to Needs

139. According to interviews with hospital representatives, most diseases in the CSZ are related to poor water supply, hygiene and sanitation, but concern also malaria, respiratory diseases (tuberculosis), snake bites, etc. Both acute and chronic malnutrition in the under-fives is a chronic problem. UNICEF supports implementing partners for supplementary feeding

programmes in 12 MCHS, 2 hospitals and 4 therapeutic feeding centres in Bay, Bakool, Gedo and Benadir regions.

140. The table 4 provide an overview of outpatients records from approx. 60% of UNICEF-supported health facilities. Cholera appears only sporadically, mainly during the hot season. As it can be noted, the incidence of diseases remained much the same from 2001 to 2003. (see also chapter on effectiveness and results below).

Incidence of disease recorded in Health facilities since 2001 in CSZ Table 4

[1]Diseases	2001 (%) Jan-Sept	2002(%) (Jan-Sept)	2003(%)(Jan-Sept)
*Watery diarrhoea	10.2	9.8	9.7
*Blood diarrhoea	3.2	3.0	2.9
[2]Malaria	7.1	8.4	8.5
Acute respiratory infections	12.4	13.9	11.7
*Intestinal parasites(worms)	10.8	10.8	10.5
Measles	0.7	1.4	0.7
[3]Malnutrition	27.3	24.7	18.6
[36]Total Users	386,009	275,812	297,678

*poor water, hygiene and sanitation related

[1] Diagnosis questioned as staff not adequately qualified for correct diagnosis of diseases

[2] Upward trend since 2001

[3] Downward trend since 2001, though malnutrition is an underlying cause of at least 30% of children diseases seeking health care for another illness.

141. The Jowhar Intersos Hospital e.g., covering 30.000 inhabitants of the town of Jowhar and up to 100.000 rural population, has registered 589 unconfirmed cases of cholera in 1996 (before water supply systems were rehabilitated by UNICEF). In 2001, the Luuk Hospital, covering approximately 30.000 people, reported 172 cases of unconfirmed cholera. Diarrhoea cases, mainly affecting children and sometimes causing high mortality rates, can be found throughout the year. The identification of diarrhoea cases is rather difficult, since most of the patients would rather buy drugs from local health centres than address a hospital. As an example, the Luuk Hospital has registered only 200 to 700 cases of diarrhoea every month with peaks during the rainy season. Considering these health conditions, the rehabilitation of water supply systems to reduce the incidence of water-related diseases is of prime importance.

Organisation and Efficiency

142. In the *WES sector*, needs assessments, technical surveys, regular site supervision and field monitoring were mainly carried out by, or under the responsibility of the WES Project Officer based in the CSZ, who was himself restricted by considerable constraints of access and security (above), and who had not been trained in monitoring practices. He receives technical support from the Nairobi based Head of the WES Section or his Assistant, who travel as regularly as possible to the whole country, including to Somaliland and Puntland. However, regular field monitoring, supervision of works, or even the crucial final inspection and acceptance could not always be adequately ensured. The field visits by the Nairobi-based co-ordinator for health and nutrition have similarly been as frequent as the security situation allowed.

143. Quantitative outputs as listed in the project proposals were nevertheless duly monitored. This was not the case for project outcomes (impact could only be measured several years after

[36] repeat visits included

completion, at best) even though basic health statistics are often available from hospitals, health centres or communities. This would however have meant a degree of integrated, inter-service approach and joint tools, e.g. between WES and Health sectors. The frequent lack of baseline data at the beginning of a project made the changes or outcomes extremely difficult to measure. The M&E section in Nairobi confirmed that a major regional impact assessment is planned for the near future, though this would not focus on individual projects but rather on the overall intervention in the WES sector; it will also not necessarily include Somalia, although it may.

144. Since there are no governmental institutions in the CSZ, UNICEF is usually implementing WES projects in direct co-operation with community based organisations (CBOs), NGOs or 'mixed' commercial companies such as 'Fargano' in Jowhar[37]. In the important field of hygiene awareness promotion, WES did co-operate with specialised NGOs (e.g. Muslim Aid UK, Juba Shine in Jamaame), though not in ECHO-funded projects.

145. In the *health sector*, inputs of EPI project have been considerably improved since 2001 and have been timely delivered according to all partners. Broken refrigerators or generators have all been repaired or replaced with new ones. The provision of inputs to facilitate other primary health care **(**PHC) activities at the health facility level has also been regular and is well documented[38]. The activities include for example ORT[39] corners, drug kits, safe motherhood practices, clean delivery kits to the TBAs, nutrition – weight and height measurements, food demonstrations, nutrition education, etc. However, results or impact of these activities are neither reported nor documented, since indicators are again related to inputs and outputs rather than to outcome[40]. There was one qualified and effective nutritionist in the UNICEF staff.

146. Training and capacity building are the main challenges for UNICEF in the CSZ, and the agency is considered to be the largest training organisation present. Reports indicate regular training workshops focused on EPI, feeding programmes, nutrition surveys, HIV/AIDS, etc. Their aim is to increase the technical knowledge and skills, raise awareness and strengthen supervisory and management roles staff of implementing partners, local communities –including their leaders, teachers, etc. Quality however has reportedly not always been optimum, and the content of most training is based on the standard UNICEF or WHO guidelines, not country-specific.

Effectiveness & Results

147. UNICEF has chosen to concentrate *WES activities* mainly on the rehabilitation of existing boreholes in the CSZ. 470 out of 800 boreholes identified in a survey made in 1999-2000 had been vandalized, most of which had been created in the 1970's and 80's by the Soviet planners of the Syad Barre regime.Water from these boreholes is in most cases simultaneously provided for the watering of livestock and as drinking water for the population. Additionally, UNICEF has constructed/ rehabilitated semi-urban water supply systems without livestock components (e.g. in Luuk).

148. According to the project proposals, needs assessments were to be based i.a. on inventory of existing water resources, water supply planning, rehabilitation surveys and hydro-geological and geophysical surveys. Additionally, data on water burden on women and children to collect water,

[37] 'Fargano' is a commercial water supplier but it also has an NGO branch, and it is one of the most reliable implementing partner of UNICEF in CSZ. Their status as both commercial contractor and NGO is usual for most Somali 'NGOs', since no official registration or rules for NGOs would regulate their activities or status.
[38] CSZ Health and nutrition partners co-ordination meeting
[39] Oral rehydration corners – for the management of diarrohea dehydration
[40] e.g. number of teaching events planned and conducted and number of health workers trained, number of health facilities visited for supervision, numbers of impregnated mosquito nets distributed, etc.

on the predictable effectiveness of the training in water consuming habits and on the impact on returnees were to be collected.

149. However, baseline surveys of the health or socio-cultural situations were generally not done, and needs assessments or conceptual planning seemed sometimes unsatisfactory. In Luuk e.g., to the opinion of the evaluation the provision of hand pumps instead of the construction of a whole energy- and spare parts-consuming pumped water supply system would have been more advantageous[41]. Even when they are planned in a humanitarian context, water projects are often bound to have long-term impact in the fragile CSZ, though socio-cultural and environmental consequences are not assessed beforehand (respect of nomadic routes, attraction of additional consumers, creation of permanent settlements with increased needs in health and education, tribal disputes, over-grazing, etc.). In some cases, due to unacceptable water quality, hand pumps are only used for washing of clothes and cleaning. Such factors can generally be attributed to the current impossibility of carrying out expensive hydro-geological survey in CSZ.

150. The operation of submersible pumps installed in the boreholes requires the provision of electrical energy with the help of diesel generators. Diesel and spare parts have either to be purchased by the borehole operator -local management committee or private commercial company- through the collection of fees, or has to be provided by aid agencies. Faced with this choice, UNICEF had sensibly been trying to promote self-sustainability and has consistently set up and trained management committees (standardly made of five representatives from the concerned communities, including two women and a former water department technician). On project sites in rural areas where fees are mainly collected for the watering of livestock, the systems seem to be operational, at least during the dry seasons. In some cases, excess water fees are simultaneously used for maintenance activities on schools, so that the fees are seen by the population as taxes.

151. In other cases however, project sites turned out to be pure livestock watering schemes. Distribution points with taps for the beneficiary population (kiosks) were not properly designed and/or constructed (faulty or missing concrete slabs, drains, soak pits, fencing against cattle, etc). In some isolated projects (Hosungu) kiosks are missing completely, which jeopardises project objectives.

152. On sites where self-sustainability depends solely on the collection of fees, a high degree of awareness of the population has to be created to demonstrate the benefits of safe drinking water. Failing which, a part of the population will continue to use adjacent rivers (crocodiles permitting), ponds and puddles where water, although not safe, is free of charge. In this regard, the evaluation found that sensitisation measures described in project proposals seemed to have been only rudimentarily carried out. Hygiene awareness campaigns concentrate on general health aspects (including nutrition and cleaning) rather than to focus safe drinking water; they often come late in the project and tend to target more the water committee than the beneficiary population, who are generally motivated by videos and posters. Nevertheless, UNICEF claims that a major hygiene and sanitation programme is being implemented in schools and at community level, using the PHAST concept (Participatory Hygiene and Sanitation Transformation).

153. Despite the overall figures of table 4, positive results of projects in the areas where UNICEF has been most active can nevertheless be found in the field (though much less in reports). Analyses of hospital records in the Jowhar region e.g., where many rural water projects were implemented

[41] This opinion is contested by UNICEF which states that " to dig enough shallow wells in the village above the flood level of the river, and deep enough to retrieve quality water from the aquifer in the dry season when the river dries up would have been an expensive option and taken a long time."

by UNICEF in 2000 to 2003 and where a major urban water supply projects is operational since 1998, revealed the incidence of cholera was reduced from 589 cases in 1996 to 93 cases in 2002 and only 52 cases in the first three quarters of 2003. Beneficiaries stressed unanimously that the incidence of diarrhoea and cholera is now lower than before the water supply system was operational, which was basically confirmed by local NGOs, health centres and hospitals. In Jamaame, another successful urban water project (not financed by ECHO), the health centre run by Muslim Aid UK stated that almost no cholera and diarrhoea cases were identified after the supply system had been installed in 1999.

154. Regarding *EPI*, although routine immunisation coverage has increased between 2001 and 2002, it was still below targets. The same is true for vitamin A supplementation, despite distribution of impregnated mosquito nets (their subsidised sale is restricted to mothers who sent their children Mother and Child Health centres for vaccination). Reasons for this low coverage are various and include insecurity, inadequate social mobilisation, drop outs and misconceptions of vaccinations among communities, lack of partner staff capacity, etc.

155. As a consequence, the alternative strategy of EPI Acceleration Drive has been introduced in 2002. Its aim is to fully immunise all the children under five for all antigens, as appropriate. During the 1st year – 2002 – the drive was aimed at 4 major towns; in 2003, this was aimed at the under-fives in 18 regions and district towns. During the 3rd and 4th years – 2004 and 2005, the Drive would be targeted at the community level. The 5th year would finally attempt to reach the nomadic population. The whole activity includes very intensive social mobilisation, training of the new vaccinators and setting up a series of vaccination sites, thus increasing the accessibility. The cost is however expected to be twenty times superior to the routine EPI[42]. The Drive could therefore probably be a valid topic for discussions in the framework of the Strategic Programming Dialogue with ECHO and the Commission, to better define possible LRRD between response in the acute emergency phase of the programme (to reduce excess mortality) and the subsequent necessary longer term strengthening of the health systems.

Burundi

Objectives and Relevance to Needs

156. In the *WES sector*, the Burundian Government estimates that up to 42 % of the water infrastructure is not functional. The infrastructure has been destroyed and the conditions are deteriorating due to lack of maintenance and available technical capacities. As many as 89 % of the rural population has access to domestic latrines, however only 23 % use them in a hygienic manner. Most public infrastructure, including schools, function in precarious hygienic conditions. The situation especially effects the displaced populations, among whom nearly 300.000 live in camps of a temporary nature. About 70 % of IDPs do not have access to the minimum of 10 litres of water per person and per day. As a consequence, target groups of WES project activities were primary schools, IDP camps and vulnerable communes, particularly in the southern province of Makamba where one third of all Burundi IDPs can be found, and along the Tanzanian border which was heavily disrupted by civil war.

157. The most important constraint to project impact is the lack of understanding of notions and benefit of hygiene by the largely rural, under-educated population (92,1%). Contrary to other ECHO-funded projects (Solidarités..), the limited capacity of UNICEF government implementing partner (PEA) does not include serious hygiene education through community-

[42] In the 2cd year only, the budget for 3 rounds of EPI acceleration in the 18 districts amounts to 196.313 US$ (approx. 165.000 Euro)

based approach (apathetic committees). As a result, rehabilitated water points and better quality water would not be used to improve hygiene (unwashed children next to taps), and when the systems stops functioning (which seems to happen quite rapidly by lack of maintenance or vandalism – Bisinde), the population would simply revert to polluted sources.

158. UNICEF proposals in the *Health sector* are coherent. The EPI project (2003/01009) includes clear objectives and apparently realistic indicators. Risks are duly identified in the proposal as well. The same can be said for the malaria proposal (2003/01008). OFDA has taken over support to the nutrition sector in 2003, though the situation remains precarious and vulnerable due to insecurity, displacements, poverty, etc. However, despite very poor indicators in the UNDP Human Development report (see B.1.3), the share of Health in the national budget has been steadily decreasing, from 5% in 1992 to 2,2% in 2003 (i.e. only 0,7 US$ per head, since the budget has itself sharply decreased). Furthermore, the health cost-recovery system does not appear to be transparent, and some collected amounts at provincial level are reportedly transferred to the central government for extraneous purposes (i.e. defence). Even if the peace process manages to develop, health humanitarian needs are likely to remain huge in the foreseeable future. Statistics from the Ministry of Health indicate that 82% of the mortality and morbidity among under-fives children are linked to poor hygiene and sanitation.

159. The bulk of the CAP 2004 requests by UNICEF subsequently concern the health sector (approx. 45% of the total). On top of the two malaria projects (below), the proposals include: 704.545 $ for access to primary health services, 2.158.560 $ for EPI, 519.600 $ for essential drugs, 363.636 $ for prevention of HIV/AIDS transmission from mother to child, 500.000 US$ for "community and family-based approach to children nutrition", 1.584.000 US$ for nutrition products, and 909.091 $ for control of epidemics and emergency response (in co-ordination with WHO).

160. *Education* was arguably the weakest of the UNICEF sectors assessed in Burundi. According to the proposal made to ECHO for project 2003/01010, the evaluation of needs had been performed by the services of the Ministry (MoE) in collaboration with UNICEF. Requirements concerned "bancs-pupitres" (benches with seats), material for destitute children (see delays of books under B.3.1) and for teachers. However, the needs in the sector are so large, the policy of the MoE is so inadequate (see e.g. the problems of minerval and indigents under B.3.1, but also the lack of preparedness for mass returns in B.4.2) and the capacity of the UNICEF section is so weak (irregular field monitoring, no policy dialogue with MoE, no co-ordination with other sections) that the quality of identification of priorities needs probably to be questioned. The 7.300 bancs-pupitres are meant to replace those that have been burned by the army or by the rebels. Field visits showed however that most had simply been worn out by time. The average of 50 pupils per class to be equipped with new furniture does not fit with reality either: most classes have to accommodate twice that number or more, and the main problem is rather the sheer lack of buildings to accommodate both pupils and furniture, even when only 54% of children in Burundi have the opportunity to go to primary school[43].

Organisation and Efficiency

161. The institutional partnership framework in the *WES sector* is rather complex. UNICEF supports the co-ordination of all interventions at national level, through the Direction Générale de l'Hydraulique et des Energies Rurales (DGHER), a service of the Ministère du Développement Communal et de l'Artisanat (MDC). The DGHER staff is essentially responsible for needs assessments and technical studies of UNICEF projects, but also for co-ordination of the Régies Communales des Eaux (RCE). In this context, another service, the PEA (Projet Eau et Assainissement), is responsible for the implementation of the governmental programme in the

[43] Source: UNDP Human Development report 2003

fields of water, sanitation and hygiene. So far, the PEA has been reporting to the MDC, but an internal UNICEF evaluation carried out in September 2003 recommended that the DGHER should be directly responsible for the PEA.

162. Project proposals from DGHER are forwarded to UNICEF, which has no input or influence on the needs assessments or technical studies, though proposals are then verified on site by a joint mission. At that stage, UNICEF identifies possible funding e.g. from ECHO.

163. For implementation itself, roles are defined as follows: UNICEF is responsible for funding, material supply, logistical assistance and staff training, and the government takes care of staff, office space and local manpower. Staff salaries are paid by the government, but UNICEF provides subsistence allowances, called "primes de chantier", which are seen as a significant additional income.

164. At communal level, operation and maintenance of water supply systems is covered by RCEs, under the supervision of a Provincial Co-ordinator. UNICEF has not influenced the definition of RCE tasks and responsibilities, and their main problem is the lack of financial resources. Due to the many current problems, the contributions expected from consumers (from 300 to 500 FBU annually) are often not paid. However, RCE activities did not seem very transparent to the consultant. The use of funds was sometimes unclear, taking into account that RCEs are profit-making organisations and simultaneously sometimes fulfil the task of a tax collection office for the government. Manipulations in this regard were lamented from various sides.

165. The position of the Provincial RCE Co-ordinator was apparently initiated with the help of UNICEF. His tasks include the supervision of needs in spare parts, in maintenance, and co-ordination of heath aspects with the CPPSs (Provincial Co-ordinator of Health Promotion) and the TPSs (Communal Health Promoter). In this respect, UNICEF has effectively sought to contribute to the sustainability of projects, which is definitely an added value.

166. CPPSs and TPSs have a particularly important role, since a high degree of awareness has to be created among targeted beneficiaries to promote advantages of safe drinking water, to avoid misuse or destruction. These specialists usually have medical backgrounds and are responsible for hygiene and health issues. They inspect public facilities, including schools and administrative buildings, and provide advice on all health aspects, including water. However, they are not responsible for awareness campaigns, which are carried out by the governmental "animateurs" who do not seem to have proper sociological or medical backgrounds. Although sensitisation of beneficiaries was left completely (and unfortunately) to the government, UNICEF supported the creation of water committees and "club d'hygiene" in primary schools, to focus mainly on cleaning and maintenance of the water collection point. In this regard, it must be mentioned that no co-operation could be identified between Education and WES sections, either for the hygiene education of children or for the installation of water and sanitation facilities in primary schools, despite strategy on integrated approach and joint Task Forces. The hygiene awareness concept is based on PHAST, which seems to respect the existing socio-cultural and structural/political conditions.

167. In the WES sector, the approach of the several active NGOs (IRC, Solidarité, Action Aid, Tearfund) is generally based on the decentralisation of the activities through locally based field officers. Some are working mainly in the development sector, other focus their activities on the emergency rehabilitation of existing water supply systems. Unlike UNICEF, most NGOs apply a participatory approach and implement water projects with a more direct involvement of the targeted population. The consultant has more specifically discussed with Action Aid and IRC (the International Rescue Committee).

168. IRC has signed agreements with the Burundian Government about the regional zones of intervention, the use and development of water resources, whereas needs assessments, technical studies and designs were made by IRC technicians. Contingencies for emergency preparedness (e.g. trucks, bladders etc.) is of major concern. Quality control and project monitoring is necessary and very important, whereas under the given circumstances monitoring of the project impacts is rather difficult. A special focus of all NGO project activities is laid on the sensitisation of the beneficiaries, women in particular. The IRC admits that due to the prevailing political unstable and unsecured situation, the sensitisation of beneficiaries regarding health and hygiene aspects is very difficult if not impossible. Nevertheless, compared to UNICEF, the IRC has carried out more intensive hygiene promotion activities comprising radio broadcastings, school education and the distribution of messages and posters. Assistance for the creation of water committees and the training of „fontainiers" are also always major components.

169. According to the Ruyigi Provincial *Health* Director, there are only around 130 medical doctors in the whole country (for almost 8 million people), and nearly 100 of those are based in Bujumbura. The field monitoring is essentially left to the Ministry of Health, and field presence of UNICEF is minimal (visits are reported every 2-3 months). The capacity of the governmental partner to carry out activities and to collect statistics seems however acceptable, and the support of key NGOs (MSF, ACF, etc) to the health centres is valuable. The staff monitoring EPI activities at the Ministry of Health is adequate, seem competent and have maintained good links with UNICEF. This EPI Department is also responsible for the maintenance of cold chain at provincial level: three trained cold chain technicians are responsible for the repair and are constantly on standby whenever needed. The main constraints are security, which limit access of beneficiaries to the health centres and includes some looting and destruction, together with some shortcomings of spare parts for the cold chain (sometimes interrupted but rather rapidly restored), in drugs, food supply (ACF mentioned recurrent gaps of up to one months, due to delays at Ministry, UNICEF and WFP levels), and lack of staff. Another constraint is the recovery system of health costs, which may prevent the most vulnerable populations to have access to health treatment (55% of IDP households – in average 6 persons- have a *monthly* revenue of less than 1 Euro (1.250 FBU), whereas 40% of consultations may costs more than 500 FBU, and the average cost for a quinine treatment of malaria –the most common disease- is 1345 FBU[44]). However, the beneficiaries seem to be sufficiently aware of the importance of vaccination, and the lack of vaccination is clearly perceived as a health hazard.

170. Like for Somalia, the mandate of UNICEF in Burundi includes training and capacity building, in this case to the to Ministry of Health. Training development and is done in collaboration with the Ministry and with facilitators from relevant institutions. Training is very activity-focused, and UNICEF has supported the compilation of training modules for different subjects; this activity is an integrated component of the plan of action for any project. There is very little emphasis on needs assessment, research, monitoring and evaluation, though the UNICEF staff (in particular the Head of the Health and Nutrition section) appear to have a strong background in M&E.

171. It should be noted that unlike UNICEF, most NGOs in the health sector work at grass root level with field offices in all provinces, with commendable effectiveness and results. For example, malnutrition rates in the (ECHO-financed) therapeutic and supplementary feeding programmes administered since 1998 by Concern in the province of Cibitoke, have been reduced from 8.4% to 1% in 2003. The International Medical Corps (IMC) works also in four provinces, where it has field offices with expatriate co-ordinators.

[44] Source: "Identification des problèmes humanitaires et des besoins socio-économiques des ménages dans les sites de déplacés", UNICEF-OCHA-PNUD/PCAC, May 2002

172. Lack of monitoring, appropriate indicators and co-ordination were also key constraints to efficiency in the *Education sector*. Field visits are reportedly carried out "every 2-3 months" (the proposal envisaged a "suivi soutenu"), though it is not clear whether they have access to all sites, or whether they are used to monitor any specific indicators. In the absence of an international M&E Officer, there was simply no field monitoring tool for education. Indicators would urgently need to be defined to verify some of the objectives of the proposal, such as: quality of furniture, to ensure that "real beneficiaries receive the material", that 53.000 children will have "sufficient school material for quality teaching", or that improved "quality of teaching" and "pedagogic capacity" of teachers (which amounts to the output of providing new black boards) have been achieved.

Effectiveness & Results

173. Implementation of *WES* construction works and day-by-day supervision of activities, were both carried out by local governmental services. Monitoring of project results by UNICEF was similarly mainly based on the field reports submitted by the supervisory service of the Burundian Government. The impact of project activities was not monitored at all, neither by the governmental services nor by UNICEF. To which extent the provision of safe drinking water has contributed to the reduction of water-borne and water-related diseases (the objectives of the proposal to ECHO) could nevertheless have been verified on site by questioning the beneficiary population or by checking hospital or health centre records, since basic health statistics are usually available.

174. It must be noted that the operational partnership with the DGHER, despite its weaknesses, facilitates the role of UNICEF in advocating both with them and at the central government level for the supply of water, sanitation and hygiene, which was not previously a priority for the Burundian government.

175. In most regions of Burundi water from rivers, streams (unsafe) and springs (safe) is often available throughout the year. Hilly topography usually suggests provision of water by spring-gravity systems. Since no energy supply is necessary for the operation of spring-gravity systems and spring collection facilities, water and sanitation systems can be operational and sustainable for many years, with only some limited contribution for possible repair and maintenance works.

176. However, field visits revealed that many of the recently rehabilitated facilities were already in bad shape. Water taps have been removed and self-closing taps or valves were not installed, concrete is dislocated, soak pits are missing and the environment is swampy and dirty. At the time of the evaluation, water quality test kits had not yet been provided by UNICEF as proposed. Many water collection points are not operational any more. In some other cases, yields are far too low due to distance from source and inappropriate location[45]. Latrines were generally constructed according to state-of-the-art requirements, but were obviously not used by beneficiaries as planned. Most remarkable is the fact, that on some sites where water supply systems were rehabilitated by UNICEF, the local primary schools –and the health centres- were not connected to the water system despite MTSP priorities[46].

[45] In the IDP camp of Gatabo, Makamba province, the 23 Km-long connection pipe had managed to supply the 5.000 people (displaced on a hill by the Army) with only 0,8 litre of water per second….

[46] Some primary schools visited in the province of Ruyigi (Gisuru: 710 pupils; Nyabitare: 1.061 pupils) did not have any water or sanitation facilities. The lack of water in these areas is endemic, and security has only very recently allowed access to the UN, which partly explain the lack of UNICEF action. Some schools visited in the province of Makamba were hardly better served: in the camp of Muyange (10.000 IDPs), a primary school with 860 children in the middle of the camp had not water or sanitation (the whole camp had been without

177. In terms of capacity to capture lessons learned and to translate them into corrective measures for the future, the CAP 2004 does not seem to have adequately considered community mobilisation for hygiene awareness, which should have been a key lesson. Out of 3 WES projects envisaged, only the project 'BDI-04/WS02' includes 33.000 US$ for "training of 330 community health agents for social mobilisation in hygiene and health", or a mere 1,3% of the total of 2,5 million US$ requested. Furthermore, the effectiveness of training such agents without deep-rooted community commitment or government support and monitoring, is dubious.

178. Nevertheless, data available at the Rural Hospital in Ruyigi show that the incidence of dysentery was reduced from 2736 cases in 2000 to 1846 cases in 2002, and 1170 in the first ten months of 2003. The project activities in the water and sanitation sector implemented by UNICEF since 2001 have certainly contributed to this positive trend.

179. Effectiveness of *EPI* activities are demonstrated by strongly decreasing statistics e.g. on measles (from 5.763 reported cases in 2000 down to 18 cases in 2003) and on coverage and morbidity rates for the other key vaccines (see the table of vaccination coverage below).

Table 5

Type of vaccine	2001	2002
Measles	54%	90%
Polio	68%	70%
DTC3	64%	72%
BCG	70%	102%*

*additional refugee population has been vaccinated

180. Regarding malaria, the challenges are significant: an epidemic has reached the figure of three million cases in 2000 (there had been 530.000 registered cases in 1990 and 1.100.000 cases in 1995) which accounted for 50% of all consultations in health centres. This demonstrates an extension of the disease to the previously malaria-free high central areas, and has combined with strongly deteriorating other health and economic indicators. Such figures appear to be strongly in contradiction with the millennium goals[47]. In the framework of the "Roll-back Malaria" programme UNICEF concentrated its efforts (mosquito nets, drugs) on the traditionally most vulnerable provinces, though in some of the provinces visited (Ruyigi, Makamba), there were no mosquito nets available despite very high morbidity rates. The result of the 2001 campaign has nevertheless produced result (cases have decreased from 3.110.327 in 2000 to 2.316.237 in 2002[48]). A new protocol has been introduced (artesunate + amodiaquine and quinine), which will however increase nine-fold the cost of the first line treatment, to 3 US$. The drugs could be found in some of the health centres visited (at different prices, only Muyange charged the agreed cure costs of 100 FBU for under-fives and 200 FBU for adults. Gatabo charged 1.080 FBU for the same cure). In the CAP 2004, UNICEF has presented a proposal of 2.386.364 US$ for

water during the whole summer season, between July and November 2003, despite a "fully functional" UNICEF WES system). Another school (810 children) had water but no sanitation Furthermore, water had been deliberately cut by the RCE to the Health Centre of the camp since 1997 (!), reportedly due some unpaid invoices. In Gatabo, the largest school among IDP camps in Makamba province (911 children) had been provided with brand new (but hardly sustainable) buildings, but was at the very end only of the totally inadequate water pipe system and had consequently no water either…

[47] According to the MDG, 60% of pregnant women and under 5 children would sleep under mosquito nets by 2005, 60% of cases would be met with affordable treatment within 24 hours, and overall cases would be reduced by 60%…

[48] Source: EPISTAT

procurement and distribution of the new malaria protocol treatment (in addition to 1.892.045 US$ for mosquito nets).

B.4.2. Emergency Preparedness

Is UNICEF able to respond to major and sudden changes in the region ?

181. The effectiveness of the Emergency Preparedness Planning Response initiative has promoted UNICEF to a leading role in the sector, in the two countries visited. The agency has carried out a thorough survey of potential sudden changes. It is currently able to respond to major identified risks in Somalia CSZ, and preparedness measures are being built up in Burundi. These activities have not been funded by ECHO, and it is not clear how far they are compatible with the current DIPECHO strategy. Preparedness furthermore appears as the main cross-cutting aspect throughout the Core Corporate Commitments, the agency's self-designated mandate in emergency response. Emergency preparedness could therefore be entitled to benefit from a thematic funding from ECHO.

Somalia

182. In 1997-98, Somalia has heavily suffered from a violent El Niño episode, which has killed numerous victims and made hundreds of thousands homeless. Lessons have been duly captured in the Emergency reforms. Due to its extensive presence across the area, the importance of its regular resources and the effectiveness of the "Emergency Preparedness and Response Planning" (EPRP) country survey, UNICEF currently appears as the leading agency in the field of emergency preparedness in the CSZ. A comprehensive programme has been set up, which corresponds to the major risks identified in the survey (last updated in August 2003).

183. The main components include contingency plans against the following situations:

- Floods in the Juba and Shebelle valleys, with pre-positioned equipment (sandbags, shelter, medical and purification inputs, emergency food, etc.) to assist immediately up to 20-30.000 people with complete resettlement kits, as well as speed boats for access. Further fast deliveries have been planned from Nairobi.
- Drought, in close co-ordination with the Food Security Assessment Unit of the FAO
- Movements of IDPs due to fighting
- Outbreaks of cholera, measles, etc. (in co-operation with WHO).

184. Some of this equipment is quite costly (chlorine, water bladders), and/or need to be replaced from time to time (BP5 survival biscuits): some financial support from donors such as ECHO might be appropriate. The emergency preparedness programme is now focusing on working on advocacy and capacity building of local communities located in high-risk areas.

Burundi

185. Despite the lack of its resources (2 international and 1 local staff, budget of 1 million Euro per year), the Emergency Section of UNICEF in Burundi is playing a very important and pro-active role of preparedness to disasters and of contingency planning, in line with the country Emergency Profile completed in December 2002. Several examples of "best practice" could be assessed by the evaluation, which are detailed below.

186. The Emergency section has also a "mainstreaming" role within the Country Office, "supporting" (or replacing) other sections, managing emergency stocks, co-ordinating with key partners (UNHCR, local authorities, ACF, IRC, MSF, Oxfam, Solidarités, etc), and reporting directly to the Senior Programme Officer.

187. A major risk for 2004 is the possible mass return of refugees from Tanzania following the recent peace agreements, combined with further resettlements of IDPs. Figures are indeed staggering for a country of almost 8 million inhabitants. The contingency plan of UNHCR[49] has identified 843.932 refugees, most of them in Tanzania (approx. 820.000), the others in RDC and Rwanda. Out of that number, the most easily identifiable are the 353.132 refugees who have been living in UNHCR-managed camps, some of them since 1993. Most of these refugees would be returning to the five border provinces of Ruyigi (approx. 80.000), Makamba (60.000), Cankuzo, Rutana and Bururi. There are furthermore approximately 280.000 IDPs in 226 camps, a third of them in the province of Makamba.

188. These movements are currently encouraged by the government of Burundi (to convince the international community and the donors that there is a return to normality and development), by Tanzania and by UNHCR (to see the end of a protracted refugee situation). Unfortunately, contingency planning for their return, e.g. in the Education sector, is far from being satisfactory. Returns to the province of Ruyigi alone could concern up to 40.000 children between 0 and 15 years, whereas existing schools or structures that would need urgent rehabilitation could accommodate 3.000 children at best. Plastic sheeting would in addition be available for a maximum of 3.000 children as well. This last solution is however rejected by the Ministry of Education, and the Education section of UNICEF does not seem to be able to discuss with the government regarding the unrealistic policy to set up only permanent, high cost and high quality structures for schools, and not temporary urgent ones. The section seems similarly unable to co-ordinate with UNHCR, which should have detailed information on numbers of refugee, children, intended places of re-location, and available school material or teachers.

189. Fortunately, the EMOPS section has taken upon itself to start planning and co-ordinating with UNHCR the setting up of semi-open, low –cost structures (est. 10.000 Euro for 3 classes of 100 children each, to be built in 3 weeks) and that could be upgraded to higher standards in the future.

190. In the same framework between 10 and 20 November 2003, the Emergency section has organised a very comprehensive "Séminaire de formation sur la préparation et la réponse aux urgences" in Ruyigi, with the support of its key partners MSF-Holland (Health), ACF (nutrition) and Solidarités (WES)[50]. The total cost, approx. 9.000 Euro, was covered by DFID and SIDA. The seminar attracted considerable attendance and interest from the main local NGOs, but also from institutional partners and provincial /communal authorities, who even came from neighbouring provinces[51]. This "decentralised" approach (pending a real decentralised process of institutions) was the first ever seminar of its kind ever attempted by the Emergency section in Burundi, and can be seen as a significant success, to be repeated and disseminated in order to try to overcome some of the delays and problems created by overly centralised governments. Sectors included humanitarian principles, co-ordination, rapid assessment, IDPs, sexual abuses, programming, nutrition, protection, HIV/AIDS, health, water & sanitation, donors, etc. The

[49] "Dispositif d'intervention en cas d'un afflux de rapatriés au Burundi", UNHCR, April 2003
[50] One can only regret the absence of WFP and UNHCR.
[51] Although a traditional reason for attendance to seminars is of course also the per diems, in this case 14.000 FBU (10 Euros) per day.

final objective was to set up contingency plans in the regions of Burundi that are most likely to be concerned by mass returns of refugees from Tanzania.

191. Another example of best practice is the "Plan de contingence municipal" which has also been set up by the Emergency section to prepare for any possible form of disaster (fighting, epidemics, natural disasters) that could happen in Bujumbura-city and Bujumbura rural areas. The plan identifies needs for each sector (re-location areas for IDPs, security, water and sanitation, nutrition, food and NFI, health, protection), all potential actors and their respective roles/actions, existing resources and requirements. The plan is placed firmly under the authority of the Bujumbura municipality, for control, co-ordination and ownership.

192. Emergency mainstreaming has however not yet been translated in the new CAP 2004. Chapter 3.4 "Planning scenarios" of the CAP does not seem to privilege the option of mass repatriation and its possible disastrous consequences on inadequate infrastructures. The CAP envisages only a return of 288.000 refugees from Tanzania, out of 390.000 (a figure suddenly inflated to more than 1 million in chapter 5.3.2 "Emergency Response") as a "less probable, most favourable scenario". The only contribution of the CAP to Emergency is a proposal of 885.057 US$ from UNICEF for NFI (non food items) emergency stockpiles.

B.4.3. Child Protection

Are there possible synergies between UNICEF and ECHO policies and priorities in protecting children as a targeted vulnerable group ?

193. This core mandate component of UNICEF has only recently been developed in Somalia –activities have mostly been focused up to now on survival, though Protection is the second largest component of the Burundi country programme for 2003 in budgetary terms (27,5% of total appeal requirements). Synergies should be built up between UNICEF and ECHO to better protect vulnerable children in crisis situations, such as child soldiers, orphans, etc. The complexity and variety of child protection issues appear to call for flexible responses such as appropriate thematic funding.

Somalia

194. Child Protection activities are currently combined with non-formal education and youth activities, though they should be included as from 2004 in the more consistent CPP section (Communication, Protection a& Participation), to better support the comprehensive Child Protection programme recently initiated by UNICEF in Somalia. The programme is based on a number of recent studies[52], and focuses on attitude change regarding eight identified key issues:

- Children victims of violence (incl. sexual abuse)
- Child soldiers (an estimated 200.000 children have fought in Somalia during the past 12 years)
- Orphans
- Street children
- Children in disadvantaged groups (including IDPs)
- Handicapped
- Children in conflict with the law (in jail)
- Children exploited for labor

[52] i.a. the Child Protection Study and the Small Arms Study by UNICEF, others by Save the Children Alliance

195. Most of these issues are however either relatively limited in scope (30-40 children are thought to be in jails) or are deeply linked to traditional/cultural behavior, hence would require long-term efforts. Three main sources of concern remain:
   - Child soldiers (a number of whom might have become soldiers at the Islamic majority age of 15, as a part of the traditionally violent-prone clan education, though this is contested by other studies).
   - Sexual violence against children (thought to exist essentially amongst IDPs and 'minority' Bantu groups, with 25-30% of interviewees who reported knowing about rape cases).
   - Forced labour of children, which sometimes goes well beyond any "traditionally" accepted threshold.

Burundi

196. With the possible sustainability of the recent peace agreement and the prospect of mass return of displaced populations, the various projects related to Children in Armed Conflicts (demobilisation of child soldiers, family reunification, orphans and psychological support) are likely to gain in importance in 2004 and beyond. To this must be added the problem of street children, increasingly acute in Bujumbura. In the Protection sector, UNICEF is supporting some very professional and effective local implementing partners, such as "Maison Shalom", currently in charge of 5.000 orphaned children in the provinces of Ruyigi, Rutana and Cankuzo. Almost 9.000 orphan children in have been protected by this NGO in Ruyigi alone since 1993.

197. The beginning of the peace process in Burundi has indeed brought forward the need to urgently support demobilisation and the initial re-insertion effort of child soldiers, who can be a major factor of continuation of war activities in the worst conditions. UNICEF has therefore co-ordinated the approach of Burundi towards the main international source of funding for this activity in Central Africa, the MDRP (Multi-country Demobilisation and Reintegration Programme).

198. MDRP has a fund of 500 million US$, managed by the World Bank, and should be carried out in nine countries of the region. It should be implemented by governments (with pre-conditions). After protracted discussions (between January and October 2003), the MDRP Secretariat at the World Bank has reportedly accepted a proposal to allocated 3,7 million US$ in 2004 for reintegration of an estimated 3.000 child soldiers (1000 from the Army, 1500 from the Gardiens de la paix, and 500 from some former rebel groups), though the Grant Agreement had not yet been officially signed during the field visits in November. This should however be considered as an "anticipative special project", detached from the main demobilisation programme, since the Burundi Government was prepared for the "Child Soldiers" component, but not yet for the whole programme (60 million US$). The Government management structure involves the Ministries of Human rights (Chef de file), of Defense, Interior, Social action and Justice, and acts through "focal points" in provinces (10 NGOs including the 5 dioceses). UNICEF is supporting this structure. It is also to be accountable for the budget and will have to supervise the advance payments made to the Government. A UNICEF "Task Force" comprising Education, HIV/AIDS and Health sections will furthermore co-ordinate implementation by the NGOs (see also the cross-cutting chapter on HIV/AIDS).

199. The CAP 2004 includes two UNICEF proposals for a total of 2,16 million US$, covering rape and physical/sexual violence against children in six provinces of Burundi.

B.4.4. Cross-Cutting Issues

Have the relevant cross-cutting issues been taken into account ?

200. *Most cross-cutting issues have already been commented in the previous chapters of this report, such as: children (throughout the document), IDPs (B.3.1, B.4.1, B.4.2), environment (B.2.2), donors communication (B.3.2), security, access and Non State Actors (B.2.2, B.2.5, B.3.1, B.3.2, B.4.1), or preparedness (B.4.2). Other issues did not raise any specific remarks (elderly, handicapped). In order not to duplicate these statements, we will focus on three aspects, strongly inter-related from the points of view of protection and human rights.*

HIV/AIDS

201. A dramatic illustration of the role of emergency humanitarian assistance in the much wider context of HIV/AIDS was found in Burundi. The Italian NGO GVC, which is an implementing partner for UNICEF nutrition activities and benefits also from direct ECHO funding in Burundi, has indeed contributed to identify a valuable example of the terrible multi-sector consequences of HIV/AIDS in the province of Bujumbura-rural. Whereas the 2002 survey of IDPs stated that 31,5% of the country household heads were widows or divorced/isolated women, this proportion seems to be even higher in this much troubled province (reasons may be various: murdered husbands, rejection by families because of positive HIV testing…). Most of these women have a large number of children, are regularly subject to looting and rape by both army and rebels, and are HIV-infected (as a result of rape, and a cause for further spreading).

202. As a result, they need specific *nutrition* for their children (since they are often too weak to work in the fields), but also for themselves (they want to keep breastfeeding despite risks[53], and request rapid assistance since many children are waiting at home). Furthermore, they need *protection* (against rape), *HIV-AIDS* treatment[54], and *education*/IECD support (to help paying school fees and material for their children). These women and children are a highly relevant target population according to several UNICEF MTSP priorities, though co-ordination between the various sections concerned to achieve an integrated psycho-social approach might not be easy despite Task Forces.

203. It should be noted that the official rate of HIV/AIDS prevalence (11%, including 2,5% in rural areas) seems much under-estimated in Bujumbura-rural. GVC indicated that, due to a lack of test kits, test are only carried out on the patients who already seem to have clear symptoms, for confirmation purposes.

LRRD – Linking Relief with Rehabilitation and Development

Although treated separately in this chapter to improve the coherence of the issue, LRRD is also to be considered in close linkage with chapter B.2.2 (Relevance of Country Objectives at Global Strategy level). LRRD must furthermore be viewed in the perspective of the complementary UNICEF mandate, divided into Core Corporate Commitments

[53] Breastfeeding seems often to be the source of HIV infections of babies. Whereas in Europe only 33% of babies born from HIV-positive mother are themselves infected, at the therapeutic feeding centre run by GVC practically all the babies suspected tested positive, implying an infection through breastfeeding.
[54] The principle of wide distribution of anti-retroviral drugs has reportedly been accepted only recently in the government policy following the South African example, though this could not be confirmed by the evaluation. ECHO is also promoting the use of "Norplant" anti-pregnancy implants to help combat the spreading of HIV.

(mandate for emergency response) and Medium Term Strategic Plan (mandate for development). Reference to these issues can be found e.g. in § 27 and 34, and a concrete example is summarised in § 155 (EPI).

Somalia

204. The UNICEF programmes are also (in theory at least) relevant to the objectives of the (draft) European Community Country Strategy Paper (CSP) on Somalia for the period 2001-2007, despite institutional constraints. The lack of national authorities has so far prevented the ratification of the 7th, 8th and 9th European Development Funds (EDF), and has prompted EDF to entrust its own Chief Authorising Officer with the authority of National Authorising Officer "acting on behalf of the Somali people". Proposed allocations over the period considered are very significant, though, and amount to almost 200 mEuro (50 mEuro from 8th EDF and 148,9 mEuro from 9th EDF). In this framework, the overall long-term objective is "to contribute to the alleviation of poverty and to the promotion of a more peaceful, equitable and democratic society in Somalia". The corresponding strategy intends to "support sustainable improvement of the livelihood of the Somali people –by enhancing food security and economic growth – and their improved access to basic public social services as well as the establishment of good governance" (chap. 5.2 and 5.3).

205. Some UNICEF WES activities –especially those oriented towards sustainable rehabilitation and development in selected urban areas can potentially be made relevant and be "connected" to EDF plans for reduction of widespread vulnerability (e.g. agricultural development in Jamaame, WES in Jowhar), though a reason for this partial success seems to have been the humanitarian background (ICRC) of the ECSU Technical Assistant, and his thorough understanding of emergency assistance *vs* development. This seems however far less the case for the health sector. Despite SACB co-ordination structures and provisions of the CSP which state that EDF will improve "access to affordable quality health facilities" and "health programmes to fight against contagious diseases" (chap 5.4, §5 - 6), field reality showed the uncoordinated abandon by the European Commission Somali Unit of the INTERSOS-supported regional hospital in Jowhar[55] (see B.4.1), a key region of integrated UNICEF activities in the CSZ. A further meeting with ECSU confirmed that there were currently no plans to co-operate with UNICEF immunisation efforts in the Health sector. In this framework, a key potential advantage of UNICEF –to co-operate with governments in developing longer term capacity building and setting up standards- has been negated in the CSZ.

Burundi

206. Relevance of UNICEF programmes with EDF objectives is low. Under the 9th EDF National Indicative Programme in Burundi, a structured package of interventions has been defined, with the following objectives:

- Sustainable economic and social development, the reduction of poverty and conflict prevention as the overarching goals.
- Considering that poverty is largely a rural phenomenon in Burundi, the focus of the Response Strategy is in the rural sector and aims at transforming the largely subsistence agriculture.
- Good governance will be addressed at all levels and in all sectors; focus will be on human rights, democracy and justice and support to local reconciliation initiatives.

[55] Due to a lack of information from ECSU –despite SACB meetings- UNICEF had been led to believe that funding had merely been delayed and had taken upon itself to replace ECSU by paying hospital staff salaries for the past 6 months, pending the resumption of the NGO Co-Financing budget line. Badly managed INTERSOS activities have actually been stopped due to a protracted and negative audit by the Commission.

207. As a consequence, two main "Focal Areas" have been selected in the 9th EDF: Rural Development (budget 56,75 mEuro) and Good Governance (17,25 mEuro). In addition, 31,5 mEuro will be devoted to Macro-economic support (e.g. in the social sectors, see below), 12 mEuro to "Non-focal Areas", and 9,5 mEuro for Capacity Building of the Civil Society. Furthermore, there is an Envelope "B" of 57 mEuro, designed to cover unexpected expenses, such as emergency aid.

208. Unfortunately, in this framework the practical co-ordination and LRRD between both ECHO and UNICEF has so far been minimal, for several reasons. A main reason is that EDF assistance to social sectors such as Health or Education is rather "top-down" (following EU-defined priorities and agenda of local authorities) and will mainly be delivered through direct macro-economic support to the government budget, rather than through technical assistance or programme implementation (see below). Another reason is the lack of flexibility of the EDF procedures: an example of LRRD is mentioned in the "Stratégie de Coopération et Programme Indicatif national 2003-2007" with the health transition in the provinces of Bubanza and Cibitoke. Civil war is currently raging in this last province, which had reportedly been identified during the 7th EDF, before the beginning of the current conflict in 1993. An exception could be found in the co-operation under "Projet Cinq Provinces", which targeted support to health centres (e.g. in Ruyigi). However, projects funded under the 7th EDF will end in April 2004. The investment is in danger of being completely lost, should the 9th EDF not be able to engage rapidly. Finally, the Commission is suffering (as are other international organisations) from the lack of qualified candidates for assignment in Burundi, and the EU Delegation is reportedly very much understaffed (the Head of Delegation is reportedly almost alone, with only a junior expert).

Gender

209. Gender equality is a crucial problem in Somalia, where women are often excluded from decision making, are derided by men, or do not dare to stand up. The issue is also present in Burundi, though to a lesser extent.

210. As a consequence, a problem appeared in some UNICEF projects, i.a. in the composition of the crucial water and hygiene management committees among local communities in Somalia or in IDP camps in Burundi. According to project proposals, half of the committee members are to be women, which has duly been carried out in all sites visited. However, whereas these women seem often to have sufficient authority on other women (and hence on children), this is generally far from being the case for men.

211. In both the Somali and Burundian contexts, women and children are indeed responsible for the collection of drinking water from streams and sources, which are in many cases located far away from the villages. The provision of drinking water with the help of running supply systems or hand pumps has considerably reduced the work load of women and children to collect water, and one indicator ("reduction in the time taken by women and children (especially girls) to collect 20 litres of safe water") has been designed in Somalia for the purpose of measuring impact in this field –though it has not been consistently applied.

Human Rights, Advocacy & Security

212. Ten years of civil war in Somalia have seen a decrease of the overall population from approx. 9 million in 1990 to approx. 6 million now, which illustrates the scale of the Human Rights problem. The local culture is still much more centred on clans, sub-clans and extended families

rather than on human rights. Simple survival is often at stake, and even crucial water points have been widely used as a war instrument (470 have reportedly been vandalized, out of a total of approx. 800 recorded in the UNICEF 1999-2000 country survey). Changes in behaviours –the first efforts will be launched regarding children rights and protection (B.4.3)- are bound to be a very long-term process indeed.

213. In Burundi, advocacy on Human Rights to the face of diffident –at best, if not reluctant or outright hostile authorities (see e.g. the recent murders of UNICEF or WHO Country Representatives which have never been elucidated) is a real challenge for the UNICEF senior management who has repeatedly taken risks and kept trying to push the agenda of discussions regarding some core mandate-related issues (see B.3.1). Co-ordination and common approach with other international actors present in the country is almost a pre-requisite to be able to engage the government into a minimum of dialogue. An example is the "Permanent Framework for Consultation on the Protection of IDPs", which was launched in 2001 between the UN Country Team and the government of Burundi, to little avail so far. Corresponding initiatives (donor meetings, binding high-level decisions taken out of the country, etc.) and advocacy efforts at international level are necessary. In some cases, efforts have led to positive outcome. Combined advocacy efforts by the UNICEF Representative in Bujumbura and by the HQ in New York have led to a statement of the Security Council in January 2003 calling to all parties to stop using child soldiers in Burundi. As a result, the demobilisation programme of child soldiers was due to start at the end of 2003.