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Evaluation Report

Evaluation of ECHO's Financed Actions in Burundi

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FOREWORD

The team would like to express its gratitude to the ECHO Office and EU Delegation in Bujumbura who had provided the necessary assistance and in-depth expertise during this challenging evaluation. Furthermore, the team wishes to thank all ECHO partners and especially the staff at the ECHO Office in Nairobi, who were very helpful in providing additional documentation and information, which contributions exceeded demands and made the evaluation a success.

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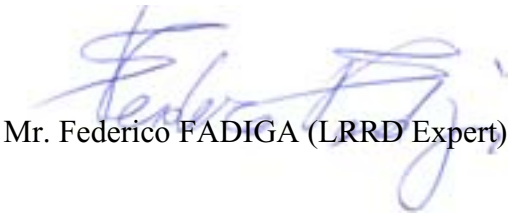

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LIST OF ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
ACP	Africa, Caribbean, and Pacific
ACT	Artesunate Combination Therapies
AIDCO	EuropeAid Co-operation Office
AQ	Amodiaquine
ARI	Acute Respiratory Infection
ARV	Anti-Retrovirus (Anti-Retroviral Therapy)
AU	African Union
BPS	Bureau Provincial de la Santé
CAP	Consolidated Appeals Process
CHAP	Common Humanitarian Action Plan
ICRC	International Committee of the Red Cross and Red Crescent
CIR	UN inter-agency cell for re-insertion
CISV	Comunità Impegno Servizio Volontariato
CNS	Centre de Supplementation Nutritionnel
CNT	Centre Nutritionnel Thérapeutique
CordAid	Catholic Organisation for Relief and Development
CRS	Catholic Relief Services
CSB	Corn Soya Blend
DCA	Danish Church Aid
DDR	Disarmament, Demobilisation, and Reintegration
DFID	UK Department for International Development
DG Development	European Commission's Directorate-General for Development
DOTS	Directly Observed Therapy, Short-Course (TB)

DPP	Disaster Preparedness and Prevention
DRC	Democratic Republic of the Congo
EC	European Commission
ECHO	European Commission's Directorate-General for Humanitarian Aid
EDF	European Development Fund
ELISA	Enzyme-linked Immunosorbent Assay
EMOP	Emergency Operations
EPI	Expanded Programme of Immunisation
EPISTAT	Epidemiological Statistics
EU	European Union
FAFA	Framework Agreement (for UN agencies and IOs)
FAO	Food and Agriculture Organization
FEWS	Famine Early Warning System
FED	See EDF, above
FFW	Food-for-Work
FNL	Front National de la Libération
FPA	Framework Partnership Agreement
FrBu	Francs Burundaise
FYROM	Former Yugoslav Republic of Macedonia
GAM	Global Acute Malnutrition (see also SAM)
GDP	Gross Domestic Product
GHDI	Good Humanitarian Donorship Initiative
GFATM	Global Fund against HIV/AIDS, TB, and Malaria
GoB	Government of Burundi
GVC	Gruppo Volontariato Civile
HAC-TYP	Health Action in Crises – Three Year Programme

HDI	Human Development Index
HI	Handicap International
HIMS	Health Information Management System
HIPC	Heavily Indebted Poor Countries
HIV/AIDS	Human Immuno-deficiency Virus / Acquired Immuno-Deficiency Syndrome
HPN	Humanitarian Practice Network (ODI)
IDP	Internally Displaced Person
IFAD	International Fund for Agricultural Development
IFF	International Finance Facility
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
INGO	International Non-governmental Organisation
IO	International Organisation
IRC	International Rescue Committee
ITN	Insecticide-treated Bed-Nets
KAP	Knowledge, Attitude, and Practice
LVIA	Lay Volunteers International Association
LRRD	Linking Relief, Rehabilitation and Development
MCP	Minimum Care Package
MICS	Multiple Indicators Cluster Survey
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MOPH	Ministry of Public Health

MSF	Médecins Sans Frontières
MUAC	Mid Upper Arm Circumference
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OCHA	UN Office for the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute (UK)
OFDA	Office for Foreign Disaster Assistance
ONUB	UN Peacekeeping Mission in Burundi
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care / Primary Health Centre
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PREBU	European Union Rehabilitation Programme to Burundi
PRRO	Protection, Relief and Recovery Operation (WFP)
RBM	Roll Back Malaria (UNICEF and WHO)
RELEX	European Commission's Directorate-General for External Relations
RSO	Regional Support Office (ECHO)
SAM	Severe Acute Malnutrition (see also GAM)
SIDA	See HIV/AIDS, above
SFC	Supplementary Feeding Centre
SGBV	Sexual and Gender-Based violence
SRSG	Special Representative to the (UN) Secretary-General
SSP	Seed Security Programme
STI	Sexually Transmitted Infection
SWAA	Society of Women Against AIDS in Africa
TA	Technical Assistant

TB	Tuberculosis
TBA	Traditional Birth Attendant
TFC	Therapeutic Feeding Centre
UN	United Nations
UNOB	See ONUB, above
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VAM	Vulnerability Assessment and Mapping
VCTC	Voluntary Counselling and Testing Centre
VOICE	Voluntary Organisations in Co-operation in Emergencies
WFP	World Food Programme
WHO	World Health Organization
WR	Representative of the World Health Organization
3x5	3 million PLWHA on ARV therapy by end 2005 (WHO)

EXECUTIVE SUMMARY

1. The European Commission's Directorate-General for Humanitarian Aid (ECHO) has adapted its wide-ranging multi-sectoral programme well to meet the emerging needs of post-conflict transition in Burundi. In doing so, it has been constrained by both the availability and the capacities of its partners, whose post-emergency activities have been obliged to take place in the relative absence of consistent recovery and development programmes. This situation is set to change, albeit slowly, with new, post-Arusha power-sharing initiatives now gathering momentum.

2. The departure of humanitarian assistance at this crucial moment in Burundi's transformation could leave a gap in service provision aimed at minimising avoidable mortality among returning refugees, displaced people and targeted vulnerable groups, and undermine longer-term efforts to support good governance, rural development, and macro-economic stabilisation.

3. Recognising that meeting humanitarian needs does not necessarily require purely humanitarian interventions, ECHO will consequently have to consider remaining engaged in Burundi until the end of 2007. It should further consider re-orienting its programmes in support of integrated approaches at the community level in targeted 'at risk' rural areas as far as possible until then. Such an approach builds on existing strategies, and will necessitate:

- A gradual phase-down of food aid in favour of targeted micro-nutrient supplementation to particularly vulnerable groups such as People Living With HIV/AIDS (PLWHA);
- Progressive disengagement from agricultural food security programmes other than Seed Fairs;
- Rationalisation of primary and referral health service provision, particularly for pregnant women and children, in line with national health policies and the inputs of other donors;
- Increased emphasis on surveillance and prevention of communicable diseases, especially Malaria, TB and related diagnostic services;
- Increased emphasis on community based (and) integrated approaches;
- Maintain and strengthen emergency response mechanisms in key sectors through selected partners;
- Medical and psycho-social support for victims of sexual violence;
- Emergency education; and
- Hygiene promotion.

4. Meanwhile, the humanitarian situation is extremely fragile and could succumb to the slightest external shock. The Maternal Mortality Ratio (MMR), being the highest in the world, and the Infant Mortality Rate (IMR) being the highest in Africa, is evidence of a continuing, chronic, emergency, even if malnutrition rates have improved to the point that they now hover at or below emergency thresholds.

5. The evaluators consider that genuine linkages between relief and development require longer-term funding approaches than are currently permitted under existing EC Financial Regulations. While there have been fruitful discussions in-country and in Brussels, linkages between development and humanitarian arms of the European Commission (EC) and of the European Union Member States could be further enhanced in order to reap the synergies of effect that 'Linking Relief, Rehabilitation and Development' (LRRD) supposedly offers. At the moment, there continues to be a disconnection between the policy and the reality of LRRD within the ECA

HUMANITARIAN CONTEXT

6. The conflict has had a devastating impact on the economic situation in Burundi, which after two years of relative peace appears to have stabilised, but has not yet begun to reverse. Gross Domestic Product (GDP) fell from EUR 150 per capita in 1993 to USD 90 in 2003; a drop of nearly 40% in ten years. Health indicators show similar collapses, with life expectancy at birth having fallen from 53 to 40 years of age over the same period, and a doubling of infant mortality from 100 to 190 per 1,000 live births. Absolute poverty has also doubled, with mean rural income per capita now as low as EUR 0.17. This puts Burundi almost at the bottom of the United Nations Development Programme's (UNDP) global Human Development Index (HDI). And, Burundi's population is set to double within the next 12-15 years.

7. A lack of institutional mechanisms of governance makes it difficult to spend money either wisely or well in contemporary Burundi. The resulting lack of accountability must be recognised when planning and implementing aid programmes. Good governance programmes will shortly commence to redress this particular shortcoming, but face a period when an in-coming government has first to recognise the challenges it faces before re-organising itself to meet those challenges beyond the confines of its capital.

8. Capacities to absorb donor funds are similarly weak in Burundi, and the ability of the government to manage public resources remains largely eroded. The lack of transparency, as well as over-centralisation of responsibilities, is a concern. Disbursement is delayed at all levels on account of bureaucratic indifference, audit problems, absence of good-governance skills, declining number of potential International Non-Governmental Organisation (INGO) partners, security considerations, and under-staffing.

9. Overall, most respondents suggest that the United Nation (UN) integrated mission approach is not working well in Burundi; a conclusion with which senior UN figures in-country did not disagree. The most recent example of this was the reaction of the UN to the 'refoulement' of alleged 'fugitives from justice' from Songore Camp in North Burundi on 9th June 2005

10. While the UN Office for the Coordination of Humanitarian Affairs (OCHA) is felt to be playing an increasingly important role in overall coordination, individual UN agencies have a variable record in coordinating their sectors. According to some respondents, most such meetings are not much more than information-sharing opportunities, with little discernible decision-making by stakeholders acting together. Agencies are accused of: not sharing information; holding irregular meetings of indeterminate outcome; and imposing needless restrictions on their implementing partners who are treated as sub-contractors. It is also widely felt that UN agencies fail to share information between themselves.

11. The Good Humanitarian Donorship Initiative (GHDI) is widely agreed to have produced little discernible result thus far in Burundi. Stakeholders agree that Burundi, being a small country, is an ideal place to trial some pragmatic good donorship initiatives. While pooled funding through OCHA (as being piloted in Sudan) is perhaps ambitious, formulation of guidelines and standards together with joint assessments, harmonisation of reporting structures, and pooled vulnerability and risk mapping, should not be too difficult to implement. GHDI also assumes 'good receivership'. This implies that all stakeholders work in partnership towards common objectives; something that respondents feel is not always the case in Burundi.

12. Donors appear to be too often designing their strategies in isolation of one another, which is leading to fragmentation of resources and widely divergent application of policies. The worst example of this seems to concern the issue of 'cost-recovery' in the health sector; some donors apply 100% as demanded by the national health plan, and some insist on free care provision.

13. It is expected that the remaining refugee caseload will return en masse only once it becomes clear that the final phase of the Arusha peace process has actually resulted in durable peace at commune and colline level. This may coincide with the start of the new school year and the second planting season in September, or it may be towards the end of 2005. Most respondents thought the latter scenario would be more likely.

ECHO'S STRATEGIC APPROACH

14. ECHO's approach in Burundi is consistent in terms of its mandate and linkages are evident between successive Global Plans. It is also 'focused' in as much that it targets the most vulnerable groups in society according to both a sectoral and geographic basis of need. ECHO's team in Burundi independently assessed these needs throughout the period under review in close co-operation with its NGO, and UN Partners, and other EC services.

15. In terms of 'adaptability' and 'appropriateness', ECHO responded to the opportunities created by the opening-up of previously inaccessible areas after conflict ended in late 2003 with a multi-sectoral programme to meet emerging humanitarian realities. 'Pilot projects' in the education, psycho-social, food security, and protection sectors were progressively added throughout 2003 and 2004, and areas of intervention widened as access increased. Targeting is aimed at those provinces considered most 'at risk', either from existing vulnerabilities, or from expected future ones where return and reintegration will further stress populations with an already limited social service provision. Furthermore,

attempts by ECHO to link such projects under a genuinely 'integrated' approach in the context of the 2003 and 2004 Global Plans have been impressive. The evidence for this can be found in the food security sector, where ECHO moved beyond targeted food aid delivery to seed replication and seed fairs, and in the education sector where ECHO funded a United Nations Children's Fund (UNICEF) 'pilot project' in emergency education among returnees.

16. However, an overall strategic framework at country level seems to be missing. In the context of Burundi's on-going transition, 'conflict prevention' would provide this level of 'coherence'. Such a framework would orient ECHO-funded programmes to provision of 'quick impact' within the context of re-establishing community self-reliance and reconciliation in the medium-term.

17. ECHO and the European Commission's Directorate-General for Development (DG Development) established an LRRD strategy paper in late 2004, which sees ECHO handing over food security and water sanitation at the earliest opportunity. This is appropriate. However, for the food security sector, targeted supplementary feeding needs to continue within the community nutrition centres as the UN World Food Programme's (WFP) pipelines are reduced. Rural Water & Sanitation (WatSan) programmes are continuing but are in the process of being directed towards DG Development's 'Africa, Caribbean, and Pacific (ACP) Water Facility' budget-line.

ECHO'S OPERATIONAL APPROACH

HEALTH

18. Primary health service coverage appears to be good. However, barriers to access in the form of 'informal' and formal fee payments at point of first contact and beyond are prohibitive. Also, quality-of-care indicators in a health system suffering long-standing structural deficiencies such as a critical lack of qualified doctors and nurses, and poorly maintained infrastructures, all point to an ineffective health service.

19. Vaccination coverage rates have risen from 30+% to 80+% according to UNICEF. With population movements as they are and record-keeping not well maintained, only sero-conversion studies will verify whether this has been achieved. ECHO also funded a national measles vaccination campaign in 2003 and a meningitis campaign in 2004 as a response control measure.

20. There is a sense that the recent introduction of new Artesunate Combination Therapies (ACT) treatment protocols is enough to combat malaria, and that vector control programmes aimed at preventing plasmodium transmission are minimal. Focus on laboratory (blood film microscopy) diagnostics is also fine in principle as a 'gold standard', but it requires equipment, trained staff, and continual supply of reagents, none of which are readily available in Burundi at Primary level. Further consideration needs to be given to how to use laboratory confirmation of malaria infection in conjunction with rapid testing. Insecticide-treated Bed-Nets (ITN) coverage for those most at risk, namely pregnant women and the Under-Fives, is lower than expected at <8%. Distribution needs to be accelerated in

conjunction with social marketing methods, especially since the nets supplied appear not have been impregnated and re-sale of bed-nets appears to be low.

21. Tuberculosis (TB) control measures seem limited to opportunistic treatment related to Human Immuno-deficiency Virus / Acquired Immuno-Deficiency Syndrome (HIV/AIDS). There is no countrywide application of Directly Observed Therapy, Short-course against Tuberculosis (DOTS), though drug supplies are deemed sufficient. TB cases are normally given one weeks' supply of drugs with no attempt made to directly observe therapy at home, and no follow-up. Defaulter rates in Burundi are not tracked. There are no sputum culture facilities in any of the Provincial referral hospitals.[i1]

22. The World Health Organization (WHO) will need additional support in this whole area of disease surveillance, epidemic control, and outbreak early warning before the system can be considered comprehensive. The current Outbreak Detection System (ODS) is not working well. As it is, it is largely sentinel in nature and relies heavily on Non-government Organisation (NGO) input. The Epidemiological Statistics (EPISTAT) Health Information Management System (HIMS) does not require further ECHO support.

23. Introduction of user-fees theoretically contributes to the re-building of sustainable, locally 'owned' health services, which increase efficiency and equity of access to basic primary and referral services. In practice, however, the opposite is found to be the case in Burundi where average income is EUR 0.17 per day.

24. The Ministry of Public Health (MOPH) lacks structural capacity, with too few qualified staff at the Provincial level. With income of less than two dollars per day, the payment of 'primes' by NGOs working closely with local health authorities is seen less as an incentive payment and more as a salary supplement 'due by right'. This is a policy issue that will require advocacy on the part of ECHO as 'primes' are subject to rationalisation in anticipation of the introduction of budget support measures to cover the recurrent cost burden.

HIV/AIDS

25. In rural areas, HIV/AIDS prevalence has tripled within the past ten years. This equates to 250,000 People Living With HIV/AIDS (PLWHA), of which at least 10% require Anti-retroviral Therapy (ARV). According to the WHO, significant progress has been made in preventing Mother to Child transmission. Sufficient ARVs are supposedly available in Burundi to treat the projected caseload. However, not only are there stock-outs at local level within the de-centralised 'Voluntary Counselling and Screening Centres' , but, according to some observers, incidence rates have been seriously under-estimated. HIV/AIDS laboratories also suffer shortages of rapid test reagents. And Enzyme-linked Immunosorbent Assay (ELISA) coverage, while good at the Reference Laboratory in Bujumbura, is weak elsewhere. The availability of Post-Exposure Prophylaxis (PEP) kits, including ARVs, is thought to be insufficient given the alarming rise in victims of sexual violence presenting at health centres.

NUTRITION

26. Anthropometric surveys carried out in 2005 show an improvement in the overall nutritional status of the population. Severe Acute Malnutrition (SAM) and Global Acute Malnutrition (GAM) indicators are currently under the nominal emergency threshold of 10%. These figures are still twice as high as in pre-conflict Burundi, and obscure more general

levels of malnourishment, which show that ca 80% of the population remain 'at risk' of opportunistic infections.

27. Anaemia remains a severe risk factor for complications in pregnancy, with over 47% of pregnant women being anaemic in Burundi. The situation is compounded by high prevalence of malaria, intestinal parasites, and other communicable diseases.

28. The dry ration provided by WFP to those living with HIV/AIDS is insufficient to meet the special dietary needs related to effectiveness of ARV treatment. Vitamin and mineral supplementation should therefore be included.

29. Nutrition monitoring cannot be considered to be comprehensive in Burundi and should be included into expanding MOPH disease surveillance mechanisms.

FOOD SECURITY

30. According to the WFP, 16% of Burundi's population is chronically food insecure. This caseload, most of whom comprise female-headed households, require some form of food assistance at any given time (depending on dynamic internal displacements). In addition, 68% of households are borderline food insecure, and susceptible to any kind of shock.

31. At the moment, Burundi is a food deficit country, with agricultural production inadequate to feed its growing population. This does not need to be the case, however, as returning the country to pre-conflict levels of production would provide adequate food for the entire population. Free food distributions by the WFP meanwhile leak into the market at an estimated 15%-17% and thus contribute to the undermining of income-generating possibilities for farmers.

32. Seed Fairs piloted by the Catholic Relief Services (CRS) with ECHO are an effective and efficient way of generating a demand-side production, but need more or less a constant input from the partner and are therefore unsustainable over the longer-term. In fact, CRS has reached the limit of its capacity to extend these further. But, as an interim food security measure, they should be widened as far as possible using other partners.

33. WFP distributes between 6,000-8,000 metric tonnes of relief food items per month through a regional Protection, Relief and Recovery Operation (PRRO) depending on fluctuating Internally Displaced People (IDP) caseloads. Unfortunately, this mechanism lacks transparency and the use of systematic criteria for prioritisation remains opaque to donors.

34. Registration of the most vulnerable, and therefore control of who has access to food aid, is a joint process involving all stakeholders in the sector through 'beneficiary committees'. Despite these efforts, local authorities control the distribution lists. Such a system is open to possible corruption and there is anecdotal evidence[i3] that some beneficiaries pay to be included in such lists.

35. DG Development is still considering its ca EUR 2 million pledge for food aid to WFP. Objections centre on what they perceive to be excessive procurement, transaction, storage, distribution, and operational support costs. Together with some donors, they argue that some form of NGO consortium could do a better job at less cost.

WATER & SANITATION

36. According to recent community level data, 78% of rural households have access to safe drinking water, and 77% of households have access to adequate sanitation. Over half of the communities report a period during the year with difficulties in obtaining water - mostly encountered in the period June-October - with only 8% reporting their water source as being more than one hour away. That these figures are relatively good is in large part considered to be due to over ten years of 'spring protection' programmes, most notably by the World Bank and ECHO. An estimated average of 200 such water safety projects take place per year countrywide, with approximately 15% involving improvement to gravity-fed distribution systems at village level. Concerns at field level focus on the efficiency of community 'sensitisation', the role of women, and local 'ownership' by committees that include government employees, especially when it comes to structural maintenance.

COORDINATION AND COHERENCE WITHIN THE EUROPEAN COMMISSION

37. ECHO's involvement in Burundi throughout the period under review has tried to integrate its programmes into EC longer-term development plans that have been affected either by re-emerging crisis, and/or by resource mobilisation problems. ECHO covered European Development Fund (EDF) shortfalls with 'emergency' funds committed to post-relief reconstruction efforts (e.g. in the hospital sector) and in other 'humanitarian-plus' activities (e.g. seed replication) which are arguably beyond its mandate, but, in so doing, allowed the potential synergies inherent within LRRD linkages to engage over time. This is the practical face of the 'continuum-contiguum' debate.

38. In recognition of this, consultations between ECHO and other Directorate-Generals of the European Commission have increased, and joint strategic documents have been produced at the Brussels level. Yet, with the exception of the food security sector, there still appears to be onlymarginal evidence that a vision of the LRRD process is shared at field level, or between the field and Brussels. There also appears to be little proactive 'transition' planning at the country level, with a disconnection between ECHO-funded projects and geographic or sectoral choices made by the EC Delegation.

39. As mentioned in the 2003 "Report and Operational Conclusions" of the LRRD/DPP Interservice Group, a valid exit strategy for humanitarian operations should be prepared by ECHO together with DG Development, RELEX, EuropeAid Co-operation Office (AIDCO) and the Delegation. Past experiences in other countries demonstrate that this is possible, and that more can be done at the field level to implement such a strategy. Co-funding of multi-sectoral, integrated projects, in which ECHO would sponsor the emergency aspects leaving other donors to finance more development oriented initiatives, would be relevant to a successful LRRD process.

CROSS-CUTTING ISSUES

40. Cross-cutting issues are addressed in the implementation of ECHO-funded operations, but often in an un-systematic way. This is most relevant in the case of women, where beneficiaries are targeted as individuals (women as head of household and maternal/child care) rather than as a category. It has nonetheless been noticed that, when

present in beneficiaries' associations, particularly water committees, women are a guarantee of good management and transparency.

41. 'Pilot projects' in the education, de-mining, psycho-social and protection sectors were progressively added through 2003 and 2004, and sectors of intervention widened as security increased, allowing the potential synergies inherent within LRRD linkages to engage over time. ECHO partners in the field have increasingly adopted a community approach that includes beneficiaries in identification of needs, implementation of projects and self-assessment. Specific cross-cutting issues reviews and model guidelines are underway.

LESSONS LEARNED

42. All respondents praised the ECHO team in Bujumbura for their flexibility, technical knowledge, understanding of the country, and bureaucratic support. ECHO is perceived as a "*partner rather than a donor*" by many. Especially welcomed was their long-time institutional memory and in-depth knowledge of the country. The evaluators are further impressed both by the regularity and detail of monitoring at country level, and the feedback and follow-up of the Desk Officers on organisational, operational, and policy/advocacy matters.

43. However, all respondents were equally vehement about the bureaucratic rigidity imposed upon them by ECHO. The transaction costs of monitoring and reporting were questioned by some while others found the level of monitoring "intrusive". One major NGO declined ECHO funding on the basis of a cost-benefit analysis that saw the intended benefit outweighed by the extra costs involved. In other words, for the first time, programme implementation had been directly affected by the bureaucratic burden.

44. Although allegedly a 'results-based' organisation, there is no discernible set of guidelines that reflect 'Best Practice' examples from elsewhere in the region or in the world. within ECHO[i4] that could facilitate and provide a coherence to planning at country level.

45. NGO partners are concerned that 'quality' or 'outcome' indicators are not captured within the 'results-based' approach of ECHO. The current approach tends to favour output indicators that are measurable within the time constraints of the project when many of the real outcomes are, a) not evident until later, and b) can only be indirectly related to the aims of the project. They also feel that there is no mechanism for capturing this concern within the revised Framework Partnership Agreement (FPA) process.

CONCLUSIONS

I. It will be at least one year before development funds from the European Union (EU) become fully available, with most programmes taking at least one year to demonstrate impact after that. Hence, mandated donors, such as ECHO, would best cover humanitarian needs until that time. Any disengagement strategy would therefore not be likely to see ECHO's departure before the end of 2007 at the

earliest. This is in line with the 'Article 20 Evaluation' which specifically states that "ECHO should not terminate abruptly".

II. An approach which focuses on the community is considered the most valid for this phase of post-conflict transition under a strategic framework of 'conflict prevention'. For ECHO, such an approach would tackle the multiple determinants of avoidable mortality and morbidity by focusing on nutrition (related to food security), availability of safe water, sanitation and personal hygiene practices, all linked by emergency education. Other donors would meanwhile support emerging rural development components such as agricultural extension, water management, income-generation, vocational training, etca

III. There is a widespread scepticism on the part of NGO partners as regards the UN's 'integrated mission' approach. As a result, many agencies operate outside the Consolidated Appeals Process (CAP) / Common Humanitarian Action Plan (CHAP) process. This leads to a fragmentation of response which poor information sharing between the UN agencies appears to have exacerbated. A review of humanitarian coordination arrangements within the integrated mission construct would prove useful. It is certainly timely. It would be re-assuring if selected INGOs were to be included in any such process.

IV. With the recurrent cost burden eventually being supported by other budget support lines of the EC, ECHO will need to engage with other stakeholders in health to rationalise the situation between now and the end of 2007 so that partial 'cost-recovery' can be equitably applied across the board without the payment of additional incentives ('primes') which at the moment are distorting quality of health service delivery even where NGOs are present.

V. ECHO has supported the WatSan sector since 1994. However, recent introduction of alternative EC (ACP) budget-lines aimed at provision of safe water, and the need for more substantial urban treatment and distribution systems, means that ECHO can begin to disengage. This should be done in close cooperation with AIDCO and other donors.

VI. The education sector in particular requires mainstreaming by ECHO at a much earlier phase in the LRRD framework. The relative absence of ECHO from the education sector undermines ECHO's attempts at providing a genuinely 'integrated' approach in a consistent and coherent way[i5].

VII. Some partners feel that their relations with ECHO at country level are based on an institutional logic which leaves little room for manoeuvre between budget-lines. This is reducing the NGOs' flexibility of response in return for negligible output gains. The focus, they feel, should be on outcomes, many of which are impossible to measure in the relatively short life-time of the projects concerned.

VIII. Genuine linkages between relief and development require longer-term funding approaches than are currently permitted under ECHO rules. This is not to say that all relief projects require such an approach, however. There are some areas that would be of indirect, but nevertheless ultimately life-saving impact over relatively

short time frames. Examples include disease surveillance and laboratory diagnostics where substantial front-end 'investment' would underpin, and render more effective short-term, project-oriented emergency interventions.

IX. Contrasted experiences in Kosovo and in the Former Yugoslav Republic of Macedonia (FYROM) point at the importance of internal coordination of the various Commission instruments before meetings with other donors and/or local authorities. In Burundi, ECHO engaged with DG Development, AIDCO and other partners in 2004 to plan together a viable LRRD strategy. Evidence at country level, however, suggests that linkages could be strengthened so that joint assessments lead at least to joint planning.

RECOMMENDATIONS

I. Transitional periods are often marked by a shift from vertical, stand-alone projects of determinate outcome to community-based approaches whose outcomes take longer to achieve but are more sustainable. Many of ECHO's current partners are already taking this approach, and only seek ECHO funding for those parts of their programmes more short-term in nature. This approach should be consolidated pending disengagement at the end of 2007.

II. In the meantime, ECHO must stand ready to meet emerging humanitarian threats. ECHO will need to advocate for maintenance of a stockpile of locally procured and locally constituted 'cholera kits', maintain UNHCR's mobile water treatment facilities under the 'Return and Reintegration' programme, maintain water tankering capacity (including treatment), and ensure maintenance of an emergency food buffer stock.

III. Efforts to combat malnutrition, especially where food utilisation rather than food availability is suspected as a determinant of malnutrition, should be closely linked to education. Such an integrated approach to humanitarian activities could be considered.

IV. HIV/AIDS is an emergency issue and requires mainstreaming earlier in any emergency response. This implies a different approach by ECHO's habitual partners that is more integrated, less vertical, and more community-based. Meanwhile, additional technical support and diagnostic supplies are needed at VCTC level in support of increasingly home-based care.[i6]

V. Needs assessments currently overlap and duplicate. In complex settings, they should be independent, use formal methodologies, be jointly conducted by all relevant stakeholder groups on sectoral bases, and subject to pre-determined timings. Ideally, they should be coordinated by OCHA.

VI. More attention could be paid to joint ECHO-DG Development/EDF missions to sub-sectoral projects that conform to ECHO's 2004 Global Plan.

VII. Further support is needed for the establishment of comprehensive disease surveillance in Burundi, including a strong nutritional surveillance component.

VIII. Encourage WHO's Roll Back Malaria (RBM) to strengthen a countrywide malaria control programme through a reinforced 'Technical Committee', including social marketing components.

IX. Vulnerability and Risk mapping within OCHA (in close co-operation with UNICEF, UNHCR and WHO/MOPH's health information management services) could be made more coherent by encouraging the sharing of compatible sectoral information.

X. The debate over imposition of cost-recovery in health service provision in complex crises such as is the case in Burundi has been somewhat overtaken by new MOPH policy on the subject. ECHO is well placed to play a leading role together with other interested stakeholders in monitoring what this policy means in terms of access for the most vulnerable to primary and referral health services. The Bamako Initiative provides the frame of reference. As part of this process, the impact of 'incentive' payments on quality of care will also need monitoring, since both facets are inter-connected. Rationalisation will be needed between now and ECHO disengagement given the likelihood of recurrent costs being supported by other stakeholders, including the ECA

XI. A bigger emphasis from ECHO during Brussels-based workshops and at the field level would stimulate partners to incorporate a more proactive approach towards cross-cutting issues when planning their humanitarian activities[i7].

XII. It is proposed that ECHO conduct more detailed (regional) assessments of: Drug Quality Control measures; Malaria and TB control programmes (including a cost-benefit analysis of malaria rapid test versus PHC-level blood-film microscopy); Blood Safety; and micro-nutrient deficiencies among extremely vulnerable groups (especially PLWHA); and diversion/monetisation of food commodities at tertiary household level.

1. INTRODUCTION

46. Burundi's post-Arusha political transition appears to be proceeding to a peaceful conclusion, with post-transition recovery due to begin after the presidential inauguration on the 26th of August 2005. Meanwhile, the humanitarian transition to sustainable development is only now gathering momentum as a long-standing protracted humanitarian crisis of complex socio-economic and political underpinnings continues to combine with an overall context of structural poverty to put the majority of Burundians in a situation of daily fragility, vulnerability, and, in many cases, dependency after more than twelve years of humanitarian aid.

47. With the re-engagement of development donors about to accelerate, ECHO thinks it timely to consider whether continued humanitarian aid has a role to play in Burundi's renaissance, or whether it should now be phased out. ECHO thus faces an invidious choice: Either continue substitution of governmental responsibilities by direct service provision through humanitarian 'intervention' until such time as efforts in good governance, rural development, and macro-economic stabilisation have paid off; or hand-over transitional rehabilitation programmes to local authorities as soon as possible.

48. Apart from 'force majeure', ECHO's criteria for disengagement are based on two realities[1]: Absolute improvement in the humanitarian situation; and, Commitment to both short and long-term funding by other donors. With the fragile humanitarian situation hovering between 'chronic' overall, and 'acute' in some pockets, and with development donors only now finalising their post-transition development plans, it is evident that a gap in basic social service provision will exist for some time.

[1] EC's LRRD discussion paper, 2002.

2. METHODOLOGY

49. Two consultant evaluators, one specialising in LRRD issues, the other in Public Health, were selected on the basis of having relevant humanitarian experience outside ECHO, direct experience inside ECHO, and former experience in Burundi. This evaluation was designed to make use of this experience in the context of LRRD. Both consultants had strong institutional linkages; one with WHO, the other with IFRCA Observations and recommendations made, while as evidence-based as possible, should be seen in the light of these possible biases.

50. The objectives of the evaluation were:

- Evaluation of both the context and ECHO's strategy now that phase-out is being considered;
- Assess the appropriateness of ECHO's actions since February 2002, and produce recommendations for improving effectiveness of future operations;
- Assessment of the extent to which ECHO has been able to adapt its strategy, including methodology; and
- Assess relevance of geographic, sectoral and beneficiary targeting.

51. A total of 57 face-to-face semi-structured interviews (using a format which can be found at ANNEX VI) were conducted in confidence. Thus, while the name of the agency was mentioned in meeting notes, the name of the individual respondent was not.

52. Terms of Reference asked for an evaluation of individual partner programmes during the period under review. For the first time, these were to be fed back to the partners concerned in writing. Hard copies of findings were subsequently distributed to partners, following which seven out of seventeen agencies submitted additional comments. Only one such 'Technical Fiche' was filled out per partner agency, not one per contract. These were intended to complement, not supplement, existing monitoring methodologies.

53. Briefings with UN agencies and EC Directorates were held in Brussels and Nairobi prior to arrival in Burundi (12th – 18th June). Meetings with ECHO partners and potential partners within the UN system, local authorities, other EC instruments, and NGOs were undertaken both in Bujumbura and in the field (19th June – 6th July). A de-briefing on issues of collective concern was conducted with all partners together on 5th July prior to departure from the field, and with the EC Delegate privately beforehand. An informal de-briefing with ECHO-4 and ECHO-1 was held in Brussels on the 8th of July. (A schedule is attached at ANNEX IV)

54. The possibility of observer bias was minimised by allocating partner interviews equally between the two evaluators, at random.

55. The evaluators acknowledge that time constraints limited the possibility for 'triangulation' of views expressed by Heads of Agencies and Programme Co-ordinators at country-office level by direct observation in the field. Only five single-day field missions were carried out, all but two in Bujumbura Rurale. Reality in the field is almost always different from that what partners are willing to admit in the capital. The evaluators are the first to acknowledge that complex underlying issues are consequently in danger of being treated with superficial analysis.

3. CONTEXT

3.1 HUMANITARIAN CONTEXT

56. Current estimates put Burundi's population at ca 7,424,000. With a growth rate of 2.2% and return of nearly 1 million people likely during the second half of 2005, the population is set to double within the next 12-15 years. The World Bank estimates that 300,000 lost their lives during the conflict, and that a further 1.2 million have been displaced. The conflict has had a devastating impact on the economic situation in Burundi which, after two years of relative peace, appears to have stabilised but has not yet begun to reverse. GDP fell from EUR 150 per capita in 1993 to EUR 90 in 2003; a drop of nearly 40% in ten years. Health indicators show similar collapses, with life expectancy at birth having fallen from 53 to 40 years of age[2] over the same period, and a doubling of infant mortality from 100 to 190 per 1,000 live births. Absolute poverty has also doubled, with mean rural income per capita now as low as EUR 0.17. This puts Burundi almost at the bottom of UNDP's global humanitarian poverty index.

3.2 ACCOUNTABILITY

57. Burundi's political elite is in the throes of implementing an historic power-sharing arrangement that will see shifts in balances of power that have become institutionalised over many decades. The resulting struggle will be over Burundi's limited resources, most notably, external aid. With more than EUR 913 million already pledged, there is much to play for. Powerful vested interests have already shown their resolve: UN and diplomatic representatives daring to challenge the daily 'irregularities' which fuel the power-base end up threatened or, worse, killed[3]. Almost all respondents referred to "endemic corruption" within governmental mechanisms at all levels. Some went further by accusing the UN system of embedding this mentality through its human resource practices and "un-critical partnership" with local and national authority counterparts. Examples cited range from 'manipulation' of bed-net (ITN) procurement and distribution, to demands by local authorities for under-the-table payments to be included on beneficiary lists. The overall result is that it is very difficult to spend money either wisely or well in contemporary Burundi.

58. This lack of accountability must be recognised when planning and implementing aid programmes in Burundi. Good governance programmes will shortly commence to help redress this particular shortcoming, but face a period when an in-coming government has first to recognise the challenges it faces before re-organising itself to meet those challenges beyond the confines of the capital[4].

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2 Human Development Report, UNDP, 2003.

3 WHO and UNICEF Heads of Agency have been murdered in the past five years. In June 2005, the EC Delegate had a grenade explode in his garden: He arrived late at home, so it could have been worse.

4 Meeting with the UN Humanitarian Coordinator on July 6th, 2005.

3.3 ABSORPTIVE CAPACITY

59. Capacities to absorb donor funds are weak in Burundi, and the ability of government to manage public resources remains eroded. The lack of transparency as well as over-centralisation of responsibilities is a concern[5]. Disbursement is delayed at all levels on account of bureaucratic indifference, audit problems, absence of good-governance skills, declining number of international NGO potential partners, security considerations, and under-staffing[6]. Lack of governance skills in particular will constrain the effectiveness of what macro-economic tools are available, including debt forgiveness[7]. So, too, will Burundi's geography, its lack of market access, its socio-economic inequality, and its position within the 'realpolitik' of the region[8].

60. Under-staffing is compounded by rapid rotation of staff; relative inexperience of NGO staff, many of whom are on first missions to Burundi; and difficulties in recruiting quality international and national staff. There are 51 INGOs registered in Burundi, many of which can be considered small. At least six of the larger INGOs have left (or will shortly leave) the country since 2002.

61. Equally problematic has been the very nature of 'interim' authorities, where decision-makers, knowing how little time they may have left in office, have had little incentive to effect meaningful change.

3.4 UN INTEGRATED MISSION APPROACH

62. Integrated Mission approaches see UN control over all aspects of all activities of the UN system[9]. This includes Military, Humanitarian, Human Rights, Rule of Law, Logistics, and Operations. The military component of the UN Peacekeeping Mission in Burundi (ONUB/UNOB), comprising some 5,300 soldiers from five nations, is currently working principally in support of the election process, although it is also active on Disarmament, Demobilisation, and Reintegration (DDR), police training, and small-scale humanitarian projects at the local level. Critics of such 'integrated approaches' see the blurring of military and humanitarian roles as antithetical, and cite Burundi as the latest case of where fundamental principles of humanitarian independence and impartiality have been compromised.

63. Overall, most respondents suggest that the UN integrated mission approach is not working well in Burundi. The most recent example of this was the reaction of the UN to the 'refoulement' of alleged 'fugitives from justice' from Songore Camp in North Burundi on 9th

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5 World Bank, Interim Strategy Note, April 11th, 2005.

6 Meetings with: EC Delegate on June 21st; WHO on June 22nd June; and NGO partners on June 23rd, 2005.

7 Burundi expects to be admitted to Heavily Indebted Poor Countries (HIPCs) by mid-2006 (Source: World Bank Meeting on June 28th, 2005.

8 Source: The End of Poverty, SACHS, 2005.

9 3rd Report of the Secretary-General on UN operations in Burundi, March 2005.

June 2005, where UNHCR (and others) was sidelined by the Burundian authorities despite the UN having taken what some respondents perceived to be a "brave and principled" position.

64. While OCHA is felt to be playing an increasingly important role in overall coordination, albeit within a 'maximalist structure'[10], individual UN agencies have a variable record in coordinating their sectors. According to some respondents, most such meetings are not much more than information-sharing opportunities, with little discernible decision-making by stakeholders acting together. UNICEF and UNHCR come in for particular criticism, with both being accused of not sharing information; of holding irregular meetings of indeterminate outcome; and imposing needless restrictions on their implementing partners who are treated as sub-contractors. It is also widely felt that UN agencies fail to share information between themselves.

65. NGOs feel that they are competing with UN agencies for ECHO funds, and that it is invidious for a coordinating agency to be oversighting a sector when it is itself engaged in that sector. In reply, ECHO suggests that there is no direct competition, and that the principle of 'subsidiarity' sees UN agencies supported according to their respective mandates, and where clear and comparative advantage can be demonstrated (e.g. WFP for procurement and countrywide food distribution; UNICEF for EPI). Two other EU Member State bilateral 'co-operations' in Burundi went further, to suggest that, "if we did treat them (the UN) as an NGO, then they would be getting much less money by now based on their performance".

3.5 GOOD DONORSHIP

66. The 'Good Humanitarian Donorship' (GHD) initiative agreed in the 2003 Stockholm conference, and currently being piloted in Burundi with DFID as the lead-manager, is widely agreed to have produced little discernible result thus far[11]. Stakeholders agree that Burundi, being a small country, is an ideal place to trial some pragmatic good donorship initiatives even if donor presence is somewhat limited[12]. While pooled funding through OCHA (as piloted in Sudan) is perhaps ambitious, formulation of guidelines, standards and indicators together with joint assessments[13], base-line setting, harmonisation of reporting structures, and pooled vulnerability and risk mapping, should not be too difficult to implement. However, after many years developing current reporting structures, ECHO is likely to resist changing its formats at this time, arguing that accountability would be diluted. Similarly, GHD calls for introduction of longer-term and more flexible funding arrangements as part of its good practice agenda. This has occurred to a certain degree in Burundi[14] though the challenge now is to allow medium-term funding to underpin re-committed development funds, which will not be demonstrating impact, much before mid-2007. GHD also assumes 'good receivership'. This implies all stakeholders working in partnership to common objectives; something that respondents feel is not the case in Burundi (see paragraph 86).

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10 Global Policy Forum note by Anna JEFFREYS and Toby PORTER, November 2004.
11 Meetings with NGO partners on June 23rd and with UNICEF on June 24th, 2005.
12 HPN Article, BLEWITT, June 2005.
13 Probably now under UNDAF rather than OECD-DAC frameworks.
14 ECHO's Global Plan 2004 foresaw an eighteen-month funding horizon.

67. With the notable exception of ECHO and the World Bank, humanitarian donors are generally thought to be reactive in Burundi even by some donors themselves[15]. ECHO is widely accredited for having driven such informal coordination mechanisms as do exist. DFID went as far as to say that ECHO provides some of the policy and technical guidance they need to inform their own programme planning[16]. That said, donors are too often designing their strategies in isolation of one another, which is leading to fragmentation of resources and widely divergent application of policies. The worst example of this seems to concern the issue of 'cost-recovery' in the health sector; some donors apply 100% as demanded by the national health plan, and some insist on free care provision (see paragraphs 111 and 112).

3.6 ACCESS & SECURITY

68. Access to sites and security for humanitarian personnel has significantly increased in the recent past thanks to the implementation of the peace process and the deployment of the ONUB/UNOB. Despite this, the situation is widely considered as precarious, with Bujumbura Rurale remaining inaccessible to UN non-humanitarian personnel. Most partner NGOs recalled international staff to Bujumbura due to rumours of FNL militia movements in different provinces over the election period.

69. Incidents have been reported after the local elections, mainly in Bujumbura Rurale, where the FNL is concentrating its activities. The demobilisation process of around 20,000 former combatants is facing financial and practical difficulties and 'banditism' has increased as a consequence. It is, furthermore, a commonly held opinion that security conditions in the country will hinge on the result of the August presidential elections.

3.7 REFUGEE RETURN SCENARIO

70. With relative peace established at the beginning of the period under review, the humanitarian response strategy supported by the EC foresaw a major voluntary refugee/IDP return, reinsertion, and reintegration programme. This did not take place as rapidly as foreseen. UNHCR expected over 150,000 of the ca 800,000 old and new case-load Burundian refugees living in Tanzania to return in 2004, but fewer than 95,000 actually did so. The trend slowed further in the first half of 2005, with only 14,500 returning[17]. It is now expected that the remaining case-load will return en masse only once it becomes clear that the final phase of the Arusha peace process has actually resulted in durable peace at commune and colline level. This may coincide with the start of the new school year and the second planting season in September, or it may be towards the end of 2005. Most respondents thought the latter scenario would be more likely, although previous stances taken by the Tanzanian authorities over what some considered to be the 'co-erced' (if not 'forced') return of Rwandan refugees in 1996 was noted.

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15 Meeting with OFDA on July 2nd, 2005.
16 Meeting with DFID on June 21st, 2005.
17 Meeting with UNHCR, June 30th, 2005.

4. ECHO'S APPROACH

4.1 STRATEGIC APPROACH

71. ECHO's approach in Burundi is 'consistent' in terms of its mandate[18] and linkages are evident between successive Global Plans. Such plans are a useful mechanism for ECHO because they enable a more proactive approach to be taken to a situation, rather than simply responding to partners' requests as and when they are received. It is also 'focused' in so that it targets the most vulnerable groups in society according to both a sectoral and geographic basis of need[19]. ECHO's team in Burundi independently assessed these needs throughout the period under review in close co-operation with its NGO and UN Partners. In the interests of transparency and effectiveness, subsequent Global Plans were progressively developed in full consultation with existing and potential partners. A series of planning workshops in Bujumbura and Brussels established the general geographic and sectoral areas of intervention required, together with desired indicators of process, output, and outcome, as well as indicative unit costs. In recognition of the evolving nature of the transition in Burundi, the 2004 Brussels workshop included DG Development, AIDCO and the EC Delegate from Burundi, as well as partner agencies and other interested stakeholders. This process was evidently much appreciated by stakeholders at the time with such inclusivity providing the model of how to proceed in such circumstances (although, as discussed in Paragraphs 150 to 154, such approaches do not always translate to coherent action on the ground).

72. In terms of 'adaptability', ECHO responded to the opportunities afforded by the opening-up of previously inaccessible areas after the conflict ended in late 2003 with a multi-sectoral programme to meet emerging humanitarian realities. 'Pilot projects' in the education, psycho-social, food security, and protection sectors were progressively added through 2003 and 2004, and areas of intervention widened as access increased. Targeting is aimed at those provinces considered most 'at risk', either from existing vulnerabilities, or from expected future ones where return and reintegration will further stress populations with already limited social service provision. The principal objective of such aid was to contain mortality and morbidity rates among the targeted population groups[20] within emergency thresholds. Furthermore, attempts by ECHO to link such projects under an 'integrated' approach in the context of the 2003 and 2004 Global Plans have been impressive. The evidence for this can be found in the food security sector, where ECHO moved beyond targeted food aid delivery to seed replication and seed fairs, and in the education sector where ECHO funded a UNICEF 'pilot project' in emergency education among returnees. Despite this innovative 'humanitarian-plus' approach, a genuinely 'integrated' approach would include more components of less direct, but nevertheless crucial humanitarian impact such as re-

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18 EC Council Regulation No. 2157/96 which includes, "*support short-term rehabilitation and reconstruction work in order to help victims regain a minimum level of self-sufficiency, taking long-term development objectives into account where possible.*"

19 This evaluation does not consider the alternative, 'thematic' approach increasingly mainstreamed by the UN system in transitional settings.

20 The vulnerable groups in question comprised displaced persons, returning refugees, de-mobilised soldiers together with their host communities in directly conflict-affected areas, with particular emphasis given to women, children, the elderly, and adolescents (Global Plan 2004).

establishment of comprehensive disease surveillance systems, for example (see paragraph 109), as well as elements usually considered more developmental in nature such as education

73. Overall, the 'humanitarian plus'[21] stance adopted by ECHO in Burundi has seen more in the way of 'integration' of multi-sectoral initiatives than many comparable ECHO actions elsewhere. However, a strategic framework at country level seems to be missing. In the context of Burundi's on-going transition, 'conflict prevention' (as opposed to the more normal 'disaster reduction' concept) would provide the level of 'coherence' currently lacking. Such a framework would orient ECHO-funded programmes to provision of 'quick impact' within the context of re-establishment of 'community' reconciliation and self-reliance over the medium-term.

74. ECHO and DG Development developed a LRRD strategy paper in late 2004, which sees ECHO handing over food security and WatSan at the earliest opportunity. However, for the food security sector, targeted supplementary feeding will need to continue within community nutrition centres as WFP's pipelines are reduced. Rural WatSan programmes are continuing but are in the process of being directed towards DG Development's 'ACP Water Facility' budget-line.

75. ECHO's global consecutive Global Plans for 2004 and 2005 are complementary and have adapted to changing criteria. They focus on: Healthcare (33%); Nutrition (16%); Food Security (20%); Water & Sanitation (15%); provision of non-food relief items, including limited school supplies (6%); coordination and logistics (4.5%); protection (2.5%); sexual violence related psycho-social support (1.5%); and de-mining (1.5%). Overall funding splits are: UN - 36%; NGOs - 55%; Reserve - 6%; International Committee of the Red Cross and Red Crescent (ICRC) - 2%; and ECHO - 1%.

76. Over the period under review, ECHO has increasingly been constrained by the absorptive capacity of its potential partners (see paragraphs 81 to 83).

4.2 OPERATIONAL APPROACH

4.2.1 HEALTH

77. The Ministry of Public Health has developed a National Policy for the period 2005-2015; the first line-ministry to do so. This document was prepared through a broad consultative process and is intended to form the link between humanitarian assistance and development. A multi-sectoral approach towards improving population health and communicable disease prevention is envisaged. The document acknowledges that, in the short-term, serious shortages of human and financial resources will impede development of better, more accessible services.

78. The proportion of ECHO's Global Plan budget provided to health-care has remained relatively consistent over the period under review, at between 33-35% in 2003.

[21] To be understood to refer to ECHO's policy approach towards post-emergency humanitarian action (previously known as "the Grey Zone").

This reflects the acute need as demonstrated by a steady deterioration of health indicators over the past decade.

79. The crude mortality rate (range of 1.2 – 1.9 per 10,000 per day) and under-five mortality rate (range 2.2 – 4.9 per 10,000 per day)[22] exceed the emergency thresholds and are in the same range as Darfur in Sudan. Maternal and neo-natal mortality ratio's are also above the regional average, as ca 80% of deliveries take place at home without the presence of trained Traditional Birth Attendants (TBA's) or midwives.

80. Ratios of health professionals per catchment population are extremely low, with just one physician per 100,000 people. Recruitment of nurses (mostly from among returnees) in Ruyigi, however, is not a problem apparently, while physicians and other medical specialists are found mostly from the Democratic Republic of Congo. This presents something of a paradox, when so many of Burundi's medical professionals are evidently working in Rwanda.

81. Primary health service coverage (ca 80%) appears on the face of it to be good. However, barriers to access in the form of 'informal' and formal fee payments at point of first contact and beyond are prohibitive. Also, quality-of-care indicators in a health system suffering long-standing structural deficiencies, a critical lack of qualified doctors and nurses, and poorly maintained infrastructures all point to an ineffective health service.

82. Vaccination coverage rates have risen from ca 30+% to ca 80+% according to UNICEF. With population movements as they are and record-keeping not well maintained, only sero-conversion studies will verify whether this has, in fact, been achieved. ECHO also funded a national measles vaccination campaign in 2003 and a meningitis campaign in 2004 as a response control measure.

83. ECHO was instrumental in advocating for change to the malaria treatment protocol. This was a long and tortuous exercise, which required co-ordinated approaches from multiple stakeholders in the face of strong governmental and private sector reluctance. Following successful introduction of this new protocol in 2003, ECHO funded 12 months of ACT blister packs through UNICEF pending engagement by the Global Fund. Manipulation of the supply chain was initially apparent as 'under the table' sales of Chloroquines were directly affected by the arrival of this heavily subsidised new treatment. Although still not a genuinely 'integrated' malaria control programme countrywide (which should be managed by the Roll Back Malaria Focal Point in partnership with national health authorities) malaria incidence, especially among the 'Under-Fives', has been substantially reduced according to the presentation records of NGOs and the disease surveillance system.

84. Such an integrated approach to malaria control would also include provision of insecticide-treated bed-nets (ITNs). ECHO funded UNICEF in two successive tranches for a total of 250,000 ITNs pending additional supplies arriving via the Ministry of Health funded by The Global Fund. Procurement was slow in both cases (as often appears to be the case with ITNs, of which there is a global shortage), and distribution limited. The result is that ITN coverage for those most at risk, namely pregnant women and the Under-Fives, is lower

[22] CAP 2005.

than expected at <8%[23]. Distribution needs to be accelerated in conjunction with social marketing methods, especially since the nets supplied appear have not been impregnated and the re-sale of bed-nets appears to be low.

85. ECHO's involvement in malaria control focuses on diagnosis and treatment but less on prevention (with the exception of limited ITN supplies). There is a sense that recent introduction of new (ACT) treatment protocols is enough to combat malaria, and that vector control programmes aimed at preventing plasmodium transmission are minimal. The focus on laboratory (blood film microscopy) diagnostics is appropriate as a 'gold standard', but requires equipment, trained staff, and continual supply of reagents, none of which are readily available in Burundi at PHC level. 'Parachek' rapid tests are now not an option, as imports have been banned by the MOPH. Either way, MSF Belgium is seeing an average 200 consultations per day in the ten PHCs it supports in Karuzi, 40% of which are malaria cases. Even with a fully functioning laboratory and trained staff, it would not be possible to screen for malaria in such volumes and keep false negative readings within acceptable tolerances. Therefore, further consideration can be given to how best to use laboratory confirmation of malaria infection in conjunction with rapid testing.

86. TB control measures seem limited to opportunistic treatment related to HIV/AIDS. There is no countrywide application of DOTS, though drug supplies through The Global Fund are deemed sufficient (using 2001 planning figures). MSF insists on two month in-patient care for sputum-positive TB cases (which it diagnoses itself since there are no culture facilities in the referral hospital). Sufficient drug regimes are available for DOTS (both from MSF's own stocks and MOPH/Global Fund supplies) but many of the other DOTS protocols are not in place. For example, TB cases are normally given one weeks' supply of drugs with no attempt made to directly observe therapy at home, and no follow-up. MSF does not have the capacity for active case-finding. Moreover, defaulter rates in Burundi are not tracked.

87. Disease Surveillance Systems work well in some areas, and less well in others. Introduction of a new reporting format in early 2005 (apparently with no consultation outside MOPH and WHO) has resulted in some confusion over case definitions. A new category of 'maladie graves' has been included which may now result in under-reporting of malaria, for example. The current Outbreak Detection System (ODS) is not working well[24], as it is largely sentinel in nature and relies heavily on NGO input. The EPISTAT health information management system does not require further ECHO support.

88. There is low level of drug quality control in Burundi. This could be assessed by WHO, with a view to ascertaining the proportion of time-limited supplies in the central pharmacy and the proportion of drugs supplied with inactive ingredients. Consideration will also need to be given to the destruction of time-expired supplies, some of which are hazardous to the environment.

89. MSF Belgium has been obliged by the MOPH to change its objections to the imposition of cost-recovery and are currently charging a nominal flat-rate fee of EUR 0.25 for each consultation at primary level. Onward referral is free, while those consulting hospitals

[23] Interagency Health and Nutrition Needs Assessment, September 2004.
[24] Draft Interagency Heath and Nutrition Evaluation, April 2005 (un-published).

directly are charged EUR 0.83 as a dis-incentive. To a large extent, elevated maternal mortality is due to late referral, which is related to high cost of emergency obstetric care. Where NGOs are not supporting referral services through parallel cost-sharing, the cost of hospitalisation can amount to the annual average income of a rural family. Exemption schemes for the ca 15% deemed too poor to pay such fees by local health committees are supposed to allow free access to care. The Ba-Twa minority (who make up ca 5% of the population) are usually included in such exemption lists wherever NGOs are present but tend not to use the system, probably for cultural reasons. Either way, according to MSF, exemptions do not fully work and the most vulnerable too often remain without access to health care[25].

90. Introduction of user-fees theoretically contributes to the re-building of sustainable, locally 'owned' health services that increase efficiency and equity of access to basic primary and referral services. In practice, however, the opposite is often found to be the case[26], especially in countries like Burundi where the average income is EUR 0.17 per day. ECHO argues that such 'symbolic' user fees are justified on the basis that they stimulate local ownership, deter inappropriate care-seeking behaviour, make an important contribution to the salaries of under-paid health staff, and ensure (albeit limited) continuity of care should ECHO disengage[27]. Utilisation rates are the usual means of measuring impact, and are used in Burundi. However, such rates are averages and, as such, fail to capture the extent to which cost-recovery imposes an insurmountable barrier to access for the poorest and most vulnerable. ECHO is required by Council Regulation to provide drugs and medical consumables for free. In the absence of sufficient external funding to cover the centrally-administered recurrent cost burden, staff incentives become the most important factor in provision of essential health services to those who need it most[28].

91. MOPH lacks structural capacity, with few qualified staff at the provincial level. At less than two dollars per day salary[29], the payment of 'primes' by NGOs working closely with local health authorities is seen less as an incentive payment and more as a salary supplement – as a 'due by right'. 'Primes' for nurses amount to 300% of their salary. Even with these, staff remain un-motivated[30]. Incentive payments to national health staff are as much a potential barrier to accessing health care as cost-recovery payments, since, once initiated, non-payment tends to see dramatic reductions in attendance and/or performance. This is a policy issue that will require advocacy on the part of ECHO as 'primes' are subject to rationalisation in anticipation of the introduction of budget support measures to cover the recurrent cost burden.

92. It is clear that MSF Holland's sizeable international presence in Ruyigi has created a climate of confidence that allows access to quality health care. Bed occupancy at the Ruyigi referral hospital is now 80+%, and average daily attendance rates at primary health clinics has risen from 30 to 200 (Murema PHC in Kayanza is now seeing 300 patients daily,

25 ODI Paper (2671), PHILIPS et al, June 2005.
26 HPN Paper (26), POLETTI, 2004.
27 HPN Paper (27), HANDS, 2004.
28 HPN Paper (27), MERLIN, 2004.
29 55,000 FrBu per month (equals ca. USD 55), un-changed since 1999.
30 MSF Belgium recounts how laboratory technicians in the Karuzi hospital recently refused to do blood-typing outside 'normal' working hours, resulting in the eventual death of two patients (GFE interview on June 30th, 2005.)

as opposed to 15 before). However, such figures themselves do not point to an overall improvement in quality of care.

4.2.2 HIV/AIDS

93. The epidemiological situation of HIV/AIDS in Burundi ranks the country as one of the most affected in the world, with a national HIV-positive rate higher than 3.6% among fifteen-year-olds. Rates are higher in urban and peri-urban areas, reportedly reaching as high as 19% among those attending TFCs**31**. In rural areas, HIV/AIDS prevalence has tripled within the past ten years. This equates to 250,000 people living with HIV/AIDS (PLWHA), of which at least 10% require anti-retroviral therapy (ARV).

94. Largely due to ECHO, Belgian Co-operation, and Global Fund, sufficient ARVs are supposedly available in Burundi to treat the projected caseload. However, not only are there stock-outs at local level within the de-centralised voluntary counselling and screening centres (VCTs), but, according to some observers, incidence rates have been seriously under-estimated. HIV/AIDS laboratories also suffer shortages of rapid test reagents. And ELISA coverage, while good at the Reference Laboratory in Bujumbura, it is hardly elsewhere. The availability of Post-Exposure Prophylaxis (PEP) kits, including ARVs, is thought to be insufficient given the alarming rise in victims of sexual violence presenting at health centres (see paragraphs 164 to 166).

4.2.3 NUTRITION

95. Anthropometric surveys carried out in 2005 show an improvement in the overall nutritional status of the population, with GAM and SAM indicators currently under the nominal[32] emergency threshold of 10%. This overall improvement has resulted in the closure of specialist Therapeutic Feeding Centres (TFC) since the height of the crisis in mid-2002, and their gradual integration into government health centres. Nevertheless, these acute figures are still twice as high as pre-conflict in Burundi[33], and obscure more general levels of malnourishment, which show ca 80% of the population remain "at high risk" of opportunistic infection, and liable to academic under-achievement. The main causes of malnutrition in Under-Fives are: A) Insufficient and/or inadequate food due to food insecurity; B) High incidence of communicable diseases such as malaria and diarrhoea; C) Inappropriate breast-feeding & weaning practices; D) Extreme poverty; E) HIV/AIDS and F) TB co-infection[34]. The nutritional situation remains particularly "precarious" in zones of continuing instability such as Gitega and Bujumbura Rurale.

96. Recognising the persistence of pockets of extreme vulnerability, WFP re-oriented its programme in April 2005 to a more 'selective' approach. This targets particular groups considered 'at risk' such as Under-Fives, elderly women, people living with HIV/AIDS, and hospital in-patients without family support. (See Para 68).

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31 WHO's Progress Report on the implementation of the 3x5 initiative in Burundi (no date) quotes 10.5% HIV-Positive prevalence in urban areas. However, disagregation shows the figure to be over 19% in the rural town of Gitega.

32 SPHERE standards

33 National Nutritional Survey Baseline dates from 1987.

34 Meeting with UNICEF on July 5th, 2005.

97. UNICEF provides vitamin A and iron (folic acid) supplementation, as well as therapeutic milk for use in therapeutic feeding centres. Despite this, anaemia remains a severe risk factor for complications in pregnancy in Burundi with over 47% of pregnant women anaemic and only 16% of post-partum mothers having received a dose of vitamin A[35]. The situation is compounded by high prevalence of malaria, intestinal parasites, and other communicable diseases.

98. WFP's most recent VAM Survey shows boys and girls equally affected by malnutrition. Stunting is particularly prevalent among children of both genders. Additionally, 2.7% of children are reported to suffer from Kwashiokor, a form of severe protein-energy malnutrition. The survey also suggests child malnutrition may be more related to food utilisation than food intake. Mothers' education is also related to stunting, with better-educated mothers having less stunted children.

99. The dry ration provided by WFP[36] to those living with HIV/AIDS is insufficient to meet the special dietary needs related to effectiveness of ARV treatment[37]. Vitamin and mineral supplementation should therefore be included within all ECHO-funded HIV/AIDS programmes, either through budget support for local purchase of fruit and vegetables, or through pills.

100. Nutrition monitoring cannot be considered to be comprehensive in Burundi. First, although NGOs use standardised therapeutic feeding protocols, survey methodologies are still not standardised[38]. Furthermore, data is skewed by: Continuing movement of displaced populations; moves by MOPH to absorb TFCs into under-resourced health centres; and late reporting. Hence, this makes it difficult to have an accurate overview of the nutritional situation.

4.2.4 FOOD SECURITY

101. Overall household food security has been affected by insecurity; adverse weather events (drought and hail), decreased asset protection, soil erosion and degradation, and societal breakdown[39].

102. According to WFP, 16% of Burundi's population is chronically food insecure. These caseloads, most of which comprise female-headed households, require some form of food assistance at any given time. In addition, 68% of households are borderline food insecure, and susceptible to any kind of shock.

103. At the moment, Burundi is a food deficit country with an agricultural production level inadequate to feed its growing population. This need not be the case, however[40]. Production of pulses, cereals and manioc have halved since the onset of the crisis in 1993. According to an EC adviser, it is possible to double the output without further inputs and

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35 UNICEF Multiple Impact Cluster Survey (MICS), 2000.

36 WFP's Food Basket comprises of Cereals, Pulses, Vegetable Oil, Sugar, and iodised salt: Kilocalorie content is ca 2,100.

37 Visit to SWAA on June 30th, 2005; WFP Briefing Note, July 2005.

38 WFP Briefing Note, May 2005.

39 UNDP Human Development Report, Burundi 1999.

40 GFE Interview with EC Head of Section for Rural Development, Bujumbura on June 28th, 2005.

without introducing new technologies, varieties, or cropping practices (the exception being manioc, which is suffering a blight of mosaic virus). The existing AIDCO food security budget-line could be used for possible price intervention, thereby guaranteeing farmers a fixed income. This would stimulate demand from a sector, which is currently considered 'risk averse' i.e. covers subsistence needs but produces little excess. Such a mechanism can also be an effective way of introducing new crop varieties (that are drought-resistant, for example, such as sorghum). Impact can be seen within three harvest cycles (i.e. between 12-18 months in Burundi, depending on the crop grown). First results would therefore not be apparent before mid-2007 at the earliest, and, even then, only in the four provinces targeted by AIDCO (Ruigi, Cankuzo, Muyinga, Kirundo). Meanwhile, anecdotal evidence suggests free food distributions leak into the market at an estimated rate of 15-17% to undermine income-generating possibilities for farmers. It was not possible to deduce during this evaluation if such diversion was taking place at beneficiary level as a form of informal household 'monetisation'.

104. Seed Fairs being piloted by CRS with ECHO actually use vouchers as a secondary form of currency. They are highly effective and efficient ways of generating demand-side production but need more or less a constant input from the partner and are therefore unsustainable over the longer term. In fact, CRS has reached the limit of its capacity to extend these further. But, as an interim food security measure, they should be widened as far as possible. At least two INGOs have expressed a willingness to engage in this area (ACF, GVC).

105. WFP distributes between 6,000-8,000 metric tonnes of relief food items per month through a regional 'Protection, Relief and Recovery Operation' (PRRO) depending on fluctuating IDP caseloads. This is equivalent to EUR 37 million for the whole of 2005. Approximately one third of this is covered by USAID's Food-for-Peace programme, with 10% from the European Union. The Commission's contribution is cash whereas that of the US is in kind. WFP rules mean it is no longer possible to engage in a country-specific 'Emergency Operation' (EMOP) for Burundi. The PRRO concept supposedly allows for flexible allocation, in this case between Tanzania, Rwanda and Burundi. However, this mechanism lacks transparency and the use of systematic criteria for prioritisation remains opaque to donors.

106. Food aid is targeted towards 280 community-based therapeutic and supplementary feeding centres, 45% of which are managed by NGOs, and 55% of which are managed by provincial health offices. Other priorities, in order of relevance are: refugee return and reintegration packages, schools feeding, HIV/AIDS mitigation, and de-mobilised soldiers.

107. WFP works to worst-case scenario planning. This assumes mass return of refugees from Tanzania shortly after the finalisation of presidential elections on 26th of August 2005. This would coincide with the school calendar and the second planting season. The planned, three-month, one-time distribution of food aid for returnees is, in itself, not considered much of a 'pull' factor.

108. Food-for-Work provides alternative income for stressed communities trying to re-build their lives. In Burundi, such initiatives are constrained by the limited capacity of international and national NGO partners to provide viable proposals. Nevertheless, Food-for-

Work projects are considered vital to stabilising rural economies in the short-term, though these should evolve into Cash-for-Work at the earliest opportunity.

109. Schools feeding programmes are targeted in Burundi mostly at the primary level in border zones and the most food insecure areas, although there is a limited provision made for secondary schools.

110. Former soldiers are provided with food as part of the on-going 'Disarmament and Demobilisation' process. While the relative need can be debated, the political imperative of continuing this programme cannot be doubted.

111. Registration of the most vulnerable, and therefore control of who has access to food aid, is a joint process involving all stakeholders in the sector through 'beneficiary committees'. Despite such safeguards, as elsewhere, control of distribution lists remains open to corruption. In Burundi, it is apparently possible to pay to be included on such lists.

112. DG Development is still considering its ca EUR 2 million pledge for food aid to WFP. Objections centre on what they perceive to be excessive procurement, transaction, storage, distribution, and operational support costs. Together with DFID, they argue that some form of NGO consortium could do a better job at less cost. In the opinion of the evaluators, and given the 'selective' rather than 'general' nature of the distribution plan, this is probably true, though not as cost-beneficial as they would make it appear. Either way, the feasibility of setting up such an operation cannot be debated while a food crisis looms at such a critical juncture of Burundi's transition to peace and democracy. Experienced NGOs suggest that such an operation would take three months to plan, with an additional three months at least to secure local and regional procurement of foodstuffs. In all likelihood, unintended consequences (e.g. lack of sufficient mineralisation and vitaminisation, as well as local market price distortion) may be counter-productive and may even negatively impact on availability of food commodities..

113. WFP is already signalling a pipeline break for the period June-October 2005, and citing a funding shortfall of ca EUR 9.9 million[41] until the end of the year. Accordingly, WFP has no choice but to cut rations by 50% to: elderly women in Kirundo and Makamba; Hospital feeding programmes; and Social cases (street children, orphans and PLWHA). Family food rations will cease altogether in three of the five targeted Provinces (Kirundo, Muyinga, Bujumbura Rurale). Meanwhile, savings made in the scaling back of 'Food-for-Work' programmes will maintain seed security programmes.

114. FAO food security measures are based on seed multiplication of drought and virus-resistant strains of new plant varieties, provision of inputs, and agricultural practice reform. According to FAO, such measures will require complementary food aid support until at least 2008 until they begin to exert significant impact.

4.2.5 WATER & SANITATION

115. According to recent community level data[42], 78% of rural households have access to safe drinking water, with poorest access in the eastern provinces. 77% of households have

41 WFP Note to Donors on July 2nd, 2005.

42 WFP Food Security & Vulnerability Assessment, September 2004.

access to adequate sanitation[43]. Over half of communities report a period during the year with difficulties in obtaining water - mostly encountered in the period June-October, with only 8% reporting their water source as being more than one hour away. That these figures are relatively good is considered to be due to over ten years of 'spring protection' programmes, most notably by the World Bank and ECHO. An estimated average of 200 such water safety projects take place per year countrywide, with approximately 15% involving improvement to gravity-fed distribution systems at village level[44]. Concerns at field level focus on the efficiency of community 'sensitisation' and local 'ownership' by committees that include government employees, especially when it comes to structural maintenance.

116. Urban and rural water treatment and distribution networks require different operational approaches if they are to produce the outputs required, and improve access to safe water overall. ECHO has engaged in urban and peri-urban water projects in other countries, albeit in agreed phases with DG Development and other donors (e.g. Kigali, Tirana), and piloted an approach in Rumonge town. However, at this stage of the transition, such projects that demonstrate synergy with other community-based components of partners' programmes are steered towards other donors, particularly the EC's ACP water budget-line. ECHO meanwhile continues with spring securitisation and 'adduction' systems at village level when linkage to schools and/or health centres is involved[45].

4.2.6 PROTECTION

117. Thanks to the improved security conditions in the country, the International Committee of the Red Cross (ICRC) has increased the number of detention centres visited since the end of 2003, having had the possibility of visiting all official sites (11 prisons, 16 transit centres of the Ministry of Defence and 7 transit centres of the Ministry of Interior) in 2004. Concern has been expressed on the real number of transit centres run by the above-mentioned Ministries.

118. Current estimate on prison population amounts to 11,000. Despite the fact that the number of conflict-related detainees is decreasing, 70% of the whole jail population is deprived of freedom due to political reasons. Extra judiciary detentions are a main issue and 50% of detainees are still pending trial. Despite a constant overpopulation of detention centres, living, nutritional and health conditions have improved, and no epidemics have been reported.

119. Tracing with ICRC is suffering from continuous displacement and the relative absence of a Burundian Red Cross counterpart. Nevertheless, a large number of detainees can now be visited in temporary and permanent places of detention throughout the country due to the improvement of security conditions.

120. UNHCR's 'Project Profile' seeks to apply technology to refugee registration. The project appears to have stalled in Burundi as a result of physiological mapping problems and the lack of personnel.

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43 UNICEF MICS, 2000.

44 IRC Briefing in Rumonge on June 29th, 2005.

45 A separate evaluation of water and sanitation in Burundi has been conducted by ECHO in 2005.

121. ECHO is providing funds to two UNHCR operations in Burundi, the aims of which are to provide assistance to Burundian returnees from refugee camps in Tanzania and assistance and protection to Congolese refugees in Burundi, in the wake of the Gatumba massacre in August 2004. These projects are receiving ECHO funds under the B Envelop of the FED-9, guaranteeing continuity to EuropeAid's EUR 25 million support, which expired in December 2004. UNHCR interventions in the field of WatSan also target IDPs and other vulnerable group living in proximity of refugee or transit camps.

4.2.7 EDUCATION

122. Literacy is defined as the ability to read and write a simple phrase in a language. By this measure, 54% of male-headed households are literate versus only 21% of female-headed households[46]. Less than 50% of school-age children (5-15 years) are attending a primary school[47].

123. This sector is only marginally covered by ECHO as it considers education a sector to be covered by development aid (nevertheless, ECHO funded a small emergency programme with an education component via UNICEF). UNICEF and OCHA disagree, and argue that, as one of the mainsprings of eventual eradication of poverty, education should be factored in to humanitarian aid planning at the very beginning of relief operations.

124. Emergency education services are mainstreamed within UNICEF as the focal point within the UN system for primary level education. Their primary focus is to ensure that returnee and displaced children attend primary schools. This requires furniture, teaching materials, and limited teacher training in the areas of gender & life skills, HIV/AIDS awareness, peace-building, and psycho-social support. To this, community-based social mobilisation campaigns are carried out to increase enrolment and retention, particularly of girls.

125. Emergency education practices can prevent and mitigate the effects of future disaster, and thus can be seen as a preparedness measure. UNICEF is requesting ECHO's re-involvement from late 2005 until mid-2007.

4.2.8 MINE ACTION

126. Apart from a superficial survey of civilian mine victims from 2001 to 2003 made by UNICEF, there is no reliable information regarding the number, type and location of landmines and unexploded ordnance (UXOs) in Burundi. The number of mine-related casualties among civilians is unknown, but is estimated at an average of 150 per year, with the toll rising from at least 114 in 2002 to at least 174 in 2003. No data is available on military casualties. Minefields are mainly reported in the Provinces along the eastern border with Tanzania (specially in Makamba) and in Bujumbura Rurale, but no comprehensive data exists. This is mostly due to reluctance on the part of interested parties to really engage in a de-mining programme, despite agreements to do so[48]. National authorities do not have the

[46] Source: WFP Food Security & Vulnerability Assessment, September 2004.
[47] UNICEF MICS, 2000.
[48] Burundi Landmine Monitor Report, 2004.

capacity yet to implement and coordinate mine action activities in line with international standards[49].

127. ECHO engaged in the de-mining process in Burundi with a pilot project in 2004, without a prior assessment. A UN-sponsored survey upon which to establish a national policy is due to start in mid July and will finish in December 2005. In the meantime, it is suggested to continue mine clearance in the areas already identified and to implement mine risk education among the affected population, IDPs and returnees. As mine clearance activities need at least two-to-three years to produce effective results, other donors should be identified to take over of ECHO-funded activities in the medium-term. The Belgian Cooperation is already active in mine action.

4.3 LRRD AND CROSS-CUTTING ISSUES

4.3.1 COORDINATION, COMPLEMENTARITY AND COHERENCE

128. The purpose of ECHO's establishment as a Directorate-General (DG) was to locate responsibility for all humanitarian aid-related activities within one EC instrument. However, DG Development still manages some emergency food aid. In addition, AIDCO incorporates food and water security, and DG RELEX funds human rights and conflict prevention activities[50]. All of these sectors have seen ECHO involvement in Burundi throughout the period under review in one form or another as it has tried to integrate its programmes into EC longer-term development plans that have been affected either by re-emerging crisis, and/or resource mobilisation problems[51]. According to the EU Parliament, "*where emergency aid through ECHO is given speedily and effectively, the Commission often does not succeed in ensuring an effective linkage with the rehabilitation and development phases*"[52]. The Parliament recognises that this is mainly due to slow decision-making procedures, the lack of personnel and weak internal co-ordination among EC bodies. EC assistance to Burundi has suffered from all of this, and from the fact that its development co-operation had to be suspended for some years due to insecurity, bureaucratic delays, and audit problems. ECHO covered EDF shortfalls with 'emergency' funds committed to post-relief reconstruction efforts (e.g. in the hospital sector[53]) and in other 'humanitarian-plus' activities (e.g. seed replication) which are arguably beyond its mandate, but, in so doing, allowed the potential synergies inherent within LRRD linkages to engage over time. This is the practical face of the 'continuum-contiguum' debate.

129. In recognition of this, consultations between ECHO and other DGs of the RELEX family increased, and joint strategic documents were produced at the Brussels level. Yet, with

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49 GFE interview with DanChurchAid on June 30th, 2005.

50 The need for improved co-ordination between these Commission services was highlighted by the Court of Auditors in 1995 and the 'Article-20 Evaluation' in 1999.

51 The evaluators noted the human resource constraints in the EC Delegation during the period in question.

52 EU Parliamentary Committee on Development and Cooperation's report on the Commission communication on LRRD, 2001.

53 GFE interview with DG Development on July 16th, 2005.

the possible exception of the food security sector[54], there still appears to be little evidence that a real vision of the LRRD process is shared at field level, or between the field and Brussels. Furthermore, there appears to be minimal proactive 'transition' planning at the country level, with a disconnection between ECHO-funded projects and geographic or sectoral choices made by the EU Delegation. Even the one non-food example cited by DG Development (handover of primary health in five Provinces in 2003/4), was made without proper prior consultation and was based on the briefest of assessments. At a personal working level, relations are good, although mutual agreements to conduct joint assessment missions have as yet come to nothing.

130. During the period under review, an INGO in Ruyigi had to make way for the arrival of the EC's EDF programme. The resulting programme was ill-conceived in that NGOs point of view, and proved to be partial[55] and disruptive[56]. In addition, the FED-7 programme was initiated with no prior discussion with either ECHO or the NGO concerned. Planning for the re-engagement of FED-9 in four additional provinces is underway with, but so far no dialogue with either WHO or NGO partners active on the ground has taken place.

131. DG Development and ECHO apply different interpretations to governmental policy. ECHO, for example, has, until recently, demanded free access to care while EDF demands up to 65% cost-recovery for very similar projects. Hence, there is little possibility for genuine linkage. With FED, drug supplies can be subsidised while, with ECHO, drugs cannot be passed through the central pharmacy but must be given free-of-charge to the patient. This policy actually undermines any possibility for the later introduction of community risk-pooling, which is why it should be phased out as soon as alternative budget support mechanisms are found.

132. As mentioned in the 2003 "Report and Operational Conclusions" of the LRRD/DPP Interservice Group, a valid exit strategy should be further developed by ECHO together with DG Development, RELEX, AIDCO and the Delegation. Past experiences in other countries demonstrate that this more could be done at the field level in order to implement such a strategy, with relevant projects taken over by other donors without gaps. The example of the three-year Transition Programme for Guinea Conakry, in which a common plan was drafted by ECHO and the EC Delegation in the field, and the establishment of a focal point position on LRRD in the Sierra Leone EC Delegation could be taken into consideration as an example of 'best practice'.

133. Co-funding of multi-sectoral, integrated projects, in which ECHO would sponsor the emergency aspects while other donors, such as member states' cooperation agencies, would finance more development oriented initiatives, would be a relevant aspect of a successful LRRD process. It has been noted that most NGO projects funded by ECHO in Burundi foresee only limited presence of other donors. While this might complicate administrative procedures at the headquarter level, it is considered that such an approach represents a valid step towards an effective exit strategy.

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54 On ECHO's suggestion, ACF consultations with the EU Delegation obtained EDF funding in order to continue a project previously funded by ECHO in the Province of Kayanza. The one-year-project started in December, 2004 under the 7th EDF, and permitted selected 'regroupements' of beneficiaries to carry out income generating activities, which cannot be financed by ECHO.

55 Only covering one of the PHC's previously covered by MSF.

56 EDF withdrew in March 2004, only to re-engage in June 2006.

4.3.2 COMMUNITY PARTICIPATION AND NON-STATE ACTORS

134. Community-based approaches provide the under-pinning for genuine 'conflict resolution' through sustainable development. Any continuing engagement will therefore revolve around a bottom-up, community-based model rather the top-down models of traditional emergency intervention. If taken in its entirety, the evaluators acknowledge that such an approach might be a step too far for ECHO's humanitarian mandate in the context of LRRD and the 'Article 20 Evaluation'[57].Hence, a selective approach might be envisaged where ECHO engages only in programme components more short-term and humanitarian in nature.

135. The involvement of communities is a fundamental factor in the conflict prevention and resolution process at the local level, especially if mass return of refugees from Tanzania is expected in the near future. Community based approaches, including when possible elements of education, awareness-raising activities and gender issues, have to be considered at the very beginning of any humanitarian intervention. Therefore, these should be seen as an aspect of the 'humanitarian plus' role of ECHO in Burundi, but only to be implemented through selected partner NGOs, many of whom have proven knowledge of the country and its dynamics.

136. Apart from emergency health related activities, in which individual needs are of particular concern, ECHO partners in the field have increasingly adopted a community approach that includes beneficiaries in identification of needs, implementation of projects and self-assessment through *comités de gestion* and *comités de suivi*. One of the main problems reported by all partners is the fact that such an approach requires longer time frames than allowed by ECHO contracts in order to produce sustainable effects.

137. Some non-state actors, such as local associations and NGOs working in the field of health, HIV/AIDS and gender issues (including gender based sexual violence), are seen as particularly reliable partners by ECHO's stakeholders. They have specific knowledge of local strategies for crisis mitigation and prevention. The 2001 Commission Communication on LRRD also stated, "*local NGOs and other civil society groups should be associated with discussions of strategic orientations and participate in co-ordination mechanisms*"

4.3.3 HUMAN RIGHTS

138. Human rights abuses in Burundi continue to be perpetrated in several areas. IDPs, women and children are the most affected, especially in those zones in which the conflict has not yet terminated. During the evaluation, it has been noticed that the simple presence of NGOs in the field can reduce violations in number and intensity.

139. IDP needs are well elaborated in the Global Plans under review, and all ECHO implementing partners are targeting IDPs being one of the most vulnerable groups. The UN estimates that over half of the 281,000 people displaced in camps had returned home by mid-2004, most of them without any external assistance. At the same time, however, more people have been displaced in Bujumbura Rurale, where violations of human rights continue to be reported. As of mid-2004, close to 70% of IDP camps had a health facility in or close to the

[57] HPG Paper "*EU Policy Approaches in Protracted Crises*", MOWJEE, July 2004.

camp, 91% had a water point located in or within close proximity of the site, and 84% of IDP households reported having a latrine in the site (OCHA, 2004). The 2005 version of the OCHA report on IDPs was in its final edit during this evaluation.

4.3.4 GENDER

140. Burundian society is a conservative, patriarchal one, in which women play a relevant role within the family, but are generally excluded from the decision-making process. In rural areas, together with children they usually perform hard farm work and provide water to the household. They marry and have children at an early age, and have fewer opportunities than men to access education. Women are customarily excluded from husband's legacies.

141. The need to integrate gender across all aspects of LRRD strategies and project has been emphasised by the EU Parliament report[58]. ECHO-funded NGOs do not normally apply a conscious gender policy, and women are targeted more as individual beneficiaries rather than groups[59]. This does not mean that women's associations are not considered as target beneficiaries, especially in Food Security or WatSan activities, but their involvement appears not to be mainstreamed. This is perhaps more a consequence of local realities rather than a real strategy coordinated with the donor.

142. Several ECHO partners reported that when present in beneficiaries' associations, women are a guarantee of good management and transparency. Therefore, a bigger emphasis ought therefore be addressed to advocating and mainstreaming gender issues with partners.

4.3.5 GENDER-BASED SEXUAL VIOLENCE

143. Accurate statistics on sexual violence are considered "impossible"[60], as it is only recently that information on rape began to be recorded, despite its endemic nature. Displaced and refugee women, widows, women living alone, adolescents and children are particularly vulnerable to sexual violence.

144. ECHO involvement in favour of victims of sexual violence is relatively new, and is being implemented through pilot projects in the psycho-social and health sectors. The problem of sexual violence is directly related with the HIV/AIDS pandemica. For many of the women infected, medical tests after rape or other sexual violence, may in fact represent the first time they learn of their HIV status. It is common opinion among implementing partners that these activities, being new also for beneficiaries, require time to produce a relevant impact. Stigma and fear are a strong deterrent and victims tend not to admit to being raped, nor to denounce perpetrators (whether soldiers, combatants, relatives or private citizens).

145. While supporting these activities until they are taken over by other donors, it is important that a stronger advocacy and prevention policy is carried out by ECHO's

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58 EU Parliamentary Committee on Development and Cooperation's report on the Commission communication on LRRD, 2001.

59 Women are mainly targeted as individual beneficiaries in food distribution (female headed households), maternal health, HIV/AIDS cases, and sexual related violence.

60 Amnesty International, 2004.

implementing partners, also by those working with communities in sectors not directly related to the treatment of sexual violence victims.

4.3.6 CHILDREN

146. Children are mainly targeted as beneficiaries of supplementary nutrition and health care activities. Conforming to current guidelines, ECHO started pilot projects based on therapeutic and supplementary feeding of children in the home, thereby providing mothers the opportunity to stay at home for the three-to-four weeks of the treatment period. These projects are difficult to implement in Burundi, where the population is distributed in 'collines' (hills) more than in urban or semi-urban areas. Child protection activities, such as tracing of family links are being implemented, mainly in refugee camps and among IDPs.

147. UNICEF estimates that 230,000 children are orphaned by HIV/AIDS in the country.

4.3.7 ENVIRONMENT

148. Drought, soil erosion as a result of overgrazing, the expansion of agriculture into marginal lands, and de-forestation due to uncontrolled cutting of trees for fuel and house-building represent the major environmental threats in Burundi. Environmental aspects are taken into consideration in the implementation of assistance to returnees and refugees through re-forestation projects and the introduction of fuel-efficient cooking stoves.

149. Health NGOs are engaged in hazardous waste disposal programmes at health centre and hospital level, with ECHO having funded the construction of a number of hospital incinerators. The efficacity of these projects was not assessed during this evaluation, but third-hand anecdotal evidence (and experience from other countries) suggests that disposal of 'sharps', biological waste, and laboratory reagents is neither effective nor environmentally sound.

4.3.8 COPING STRATEGIES

150. The most common idiosyncratic shock is sickness or accident of a productive household member. This is cited by 40% of households in a recent WFP Food Security and Vulnerability Assessment Report (September 2004). As a result, almost all (99%) report a rapid deterioration in their food security with the most common coping strategies being loans from friend or family, diet modification, and temporary work. Almost half (49%) report not having been able to recover from such shock even months after the event, which demonstrates the extent to which household physical, financial and human capital has been depleted.

151. The most common covariate shock is drought, experienced to some degree by 68% of households surveyed, and found in every province. A quarter (26%) reported plant disease or insect infestation (with most of these in the northern provinces where manioc virus is most prevalent), with other principal shocks being hail (21%) and flooding (16%). Interestingly, insecurity or violence, including theft of livestock, was only cited by 8% of households, even though there has been much anecdotal evidence over the years that such theft, especially of cattle, has had a major and lasting impact on household food insecurity.

4.4 THEMATIC FUNDING

152. Such funding is aimed at strengthening innovative relations with 'mandated' agencies over the medium-term, in order to provide indirect, non-programme, benefits to bear on behalf of the international humanitarian community. Some suggest that it is the single most effective initiative undertaken by ECHO[61].

153. OCHA is improving its information management and coordination roles in Burundi. However, vulnerability and risk assessment is incoherent, with only sporadic and usually incompatible data being supplied by other UN agencies and NGOs. Mapping of this data is not yet at a level of sophistication that it can help agencies plan more efficient and effective programmes. ECHO's support in this regard is crucial, especially with regard to an improved Humanitarian Information Centre. That the coordination function is seen as little more than information-sharing is not in itself bad news since individual lead-managing agencies should be dealing with the details beyond 'who does what where' (the 3W approach) to include 'how' for example. More worrying is the global oversight required to ensure minimum duplication of effort and maximum synergy, which some feel to be duplicated at the provincial level. Burundi is a small country, they argue, with a highly centralised approach to decision-making, especially under the UN integrated mission model (see paragraphs 84 - 86); Financial tracking, especially of non CAP-related inputs, remains a challenge, and 'Who, what, where' databases are out of date and incomplete.

154. WHO's thematic funding from ECHO supports efforts over three years to improve operational performance of health action in crises (HAC). In general, WHO's approach appears to ECHO to be overly ambitious, is still too un-focused, and has yet to build sustainable operational capacity. While WHO builds capacity in the latter, core competencies have yet to be properly articulated so that focus can be seen to be predictably applied to limited key areas of comparative advantage. In Burundi, laboratory diagnostics (including blood-typing and safety), disease surveillance, communicable disease control, drug quality control, and hazardous waste management are among such WHO core competencies which are in need of additional external support.

155. Tracing with ICRC is suffering from continuous displacement and the relative absence of a Burundian Red Cross counterpart.

156. UNHCR's 'Project Profile' seeks to apply technology to refugee registration. The project appears to have stalled in Burundi owing to physiological mapping problems.

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61 "Evaluation of the Partnership between ECHO and UNHCR and of UNHCR Activities funded by ECHO".

6. LESSONS LEARNED

6.1 OPERATIONAL

157. All respondents praised the ECHO team in Bujumbura for their flexibility, technical knowledge, understanding of the country, and bureaucratic support. ECHO is perceived as a "partner rather than a donor" by many. Especially welcomed was their long-time institutional memory and in-depth knowledge of the country. The evaluators are further impressed both by the regularity and detail of monitoring at country level, and the feedback and follow-up of the Desk Officers on organisational, operational, and policy/advocacy matters.

158. However, all respondents were equally vehement about the bureaucratic rigidity imposed upon them and the high transaction costs of monitoring and reporting. Many NGO partners find the level of monitoring a little "intrusive", while one major NGO declined ECHO funding on the basis of a cost-benefit analysis which saw the intended benefit outweighed by the extra bureaucratic cost involved. In other words, for the first time, programme implementation has been directly affected by the bureaucratic burden.

159. Some respondents felt that "an element of personal conviction" was leading to ad-hoc decision-making. In other words: project components were being declined that had been funded elsewhere. A good example of this is WHO's proposal for 'Emergency Health Libraries', declined by the Bujumbura team but found to add value in emergency settings in many other countries. Although the desk officer apparently later over-turned this local advice, questions arise as to the role of the Regional Support Office since systematised standardisation of approaches, provision of technical advice, and regional institutional memory are among the justifications for having additional technical resources at that level. Although a 'results-based' organisation, there is no discernible set of guidelines' within ECHO to provide a coherence to planning that reflects 'best practice' examples from elsewhere in the region or in the world. The principal advantage of such an approach is that it maximises the possibility for locally adapted and flexible responses. However, it also opens ECHO up to accusations of being 'ad-hoc' and subject to the personal convictions of the TAs on the ground. Thus 'results' can be interpreted in isolation, over short time-frames, and by subjective analysis.

160. Linked to the above point, the organisational culture of ECHO does not appear to allow for a proper 'institutional memory'. The Burundi country office has records going back to 2001 but knows almost nothing of what ECHO did or achieved in the seven years previously. ECHO's 'sensitisation' project with 'Radio Umwizero' in 1995, for example, was completely unknown to the current TAs.

161. NGO partners are concerned that 'quality' or 'outcome' indicators are not captured within the 'results-based' approach of ECHO. The current approach tends to favour output indicators that are measurable within the time constraints of the project when many of the real outcomes are, A) not evident until later, and B) can only be indirectly related to the aims of the project (the empowerment of women, for example, when implementing a community-based safe water project). They also feel that there is no mechanism for capturing this concern within the revised FPA process. This is linked to the 'Good Donorship Initiative'

in as much that proposal submission and reporting to ECHO follows a logic that does not duplicate itself[62], but is different in its approach to other donors (see paragraph 88 on Good Donorship).

162. Cross-border missions for familiarisation and possible standardisation of approaches could be systematised by ECHO as a 'standard operating procedure'. This is particularly important in regional complex crises, as was recognised by ECHO when conducting a joint donor assessment mission in mid-2004 with USAID. For example, Cash-for-Work Programmes are supported by ECHO in Uvira, across Lake Tanganyka from Bujumbura, when they are not in Burundi. Given the declining number of contracts in Burundi, Tanzania and Rwanda, it is forseeable that all three countries now come under the oversight of just two TA's, probably based in Bujumbura.

163. Section 5 of FAFA guidelines clearly point out UN agency implementing partnership arrangements. At least one ECHO partner has had difficulties in negotiating programme support costs from UNICEF, and has also experienced difficulties in the use of vehicle assets to the detriment of their programme efficiency. Such guidelines are not open to interpretation. Efforts should be made, therefore, to educate UN programme officers as to the non-negotiable terms of the FAFA at country and HQ level.

164. Access and Quality-of-Care surveys funded by institutional donors should be conducted under the aegis of the UN lead agency, not an individual NGO. It is ECHO policy to support the UN mandate wherever clear comparative advantage can be demonstrated.

6.2 VISIBILITY

165. ECHO visibility in Burundi is patchy; with a high profile given to ECHO externally in the form of flags and stickers only by some NGO partners. At least five of seventeen NGO partners had no discernible ECHO visibility on their vehicles even though reference is made to ECHO in partner written communications. However, visibility is as much a function of reputation and confidence-building between humanitarian professionals as it is to do with projection of the European ideal to mass audiences. This 'business-to-business' model requires an altogether more sophisticated approach to communicating what ECHO stands for than 'visibility' alone.

166. UN agencies, for example, use the ECHO logo on 'technical' communications such as OCHA vulnerability maps, and reference is always made to ECHO as donor to particular projects where relevant in UN reports.

[62] Collective Meeting with NGO partners on June 23rd, 2005.

7. CONCLUSIONS

167. The planning phase for transitional development is in the process of being finalised. It will be at least one year, though, before funds become fully available[63], with most programmes taking at least another year to demonstrate impact thereafter. Humanitarian requirements will need to be covered by mandated donors such as ECHO until that time, if there is to be anything like a seamless 'continuum' of relief to development. Hence, any disengagement strategy would not be likely to see ECHO's departure before the end of 2007 at the earliest. This is in line with the 'Article 20 Evaluation', which specifically states "*ECHO should not terminate abruptly*".

168. A community-based approach is considered the most valid for this phase of post-conflict transition. Since ECHO was reminded by the European Council in 2001 to 'bear in mind its complementary responsibilities relating to crisis management and conflict prevention', it is suggested that ECHO's exit strategy in Burundi takes place under a framework of 'conflict prevention'. For ECHO, such an approach would tackle the multiple determinants of avoidable mortality and morbidity by focusing on nutrition (related to food security), availability of safe water, sanitation and personal hygiene practices, all linked by emergency education. Other donors would meanwhile support emerging rural development components such as agricultural extension, water management, income-generation, vocational training, etca

169. Consultations between ECHO and other Directorate-Generals of the RELEX family have increased, and joint strategic documents have been produced at the Brussels level. Yet, with the exception of the food security sector[64], there still appears to be too little evidence that a real vision of the LRRD process is shared at field level, or between the field and Brussels. There appears to have been minimal proactive 'transition' planning at the country level, with a disconnection between ECHO-funded projects and geographic or sectoral choices made by the EU Delegation.

170. Strategic and thematic planning workshops at the local level between the EU Delegation, ECHO and Member States, with the participation of (partner and non partner) stakeholders are in line with the recommendation made by the Interservice Group, and should be considered as the first and most cost-effective step to be taken in order to implement a coherent and complementary strategy in a LRRD perspective. Contrasted experiences in Kosovo and in FYROM point at the importance of internal coordination of the various Commission instruments before meetings with other donors and/or local authorities[65]. In Burundi, ECHO engaged with DG Development, AIDCO and other partners in 2004 to plan together a viable LRRD strategy. However, this document does not appear to be the reference point is was designed to be, which suggests that a certain 'lip service' is being paid to the

63 For example, the 9th EDF Health project re-engages in July 2006.

64 On ECHO's suggestion, ACF consultations with the EU Delegation obtained EDF funding in order to continue a project previously funded by ECHO in the Province of Kayanza. The one-year-project started in December, 2004 under the 7th EDF, and permitted selected 'regroupements' of beneficiaries to carry out income generating activities, which cannot be financed by ECHO

65 Exit Strategies: ECHO, Lessons Learned from the Balkans, June 2002.

process, let alone the outcome. As is made clear in paragraphs 150 - 154, evidence at country level certainly suggests that linkages could be strengthened so that joint assessments lead at least to joint planning. It is therefore hoped that the foreseen re-engagement of the funding arms of the EC will take into full consideration the LRRD perspective and the efforts made by ECHO in that direction.

171. There is widespread scepticism on the part of NGO partners as regards the UN's 'integrated mission' approach. As a result, many agencies operate outside the CAP/CHAP process. This leads to a fragmentation of response, which appears to have exacerbated poor information sharing between the UN agencies. Within the UN 'Integrated Mission' construct, the SRSG line-manages not only the Humanitarian Coordinator but also the UNOB military contingents. INGOs are sidelined within this arrangement, a situation exacerbated by poor coordination practices across all stakeholder groups. A review of humanitarian coordination arrangements within the integrated mission construct could prove useful. It is certainly timely. It would be recommendable if selected INGOs were to be included in any such process.

172. ECHO policy towards cost-recovery in the health system in Burundi has shifted during the period under review to reflect changing MOPH policies. From 'free' service delivery, ECHO's partners now all apply flat-rate partial cost-recovery, with, supposedly, exemptions for the most vulnerable as agreed by community health committees. These same partners are also paying 'incentives' of up to three times the salary to national health staff. This is dubious, since, with medical supplies provided to facilities for free, costs recovered from the patient are used to augment staff salaries. With the recurrent cost burden eventually being supported by other budget support lines of the EC, ECHO will need to engage with other stakeholders in health to rationalise the situation between now and the end of 2007. This will allow partial 'cost recovery' to be equitably applied without the payment of additional incentives ('primes') which at the moment are distorting quality of health service delivery even there where NGOs are present[66].

173. ECHO has supported the WatSan sector since 1994. However, recent introduction of alternative EC (ACP) budget-lines aimed at provision of safe water, and the need for more substantial urban treatment and distribution systems, means that ECHO can begin to disengage. This is done in close cooperation with AIDCO and other donors.

174. The education sector in particular requires mainstreaming by ECHO at an earlier phase in the LRRD framework. The indirect effects of education among 5-15 year-olds in nutrition, hygiene promotion, transmission of sexual infections, including HIV/AIDS, sexual-based violence, and human rights (Universal Rights of the Child) in particular are enormous since what is learned in school feeds back into household caring practices. With attendance rates of less than 50%, there is still a long way to go. In addition, 200,000 more school-age returnees are expected in the second half of 2005. Education, particularly of girls, impacts on the effectiveness of almost all other sectors funded by ECHO. The relative absence of ECHO from the education sector undermines ECHO's attempts at providing a genuinely 'integrated' approach in a consistent and coherent way.

[66] Meeting with EC Health Consultant (EDF) on July 5th, 2005.

175. ECHO's adoption of 'results-based' management in the late 'nineties changed the focus from measurement of inputs to results. There continues to be, however, lack of agreement between ECHO and its partners at the field level on the use of performance indicators. ECHO's partnership with MSF Switzerland in Burundi saw indicators for measuring project outcomes reduced from 42 to 14[67], for example, following lengthy discussions. It is suggested that Millennium Development Goal (MDG) indicators could be more widely (but not exclusively) used to provide standardisation, even in complex emergency settings. This would have the added benefit of improving measurement of project outputs through the LRRD transition, where programme outcomes related to the MDGs become ever-more important.

176. Some partners feel that their relations with ECHO at country level are based on an institutional logic which is imposed. After contract signature, the level of detailed monitoring is felt to be constructive by some, and oppressive by others, with very little room for manoeuvre between budget-lines. This, they feel, is reducing the NGOs' flexibility of response in return for negligible output gains. The focus,should instead be on outcomes, many of which are impossible to measure in the relatively short life-time of the project concerned. An example of this is the International Rescue Committee's (IRC) rural water programme in Mbuga where disease surveillance data from local health centres is A) unreliable, and B) does not cover the same catchment population, yet ECHO "insisted" on using this data to measure effectiveness of response. Better, they argue, would be to use KAP studies (which they do, but not with ECHO funds).

177. Genuine linkages between relief and development require longer-term funding approaches than are currently permitted under EC rules within the Financial Regulation and the principle of annuality. This is not to say that all relief projects require such an approach, however. But there are some areas that would be of indirect, but nevertheless ultimately life-saving impact over relatively short time frames. Examples include disease surveillance and laboratory diagnostics where substantial front-end 'investment' would underpin, and render more effective short-term, project-oriented emergency interventions.

178. Cross-cutting issues such as gender are addressed in the implementation of ECHO-funded operations, but often in a non-systematic and planned way. Despite this, several partners reported that when present in beneficiaries' associations, particularly water committees, women are a guarantee of good management and transparency in Burundi.

[67] Even some of these were proxy indicators for measuring project output rather than health outcomes.

8. RECOMMENDATIONS

179. Transitional periods are often marked by a shift from vertical, stand-alone projects of determinate outcome to community-based approaches whose outcomes take longer to achieve but are more sustainable. Many of ECHO's current partners are already taking this approach, and only seek ECHO funding for those parts of their programmes more short-term in nature. To reap the synergies inherent in the LRRD concept, the evaluators suggest that ECHO support the process of re-establishing community self-reliance and self-determination so needed in Burundi under an overall strategy of 'conflict prevention'.

180. In the meantime, ECHO must stand ready to meet emerging humanitarian threats. A re-orientation of IRC's funds to increased water tankering capacity is a good example of this. In addition to this, ECHO will need to advocate for maintenance of a stockpile of locally procured and locally constituted 'cholera kits', maintain UNHCR's mobile water treatment facilities under the 'Return and Reintegration' programme, maintain water tankering capacity (including treatment), and ensure maintenance of an emergency food buffer stock.

181. A review of humanitarian coordination arrangements within the integrated mission construct would prove useful. It is certainly timely. It would be re-assuring if selected INGOs were to be included in any such process. Allied to this, principles of 'good donorship', particularly in respect of joint assessment, planning, and reporting, could be reviewed under the leadership of the Humanitarian Coordinator.

182. Mothers' education is related to stunting, with better-educated mothers having less stunted children. The same applies to wasting. This demonstrates that efforts to combat malnutrition, especially where food utilisation rather than food availability is suspected as a determinant of malnutrition, should be closely linked to education. Such an integrated approach to humanitarian activities is supposedly one of ECHO's policies and should be considered.

183. HIV/AIDS is an emergency issue and requires mainstreaming earlier in any emergency response. This implies a different approach by ECHO's habitual partners that is more integrated, less vertical, and more community-based. Health NGO's in particular may face fundamental re-organisation to enable this to happen[68]. Meanwhile, additional technical support and diagnostic supplies are needed at VCT level in support of increasingly home-based care.

184. MDGs provide a focused framework for development, with clear indicators of success. These can be used as a guide when planning even emergency programmes since they aid accountability, especially through the LRRD transition.

185. Needs Assessments are relative, not absolute, and too many of them overlap and duplicate. Vulnerability is as much a function of local coping strategies and resilience than a

[68] The MSF group of NGOs has been debating this issue for the last 18 months, without any firm conclusion as yet.

function of 'rights-based' absolute thresholds. In complex settings, they should be independent, use formal methodologies, be jointly conducted by all relevant stakeholder groups on sectoral bases, and subject to pre-determined timings. Ideally, they should be coordinated by OCHA.

186. More attention could be paid to joint ECHO-DG Development/FED missions to sub-sectoral projects that conform to ECHO's 2004 Global Plan.

187. A bigger emphasis from ECHO during Brussels-based workshops and at the field level would stimulate partners to incorporate a more proactive approach towards cross-cutting issues when planning their humanitarian activities.

188. Further support is needed for the establishment of comprehensive disease surveillance in Burundi, including a strong nutritional surveillance component Apart from providing general health information for management (as an integral part of EPISTAT), such a system provides early warning of outbreak and, as such, is clearly part of ECHO's mandate

189. Similarly, up to 40% of avoidable mortality is due to incorrect diagnosis of pathology[69]. Functioning public health laboratories are as much part of emergency response as rehabilitation of Health Centres.

190. Encourage WHO's RBM to strengthen a country wide malaria control programme through a reinforced 'Technical Committee' comprising UNICEF, MOPH, donors, and INGOs (not necessarily health NGOs). This will require renewed emphasis on long-lasting ITN distribution through UNICEF and UNHCR partners, including social marketing components. This will necessitate advocacy for community-based bed-net 'dipping' for the some 400,000 non-impregnated nets currently in stock in Burundi.

191. The Vulnerability and Risk Mapping unit within OCHA could be strengthened by allowing HIC to collate and overlay the (compatible) data of each agency[70].

192. Recognising that blood film microscopy is the most effective way to diagnose malaria, patient caseloads overwhelm existing laboratory capacities in Burundi. If 'ParaChek' rapid testing was to be re-introduced (importation is currently not allowed), case detection and proper treatment would improve dramatically. It is suggested that ECHO fund a 'cost-benefit' study of the two approaches in the context of the current situation in Burundi through the 'Roll Back Malaria' focal point. Clear guidelines on when to use laboratory confirmation for suspected malaria cases are also needed.

193. The debate over imposition of cost-recovery in health service provision in complex crises such as is the case in Burundi has been somewhat overtaken by new MOPH policy on the subject. ECHO is well placed to play a leading role together with other interested stakeholders in monitoring what this policy means in terms of access of the most vulnerable to primary and referral health services. The Bamako initiative provides the frame of reference. As part of this process, the impact of 'incentive' payments on quality of care will also need monitoring, since both facets are inter-connected. Rationalisation will be

69 MSF Belgium's Darfur Report, Sudan, March 2005.

70 As is currently being applied in Sudan.

needed between now and ECHO disengagement given the likelihood of recurrent costs being supported by other stakeholders, including the ECA

194. Formalise 'best practice' case-studies and use the next TA conference as an opportunity to cross-fertilise such 'flexible' approaches (e.g. Radio stations, disease surveillance, education, sport)

195. It is proposed that ECHO and its partners conduct more detailed (regional) assessments of: Drug Quality Control measures (including active ingredients, time-expiry and disposal)[71]; Malaria and TB control programmes (including a cost-benefit analysis of malaria rapid test versus PHC-level blood-film microscopy); Blood Safety; micro-nutrient deficiencies among extremely vulnerable groups (especially PLWHA); and diversion/monetisation of food commodities at tertiary household level

[71] ECHO will be conducting a "Review of Quality Control and Quality Assurance (QC/QA) Mechanisms for Medicines and Medical Supplies in Humanitarian Aid" in the near future.