



**EVALUATION of**  
**ECHO's HUMANITARIAN DECISIONS in the MIDDLE EAST**  
**and**  
**an ASSESSMENT of ECHO's FUTURE STRATEGY**  
**in the CONTEXT of the PALESTINIAN CRISIS**

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*The views expressed herein are those of the consultants  
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## ACRONYMS

CAP	Consolidated Inter-Agency Appeal
CD	Compact Disk
CFW	Cash for Work
COGAT	Coordinator of Government Activities in the Territories
EC	European Commission
ECHO	Directorate General for Humanitarian Aid (EC)
ECTAO	European Commission Technical Assistance Office
EU	European Union
F5	EC Food Security and Thematic Support (AIDCO)
EMSP	Emergency Municipal Support Programme (EC)
EMSRP	Emergency Municipal Support and Rehabilitation Programme (WB)
FAO	Food and Agricultural Organisation, United Nations
FFW	Food For Work
FPA	Framework Partnership Agreement
HEPG	Humanitarian Emergency Policy Group
HQ	Headquarters
ICRC	International Committee of the Red Cross and the Red Crescent
IDF	Israel Defence Forces
IDP	Internally Displaced People
IHL	International Humanitarian Law
JWC	Joint Water Committee
LACC	Local Aid Co-ordination Committee.
LRRD	Linking Relief, Rehabilitation and Development
MCH	Mother & Child Health Care
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOLG	Ministry of Local Governments
MOSA	Ministry of Social Affairs
MS	Member States of the European Union
MT	Metric Tonne
NGO	Non-Governmental Organisation
NIS	New Israeli Shekel
OCHA	UN Office for the Co-ordination for Humanitarian Affairs
PA	Palestinian Authority
PRCS	Palestinian Red Cross Society
PWA	Palestine Water Authority
PHC	Primary Health Care
PLO	Palestine Liberation Organisation
PTSD	Post Traumatic Stress Disorder
RELEX	Directorate General for External Relations (EC)
SHC	(UNRWA) Social Hardship Cases
SME	Small and Medium Enterprises
TA	Technical Assistant
TOR	Terms of References
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNSCO	Office of the United Nations Special Coordinator in the Occupied Territories
UNSECOR	The United Nations Security and Co-ordination
UNRWA	United Nations Works and Relief Agency for Palestinian Refugees
WATSAN	Water and Sanitation
WBG	West Bank and Gaza strip
WFP	World Food Programme
WHO	World Health Organisation

**EXECUTIVE SUMMARY**

## 1. INTRODUCTION

The international community has been assisting Palestinian refugees for 57 years, still without any certainties for the future, as yet. The second Intifada and the devastating Israeli response have sent back to the drawing boards the plans of most long term donors, and have considerably increased the vulnerability of Palestinian populations in the West Bank and in Gaza (WBG). In this context, effective humanitarian assistance is needed more than ever. In 2002 and 2003, ECHO has spent €124.5 million mainly in WBG, but also in favour of refugees from the 1948 and 1967 wars and their descendants in Lebanon, Jordan and Syria.

The main objectives of this evaluation were to assess the appropriateness of ECHO's actions by analysing the lessons learned, and to produce results-oriented recommendations at various strategy levels for further interventions among the most vulnerable, in a few key sectors. Key findings are summarised below. For cross reference purposes with the relevant sections of the main report, paragraphs numbers have been added in each case [between brackets].

## 2. MAIN FINDINGS

### **2.1. WEST BANK and GAZA (WBG)**

#### 2.1.1. Intervention Strategy

1. During the key period of 2002 and 2003, ECHO has shown a remarkable capacity of adaptation of its **intervention strategy** to the events that have affected WBG politically, socially, and economically. This evolution is duly reflected in the funding decisions. In one year (2002), ECHO has widened its emphasis from "traditional" assistance e.g. food aid, health and water-sanitation to more transversal issues e.g. advocacy, protection, food security, and employment generating projects. This evolution reflects the fact that ECHO tends to be more proactive, less reactive, in its involvement in the crisis in WBG. Furthermore, the International Humanitarian Law (IHL) praxis has now permeated all the stakeholders in WBG. [§15-16, 35- 36]
2. ECHO's strategy in WBG for the **health** sector has focused on access, the provision of basic primary and emergency health care, and psycho-social support to people affected by Post Traumatic Stress Disorder (PTSD). In **water-sanitation**, the main strategy for partners has been to focus on improving livelihoods of families. The **food security** strategy in WBG focused on traditional food distribution through specialised agencies and programmes (food for work and for training). Most of the **income generation** funds were more of a budget support type for UNRWA, with smaller successful community based actions implemented by NGOs. New such issues as **protection** and **advocacy** were also funded through OCHA and ICRC. [§17-21]
3. **Coherence** with the other instruments of the Commission has improved but still needs to be better organised, especially in the water-sanitation sector, towards more linkages between large funding and community development assistance. Complementarity with Member States is weak as their agenda focuses mainly on the political peace process. Co-ordination between donors is well organised locally, but it is limited by their respective mandates. [§22-28]
4. **Partners' selection** is relatively conservative. There is a normal tendency to stick to known partners with tested need assessments and implementation methodology - and no preconceived ideas on the conflict. ECHO has difficulty in finding suitable partners for new sectors, such as the psycho-social. In the protracted situation of the Palestinian crisis, contracts are often renewed

along the same objectives, and consequently so are the partners. UNRWA is also irreplaceable in matters of camps management and logistics. [§29-30, 38]

5. The selection of **operations** has largely improved due to the creation of the Jerusalem office and the implementation of the new ECHO Framework Partnership Agreement (FPA) that promotes a better dialogue on, and understanding of objectives. Funding decisions are well motivated and adapted to the Palestinian crisis. The unpredictability of the humanitarian needs due to the new situation would support the maintenance of the funding decisions process, as against a more comprehensive Global Plan approach. [§31-34, 37]

### **2.1.2. Operational Strategy**

6. ECHO's **intervention logic** articulates around two concepts: assistance through large UN agencies or international organisations such as ICRC/IFRC, and through smaller NGO partners. ECHO responds to UNRWA appeals, though transparency of the activities and targeting of the beneficiaries could be significantly improved. Activities funded through other partners are mainly to be found in the sectors of health, water-sanitation, food security and income generating. The links between the four sectors are clear, although most of the population still have large un-addressed needs in all areas of WBG, and most of these needs could be relevant for humanitarian assistance. WBG is entirely covered by ECHO. [§49]
7. In the four above-mentioned sectors, **other instruments of the Commission** are also very active e.g. in food security (AIDCO-F5 which also includes food aid), health, utilities for water-sanitation, and income generating projects. Whereas ECHO duly follows its humanitarian aid mandate, the coordination with AIDCO is still often an open issue. [§50]
8. There is no accepted standard methodology for **targeting beneficiaries**, which is a worrying issue. International agencies (UNRWA, WFP, ICRC) often have their own system that they rarely share openly to its full extent. Partners have an array of targeting criteria that they utilise according to their own decisions or mandate. Some information is exchanged but rarely entirely. The criteria used for defining the vulnerability concept are manifold. In spite of this confusion, there is little -if any- overlapping between partners, because the geographical areas and the activities themselves are usually well defined. [§52-57]

### **2.1.3. Sector Strategy**

#### **Health**

9. The second Intifada has negatively impacted on the plans of the Palestinian Authority (PA) to further develop the health care services in WBG and to expand the public health system. Services of the Ministry of Health (MoH) reportedly function only at 30% of their capacity, both due to access problems and lack of resources. These factors have combined to increase reliance on health services provided by NGOs and UNRWA. [§40-41]
10. The **response** of ECHO was to increase access to health care and the provision of basic primary - and emergency- health care (PHC), and to provide psycho-social support to people affected by PTSD. This assistance was directed by ECHO's partners to support MoH and national NGOs. [§70, 80, 82]
11. Projects aimed at improving emergency care and access. Many focused on remote (rural) areas and/or places isolated because of (frequent) closures and/or the proximity of Israeli settlements. Providing health care by means of mobile teams appeared to be more a stop-gap measure to compensate for failing MoH PHC services than a new effective tool to increase access of isolated communities. Obviously, in case of acute health problems mobile clinics are of little help.[§71- 72]
12. **Psychosocial** counselling services are more intended to maintain resilience than to provide actual psychosocial assistance. The lack of possible partners is the limiting factor, not the lack of needs. [§78, 81]



13. The **coordination** between the main actors (MoH, UNRWA, NGOs and the private sector) should be led by the MoH. However, given its weakness this is not expected in the near future. In consequence, coordination is worth what the many existing coordination platforms are worth. Apart from the reproductive health platform, none of the others are functioning satisfactorily. [§75,80]
14. **Access** requires a **multi-track strategy**<sup>1</sup>, as favoured by ECHO. However, not all national partners have a sufficiently broad structure, mandate, and/or experience to allow the implementation of such a strategy, or in fact to use a single tracked strategy. In several projects, international partners solved this by associating themselves with more than one national organisation. [§73]
15. Several projects suffered **delays**. Most of the time the delays were motivated by a weak needs assessment that had to be strengthened before the project could take off.
16. Projects in support of primary health care nearly all included an **outreach** component for vulnerable people. Because of limited capacity, this was usually restricted to the village or neighbourhood in which the clinic was located. [§74]
17. There is little hard data on quantified **impact** of the evaluated projects. External evaluations have concentrated on qualitative aspects. In any case, in the absence of base-line data on the socio-economic status of the populations targeted, it is not possible to quantify impact. [§76, 84]
18. The strategy of ECHO and its partners to closely work together with national implementing partners facilitated **capacity building**. Because long(er) lasting relationships have a more sustainable effect, ECHO and its partners should aim to minimise shifts in partnerships. [§77-85]
19. **Cost recovery** schemes are gradually introduced by the partners in their projects without negative reactions from the beneficiaries. This is the beginning of sustainability. [§79, 85]

### **Water, Sanitation and Shelters**

20. **Access** to safe water and sanitation is largely a political and strategic problem which concerns most Eastern Mediterranean countries that share the region's limited water resources. It is not basically a technical problem: the Joint Water Committee (JWC) integrated by Israel and WBG is one of the very last bilateral forums where the two countries meet and try to agree on a water distribution policy. It is considerably biased in favour of Israel, though: about 25% of Israel's unsatisfied needs come from the West Bank, where nevertheless water is scarce and often tankered and kept in cisterns in summer. [§42, 86-88]
21. Access to water is also one of the main problems that many families now face. In recognition of that vulnerability, most of the solutions proposed are **household-based** with little thought given to community approaches that could serve a wider population and a larger coverage area. This is due to a large extent to the lack of proper representation of the nominated village councils, though some positive experiences have been conducted with women's community-based participation. Results could be found in empowerment and greater accountability of the beneficiaries, most noticeably in the maintenance of the works. [§43, 89-91, 99]
22. While involving beneficiaries in the setting up and management of **cisterns** has positive effects on responsibility and confidence, some cases were reported where those households who have had to build more expensive reinforced cisterns have also had to carry the additional financial burden of maintenance and cost recovery, often through additional debt. [§100-101]
23. The JWC has approved a number of **community-based** projects, mainly in the Hebron area, which would satisfy immediate and longer term needs. These are part of an existing national planning but lack funding. [§92-93]
24. The introduction of **new technologies** in an emergency implementation timeframe has been found difficult (e.g. grey water treatment) and has now largely been abandoned on a household basis, although more success has been achieved when implemented in institutions (schools) [§94]

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<sup>1</sup> A strategy entailing a variety of activities that may not be found within the competence of one partner only

25. Most projects also involve a degree of **hygiene** promotion and activities around **water conservation**. Attempts were made to re-use water at household's level, though with limited success; attention focuses now more on institutions, too. [§102]
26. In the case of shelter programming, a lack of thorough cost-benefit assessment and planning leads to inaccuracies in costing, definition of feasible activities, and therefore in the number of beneficiaries able to be supported. [§44, 98]
27. Overall, coherence and integration with **national planning** is still weak. Supporting an increased role of the PWA, where possible, in the co-ordination and planning could potentially improve the efficiency and effectiveness of interventions. [§92, 95, 103]

### **Food Security and Income Generating Projects**

28. **Food security** projects do not cover the same concept as **food aid**, and cannot be implemented in emergency short term actions. ECHO however rightly funds short term projects that integrate sustainability components (food for works and by extension food for cash, vouchers programme). [§46, 110, 121-122]
29. Food remains available on the local market, and efforts are made to support the **local production** and hence to generate incomes. Olive oil is purchased locally by WFP and UNRWA at ECHO's request, and the vouchers programme (now stopped) helped to maintain chain distribution and cash flow for food dealers. An exception is the fishing activity in Gaza. Due to Israel's closures, also applied in the sea space, Gaza once flourishing semi-industrial fisheries came to a complete halt. Fishermen are reduced to accept humanitarian assistance, some funded by ECHO. [§45, 51, 112]
30. **Income generating** projects are a tool within the food security activities. The largest part of ECHO funding in this field is directed towards UNRWA's Emergency Employment Projects, though with little visibility in targeting and implementation methodology. The community based income generating projects ran by NGOs are interesting as they not only provide cash, but recreate social links and develop competencies of small village councils. [§47-48, 111-117]
31. The use made by the funds under the income generating scheme implemented by UNRWA should be far more efficient considering the needs in the camps, the availability of human resources and the possibility to pay daily workers under ECHO funding. The financial reporting of UNRWA should be more transparent (e.g. information about what people hired under the direct component are doing exist, but it is often very difficult to collect). In most cases, such schemes are a coping strategy to catch up with the freeze of employment faced by the Agency in pre-Intifada years. [§49, 119]
32. The main alternative for generating income are large **public works** programmes (EC and WB), which are outside ECHO's mandate. [§44, 96, 108]

### **Cross Cutting Issues**

33. **Advocacy** for the right of access to health and water has not yet permeated sufficiently ECHO's sectoral strategy. There is a greater need to 'challenge the system' and to better use the interventions to support and inform advocacy strategies. [§97, 128, 130]
34. **Human rights** law applies in peace time -unlike International Humanitarian Law (IHL)- and many of its provisions can be suspended during an armed conflict. This is the root of the dilemma that Israel is facing: if there is no conflict (Israel's thesis), human rights are relevant but are not respected e.g. the rights to health, education, dignity, etc. If there is a conflict, IHL has to be respected, which is also not the case. It is a lose-lose situation. [§126-127, 129]
35. It needs to be understood that the actual risks implied by a "responsible advocacy" are relatively low in this context. Physical security of humanitarian workers is generally ensured. There are few examples of fatalities, though vexing attitudes and verbal threats are many. It is in great part the result of the enforcement of very strict measures by all agencies and partners alike. [§131-132]

## 2.2. LEBANON

### 2.2.1. Intervention Strategy

36. The refugees issue in Lebanon is essentially a political one related to the denial of basic civil rights affecting directly their dignity. The chronic long term political nature of the issue questions the appropriateness of ECHO's presence in the country. [§140]
37. Circumstances in the camps in the Lebanon have not changed substantially in the last decades, and assistance programmes have followed the same patterns. In "unofficial gatherings" (out of the camps areas), very little support, has been directly provided, on the assumption that the "unofficial gathering" population has access to UNRWA facilities.
38. ECHO's strategy in Lebanon has been to support the upgrading of existing **health facilities** and the provision of medicines and training. **Income generating** projects focus on small size or individual enterprises development in camps. In **shelters**, the main strategy for partners has been to focus on improving livelihoods of families. [§141-142]
39. **Partners' selection** is limited due to the large share of the funds absorbed by UNRWA, for historical reasons. Apart from UNRWA, the other ECHO partners mainly support the PRCS (Palestinian Red Crescent Society) in health matters. A small number of them also support water-sanitation activities and income generating projects. In the income generating sector, performance was poor, partly due to weak needs assessments - or the lack thereof. .

### 2.2.2 Operational Strategy

40. ECHO's **intervention logic** focuses mainly on support to UNRWA and to the PRCS, as well as to some partners involved in watsan activities in unofficial gatherings. ECHO responds to UNRWA's appeals and funds income generating projects and hardship cases. ECHO has however little influence on UNRWA's compliance with its strategy; the partnership is more of a budget support type, and supporting evidence shown by the Agency is often weak. [§62-63, 65, 143]
41. Most of ECHO's other projects concern health services (primary and secondary health care) and watsan activities. They are implemented by Handicap International (France), NRC, CISP and MAG (UK). These projects duplicate to some extent AIDCO's efforts (water and sanitation, shelters) or UNRWA (gratis)/Lebanese (paying) health services. [§142]
42. In such a situation, some confusion arises regarding the **targeting** of (refugee) beneficiaries, who have a choice of services if they are willing to pay, or are left out if they are poor and not registered. The unofficial gatherings are particularly worrisome. [§144]

### 2.2.3 Sector Strategy

#### Health

43. ECHO justifies its support for **primary and secondary health care** on the grounds that (most) Palestinians are not entitled to Lebanese health services and/or are too poor to pay for these largely privatised services. There is however no reliable data to substantiate this claim. Most **needs assessments** prior to project proposals do not provide sufficiently detailed information regarding the most vulnerable, their specific needs and on how to best address them. [§58]
44. In spite of ECHO's considerable efforts in facilitating co-ordination, among others by funding relevant surveys, the major agencies providing health care to refugees -UNRWA and PRCS- have not yet sufficiently developed efficient (informal) co-ordination mechanisms. [§144, 146-147]

45. A comparison of **cost effectiveness** per beneficiary in UNRWA and PRCS projects was not possible due to lack of precise statistical information. A study<sup>2</sup> (funded by ECHO) revealed that hospital services in Lebanon provided by the private sector are between 1.5 and 3 times as expensive as services provided by the PRCS. UNRWA's services were found to be calculated below the real cost price. [§145]
46. Less than half of the projects evaluated during the present mission included in their initial proposals an adequate set of indicators to **monitor** project progress and outputs.
47. **Prevention** is hardly addressed. Yet, prevention is far more efficient than curative care, in particular for chronic diseases and psycho-social problems. The PRCS has made little progress in transforming its PHC clinics into community centres addressing unmet needs in first aid, home-based care and preventive services. [§59]
48. In the evaluated projects, poor management and planning generally continues to hamper **effectiveness of PRCS** hospital services, despite a human resource training programme.
49. The evaluators are of the opinion that health services provided by UNRWA in Lebanon are **not sustainable** and will continue to need (substantial) external funding as long as UNRWA refuses to consider any cost-recovery system. [§79, 149]

### **Water and Sanitation, and Shelters**

50. Most interventions evaluated in the water-sanitation sector are not in substance emergency or even post emergency projects, but are rather development-oriented. There are some **community-based interventions**, though little consideration is given to cost recovery of the new facilities, or to maintenance and sustainability. [§60, 154, 160-161]
51. Funding decisions are outlining health hazards to justify the intervention in the water and sanitation sector. Evaluators consider this risk as somewhat exaggerated. [§153, 157].
52. Throughout four years of analysed data, one allocation only was found for shelters in 2001. Evaluators are inclined to consider that there was either a change in strategy for this sector, or a suspension of funding due to e.g. inconsistent standards for project selection. [§61, 156-157, 159]

### **Income Generating**

53. Income generating activities are limited to one partner only, who has repeated the same patterns throughout three renewals in three different regions. Projects are basically in-kind credit schemes. The **impact** is weak due to the lack of prior need assessments and poor cost benefit analysis. [§164-166]

### **Cross Cutting Issues**

54. Water, sanitation and shelter projects are potentially linked with access to basic **human rights**. This issue is of key importance as it refers to the real underlying causes of poverty and lack of dignity for the Palestinian refugees. [§168]

## **2.3. JORDAN and SYRIA**

### **2.3.1. Intervention Strategy**

55. The continuing needs in the shelter sector in Jordan and Syria are not based on recent emergencies, but are rather structural and of a maintenance nature. Supporting such a programme, particularly when other EC instruments are operating and have in fact funded small shelter components, is not relevant for ECHO. [§169-170]

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<sup>2</sup> Wyss K. and Costa J.: Financing and payment of the Palestine Red Crescent Society/Lebanon branch hospitals, Oct 2003

### **3. MAIN RECOMMENDATIONS**

#### **3.1. WEST BANK and GAZA**

##### **3.1.1. Intervention Strategy (recommendations for ECHO)**

- *Recommendation 1:* ECHO should for the moment continue with a funding decision approach in order to match humanitarian needs. Funds are not strictly earmarked in funding decisions – contrary to Global Plans, hence funding decisions are more adapted to the present situation, which is quite fluctuating and unpredictable.
- *R.2.:* ECHO should emphasise with its partners the need for integrating horizontal issues into their proposals. Protection and political advocacy should be addressed in priority.
- *R.3.:* coherence with the other Commission's financing instruments could be re-enforced if ECHO becomes a full member of the Humanitarian Emergency Policy Group (HEPG)<sup>3</sup>. ECHO, through its headquarters, could consider obtaining a seat in HPEG.

##### **3.1.2. Operational Strategy (recommendations for ECHO)**

- *Recommendation 1:* now that most of AIDCO's budgetary and contractual activities have been moved to EC delegations overseas, ECHO's Jerusalem office should seek to further liaise on a sectoral and a regular basis with the EC Technical Assistance Office's staff members. There is room to improve the quality of the existing channels.
- *R.2.:* ECHO must pursue its partners' selection procedures as expressed in its 2004 annual Work Plan.
- *R.3.:* a shorter and more user's friendly adaptation of the 2003 FPA should be considered in a future version, integrating the specific performances of the partners in the Middle East region.

##### **3.1.3. Sector Strategy**

###### **Health sector (recommendations for ECHO and partners)**

###### ***Psycho-social needs are insufficiently addressed...***

- *Recommendation 1:* ECHO should widen its research for potential psycho-social core partners. A specialised expertise might be used to assist ECHO in identifying suitable NGOs in that sector.
- *R.2:* psycho-social projects usually take longer than the time span considered by ECHO. As a consequence, such projects need to be renewed more than once, when successful.
- *R.3:* ECHO's partners should shift their psycho-social activities towards assistance more than resilience. Medical partners should be encouraged to address mental health, while more generalist partners or those (also) active in the education sector could focus on counselling and self-help groups.

###### ***Most projects insufficiently addressed prevention...***

- *R.4:* ECHO has to encourage the expansion from the provision of curative care into preventive health. Most projects have insufficiently addressed prevention, losing an opportunity to increase cost-effectiveness. All partners should incorporate in their projects preventive activities, including health and nutrition education.

***Primary health care should include an outreach component***

- R.5: home visiting staffs should be strengthened and increased in order to offset in part the negative impact of the Israeli wall.
- R.6: providing health care by means of mobile teams should only be utilised in zones where there is a substantiated marked decrease of MoH services, otherwise it should not be promoted any more.

***More extensive networking with local communities is indicated to ensure that the neediest beneficiaries are included***

- R.7: more active informal methodologies based on contacts with the local communities, e.g. women's associations, should be investigated and promoted.

***Exit strategies***

- R.8: ECHO must insist with partners on the definition of exit strategies. Most of the health projects do not envisage exit strategies due to the recurrence of the needs and the renewal of the corresponding projects.

**Water and Sanitation Sector (recommendations for ECHO and partners)*****Interventions need to approach water and sanitation problems more from a community perspective...***

- *Recommendation 1:* ECHO should focus on projects benefiting the communities instead of households' solutions, and partners should make proposals accordingly.
- R.2: cisterns solutions must be better analysed by integrating a cost benefit approach and discussing pros and cons of alternative community-based solutions.
- R.3: the needs in Gaza that have been postponed or overlooked up to now, should be reviewed and analysed.

***...to ensure greater coherence with PWA national planning and strategies...***

- R. 4: ECHO and its partners should strengthen co-operation with the PWA Planning Department and establish joint implementation community-based projects, similar to the co-operation between the PRCS and some specialised partners.
- R.5: ECHO should promote and strengthen the role of the PWA in leading the coordination of water and sanitation programmes.

***... to examine the role of other EC instruments...***

- R.6: ECHO should discuss with AIDCO concerning a mutual water and sanitation strategy so that emergency measures can be integrated in an LRRD perspective.
- R.7: in the same perspective, ECHO should promote the joint strengthening of the PWA's planning and implementation capacities by AIDCO -using as much as possible ECHO's partners, with concerted human resources training and strategy.

***... and to develop indicators.***

R.8: as already required under the 1998 FPA as well as under the recent 2003 FPA, partners should report outputs, achievements and impacts through indicators, rather than providing still too often input-based reports.

**Shelter Sector (recommendations for ECHO and partners)**

- *R.9:* the large reconstruction of shelter schemes in Gaza following Israeli destruction are not appropriate for ECHO's mandate, and should consequently be avoided.
- *R.10:* on the other side, self help schemes for the rehabilitation of partially destroyed homes are to be discussed and co-ordinated with other donors.

### **Food security and Income Generating (recommendations for ECHO and partners)**

#### ***Food security is a long term objective...***

- *R.1:* ECHO should exercise great care in selecting food security objectives that are difficult to reconcile with short term projects.
- *R.2:* ECHO should not fund food security projects that deal with small livestock (credit in kind) without proper cost benefit analysis, and avoid non-specialised partners.
- *R.3:* ECHO should support the purchase of other locally produced food items (e.g. honey).

#### ***...better served by development mechanisms***

- *R.4:* ECHO should, as much as is feasible, avoid overlapping with other EC instruments such as AIDCO's food security unit (F5).

#### ***Income generating is a tool for food security***

- *R.5:* ECHO, its partners, and AIDCO F5 should continue efforts to better co-ordinate the use of the relevant EC instruments, e.g. food for work for AIDCO F5-funded land reclamation programme.
- *R.6:* direct hiring of workers should be closely monitored in order to remain within the limits of humanitarian assistance, and not to overlap with budget support.

### **Cross Cutting Issues**

#### ***Systematic advocacy is responsive***

- *R.1:* ECHO should continue to fund specialised Agencies dealing with advocacy reporting.
- *R.2:* ECHO's partners should be encouraged to upgrade their advocacy profile and to challenge the system by systematically demanding that basic human rights and IHL be respected.
- *R.3:* more specifically, ECHO and its partners should demonstrate more affirmative actions and support to advocacy in terms of rights to access water, and challenge the JWC on legal grounds.

## **3.2. LEBANON**

### **3.2.1. Intervention /Operational Strategies (recommendation for ECHO)**

- *Recommendation 1:* ECHO should consider phasing out gradually (over 12 months) of the country, meanwhile supporting in particular UNRWA's special hardship cases, and trying to find LRRD solutions for funding such cases.

### **3.2.2. Sector Strategy (should ECHO decide to stay in Lebanon)**

#### **Health sector**

- *Recommendation 1:* ECHO should focus and expand its assistance to hardship cases. It should link regular primary health care services with home-based care for elderly, using an NGO as a catalyst rather than its traditional partners (neither UNRWA nor PRCS activities include home-based care for the elderly). This approach has now been accepted in 2004 and should be continued, pending evaluation.

- *R.2* : prevention should be strengthened and partners should include prevention activities in their proposals.
- *R.3*: proposals in the psycho-social field should be strengthened and linked to UNRWA, who could continue activities on ECHO-funded projects with trained staff.

### **Water-Sanitation and Shelters Sectors**

- *Recommendation 1*: ECHO should assess the appropriateness of its presence in Lebanon. Potential phase out and replacement by more appropriate EC instruments should be considered.
- *R.2*: communities must be more involved in decisions, to enhance ownership and empowerment of projects.
- *R.3*: sustainability issues including running costs, technical options, cost recovery system, willingness/ability to pay, and transparent financial management must be included in the partners' proposals and objectives.
- *R.4*: many of the underlying causes of the situation of the Palestinians in Lebanon are related to the denial of their basic rights. There is a need for greater understanding of the underlying causes, and for determining how such problems can be challenged within the scope of sector interventions, developing appropriate advocacy strategies. This could be done e.g. by involving neighbouring Lebanese communities -living around the camps- in the benefits of the water and sanitation projects, as a potential means of bringing the communities together and reducing tensions.

### **Income Generating Sector**

- *Recommendation 1*: ECHO should not continue to fund small credit -in kind or in cash- without proper needs assessments and cost benefit analysis by partners specialised in these issues.

## **3.3. JORDAN and SYRIA**

### **3.3.1. Intervention Strategy (recommendation for ECHO)**

- *Recommendation 1*: it is recommended that ECHO phases out of the shelter sector in both countries.



## **4. SUMMARY OF KEY CONCLUSIONS AND STRATEGY RECOMMENDATIONS**

### **Methodological approach**

- ECHO rightly emphasises that evaluations need to be usable for programming purposes. TORs and work plans should be adapted accordingly. Ideally, desk officers and ECHO experts should closely participate in the ex-ante exercise.

### **ECHO's overall programming**

#### **Intervention strategy**

- The situations of Palestinian refugees are fundamentally different in the various areas covered by the evaluation. In the West Bank and Gaza (WBG) where vulnerability has increased, ECHO should strengthen its assistance. In Lebanon, ECHO should phase down its activities and restrict them to UNRWA's special hardship cases. LRRD should be promoted where feasible. In Syria and Jordan, ECHO should terminate its assistance.
- As short term perspectives in WBG are still volatile after Arafat's death and pending the planned Israeli army's withdrawal from Gaza, assistance should continue through the process of ECHO funding decisions. A more comprehensive Global Plan approach seems premature. For the same reasons, funding decisions for Gaza should be separated from funding decisions for the West Bank.
- Access is the main limiting factor for humanitarian operations and for development assistance in WBG. Advocacy based on violation of human rights and abuses of International Humanitarian Law needs to be improved. Challenges to Israeli occupation and control systems, detrimental to humanitarian access, should be expanded. Funding of OCHA and ICRC should be continued, and partners should be encouraged to include advocacy in their proposals.

#### **Operational strategy**

- So far ECHO's funding decisions have been mainly based on sectoral programming, rather than on comprehensive and integrated multi-sectoral programmes per geographical area. Community-based targeting appears to be the most sensible approach to address the needs of the Palestinians, who are often globally affected.
- ECHO should continue to respect a balance between large partners with complex logistics (UNRWA, WFP), crucial confidentiality (ICRC), and smaller community-based partners.
- ECHO should pursue its funding of UNRWA's appeals, but should demand more transparency as to the use of funds and on the targeting of the beneficiaries –i.a. increased participation of communities-, and greater coordination with the humanitarian community.
- Sectoral co-ordination in health and water-sanitation must be further strengthened and pursued with long-term Commission instruments, to match humanitarian and development programming cycles wherever possible, and to develop mid- to long-term planning.
- Proposals are not always based on a comprehensive analysis of needs and on measurable objectives. ECHO should more critically review whether proposed project objectives are justified by needs assessments.
- Similarly, exit strategies are mostly absent from the proposals, because of weak needs assessments and lack of pre-defined criteria. More attention should be devoted to exit strategies based on impact criteria.

## **ECHO's sectoral programming**

### **Strategy in the health sector**

- Psycho-social needs are insufficiently and often non-professionally addressed. There is a need for ECHO to identify suitable partners. This may require an additional call for applications.
- Curative care should be expanded to preventive health.
- There is a need for more extensive networking with local communities to ensure that the most vulnerable beneficiaries are included, e.g. single mothers, extremely poor and old people.
- Outreach is usually limited to the neighbourhood of the health facilities, because of limited human resource capacity. Mobile clinics are a stop-gap solution with little impact.

### **Strategy in the water, sanitation and shelter sectors**

- Household cisterns are still often the solution favoured by the partners against water scarcity, though these are not optimum. Community-based projects should now be given the priority.
- Co-ordination with Palestinian Water Authority (PWA) is weak. PWA's existing water projects should be better analysed by the partners, and included where relevant in the proposals for joint implementation.
- The coherence with the large development projects of the Commission is still not properly ensured, although LRRD opportunities are many, noticeable e.g. for training (health, water-sanitation).
- Large-scale rehabilitation/construction of dwellings in Gaza is clearly outside ECHO's mandate; however, some urgent needs in the shelter sector were found to be ignored up to now, e.g. the Bedouins in Gaza. ECHO should therefore limit its interventions to immediate emergency measures.

### **Strategy in the food security and income generating sectors**

- There is still sometimes confusion between food assistance and food security projects. The latter is more adapted to development and difficult to integrate into an emergency concept based on short term funding decisions (12 to 18 months life time).
- Food Aid should be strictly limited to hardship cases and distributed through large agencies that can meet the logistics. Food for work proposals should link with existing income generating projects from other donors. Food for training proposals should be developed with links to vulnerable groups, e.g. Bedouins, and be gender-sensitive.
- ECHO should review food security proposals with great care and only accept funding them if the partner's previous and successful experience is thoroughly demonstrated, cost benefit analysis is carried out before implementation, and follow up is ensured.
- Income generating projects are mainly outsourced to UN Agencies (food for work, food for cash, food for training). Some are also implemented by NGO partners, though often poorly, due to a lack of cost benefit analysis. Links with the other Commission's programmes are weak, e.g. with AIDCO F5 food for work/rehabilitations (land reclamation and rural roads rehabilitation).
- Income generating proposals should have clear measurable objectives and be integrated into a capital building strategy. UNWRA should be more transparent in direct and indirect hiring policy.

**MAIN REPORT**

## **1. INTRODUCTION**

### **1.1. Objectives of the Evaluation**

1. The evaluation aimed at (i) assessing the objectives achieved under the funding decisions in favour of the Palestinian populations in the Middle East adopted in 2002-2003; (ii) contributing to the programming of the next funding decisions; (iii) reviewing whether the objectives pursued by successive funding decisions could be reflected in a Global Plan proposal, and under what conditions; (iv) presenting conclusions and recommendations at strategy, operational and sectoral levels in order to assist ECHO and other EC services to define a coherent and viable framework for future intervention; (v) assessing the results of the funded operations for each objective/intervention sector as well as the results of the means employed; (vi) examining the implementation processes and capabilities of selected partners in key sectors of humanitarian assistance, and (vii) considering the use of different criteria and modus operandi for project implementation by ECHO partners, analysing whether it would be appropriate or not for ECHO to develop common guidelines for each sector and how this could best be achieved.

2. ECHO's 2002-2003 funding decisions in favour of the Palestinian populations of the Middle East (West Bank and Gaza strip –WBG-, Lebanon, Jordan and Syria) amounted to a total of €24.5 million. Five funding decisions were granted in 2002 (€76.5 million) and three more in 2003 (€48 million). The 2002 Decision figures for the WBG were respectively €7.5 and €1.4 million.

### **1.2. Background: Overall Political Situation (2001-2004)**

#### **West Bank and Gaza**

3. The second Intifada has taken many donors by surprise. After the Oslo Agreements international assistance shifted to longer term objectives and started implementing development-oriented projects. The nascent Palestinian economy responded well and investments started to flow in Palestinian territories. Assistance to refugees in WBG and Lebanon continued to be financed without recourse to extraordinary measures as emergency appeals.

4. The main economic response of Israel to the second Intifada consisted in reducing, then cancelling, jobs opportunities in Israel and in the Israeli settlements. This decision immediately left over 125,000 Palestinian workers and their families without income. The direct consequence is the emergence of new classes of non-refugee vulnerable people, called New Poor. Now, four years into the Intifada, all coping capacities of these families have come to an end: around 70% are living with less than \$2 daily per person. This new burden, which is not likely to diminish soon even if blocked negotiations seriously resume, challenges the response capacity of the humanitarian community.

5. The financial and economic impacts of the rebellion are immense in Palestine due to the stalling and subsequent reversal of a development-oriented economy towards a rapidly deteriorating one based on the overall pauperisation of a large majority of the population. Closure is not only physical but also involves a closure of initiatives and a state of mind that affects negatively most development efforts. Deterioration of the schooling system standards and attendance reflects this situation among a traditionally well educated population.

6. There is a consensus among the main stakeholders that there are no general immediate threats to life at present. There are however caseloads of vulnerable to extremely vulnerable people and hardship cases. Their numbers are increasing due to the effects of curfews, incursions, and the construction of the separation wall. Vulnerability concerns refugees, non-refugees, unregistered refugees and some groups e.g. Bedouins and fishermen.

7. The second Intifada has multiplied by four the number of beneficiaries from international assistance, to 2.5 million. This comes in addition to three or even four generations of registered

Palestinians living in WBG camps since 1948, and supported by one of the oldest UN organisations created for that purpose in 1948: the UN Works and Relief Agency (UNRWA). The mandate of UNRWA is voted by the general assembly of the UN. It has been renewed on a three-yearly basis since 1947. The general assembly can extend temporarily the mandate of UNRWA to the entire Palestinian population, and this has been done in 1967. For the second Intifada, the general assembly did not extend the mandate, mainly due to the fact that as a consequence of the Oslo agreement the Palestinian Authority (PA) was created. Therefore, the international community considered that specialised UN agencies had to intervene in WBG within the UN institutional framework, and could not jeopardise the PA's state building process. As a consequence, UNRWA is not allowed to assist vulnerable populations other than those registered as 'refugees' from the 1948 and 1967 wars, and their descendants. The burden of assistance to the "new" vulnerable population is entirely the responsibility of the international community, a breach of International Humanitarian Law (IHL) which states that the occupying power should be in charge.

8. UNRWA has delivered remarkable achievements in the nearly six decades of its existence. It has developed an experience and a methodology that has proven its efficiency, noticeably in the field of education and health. UNRWA started its operations by direct implementation processes, and services were delivered free of charges. There was at that time nobody to whom to outsource the works, and no refugees could afford any cost recovery schemes. The whole concept of humanitarian assistance was based more on charity than on elaborated concepts that would take decades to develop and apply. UNRWA continues to implement directly assistance programmes with few actual changes. Politically, its role is central in continuing to address the Palestinian status and their right of return.

9. The evolution of the Peace Process remains more unpredictable than ever since the Oslo agreements. The Quartet (USA, EU, UN and Russia) is paralysed; Israel implements a policy of 'fait accompli'; the PA is divided into factions that the historical leader –before his death- could not control anymore; factions disagree on policies; donors struggle to maintain some logical objectives in implementing policies that are in reality emergency measures; official dialogue is all but blocked between Israel and PA; desperation is high in WBG and stubbornness equally high in Israel.

10. The European Union is firmly committed to the clear objective of two States, Israel and a viable and democratic Palestinian State, living side by side in peace and security in the framework of a comprehensive peace in the Middle East, as laid out in the Road Map. In this context, a just, viable and agreed solution to the problem of the Palestinian refugees still needs to be found.

### **Lebanon, Jordan and Syria**

11. Refugees from the 1948 and 1967 wars relocated also in Lebanon, Syria and Jordan with different fates. In Jordan, most were eventually granted citizenship. In Syria they are eligible to all the rights and obligations of a Syrian citizen, without official citizenship. In Lebanon they are only recognised as resident refugees, and barred from most of the basic civil rights including freedom of movements, skilled works, higher tuition, property rights and many others. Palestinian refugees in Lebanon are clearly discriminated against. All registered refugees have a right of assistance from UNRWA but not all the refugees currently in Lebanon are registered. The exact number of refugees actually benefiting from that assistance is unknown.

### **1.3. Response to the Humanitarian Crisis**

12. The situation in WBG has regressed from development to humanitarian assistance in less than three years. Strategies had to be adapted and funds redirected. Long standing donors had to devise new objectives.

13. New stakeholders and organisations alike have to find a niche where they can be effective. Partners have to co-ordinate their activities. The extreme weakness of the PA with little programming

capabilities adds to the difficulties. International response covers three main thematic issues: food aid /food security/ livelihoods, advocacy, and protection<sup>4</sup>.

14. Coverage of programmes has extended beyond emergency situations, overlapping with the EC's other instruments. This is especially true in the water-sanitation sector. The Palestinian crisis has brought to light the respective mandate shortcomings and the dilemma that the humanitarian community now faces<sup>5</sup>. In this context, the limits of humanitarian assistance are increasingly blurred, and LRRD linkages can hardly be established while development efforts are threatened. Nevertheless, a global approach is more than ever required.

## **2. INTERVENTION STRATEGY**

### **2.1. ECHO's Intervention Strategy and Adaptability**

15. ECHO's intervention strategy in the span of two years (2002-2003) has shown a remarkable adaptation to the events that have affected WBG politically, socially and economically. The evolution of the strategy is well reflected in the funding decisions. Within one year (2002), ECHO has widened its emphasis from "traditional" assistance, e.g. food aid, health and water-sanitation, to more transversal activities such as advocacy, protection, food security, and employment generating projects. This evolution reflects the fact that ECHO tends to be more proactive, less reactive, in its involvement in the crisis. Such a trend generates new issues for ECHO. Basic principles of International Humanitarian Law (IHL) are being taken more than before into consideration, implying a shift from needs-based to rights-based approach. Advocacy related to infringements to IHL is now totally legitimate. One of the important impacts of the second Intifada is the development of an IHL praxis that has now permeated all the stakeholders in WBG. ECHO has followed the trend and has funded OCHA and ICRC in their advocacy and protection activities. ECHO has very quickly learned the lessons from its previous interventions during the two years under consideration. The creation of an ECHO office in Jerusalem with two resident expatriate staff has certainly greatly helped in defining and monitoring the projects. ECHO has been positively responsive in listening to its partners and responding accordingly to changing needs, but also to a changing environment of how best to respond to needs.

16. ECHO's 2004 strategy document is the most recent result showing ECHO's adaptability to humanitarian aid circumstances; it is very appropriate. It shows how ECHO's activities and objectives mainstream into the humanitarian strategy and the benchmarking of the most important stakeholders. The 2004 strategy was drafted while the 2003 funding decisions were being implemented. It integrates the lessons learned throughout the eight funding decisions taken during the period 2002-2003. There is a clear influence of the Good Humanitarian Donorship<sup>6</sup> principles on the 2004 strategy. The funding decisions link a highly visible crisis (WBG) to a 'forgotten' one (refugee camps in Lebanon).

17. ECHO's strategy for the **health sector** has focused on access and on the provision of basic (primary and emergency) health care, also providing psycho-social support to people affected by Post Traumatic Stress Disorder (PTSD). Many projects focus on remote (rural) areas and/or places isolated because of (frequent) closures and/or the proximity of Israeli settlements. Some strategies to mitigate the effects of closures will not be adequate once the separation wall is finished. ECHO's strategy in Lebanon has been to support the upgrading of existing health facilities and the provision of medicines and training. In that country, ECHO has been slow in to encourage partners to adapt their projects in order to better address new priority needs, including psychosocial support and health education aimed at the prevention of chronic diseases.

18. The **water and sanitation** strategies have slightly evolved during the concerned period, including more repair work when destruction of infrastructure was at its worst. The main strategy for partners has been to focus on improving livelihoods of families through interventions that reduce the need to pay for expensive tankered water. A key type of intervention (household cisterns<sup>7</sup>) though, results in high amounts being spent on few families when the need is much stronger. More than 50% of the allocated budget was spent on such household interventions. There is also an increasing appreciation both by ECHO and by the partners that interventions often avoid the real problems and do not address their causes. There is an increasing need for advocacy in the water and sanitation sector, using

activities to support and complement advocacy strategies, and a potential for ECHO to play an important role in supporting partners in this development.

19. **Shelter** in WBG was only present in the 2001 budget, and only one out of the three funded projects (although with 55% of the budget) was targeted at reconstruction. ECHO has been faced with inconsistencies in the partner's programmes, and with large amounts being spent on few families. There was a lack of creative programming and of adaptability to respond to needs. As for water-sanitation, more than 50% of the allocated budget was spent on household interventions.

20. The **food security** strategy has been built on three pillars: blanket distribution to registered and non registered refugees as well as to Palestinians categorised as New Poor (UNRWA and WFP), special programmes in selected areas (mainly rural) with trusted NGO partners, and vouchers programmes in cities. Food security assistance on a grand scale was unavoidable due to the closure policy of Israel that drastically reduced incomes. Moreover, the outbreak of the Intifada took all the stakeholders by surprise, who considered food aid/security as the most appropriate at the time. More recently, ECHO has also funded food for work (UNRWA and WFP) and food for training (through partner NGOs), in a proactive approach trying to adapt the available tools to the specific Palestinian situation.

21. The **income generating** strategy is closely linked to food security and to the coping capacities of the families, as most revenues of the Palestinian families are spent on food items. ECHO is aware of the limits of such interventions, especially in the case of WBG where they can hardly reverse the economic consequences of the closure policy. The income generating strategy is therefore fundamentally weak. ECHO has directed its funding towards the large organisations:  $\frac{3}{4}$  of the funds devoted to income generating projects were allocated to UNRWA in a kind of direct budget support, while the remaining  $\frac{1}{4}$  was directed towards smaller NGOs focusing on community based organisation in villages, and building up capacity at the same time.

## 2.2. Coherence

22. Politics cannot be ignored in the Palestinian protracted situation. The EU Special Representative for the Middle East Peace Process emphasises the importance that the European Union attaches to peace efforts. The EU assistance is directly linked to the political evolution of the Palestinian conflict. Whilst maintaining a development programme, funds are increasingly directed towards more humanitarian objectives. This is an opportunity to ensure more coherence between the different EU instruments.

23. Many budget lines have been decentralised, among which are health care and education. The main instrument to ensure coherence between ECHO and RELEX is the multi-annual country strategy paper drafted by RELEX. This document is for the moment being revised on an annual basis due to the very volatile situation in WBG. There is no overlapping between the two policies but there is also little convergence, despite the fact that RELEX, like all the other donors, has re-orientated its objectives towards more emergency issues. More than half a billion Euro was committed in 2002-2003, including ECHO's contribution (€40 million). The overall package included support to the PA, assistance to refugees, food aid, support to the health sector, the private sector and municipalities, preparation for elections, institutional strengthening and judicial reform.

24. In addition to the above, the Emergency Municipal Support Programme (from the emergency reserve of the European Commission – EC – budget) can be used to re-establish basic services and infrastructure, including **water and sanitation**; potential overlapping must be avoided. Through regional funds, there is also support to the rural water and sanitation sector in the West Bank.

25. In the **health sector** in WBG, the EC interventions aim on the one hand at improving co-ordination, coherence and planning, and on the other hand at supporting the Palestinian health system which functions particularly in favour of priority health needs of the population. They consist mainly in bilateral funding to the PA, in particular the MoH. Projects focus on planning and capacity building



(Health Sector Support Programme, Hospital Sector Planning and Management), and on emergency support (to meet non wage operating costs) to MoH hospitals. The EC provides some €10 million per year to UNRWA's health programme throughout the Middle East. This coincided in 2003 with ECHO funding in the health sector in Lebanon, Syria and Jordan, but not in WBG.

26. **Food aid** is the sector where coherence could be most closely related. The EC has constantly funded part of UNRWA's regular budget since 1971. The assistance continues to this day, with conventions governing the Commission contributions, particularly with AIDCO F5 Food Security projects. ECHO responded to UNRWA's emergency appeals in 2003 and 2004. Both EC financing instruments were responding to the same urgency, one as a regular programme and the other as an additional facility. The response was coherent because so were the objectives. In terms of LRRD though, the coherence is less obvious: for example, food for work, through the Commission's response to UNRWA's appeals, could have been coordinated with F5's large funding for land reclamation, opening the road to some rural development initiatives downstream. The Food Security Assessment prepared by the FAO and WFP (under AIDCO F5 and USAID funding) allows for a more coherent strategy for small scale humanitarian projects.

27. The **complementarity** between ECHO's programmes and the Member States (MS) is weak. Agendas of MS are essentially geared to the peace process and the Road Map. They do however meet twice a month at the occasion of the Humanitarian Policy Emergency Group (HPEG) under the chairmanship of RELEX and the rotating EU presidency.

### **2.3. Co-ordination**

28. Relations between major donors and main international organisations are excellent. Contacts appear however more as an opportunity for exchange of information than as a real co-ordination forum, for which the resident organisations have no mandate anyway.

### **2.4. Partners' Selection**

29. Partners stated to be satisfied with the new FPA and the potential it gives for flexibility. However, some guidance is still needed in order to support partners in using this flexibility appropriately. The ECHO East Jerusalem office is very efficient in giving such assistance.

30. In the protracted situation of the Palestinian crisis, contracts are often renewed along the same objectives and with the same organisations or partners. Most of the large and specialised international organisations are unavoidable in matters of camps management, protection, food procurement, co-ordination and information (UNRWA, WFP, OCHA, ICRC). There are a number of reasons to explain the limited number of partners, such as security of international staff, presence and knowledge of needs, professional qualifications, or financial reliability. Conversely, activities must take place in a context of regressing economy, where the borders between humanitarian aid and development are increasingly blurred. ECHO has ventured in some unusual activities (food security cum credit), or arguably even outside its mandate (spare parts for utilities in municipalities). Suitably impartial partners, who are not influenced by political or partisan strategies, and with relevant and tested need assessments and implementation methodology, are difficult to find. There are furthermore some restrictions to the number of partners that can be monitored and administered given limited human resources, security constraints, etc. Nevertheless, ECHO managed to have in 2002 and 2003, respectively 32 and 25 different partners. A fair proportion of the partners were the same from one year to the other. This corresponds to ECHO's policy to define key partners in an effort to promote efficiency and coherence of intervention, as well as more efficient management of the contracts. However, it also carries the danger of uniformity in the proposals to the detriment perhaps of other new partners who may have more creative approaches.

## **2.5. Operations' Selection**

31. The selection of operations is improving thanks to the creation of a Jerusalem office and the new FPA which promotes a better dialogue between the partners and ECHO. De-concentration and the fact that ECTAO (EC Technical Assistance Office) and ECHO sit in the same building, helps also in enhancing dialogue and hence operations' selection. The main obstacle to a better selection of operations still remains in most cases the poor assessment of needs. There is also a certain fatigue due to the overall humanitarian situation, which is reflected in the selection process. Needs are spreading very rapidly, and they are the same everywhere. Innovations in such cases are complex.

## **2.6. Funding Decisions vs. Global Plan**

### **Funding Decisions**

32. The study of the coverage of the funding decisions and emergency funding decisions shows that ECHO followed closely the evolution of the concerns of the international community regarding the Palestinian crisis<sup>8</sup>. At the onset of the Intifada (first Decision in 2002), ECHO's assistance aimed at responding to the rapid deterioration of the living conditions in both the West Bank and Gaza, as the crisis had effects on each and every aspect of daily life. The response was therefore straightforward and covered health, nutrition, and water-sanitation: all these components were well known and had already been implemented several times in the region. However, later funding decisions in 2002 successively introduced new concepts and widened ECHO's involvement, e.g.: a "state of war" which led to IHL, protection and access; social hardship cases (SHC) and food security, and emphasis on coordination mechanisms. At the end that year, more traditional sectors were again funded e.g. food, health care - including psycho social care, water and sanitation, and highly vulnerable people. From 2003 onwards, some political concerns were reflected in the significant support to UNRWA and its political role.

### **Global Plan**

33. So far, ECHO has deferred the definition of a Global Plan for the Middle East. Reasons include the difficulty to merge the various regional issues into one plan, or the more lengthy approval procedure. A key obstacle, though, is the fact that a Global Plan tends to lack flexibility and is therefore usually best adapted to a relatively stabilised situation, which is still not the case in the volatile WBG. Even the World Bank acknowledged that if "the situation would return to the one prevailing before the second Intifada, it would take years before normalisation". Should there be a status quo in the conflict, humanitarian needs could be "programmed" and a Global Plan would then have some sense. It would also have the advantage to rationalise humanitarian assistance within an agreed mid term strategy (two years) and earmarked funds. It would help the partners to establish a sounder and more results-based approach, resulting in more appropriate actions which require lengthier programming periods. A Global Plan could also reaffirm ECHO's commitments to IHL, and better address cross cutting issues.

34. In-depth changes have again occurred during the last few weeks (i.e. since November 2004), some of them reaching towards stability, others much less so. Yasser Arafat, the old charismatic leader, is dead with no solid heir. Elections have been held and a new president, Mahmoud Abbas, more open to dialogue with Israel, has been appointed. However, his authority would still need to be significantly consolidated, especially in the light of the recent local elections in Gaza that have seen an overwhelming majority of the votes going to the war-proned Hamas movement. Despite its renewed coalition with the socialist party, the Israeli government is still perilously close to collapsing, and it is likely to face huge problems in the implementation of its declared policy to return Gaza to the PA. The

short term future is still very uncertain. In such a situation that may, or may not, deviate towards some form of political chaos, a Global Plan approach is still premature.

## **2.7. Conclusions and Recommendations**

### **Adaptability**

35. ECHO's adaptability has been remarkable in the years under review. New humanitarian issues have been funded in the fields of advocacy and protection, in the light of the humanitarian law. Concepts of food security and income generating projects have been tested. The new FPA rules and regulations have allowed a better understanding between ECHO and its partners. The creation of a Jerusalem office has greatly contributed to an enhanced dialogue. The supporting staff at HQ are very knowledgeable and dedicated, and ensure a close follow up of the field operations. The highest hierarchy in ECHO has visited the Middle East and understood the need for ECHO to continue to investigate new fields of intervention as it has been doing in the last three years.

36. In the future, it is important that ECHO links its interventions to IHL. ECHO's mandate implicitly recognises IHL principles as the minimum objective to reach in humanitarian assistance. There is an urgent need to recognise it explicitly. Meanwhile, IHL must be a preamble to every action that ECHO funds in the Middle East. Under the cover of IHL, ECHO can widen its activities and step more actively into cross cutting/horizontal issues such as human rights, protection and advocacy. The Middle East crisis is unique: traditional operations should now be more creative and include more horizontal actions in order to promote the respect of basic human rights and restore the dignity of the Palestinians.

### **Funding Decisions**

37. The Palestinian crisis is not over yet. Its current course of events is more unpredictable than ever. A continuation of the funding decisions process is therefore highly advisable.

### **Selection of Partners**

38. The selection of partners and operations is mostly based on trust and knowledge developed along the years of working together. As ECHO focuses its attention on new issues, e.g. psycho-social assistance, the identification of new partners and operations becomes more difficult. In IHL-related issues, the safe choice is the collaboration with specialised agencies like OCHA and ICRC who guarantee the respect of the same basic values shared by ECHO.

### **3. OPERATIONAL STRATEGY**

#### **3.1. Appropriateness of Geographical Areas and Intervention Sectors in West Bank and Gaza**

39. The needs for humanitarian assistance are so widespread in WBG that selection of geographical areas for intervention would not be justified. Consequences of the closure are felt throughout the West Bank. Graphic evidences of disastrous socio-economic effects are well documented by OCHA, who monitors continuously the effects of Israeli decisions on the livelihood of the Palestinian population. In Gaza, selecting geographical intervention areas is not relevant either, as the whole area (350sq.Km) is in need of assistance. In both regions it is therefore much more relevant to assess the appropriateness of the beneficiaries and/or communities, depending on the type of intervention. In view of the planned Israeli disengagement from Gaza and the sweeping victory of Hamas in the recent local elections (this victory was due to Hamas' Islamic policy, which includes support to socially vulnerable large families), a reassessment of the most pressing needs in Gaza is now urgently needed.

#### **Health**

40. The Intifada has negatively impacted on the PA's plans to further develop **health** care services in WBG and to expand the public health system. MoH services reportedly function at only 30% of their capacity, both due to access problems and lack of resources. Nearly 50% of Palestinian households in the West Bank and more than 80% of those in Gaza report difficulties in accessing health services because of their costs. More than 40% of households also faced problems in accessing health care due to closures, with a similar number of health staff facing difficulties in reaching the facilities. Statistics further indicate that, as a direct result of the conflict, more than 25,000 Palestinians have been injured (of whom 15% are expected to suffer permanent disability). Lack of MoH capacity, access constraints and poverty have combined to increase needs for low cost and free health services provided by NGOs (and UNRWA).

41. Psycho-social problems have increased significantly in WBG. A survey<sup>9</sup> of 2003 revealed that nearly half of the children between 5 and 17 years old had personally experienced violence from the conflict or had witnessed a violent incident befalling an immediate family member. Despite the documented need for psycho-social support, ECHO and other humanitarian actors have funded only a few projects in this sector, due to a shortage of psycho-social specialised partners, both international and local. The two projects reviewed in WBG are judged to be more orientated to maintain and/or improve resilience rather than to provide psycho-social aid.

#### **Water, Sanitation and Shelters**

42. In the **water-sanitation** sector, vulnerability is greater in rural areas, where many localities have no permanent water supply network and where movement is more controlled. Intervention areas can also change depending on closure and curfew policies, and on the level of harassment of those transporting water. Though support is easier in urban areas, interventions are more appropriate in rural areas through municipalities and the Water Authority (where funds are available).

43. There is an underlying vulnerability due to the effects of the conflict, particularly in the rural West Bank. The Israeli occupation has neglected to ensure permanent access to clean water and sanitation for the population, a fact most acutely felt in the areas affected by the closures. Access to water in quantity and quality at an affordable price has been massively disrupted, increasing cost and decreasing availability, whereas incomes have fallen down at the same time. A significant part of the Palestinian population relies on expensive tanker-supplied water and sewage services, which require

access to sources, to the road network and to cash for payment – much of which are not accessible. There have also been direct effects of the destruction of water and sanitation infrastructures, as well as the suspension, reduction or cancelling of long needed and planned investments by donors. Access to water is therefore one of the main problems faced by many families. The current approach is largely at household level, and large-scale improvements are unlikely. A community-based approach would be a more appropriate option, in terms of impact and cost effectiveness.

### **Shelters**

44. As a result of the damages inflicted by the Israeli army, the shelter rehabilitation<sup>10</sup> needs in WBG are now running into tens of millions of Euro<sup>11</sup>. More than 15,000 people have been made homeless, a scale which is largely beyond the response capacity of ECHO. Among the three shelter rehabilitation programmes implemented with ECHO funding, only one is directly linked to the current conflict, while the other two concern the normal on-going UNRWA rehabilitation activities<sup>12</sup>. At present, there is little capacity to respond to urgent shelter repairs in order to keep houses habitable and families in their homes. No triage and prioritisation of repairs are available, and urgent repairs are unknown. Only one partner has been used in shelter rehabilitation, despite successful implementations by NGOs elsewhere in the region.

### **Food Security**

45. During the last three years, closures and land confiscation had a direct and staggering impact on those who were relying on agriculture for their income. These measures also affected indirectly the rest of the population by reducing the availability of food on the local markets. Food security in the West Bank before 2002 was globally adequate, though distribution was not equal. In Gaza the situation was always food insecure, mainly due to the scarcity of land. Food security in the WBG context is now largely related to the vulnerability of households, though the situation does not present an immediate threat (food for life or food for health situations). The challenge is to address the needs of households which may still be food secure today, but which are over-stretching coping strategies that may compromise their food security tomorrow. The dramatic reduction of some WBG areas due to the closures and the settlements' expansion is creating different vulnerable groups, to whom appropriate answers have to be given. The main "food provider" organisations have various approaches e.g. food distribution, food for work or food for training. Other actors have introduced a specific distribution for urban populations trying to maintain dignity and some commercial activities within the communities. There is still some need for supplementary feeding in some particular place, as well as specific support to institutions.

46. The potential of the Palestinian territories for food production is reduced and can not attain self sufficiency. Food security will always depend on trade and freedom of circulation of goods and workers. Food security programmes are costly, multi-sectoral and implemented on the long term, clearly outside ECHO's mandate. Emergency measures in food security are relevant where there is a comparative advantage to support vulnerable communities or households. An economic and/or financial assessment must always be conducted before allocating the assistance (access to markets, cost/benefits, technical skills, etc). This type of assessment has usually been made superficially by the partners -or not at all, resulting in questionable impacts. The appropriateness of food security actions must streamline into wider policies of food availability (markets) and production.

### **Income Generating Activities**

47. The question of employment is crucial in WBG, and is directly linked to livelihood and food security. In recent years, most of the active unskilled population used to work in Israel or in the settlements. With the second Intifada, access to the Israeli labour market has stopped. The WBG market could not provide substitution employment, and it can do even less so now. Several initiatives

are trying to address this issue, based on income generating activities and labour-intensive works. Particular attention must be paid to solutions found at micro-level, to develop effective employment generation activities that can be sustainable in the present situation or/and in the perspective of the disengagement of Israel from Gaza.

48. Even if income generating interventions allow people to diversify their sources of income in small-scale, self-employment business schemes, these remain an emergency response and should not be seen as sustainable employment creation activities. This kind of intervention can neither replace long-term macro-economic policy nor influence the political situation, and it does not tackle the core of the problem: the socio-professional structure of the Palestinian labour force does not meet the needs of the current labour market, including agricultural land development and sectoral services.

49. ECHO has largely funded UNRWA for its direct and indirect hiring schemes, and WFP for food for work, cash for work and food for training. The recurrent dilemma is that the demand is always much larger than the offer. Some rules have been introduced to employ as many people as possible from vulnerable groups. However, these rules effectively limit the time span of employment (three months for UNRWA) and are often not respected: many examples can be found where people have been employed for years. Furthermore, uncertainties regarding flows of funds tend to make works planning difficult. As a result, many jobs are simply duplicated or not relevant ("cleaning" the beach for the fishermen in Gaza). Women are often excluded from the works as the tasks are too hard, or they have difficulties in adapting their traditional roles to the requirements of the works. An example of good practice can be found in the successful food for training programme (WFP) in Gaza, mainly due to the fact that it has been implemented in partnership with the Ministry of Agriculture and that it provides guidance on child care.

50. Income generating projects should streamline into larger existing programmes that the Ministry of Local Government tries to co-ordinate, e.g. the Emergency Municipal Support Programme (EMSP) funded by the Commission (€30 million). The objective is to improve local capacities to provide jobs either for SMEs in the construction sector, or for individuals recruited for short term periods by municipalities. The Local Rural Development programme (EU) focuses more on the small villages and aims at regrouping them. The World Bank is similarly implementing the Emergency Municipal Support and Rehabilitation Programme (EMSRP) with a labour-intensive component. With a modest budget, Belgium is focusing on a limited number of rural areas. Finally, the Italian Co-operation has recently allocated €25 million to four governorates of the WBG for similar interventions.

51. All those programmes have a strong ambition in terms of institutional capacity building, targeting local authorities and service delivery, as well as cash distribution. A similar approach focusing on service delivery and works should be followed by UNRWA, with expected results in terms of cash distribution, infrastructure improvement and civil service development. ECHO's small initiatives had a strong impact in terms of the solidarity processes at village levels.

### **3.2. Appropriateness of Targeting of Beneficiaries in West Bank and Gaza**

52. The chaos generated by the Intifada and the responses of Israel -mainly the closures and the separation wall- have dwindled the distinction between refugees and other vulnerable groups. In fact, with the development of the Intifada, the status of registered refugee with UNRWA has become a comparatively privileged status in WBG. The arrays of services for which refugees are eligible are wide and diversified: health, education, food and cash assistance, food for work, food for registered hardship cases, etc. The population that is not registered with UNRWA but still needs assistance has grown many times and is documented in all the assistance organisations' reports. WFP, in co-operation with the Ministry of Social Affairs (MOSA) has identified and is supporting the vulnerable non refugees in this context. WFP has also registered some population groups that have never been taken care of before, e.g. the fishermen in Gaza and the Bedouins. NGOs have based their interventions on needs assessments that very often reflected their knowledge of the local situation. It

should be noted that, despite the recurrent need of prior assessments identified by the evaluation, the required speed of emergency decision making does not always allow such prior assessment to be undertaken ex-ante.

### **Targeting**

53. Targeting may be an uneasy task to carry out in the highly political and moving situation of WBG. UNRWA has its own lists of beneficiaries that are kept tightly confidential and not shared with other non UN assistance stakeholders. These lists have been manually updated since 1949. In the absence of a thorough general check, it is difficult to make a judgement on their accuracy, and many discrepancies were observed by the mission. The agency is aware of this weakness and has started a computerised updating of beneficiaries that should take three years to complete. This project is co-funded by the Commission. Once the basic data on registered refugees is available, donors should feel in a much better position to allocate funds towards real needs and avoid the “blank cheque” situation to which they are confined at present. The emergency appeal policy does not help in targeting transparency. The actual utilisation of the funds collected is decided after the financial results of the appeal are known. In others words, the strategy is custom-made according to the availability of funds.

54. Targeting is somewhat easier to implement for smaller NGO operations, though problems are still frequent. Vulnerable beneficiaries are usually individually identified by local social workers, according to selection criteria defined by the partners. ECHO's priorities, children, pregnant women, female-headed families, handicapped and elderly people, are usually respected.

55. Many agencies use the Village Councils to prepare beneficiary lists. However, these councils are not elected and often do not represent the community -or they may have different priorities. A more transparent selection methodology has been achieved when committees made of various community representatives, particularly women –but also including the Village Council- ensure that all concerned groups are duly represented. Such an approach can furthermore be applied to other decisions in the village life.

56. “Self targeting” is generally made according to assistance components. Health and education are provided free of charge by UNRWA and are likely to attract refugees, as compared to paying services offered in private clinics. Food for work and cash for work are mostly successful in Gaza where coping capacities, which were never very large, have now disappeared. Food for work and cash for work programmes however discriminate against women, as they often offer heavy works only and do not consider the particular status of women who have to take care of children and carry out households' tasks. Kindergarten and children day care facilities are rare in rural areas.

57. The implementation of the emergency employment activities under UNRWA funding is difficult to assess. There are lists of employees who are recruited and paid on the basis of three months contracts (direct hiring component) that have now been renewed for nearly 3 years. Such activities do not justify the use of ECHO's emergency funds, which in addition can only cover periods of 1,5 month for these working positions. In consequence, the direct hiring component of the emergency employment contribution is in reality a direct budget support to UNRWA to pay salaries. The mission had no capacity to judge the usefulness of these jobs, but questions the relevance of paying them from ECHO's funds. UNRWA's departments should also be asked what their absorption capacity is after the funds are made available. Nevertheless, the mission agrees that there is a need to support the regular budget of UNRWA, especially as regards its recruitment, which had been frozen several years before the Intifada started. This is a key issue that the recent Geneva Conference needs to follow up

### **3.3. Appropriateness of Interventions Sectors in Lebanon**

#### **Health**

58. In Lebanon, ECHO justifies its support for primary and secondary health care on the grounds that (most) Palestinians are not entitled to Lebanese health services (e.g. through insurance) and/or are too

poor to pay for these largely privatised services. There is however no reliable data to substantiate this claim. Most needs assessments preceding project proposals did not provide sufficiently detailed information regarding the most vulnerable, their specific needs and how to best address these.

59. Detailed data on psycho-social problems are not available for Lebanon, but increasing violence among children and rising school drop-out rates indicate growing difficulties.

### **Water and Sanitation**

60. Water supply and sanitation interventions are needed, since there have been virtually no new investments after the withdrawal of the PLO from Lebanon. Although there are no large threats to health in either the official and unofficial camps, some improvements would make the lives of refugees much easier. Better sanitation in unofficial camps can often improve relations with neighbouring communities, by decreasing pollution. In some areas, vulnerable Lebanese<sup>13</sup> are living next to the camps and would therefore also benefit from the interventions. Key issues of sustainability and cost recovery have often been given little consideration. At the same time, other EC instruments are carrying out exactly the same work in official refugee camps over longer periods, which is more appropriate<sup>14</sup>.

### **Shelter Rehabilitation (including Jordan and Syria)**

61. Needs for rehabilitation can be found wherever a partner takes some responsibility for shelter. This is generally due to the poor quality of the original housing, which was mostly constructed as an emergency measure with short-term perspective. ECHO's support to shelter rehabilitation in Lebanon, Jordan and Syria is engulfed in this widespread situation, leading to unsatisfactory reporting and impact. Activities sometimes take place in the same areas where other EC instruments are also funding rehabilitation programmes<sup>15</sup>.

## **3.4. NGOs vs. International Organisations**

62. The crisis has affected all population levels, irrespective of their status. NGOs alone cannot face such an extensive tragedy. UNRWA has the background knowledge, is well established and has a large trained workforce that can much contribute to supporting refugees in multiple sectors (health and education, food distribution, shelter, some income generating activities). However, the hitherto unchallenged nature of the agency's presence and activities may have contributed to the un-creative, un-evaluated and un-coordinated nature of the responses. Its mandate is limited to the registered refugees, who in many ways are better protected and taken care of today than the New Poor categories created by the Intifada. UNRWA fills a gap that cannot be replaced. It does not mean that it cannot be reformed.

63. The new vulnerable population remains outside UNRWA's reach; ECHO and its partners are trying to meet this challenge. The main difference between UNRWA and NGOs assistance is the dispersion of the vulnerable population. Although many –if not most- registered refugees do not live any more in camps, UNRWA services are still provided in the camps whereas ECHO partners have to identify and reach vulnerable groups. NGOs do not provide services that are meant to be permanent; they carry out assessments on the most urgent needs of all identified vulnerable populations, including the registered refugees outside the camps. The dilemma is that the Palestinian crisis is now permanent, and worsening. Even if some improvement would happen, the needs for emergency assistance would last for two to three years at least. Although there is no opposition between the roles of international organisations and NGOs, there is very little co-ordination or policy dialogue on e.g. beneficiary targeting, which leads to overlapping or dismissal of vulnerable people.



### **3.5. Conclusions and Recommendations**

64. The interventions cover very distinct geographical areas with little in common, apart from addressing Palestinian populations. It is recommended that ECHO interventions be limited to WBG with support to hardship cases in Lebanon.

65. Targeting the appropriate beneficiaries is no easy task. It involves the concept of prioritisation, as most of the population in WBG is in need of assistance. Each organisation has its own criteria that are usually not shared. UNRWA's lists are lacking in transparency. Village Council's lists are partly unreliable. Partners' lists are based on visits to vulnerable people and are more reliable, since it is easier to target on a smaller scale. Self targeting in the –free of charge- health and education sectors is widespread. ECHO must focus efforts on more transparency in targeting, based on reliable listings.

66. The interventions in the health sector are well defined, to the exception of psycho-social issues that are not yet sufficiently addressed. In water-sanitation, too much emphasis is given to households interventions. The shelter sector is generally not directly related to the conflict. ECHO should increase efforts on psycho-social issues, give priority to community-based interventions rather than on households, and review its shelter policy to intervene only in emergency shelters.

67. Food distribution is well organised by the large UN agencies. Lists of beneficiaries, though, are not transparent enough. Food for work projects are not linked to other donors' initiatives in the same sector. Food for training is successful but with low funding. ECHO should insist that partners link their proposals with the other large programmes funded by the Commission and the World Bank.

68. Income generating projects cannot meet the demand that is many times greater than the offer. Income generating projects are usually limited in time so that larger numbers of beneficiaries can be reached. They are usually one-shot opportunities, though there are many exceptions to the rule. Most of the incomes generating projects are implemented by UNRWA through its direct and indirect hiring programmes. ECHO should insist on transparency of the use and impact of its funding.

69. There is no antagonism between assistance provided by large international agencies and NGOs. Large programmes are better organised logistically by the UN agencies. NGOs have a definite advantage in implementing grassroots households or community-based projects. What is lacking is the dialogue and co-ordination between these various actors.

## **4. SECTOR STRATEGY**

### **4.1. WEST BANK and GAZA**

#### **4.1.1. Health**

70. Humanitarian responses provided by ECHO partners focus on **support to national NGOs as well as to the MoH**. This is appropriate given the historical roles of both stakeholders, and in view of the fact that access (or lack thereof) has become the overriding consideration. Projects have contributed to increased access and provision of curative care, in particular emergency and reproductive health care, through a mix of different activities including mobile clinics, capacity building of locally available staff/volunteers, and the creation of (communication) networks. Despite the documented need for **psycho-social support**, ECHO finances only a few projects in this sector, due to a shortage of partners. In psycho-social projects, there are opportunities to further enhance sustainability by increasing community ownership and involvement of health staff. Projects aiming at boosting/improving the quality of services such as mother and child health (MCH) seem less relevant given the favourable health indicators in WBG in comparison with surrounding countries; such projects require also a longer term commitment

71. The main issue is the **access to health services**. In an effort to improve access, some partners have extended PHC services to 24 hours in some locations, both in Lebanon and in WBG. In WBG this strategy was efficient. Extension of full services including PHC services appeared more cost effective than a doctor on call for 24 hours. Such an extension of PHC services was however less common than the use of mobile clinics, even in the cases where extension would have been an alternative possibility.

72. A key consequence of the wall will be that circumvention of roadblocks will be much more difficult and impossible at times. The increase in the use of mobile clinics, which most partners during the health sector meeting said they planned for, could hardly mitigate the effect of roadblocks due to the wall. The use of mobile clinics also gained momentum among ECHO partners as a mean to increase access and provision of health services, in particular in remote areas. However, mobile clinics are expensive, require long travelling times and are also affected by closures. They appeared to be more a stop-gap measure to compensate for failing MoH's PHC services, rather than a new effective tool to increase access of isolated communities. Because mobile clinics are of little help in case of acute health problems, outputs would have been more effective if the focus had been on chronic diseases and prevention. There were few attempts to improve cost-effectiveness by combining services or activities, either within or between projects.

73. The situation in WBG requires a **multi-track strategy**, entailing a variety of activities that are usually beyond the scope of work and competence of any single partner. Few of the national partners had a sufficiently broad structure, mandate, and/or experience to allow the implementation of such a strategy. As a matter of fact, partners evaluated in WBG providing psycho-social assistance had difficulties in formulating relevant activities.

74. Nearly all projects in support of primary health care included an **outreach** component. Outreach by social workers ensured that the most vulnerable -single mothers, extremely poor, etc- were identified and reached. A weaker point was that home-visiting capacity was insufficient to cover the needs. In practice, this meant that beneficiaries who were not living in the near vicinity of the clinic, but for instance in neighbouring villages, were not visited.

75. Despite the many **co-ordination platforms**, including one chaired by the MOH, co-ordination was generally weak. The major agencies providing health care to refugees have not developed efficient

informal co-ordination mechanisms either. By and large, co-ordination is ad hoc and not pro-actively geared towards a concerted effort to further improve health services.

76. Less than half of the projects evaluated had identified in their initial proposal an adequate set of **indicators to monitor** project progress and outputs. As a result, ECHO monitoring has lacked effectiveness over the period of concern, e.g. in WBG. However, vast improvements have occurred over the last year with the arrival of additional technical assistants (TAs). Partners are happy with a TA dealing with the health sector based in Jerusalem, and ECHO benefits from more comprehensive and timely monitoring.

77. **Capacity building** of the staff of national NGOs and agencies was a strong positive component of health projects in WBG. Medical professionals as well as (village) volunteers were included in training. In some projects, training was largely provided by national partners who in turn benefited from the project by improving their skills and capacities through an active interchange of information. In a number of projects, effects were not sustained due to substantial turnover of national staff and changing partnerships with national organisations

78. Volunteers and social workers of a major national agency who worked in partnership with several international agencies were actively involved in preventive activities, in particular **health education** at clinics (for individuals and groups), schools and community levels. Community members in these villages were also engaged in the decision making process and planning of local activities. By contrast, the impact of activities undertaken by another partner was limited due to changes in partnerships with local NGOs, focus and geographical areas. Whether projects in the psycho-social sector in WBG had a quantifiable positive effect on the psychological well-being was impossible to measure, in the absence of baseline data on the prevalence of psychosocial problems among target groups. A weaker point was that few attempts were undertaken to link these projects to (other) initiatives in the community, such as those aimed at prevention and/or increasing resilience.

79. In Lebanon, **cost recovery** for primary health was non-existent or too costly, leading to over-consumption of services or drugs, or under-utilisation of services. Studies supported by ECHO have rendered valuable information on cost-recovery in hospital care. This is a thematic issue that ECHO could fund.

80. Palestinian ministries and institutions were not always involved in the projects from the formulation to the implementation stage, which may fail to raise their interest, their ownership and their accountability, as well as securing their willingness to continue after the partner withdraws.

## **Recommendations**

81. In view of the needs, geographical targeting (closures) and emergency interventions deserve priority. Psycho-social needs are insufficiently addressed and ECHO should actively encourage existing partners who have the competence and willingness to include in their projects a psycho-social component, and at the same time look for new partners, specialising in such matters. Medical partners should be encouraged to address mental health, while other partners or those (also) active in the education sector could focus on counselling and self-help groups (the Lebanon pilot project could be replicated in WBG).

82. Due to motivated and competent staff, the quality of the services provided was good. However, most projects insufficiently addressed prevention, losing an opportunity to increase cost-effectiveness. In addition, most national NGOs did little to counterbalance the high demand of the population for sophisticated (secondary and tertiary) care and specialised drugs. Partners should do more advocacy for preventive activities, including health and nutrition education. Although extending business hours of PHC facilities was found the most cost effective means to improve access, this approach was less common than using mobile clinics. ECHO and its partners should look into the strengths and weaknesses of both approaches and formulate a comprehensive strategy. Innovative approaches, such as seconding staff for home visiting to static clinics, should be explored as well.

83. In general, projects aiming to increase access and provision of health care were relevant to ensure appropriate outputs, leading to achievement of objectives. However, partners in the psycho-social sector in WBG had difficulties in formulating relevant activities. There is little evidence that the evaluated projects for the handicapped and in the psycho-social sector included the most vulnerable. Projects were adapted to changing realities, but partners seemed ill-prepared for the consequences of the construction of the separation wall. A major consequence of the separation wall will be that circumvention of roadblocks will be much more difficult, or impossible at times. It is therefore difficult to see how a further increase in the use of mobile clinics, which partners are planning for, could effectively mitigate the effect of further limitations in access.

84. In the absence of base-line data on the status of the targeted populations, it is nearly impossible to quantify the impact. The perception of the beneficiaries varied widely, and in some projects less than 50% of the beneficiaries declared to be "very satisfied".

85. ECHO-funded projects substantially strengthened the capacity of national staff, which was facilitated by ECHO's and partners' strategy to work closely with national agencies. In psycho-social projects, there were opportunities to further enhance sustainability by increasing community ownership and involvement of health staff. Cost recovery systems were either non-existent or too costly, causing over-consumption of services or drugs, or under-utilisation of services. There is an urgent need to study cost recovery in WBG and Lebanon, a thematic issue that ECHO could fund.

#### **4.1.2. Water, Sanitation and Shelter**

86. **Access** to safe water and sanitation is largely a political problem, much more than a technical one. Water resources are available in the Territories but are not shared equally in the present framework. Access is a critical issue for households in West Bank and Gaza, but also a critical issue at a higher level in Israel which is not self-sufficient in terms of potable water. As part of the Oslo peace process, Israel and the Palestinians agreed to negotiate the future of water rights and usage, and to include a Water Accord as part of a permanent status agreement. EU involvement through funding instruments is therefore a key factor.

87. Israelis and Palestinians share both groundwater and surface water, including two major groundwater sources in the region - the Mountain and Coastal Aquifers. The Jordan river is the main surface water shared by Israel and the West Bank. In the case of the Mountain Aquifer, Israel uses approximately 80 percent of the water resources, and there is no access for direct Palestinian use to the Jordan river<sup>16/17</sup>. In 1991, approximately 55% of Israel's total water supplies came from non-Israeli sources, including 25% from the West Bank<sup>18</sup>. Replenishment of the water table is becoming critical, as 40 years of limitless pumping and tapping of the Jordan river for irrigation have allowed "the desert to blossom" but have narrowed water availability for future generations. Water has become a key tool, controlled by Israel through administrative and retaliation methods.

88. The water and sanitation sector has increased in importance for ECHO. From 1.5% of the WBG budget and 1% of the total budget for the Palestinians at the beginning of the Intifada, the sector has peaked in 2002 at 18% of the WBG budget and 12% of the regional budget. More than 50% of the allocated budget was spent on household interventions. The justification for interventions in the water-sanitation sector as quoted by the partners is largely economic (with a secondary justification for health). Funding decisions however do not reflect this and quote public health as the rationale for support. Public health effects are real, although there is little hard data to support this.

89. The West Bank and Gaza have different starting points in terms of vulnerability in water and sanitation. The West Bank is more vulnerable in the rural domestic water and sanitation sectors than in the cities. All current partners are responding in rural areas of the West Bank. Since Gaza is mainly an urban area, this is most probably one of the reasons why agencies have found difficulties in identifying

needs there. Needs do exist in Gaza, however, where marginal and vulnerable communities have been overlooked (e.g. the enclave of Mwasi and the Bedouins – no-one in Gaza has mentioned so far the plight of the Bedouins in relation to water or sanitation), as well as in the agricultural/food security sector which has been hugely affected directly (through damage and destruction) and indirectly (through limited access to markets)<sup>19</sup>.

90. Underlying vulnerability related to the lack of water supply networks concerns all of the West Bank, and needs are not confined in any particular area. However, vulnerability levels can change. Many interventions are made at **household level**. Lack of access to permanent water supplies is mitigated by purchase of water from tankers by individual households. Access to water – physically and financially, is therefore one of the main problems that many families are now facing. Whereas it has a strong potential impact, coverage is low due to high unit costs of the intervention, which must be compared to the large numbers of affected and vulnerable populations. Agencies mostly use the Village Council structure, which is not elected but is nominated by the PA.

91. The most effective way to invest in water and sanitation projects is often on a **community basis**, e.g. through spring and well rehabilitation. However, many partners still work at household level, which is apparently efficient (individual cisterns are relatively easy to build and do not challenge the status quo), but is not effective on the short or long term and does not provide a year round solution to the water needs of vulnerable communities. A community wide approach would provide savings through economies of scale, and would reach a larger population thus rationalising the use of funds. A community approach would also allow a better selection of projects, leading to possible LRRD.

92. The coherence and complementarity with other financing instruments, EU or external, would be strengthened if funds were better streamlined into development. A better coherence would considerably improve the timeliness of the actions. There is a great potential in implementing projects already designed and approved by the Joint (Israel-Palestine) Water Committee (JWC) which would satisfy immediate and longer term needs, as a part of the existing national planning. Similarly, there is potentially an increased role of the other EC instruments in the sector to carry out larger planned projects that could both address immediate needs but also respond to planned strategies, further reducing the long term vulnerability of communities to the effects of the current crisis.

93. There is a lack of thorough investigation in finding the most appropriate solution for each community. Similar solutions are applied to many villages, doing what is “comfortable” and not looking more laterally to alternatives. In most of the WB the solutions and their possible alternatives are known and have been identified for a long time. What provokes the urgency is mainly the lack of physical and financial access to water and sanitation services, restricted by the Israeli Defence Forces (IDF).

94. The quality of outputs is satisfactory and there are no obvious differences with works organised by households (and then implemented by a contracted builder) or by those directly implemented by a contractor via the partner. Some agencies have higher than normal standards, which then increase the cost of interventions, as for cisterns. The introduction of new technologies in an emergency implementation timeframe has been found difficult (e.g. grey water treatment) and has now largely been abandoned on a household basis, although more success has been achieved in institutions, such as schools.

95. In general ECHO has a good set of partners who are technically capable, have experience in WBG and have one of the best reputations for co-ordination in comparison to other sectors. They are one of the oldest and most active co-ordination groups, tackling issues such as needs assessment, coverage, technical standardisation and sharing contractor information, e.g. pricing. However, co-ordination is neither complete nor mandatory, and there are potential overlaps as well as some contradictions with the Palestine Water Authority's (PWA) national planning strategy<sup>20</sup>, or some embarrassment with the JWC. There is also often confusion as to who is responsible within the PA for

different aspects of the water and sanitation sector. Finally, some partners tend to keep working in parts of the WB because that is where they had been working previously.

96. Shelter rehabilitation needs resulting from demolitions by the Israeli army are now running into tens of millions of Euro. There is however no prioritisation, and little capacity to respond to urgent shelters repairs in order to keep houses habitable and families in their homes.

97. Interventions have largely avoided the real problems, in an attempt to support communities and households against the effects of the Israeli actions during the Intifada. It is increasingly obvious that these interventions do not prevent or reduce root causes but 'skirt around' them. Some partners have started to adapt their approaches to field realities; they see an increasing role of advocacy in the activities of all those acting within the water and sanitation sector, both by implementing and funding agencies. There is a greater need to 'challenge the system' and to use interventions to support advocacy strategies, with an understanding that there is little risk entailed in carrying out responsible advocacy. Agencies should also clearly request permission to carry out the most effective water and sanitation interventions for communities, instead of avoiding such procedures.

98. Attempts have been made to develop logical frameworks and monitoring indicators. However, indicators are largely input-based (activity, hardware) and few could be used to measure impact, or to understand to what extent needs have been properly -or at all- addressed. Livelihood and the implied increased cost of accessing water are often used as a justification for projects, although this has been largely ignored in monitoring<sup>21</sup>. Quantity and quality of water available to communities, as well as key hygiene (risk) practices, can be used as proxy indicators for improvements in health.

99. Beneficiaries (i.e. the lucky 'selected' households) have been largely very positive in their perception of the impact of the project, although there is less coherence with costs/time. The community beneficiaries of one partner were not just happy with the work that had been done, but learned a lot from the process of involving the community in the decision making process.

100. Whilst involving third beneficiaries in the installation and management of cisterns has positive effects on responsibility and confidence, some cases were reported where those households who had to construct more expensive reinforced cisterns, also had to carry the additional financial burden of maintenance and cost recovery, often through indebting themselves.

101. There has been a move from short to longer term impact activities, driven perhaps by an underlying pressure to carry out more sustainable interventions as the conflict continues. However, there is also recognition that the immediate needs of the population require a mix of responses, and that the ability to respond to newly identified emergency needs must be reinforced. Current interventions, particularly household cisterns, are very sustainable but provide only a partial solution and reach only a small part of the affected population.

102. Most projects also involve a degree of hygiene promotion and activities around water re-use and conservation. There were attempts to integrate re-use of water, but with limited success. Water conservation is important for the arid environment in which the communities live and is part of the PWA strategies for the future. The involvement of adult groups and schools has the potential to contribute to a heightened awareness of environmental issues in the future.

103. Greater connectedness of interventions could be improved through better co-ordination and support to PWA. Coherence and integration with national planning could be increased, whilst still achieving the same humanitarian objectives. There have been significant efforts made by partners to involve the PWA, in particular in coordination efforts (EWASH), but the PWA's interest in the projects of the relatively minor magnitude of ECHO interventions has been minimal, their focus being primarily on major infrastructure related programmes implemented by commercial contractors (often US-funded). The inclusion of advocacy as an integrated part of sector programming would also improve coherence with humanitarian actions, by addressing some of the root causes of the problems.

### **Recommendations for Water-Sanitation and Shelter Sectors in WBG**

104. There is a need for more flexibility by the partners in their response, as well as for continuous monitoring. Agreed key indicators need to be developed in order to contribute to identifying those in greatest need, as it is currently difficult to differentiate and prioritise between localities<sup>22</sup>.

105. Assessments and interventions must approach water and sanitation problems from a **community perspective**, as much as feasible. Household interventions need to be seen as complementary actions (in their ability to support the poorest of the poor), or as a last resort. Partners need to improve transparency and targeting through wider community participation in decision making.

106. The ECHO-funded proposals should be **coherent** with the other Commission's longer term interventions, such as those funded through UNRWA or through the Emergency Municipal Funding. The prime importance attached to the water and sanitation sector must lead to the examination of a possible increase of the role of other EC instruments in order to strengthen the response to immediate needs in this sector, and to better address the planned national strategies. Proposals should also link much more closely with the PWA national planning and with immediate and emerging needs in the sector, allowing (and promoting) PWA to ultimately assume co-ordination, and participating in its institutional strengthening.

107. ECHO with its partners is to assess the more marginalised communities in Gaza (Bedouins) to ensure that water and sanitation needs are responded to appropriately.

108. The shelter sector in Gaza has huge reconstruction needs following destruction by Israel. However, careful planning is required for what is essentially the reconstruction of the equivalent of a new town. The approach to reconstruction has to be co-ordinated between the main donors. ECHO's involvement in such large scale reconstruction is not appropriate, nor is it in accordance with its mandate. However, there might be a niche to develop a plan for emergency shelter repair, including the ability to respond quickly to urgent needs as a result of Israeli damages, to keep families in their homes, with emphasis particularly on self-help approaches. Technical and impact evaluation of shelter interventions as lesson learning for future planning, need to be integrated in all new projects.

109. Increased recognition of the importance of IHL as a tool for change, needs to be more integrated in ECHO's (water and sanitation) future strategy and partner proposals, within mandate limits. Advocacy based on the rights enshrined in such laws, using concrete examples of how these rights have been denied (through programme experience), requires greater emphasis.

#### **4.1.3. Food Security and Income Generating Activities**

110. **Food security** is a situation in which all households have both physical and economic access to adequate food for all members, and where they are not at risk of losing such access. Adequate food availability means sufficient food for all people through production or purchase. This is a long term objective to be achieved at the national level, which is usually the core activity of AIDCO-F5 and of the other EC development mechanisms. In WBG, those mechanisms are in place and programmes are implemented with the ministries of Agriculture and Planning, as well as with UNRWA for food aid. Food access depends on adequate purchasing power and well-functioning markets. In the case of inadequate access to food, efforts need to focus on reducing poverty, increasing household income, and improving market infrastructure. In the particular case of WBG, the market is distorted due to the political situation and the occupation. The population is rather well educated, and only a small number would need nutrition education in order to prevent malnutrition.

111. **Income generating** is a tool within the food security activities. Income generating activities will depend on conditions of access to food. With the policy of closures, access to work has been near impossible, incomes of household shrunk considerably, and WBG has become food insecure. In this context, income generating interventions remain an emergency response and should not be seen as an

employment creation activity. They cannot tackle the core of the problem, and can neither replace long term macro economic policy, nor influence the political situation.

112. In spite of the limitations, food remains available on the local market. In order to maintain a local production, ECHO provides support to vulnerable households only, without jeopardising even more the food chain distribution, e.g. through the voucher programme, food for work/ training, cash for work, or hardship cases food assistance through UNRWA and WFP. Assistance to supporting the rural areas in introducing or re-introducing local agricultural production, as well as the purchase whenever possible of local production, is definitely relevant -e.g. olive oil and possibly honey.

113. Lack of income opportunities will remain as long as the political situation is not improving. The socio-professional structure of Palestinian workers was relevant for Israeli needs but is not adapted to the Palestinian labour market. The only alternative is large public works initiative (EC and WB) and small interventions in communities. The latter case is the only one where ECHO can intervene.

114. The partners of ECHO who implement standard food security activities have their specific area of intervention, with little overlapping. Villages were selected following assessments made by the partner. Targeting has not always been satisfactory. In some cases, the extreme vulnerability of potential beneficiaries has been overlooked due to a lack of supporting human resources for identification purposes.

115. Food security activities rely on identification of needs and on the participation / implementation capacity of the beneficiaries. This combination has been largely ignored, especially in animal (goat) distribution where capacity of beneficiaries to conduct small livestock activities has not been seriously considered. Livestock was distributed partly in cities, kept in courtyards and fed on purchased hay. The partner acknowledged that no cost-benefit analysis had been conducted prior to distribution, hence probable project failure.

116. The outputs of the activities performed under income generating projects are difficult to analyse in term of cost efficiency, as the main purpose is cash delivery (NIS 50 to 70<sup>23</sup> daily) to vulnerable people in payment of works performed, and not primarily the usefulness of the works. In refugee camps, there seems to be a lack of volunteers who apply for a short term working position.

117. The compulsory ratio of ECHO 70/30 for wages/procurements to be applied in income generating project limits the scope of works. It has however triggered imaginative solutions through e.g. "co-funding" with UNRWA who provides the material from its regular budget for maintenance and camp infrastructure, while ECHO funds the labour force. This innovative solution shows that there are opportunities to use ECHO funds with more efficiency in camps and in co-operation with UNRWA.

118. It is difficult to assess the effectiveness of the programmes funded by ECHO and whether they effectively addressed the right beneficiaries, due to the frequent lack of sufficiently detailed needs assessment or base line surveys<sup>24</sup>. Various reasons are stated, such as lack of time or lack of funds.

119. Working for a limited number of days and for a low salary barely allows payment of some debt. The direct (up to three months for skilled workers) and indirect (daily wages) hiring systems of UNRWA suffer many exceptions. Direct hiring results in many cases in medium to long term employment, missing an effective "egalitarian" approach. Only the economically most vulnerable in the active population are considered as eligible, but female-headed households are often not given the opportunity to benefit from the programme, due to the physical hardships of the jobs offered.

120. With ECHO partners, project activities have made optimum use of local communities' expertise in project design, identification of appropriate activities, and in employing local human resources. Some projects have been very expensive but have produced results, sometimes unexpected. The ICRC voucher programme aimed at providing food to the new poor in urban areas, but it also contributed to support economically food dealers and to maintain the food distribution chain. An enhanced financial capacity of the dealers enabled them to extend credit to the most vulnerable.

121. The timeframe of ECHO-funded projects is often too short to have a real impact on longer term household food security. However, short-term impact is real not only in terms of income but also to



release the pressure on “bread winning” and in cooling down some intra-household tensions. Levels of remuneration for income generating projects take into consideration the local low labour rates and do not have a negative impact on the (low) local labour market. Nevertheless, food baskets have a higher value than cash equivalent, and most beneficiaries often prefer food aid to cash for work activities.

122. In the present situation, the sustainability of food security projects at household level is weak. Food security at national level will always rely on the political situation and on larger development or structural programmes. There is no sustainability for the cash distribution system. At community level, local authorities have been able to demonstrate their capacity in carrying out concrete and practical works and in re-establishing solidarity links. Even if this can not be a long lasting solution, there is for the moment no alternative solution to food or cash distribution for preserving the livelihood, the dignity and the social organisation of the most vulnerable population

### **Recommendations**

123. The combination of types of support (food aid, food for work, food for training, cash for work or income generating) has contributed to mitigate the deterioration of the socio-economic situation in WBG. ECHO partners have not improved their projects design over the period, but have repeated the same approaches and strategies. Food security need assessments deserve better identification and innovative solutions, especially in urban areas and for agricultural inputs and costs in rural areas.

124. Synergy between sectors should be encouraged, such as funding the labour cost under income generating activities for projects of land reclamation managed by AIDCO-F5.

125. Design of income generating components such as timing, activities, remuneration and technical feasibility has to be based on a demonstrated understanding of local human resource capacities, market analysis, and analysis of demand and supply for relevant skills and training needs. At this point, a specific study is needed to identify economic sectors where to intervene with income generating projects.

#### **4.1.4. Cross Cutting Issues**

126. The most important cross cutting issues in WBG all revolve around the infringements to **IHL** (international humanitarian law). The interpretation of IHL is not the same for the parties in conflict and for the international community. Whereas Israel does not feel that it is bound by the provision of the fourth Geneva Convention or the Hague regulations, because it is not an “occupying power”, the humanitarian community increasingly calls for the respect of IHL provisions. **Human Rights** are different from IHL and originate in different treaties. Human rights law applies in peace time -unlike IHL- and many of its provisions can be suspended during an armed conflict. This is the root of the dilemma that Israel is facing: if there is no conflict (Israel's thesis), human rights are relevant but are not respected e.g. the rights to health, education, dignity, etc. If there is a conflict, IHL has to be respected, which is also not the case. It is a lose-lose situation.

127. Both the Hague Regulations and the Fourth Geneva Convention prohibit the imposition of collective penalties on the occupied population. The Fourth Geneva Convention also requires that the occupying power secure the food and relief supplies of the occupied population, while ensuring and maintaining medical and health related services, and allowing medical personnel to carry out their duties. These regulations are infringed daily, and reported daily by OCHA and ICRC.

128. Most of the humanitarian community is of the opinion that there is a “conflict” in WBG and therefore **advocacy** concerning IHL should be developed. So serious is the matter that ICRC denounced publicly the issue, an extraordinary step for the Committee. OCHA has increased its advocacy activities. ECHO has funded projects to both organisations in this field, showing its concern.

129. The international community is questioning the role of humanitarian aid vs IHL obligations of the occupying power. Why should it pay for the destruction made by a democratic country that is signatory to the Geneva Convention? Some are insinuating that the provision of humanitarian aid

basically amounts to financing the occupation. There are alas no practical alternatives. The vulnerable population sinks further into despair and eventually into larger food and health assistance needs. As long as the Israeli policy of economic and physical closures will last, ECHO has no choice but continuing to be present in WBG.

130. **Advocacy** relies on systematic denunciations to Israel and PA of any violation observed. OCHA denunciations are public and advertised. The ICRC's reports are confidential in accordance with its mandate. Many partners of ECHO have also a policy of denunciation in their own field of competence. Some partners however have a more discreet approach based on the assumptions that keeping a low profile would insure more security. This is not so. It is now agreed within the humanitarian community that systematic advocacy is responsive; there is a greater need to 'challenge the system', and responsible advocacy would imply but little additional physical risks. For example, in water-sanitation activities demands should systematically and publicly be made and agreements be respected and applied by the IDF (Israeli Defence Forces). In particular, the constraints on water infrastructure construction, which are inherent to a more community based approach, are significant when Israeli approval is required under complicated and stringent guidelines involving both the JWC and the IDF (who is particularly reluctant). Another example concerns the costs of transport and handling of humanitarian goods through Israel's points of entry towards WBG. These are excessive and would also be a case where advocacy could be applied. ECHO's basic principles of impartiality and non-discrimination are not challenged by such an approach. Such principles are not incompatible with denunciations based on the fourth Geneva Convention, ratified by all countries including Israel.

131. Access for humanitarian workers in WBG has never been fundamentally prohibited or denied. Nevertheless, there are temporary curfews that can last weeks; constants changes of rules; restrictions on visa delivery and validity; restrictions of movements on roads, and even harassment that is particularly burdensome for humanitarian workers. On the other hand, access to delivery points of goods for humanitarian assistance is severely restricted and carries high financial costs. There have been some attempts to estimate the "additional costs" due to delays, demurrage storage and other demands. WFP came up with €25 per metric ton for direct and quantifiable extra costs. An array of other costs could be added, e.g. restricted access due to the wall with ensuing duplication or triplication of social services (PHC, distribution centres), delays in project implementation, visa requirements, etc.

132. In general terms, the physical security of the humanitarian workers is ensured. There are few examples of fatal issues, though vexing attitudes and verbal threats are many. However, the physical security is more the result of the enforcement of very strict measures by all agencies and partners alike. The United Nations Security and Co-ordination (UNSECOR) advices are issued daily and followed strictly by the humanitarian community.

133. Regarding **gender equality**, women living in WBG face important social discrimination and inequality. Even if active and strong, women movements have been limited by cultural resistance to social change. The status of Muslim women in WBG is dictated by Islamic law: the rise of fundamentalist Islamic groups result in a return to "traditional" interpretations of Islam and the personal status of women. In addition, gender-based violence is increasing and women groups report difficulties in combating violence due to the social stigma against publicly discussing the issue.

134. The role of women in decision making in Palestinian Territories, particularly in the rural areas, has never been determinant. Many of ECHO's interventions challenge these traditions, giving a louder voice, empowering women not only in decision making that affects communities, but also in ensuring participation of all to the community, including those marginalised by tradition.

135. The overall fertility rate is extremely high (7 children/family in Gaza and 5.6 in the West Bank). The PA continues to provide conflicting statements on the issue of family planning which has turned out to be a strategic tool, as population growth is seen as a strategy to put pressure on Israel in land negotiations. This, combined with Islamic support for large families, has contributed to rapid population growth, particularly in the Gaza Strip.

### **Recommendations on cross cutting issues**

136. ECHO should ask partners to report systematically on advocacy, though in order to limit possible divergences, funding of advocacy proposals should continue to be directed to specialised UN agencies and ICRC exclusively. Partners should be strongly advised to practice more proactive advocacy when dealing with both IDF and PA, and refrain from skirting around the issues. This is especially relevant in matters of access for health and water rights.

137. Arguments of the international community would be greatly strengthened, should a comprehensive study of additional costs of delivery for humanitarian assistance be carried out.

138. Awareness and training for gender should continue in the most vulnerable cluster of the population e.g. Bedouins and fishermen. Gender issues concern both men and women. Programmes centred on families instead of men or women should be developed. None exist at present.

139. Family planning is a delicate issue. It should be gradually included in future gender training and awareness projects.

## **4.2. LEBANON**

140. The refugees in Lebanon face a situation that is not dependent on the second Intifada. There are in fact very few relations between WBG and Lebanese camps, though poverty is a common component. In Lebanon, refugees live in an alien country where they are not welcome and where their basic human rights are denied (access to means to earn a living, access to education, to health, to property...). Palestinian refugees do not request citizenship but recognition of their basic rights. The level of hope is very low and makes the youth vulnerable to recruitment into factions that rule the camps and the resistance to Israel. Although all refugees are entitled to UNRWA services, there has been little external assistance to unofficial camps since their creation sometimes as far back as the 50s, fostering more self-sufficiency than in official camps, where UNRWA is expected to pay and solve everything.

### **4.2.1. Health**

141. ECHO's support consisted mainly of funding shortfalls in ongoing programmes. A very small amount was spent on support to specific (pilot or quick start) projects addressing (new) priority needs. ECHO's support to UNRWA is complementary to much larger RELEX funding. The provision of these funds enabled ECHO to encourage better co-ordination between UNRWA and other partners, but did not appear to have much other added value.

142. Palestinian refugees registered by UNRWA benefit from free primary health care services provided by UNRWA. Most secondary care provided either by the PRCS or private Lebanese health facilities is (partly) free as well, in case of official referral by UNRWA. Referral services include among others high-risk deliveries (but not normal ones), surgery -including for elderly-, except highly sophisticated interventions such as open-heart surgery, and all emergency care. UNRWA does not as a rule provide technical aids (such as hearing aids), physiotherapy and psycho-social care. An estimated 30,000-40,000<sup>25</sup> unregistered refugees can make use of the PHC services provided by PRCS (Palestinian Red Cross Society). These are not free, but available at a nominal fee. Medicines are not provided, but have to be obtained from a pharmacy.

143. Projects in Lebanon received €5.3 million, which is approximately 25% of ECHO's funds available for the health sector in the Middle East, during the period 2002-2003. 78% was allocated to projects aimed at the provision of primary and secondary health care for Palestinian refugees, 19% has been directed at projects for handicapped, while 3% was used to support a (pilot) project aimed at providing psycho-social assistance.

144. The Lebanese authorities do not allow official co-ordination. The major agencies providing health care to refugees, UNRWA and PRCS, have not developed efficient informal co-ordination mechanisms either. ECHO has put considerable efforts in facilitating co-ordination, among others by funding relevant surveys. In recent years this has resulted in improving collaboration between UNRWA and PRCS, as both partners recognised that they mutually depend on each other for gains in cost-effectiveness. ECHO is presently also actively supporting new types of collaboration and co-ordination that are being developed in a project for psycho-social assistance piloted by a partner.

145. Statistics provided for PHC centres do not allow a proper calculation of the costs per beneficiary, e.g. costs were calculated per registered refugee instead of beneficiary/patient refugee. The number of patients/ doctor/ day in free facilities was much higher than in centres where patients had to pay, suggesting that free clinics might be cost-effective<sup>26</sup>. In consequence, cost recovery for primary health is non-existent or too costly, leading to over-consumption of services or drugs, or under-utilisation of services.

146. PRCS' secondary and emergency care and UNRWA's primary care complemented each other, and ECHO's strategy to support the upgrading of PRCS facilities was appropriate. However, at the level of primary care PRCS and UNRWA did (and continue to) duplicate activities. Support to PRCS primary services appeared to have contributed little to overall improvements in the provision of PHC. PRCS made little progress in transforming its PHC clinics into community centres addressing unmet needs in first aid, home-based care and preventive services.

147. There were delays in PRCS' allocation of staff to hospitals after these were rehabilitated/upgraded by (I)NGOS. More in general, poor management and planning continued to hamper effectiveness of PRCS hospital services, despite a training programme to strengthen human resource development, although all health staffs in projects are Palestinian. At headquarters' level, plans to re-organise PRCS have been formulated, but due to several (historical) factors, implementation is slow and the number of staff remains (too) high, in particular in primary health care centres.

148. Health interventions appeared to have little impact on the (rapidly increasing) prevalence of chronic diseases. Impact is also limited due to the fact that health education and psychological counselling – identified by both UNRWA and PRCS as priority needs – are hardly addressed.

149. Health services provided by UNRWA are not sustainable and will continue to need (substantial) external funding as long as UNRWA refuses to consider any cost-recovery system. As surveys indicate<sup>27</sup>, people already pay for (part of the) services and medicines, rendering UNRWA's position unrealistic. Although cost sharing will not make the delivery of health services sustainable, it could free resources for preventive activities such as health education and screening, and unmet needs (psycho-social support, elderly).

## **Recommendations**

150. There are no real emergency humanitarian needs in Lebanon any more. In consequence, the main recommendation for ECHO is to phase out of the country, while promoting LRRD for supporting the most vulnerable hardship cases.

151. If ECHO decided to continue, it should consider to fund (or extend funding) to one or more pilot project(s) that link regular primary health care services with home-based care for elderly, perhaps with an NGO as a catalyst for change. Neither UNRWA nor PRCS activities included home-based care for the elderly. Prevention should be strengthened and partners should include prevention activities in their proposals. Proposals in the psychosocial field should be strengthened and linked to UNRWA, who could continue activities with staff members trained on ECHO-funded projects.

152. Studies supported by ECHO have rendered valuable information on cost-recovery in hospital care. There is a need to further study cost recovery issues, in particular for primary health care. This is a thematic issue that ECHO could fund, though some doubts were expressed by HQ.

#### **4.2.2. Water, Sanitation and Shelter**

153. Access to safe water and sanitation is a basic right. Improving quantity and quality of water and sanitation makes life easier and potentially improves health, although the likelihood of epidemic outbreaks, as justified in the funding decisions, seems somewhat exaggerated. Allocations for the water and sanitation sector were made only in 2002 and 2003, representing 37% in 2002 and the entire Lebanese allocation in 2003. Shelters projects were discontinued in the period covered, suggesting a lack of strategy in the sector as well as inconsistencies in standards.

154. Both ECHO and other EC instruments are operating in the water and sanitation sector, carrying out exactly the same type of work, e.g. ECHO funding water supply in Nahr el Bared Camp, and EC funding sanitation. The situation is one of chronic internal and external political problems, and some longer term development projects are carried out with emergency funding.

155. There is little overall co-ordination of organisations working with Palestinians in Lebanon, though ECHO partners meet regularly. Camp-level co-ordination between NGOs and international organisations has not been easy, and few NGO interventions have been made in official camps.

156. Shelter needs arise from a very poor quality of original housing built in the 1960s. Most families have since tried to improve their housing themselves with poor quality material that is now deteriorating rapidly. Families have also greatly expanded in numbers while the area of the camps is legally frozen at their original size.

157. The dialogue with communities has largely been done through the Popular Committees, often resulting in minimum information and little involvement of the community, especially women. The decision making process is often limited to very few persons, e.g. shelter work is carried out on a targeted and prioritised basis, although the criteria and selection do not involve the community. Camp communities take little responsibility in sanitation matters, e.g. garbage is dumped around in the drainage/sewage system, causing blockages and overflows. UNRWA is expected to take care of the problem. In unofficial camps people have to pay for services such as waste collection, and consequently take greater responsibility in site operation and maintenance.

158. Roles and responsibilities in official camps are not clearly defined between Popular Committees and UNRWA in terms of water and sanitation systems, making it very difficult to support capacity building in system management

159. The timeliness of actions is often misplaced and is not analysed in the shelter sector. Shelter repairs are only undertaken when urgency looms. Smaller repairs made in time would avoid increasing scope and costs of works in the medium to longer terms. Supporting the activities of NGOs in official camps has brought new insights into alternative ways of working and potentially a call for greater transparency from UNRWA.

160. The work carried out by partners in the water and sanitation sectors has made an impact on whole communities rather than on selected households. The increase in quality and quantity of water makes life easier for families, particularly women, and has the potential for limited health improvements. The sanitation work also potentially benefits the relationship between the Palestinian and Lebanese communities by reducing open running waste into their land and water. A potential unplanned impact is the additional cost expenditure for communities made by the increased use of water, without financial provisions being made e.g. for increases in water charges or for education in water conservation.

## **Recommendations**

161. The main issue for the Palestinian population is largely the restrictions of human rights. Water, sanitation and shelter projects have the potential to link with access to basic rights. This issue is seen as important as it relates to the real underlying causes of problems, though it has yet to be exploited. Many of the underlying causes of the situation of Palestinians in Lebanon are related to denial of basic rights. There is a need for greater understanding of these underlying causes, and to determine how such problems can be challenged within the scope of sector interventions, developing appropriate advocacy strategies. This could be done i.a. by involving Lebanese communities in the benefits of the projects (drinking water, sanitation), as a potential means of bringing the communities together and reducing tensions.

162. The community needs to be more involved in responsibilities, especially in decision making and beneficiary criteria selection, allowing greater ownership and empowerment in organisational, environmental and managerial issues. In particular, there is a need to enhance focus on sustainability issues including running costs, technical options, cost recovery system, willingness/ability to pay, and transparent financial management.

163. ECHO should assess the appropriateness of its presence in the Lebanon. Potential phase out and replacement by more appropriate EC instruments needs to be examined.

### **4.2.3. Income Generating Activities**

164. Income generating projects are few. The most important one is based on professional kit distribution, e.g. gas supplied oven and carpentry. Beneficiaries are difficult to identify, in part for their lack of interest. The same partner presented the same type of proposals three times in different areas of the country and the contract was renewed each time, even though the impact was low. The main shortcomings are the weak training provided by the partner and the lack of cost benefit analysis, leading to many failures.

165. Projects focused on the most vulnerable people among the Palestinian refugees living in camps, who might have a professional project. The activities proposed can be summarised as being credit-in kind. A special attention has been paid to handicapped people. The specificity of the project makes it difficult to state if effectively the most vulnerable have been targeted by the ECHO partner. It has been demonstrated that if the only criteria of selection is the vulnerability, the newly created income generating activity has the greatest chance to collapse for lack of knowledge, training and will.

166. A majority of beneficiaries, however, restarted an activity where they had previous experience and knowledge. Some had to hire employees to cope with the development of their business. Women essentially have had some trouble in maintaining the new activity due to family pressure or lack of necessary skills.

## **Recommendation**

167. ECHO should only fund income generating proposals that do include preliminary feasibility studies. If credit is involved, ECHO should only use partners experienced in credit schemes.

### **4.2.4 Cross Cutting Issues**

168. Advocacy is more directed towards human rights. The main Palestinian demand is the right of return, which is a highly political issue outside the analysis of the present report. Many provisions of the Universal Declaration of Human Rights, ratified by Lebanon are not applied to Palestinian refugees. Refugees demand the application of the rights of movement, work, residence, ownership, health, education, and foremost of dignified livelihood. They feel that UNRWA is their last and only resort for recognition, and therefore request that the agency funding continues and even be increased.

If ECHO decides, as recommended, to phase out its activities in Lebanon except for hardship and vulnerable population, the advocacy issue should be handed over to more specialised agencies.

### **4.3. SYRIA and JORDAN**

#### **4.3.1. Shelter Sector**

169. The programme is essentially focusing on maintenance, even though other EC instruments are operating and have in fact already funded small shelter components. Whilst there are continuing needs in the shelter sector in Jordan and Syria, these needs are not based on recent emergencies. Since 2002, there seems to have been a suspension of funds due to unease with inconsistent standards across all fields. Assessment information is virtually non-existent in submitted proposals.

170. Whilst ECHO contribution to the shelter sector among UNRWA fields is suggested as important, there has been no overview of such contribution in terms of overall needs, overall inputs (donors) and ECHO's ability to meet those needs.

#### **Recommendation**

171. The quality of project proposals and report writing is poor. ECHO needs to demand higher standards in proposals and report writing.

172. Phasing out is recommended, which would help to clarify the roles of other EC and other Agencies' instruments.