

Evaluation of DG ECHO Financed Operations relating to the Darfur Crisis

8th December 2006



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The report has been financed by and produced at the request of the European Commission.
The comments contained herein reflect the opinions of the consultants only.

(Contract ECHO/ADM/BUD/2006/01201)

The cost of this evaluation amounts to EUR 98.670 and represents 0.1% of the cost of the operations in Darfur (EUR 101.5 Million up until July 2006).

Acknowledgements:

The evaluators express their appreciation for the excellent collaboration received from DG ECHO staff at headquarters and field level. In particular, the insight and rich experience of DG ECHO Technical Assistants in Sudan have been most valuable.

Most important and enlightening were the long interviews and meeting with actors directly serving the affected population. They generously shared their time with our team, as they did so many times in the preceding months with bilateral, international or other missions. We hope that this experience has been as enriching for them as it was for us.

Finally, the evaluation team was fully dependent on the logistic support of those same NGOs whose activities the team was visiting. Particularly, our gratitude is due to Action Contre la Faim (ACF), Cooperazione Internazionale (Coopi), Cordaid, Danish Church Aid (DCA), Goal, Merlin, Oxfam, Save the Children, Solidarités, Tearfunds, Triangle and ZOA-Refugee Care for the warm hospitality in their guesthouses or field camps.

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List of acronyms

| | |
|------------------|--|
| ACF: | Action Contre la Faim |
| AIDCO: | EuropeAid Cooperation Office |
| AMIS: | African Union Mission in Sudan |
| AU: | African Union |
| BPRM: | Bureau for Population, Refugees and Migration |
| CARE: | CARE International |
| CHF: | Common Humanitarian Fund |
| COOPI: | Cooperazione Internazionale |
| DART: | Disaster Assistance Response Team |
| DG DEV: | Directorate General for Development EC |
| DFID: | Department For International Development |
| DPA: | Darfur Peace Agreement |
| EC: | European Commission |
| DG ECHO: | European Commission Directorate General for Humanitarian Aid |
| ECHO TA: | Technical Assistant of ECHO |
| EDF: | European Development Fund |
| EU: | European Union |
| FAO: | Food and Agriculture Organisation |
| FPA: | Framework Partnership Agreement |
| GoS: | Government of Sudan |
| HAC: | Humanitarian Aid Coordinators (Government of Sudan) |
| HIV/AIDS: | Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome |
| ICRC: | International Committee of the Red Cross |
| IRC: | International Rescue Committee |
| IDPs: | Internally Displaced Persons |
| IHL: | International Humanitarian Law |
| LRRD: | Linking Relief, Rehabilitation and Development |
| MSF: | Médecins Sans Frontières |
| NGO: | Non Governmental Organisation |
| IOM: | International Organization for Migration |
| OFDA: | Office Foreign Disaster Assistance (United States) |
| SC: | Save the Children Foundation |
| SLM/A: | Sudan Liberation Movement / Army |
| ToR: | Terms of Reference |
| UN: | United Nations |
| UNDP: | United Nation Development Program |
| UNDSS: | United Nations Department of Security and Safety |
| UNHCR: | United Nations High Commissioner for Refugees |
| UNICEF: | United Nations Children Education Fund. |
| UN OCHA: | United Nations Office for the Coordination of Humanitarian Affairs |
| USAID: | United States Agency for International Development |
| USG: | United State Government |
| WFP: | World Food Programme |
| WHO: | World Health Organization |

Executive Summary

The Evaluation:

- 1) A three-person team reviewed the DG ECHO funded activities in Darfur with the general objective of assessing the appropriateness of DG ECHO's actions since 2003 in response to the ongoing crisis, in order to establish whether they have achieved their objectives and to produce recommendations for improving the strategy and the effectiveness of future operations.

During the 3-week field visit in Sudan, the team evaluated the activities of 12 NGO partners in North, South and West Darfur. Discussions with over 222 key stakeholders and decision-makers representing over 47 different agencies at field and regional levels, as well as international headquarters were held. The team reviewed a total of 103 agreements with 42 different partners from the ten pertinent funding decisions.

The crisis in Darfur:

- 2) The conflict evolved since 2002 from pocketed tribal clashes into open warfare in early 2003. In 2004, although some ceasefires and political agreements had a transient effect on the level of violence, general insecurity and violence towards civilians became more widespread and regular. It continues unabated through 2005. The Darfur Peace Agreement signed in May 2006 by only some of the rebel movements had not resulted in greater security for civilians and humanitarian workers. At the time of this report, violence and fighting are resuming.
- 3) It was not until mid 2004 that the government of Sudan waived some of its most stringent constraints on international access to Darfur, opening the door for a larger scale response. By the time, the global response was building up, at least 3 million¹ people had been affected including ca. 1.8 million internally displaced persons (IDPs) and an estimated 70,000 dead. The needs in Darfur are overwhelming but the violence alone added a compelling dimension to the extreme poverty and long neglect by the federal government.
- 4) The international community responded very slowly to information trickling in from the few observers present in Darfur and to the highly publicized appeals from the UN. The three main donors (ECHO, DFID and USAID) initiated their support at the end of 2003. DG ECHO approved its first funding decision of €2 million in December 2003. By Mid 2006, DG ECHO contributions amounted to €101.5 million, placing it in the third position behind USAID (ca. €226 million) and DFID (€115.4 million).

¹ UN's Darfur Humanitarian Profile No. 23 (01 April 2006).

Conclusions, Lessons Learned and Recommendations:

- 5) Many of the conclusions and lessons learned resemble other conflict situations, evolving from an acute life saving phase to a chronic crisis in a context of poverty. They are divided into strategic, operational and sectorial considerations:

At strategic level:

The strategy adopted by DG ECHO was purposely left general, multisectorial and comprehensive to allow maximum flexibility in a volatile situation. It is a legitimate operational approach but it is not conducive to objective evaluation. It could gain from:

- **A more specific prioritization of needs to be funded by DG ECHO**
- **Increased consultation between the three major donors**

DG ECHO should make full use of the maximum duration of non-emergency decisions as allowed by EC regulations and procedures.

Coherence between donors requires joint programming of resources at a high level rather than coordination commencing merely at field level.

- 6) ECHO's strategy in Darfur has been set out in each of the funding decisions adopted in response to this crisis. The funding decisions are worded in general terms to cover all needs while leaving DG ECHO with maximum flexibility. Although the funding decisions are available in DG ECHO website, but with some delays, they do not provide the implementing partners at field level or the evaluators with a sufficient sense of DG ECHO priorities or of the activities it wants to promote.
- 7) This flexible approach is operationally understandable and relies on the case by case judgment of the ECHO field experts. The evaluators are satisfied that DG ECHO desk officers and Technical Assistants shared a coherent view of action required in Darfur, based on needs, multi-sector approach and impartial coverage. The issue appears to be one of communication. As a result, few NGOs and UN interlocutors were aware of the options favoured by DG ECHO, information that a specific and well-targeted strategy is supposed to provide.
- 8) After a slow start, the financing of this strategy became timely ensuring, from 2004, a regular level of funding. Considering the magnitude of the needs and the comprehensiveness of the objectives listed in the funding decisions, the choice of the specific amounts appears shaped more by budgetary, administrative and political constraints than by changes in the humanitarian situation. An issue often raised by partners is the duration of the agreements considered too short for a chronic situation where sustainability is becoming important. DG ECHO in Brussels does not make full use of the maximum duration (18 months) allowed for the non-emergency decisions. Ad hoc decisions, contrarily to Global Plans were for duration of 12 months. As a result, NGO contracts at field level are often less than 9 months. Reportedly, delays in release of the advance are placing smaller partners in a difficult cash flow situation.
- 9) Since the end of the most acute emergency in 2004, the priority has been to maintain (not save) lives by providing basic services, often unavailable before the crisis. Although DG ECHO has been one of the first donors to raise attention to the neglected needs in rural areas, it may be diluting its impact by attempting to cover all needs for all beneficiaries in both rural and urban areas. Support to IDP camps in urban areas should be reduced in favour of the rural population whenever access permits so.

- 10) These strategic choices are best done through consultation among key donors in order to share responsibilities and tasks prior to allocation of funds to specific partners or activities. The present coordination among partners or among donors amounts merely to an exchange of operational information and punctual coordination to accommodate the consequences of decisions already made unilaterally at headquarters level.
- 11) Coherence between DG ECHO and DG AIDCO food aid decisions has been facilitated by the excellent cooperation between officers and experts at Sudan level, the forthcoming transfer of responsibility for food aid from DG AIDCO to DG ECHO in 2007 and the efforts of the Desk Officers in Brussels. Regarding the coherence between rehabilitation activities (in the planning stage only) and the humanitarian assistance (ongoing), the difficult overall relationship between the humanitarian and development instruments of the EC, their distinct approach, time frame and partners remain obstacles to overcome. The initiative of DG ECHO partners to coordinate closely with local technical government or rebel entities (health, agriculture and water sectors) is an asset to be promoted. More dialogue at technical level and informal input from DG DEV in the design of DG ECHO strategy and operational decisions could certainly contribute to a more coherent package of services for the population.
- 12) Coherence with Member states would benefit from improvements, especially with DFID, one of the three major donors. It is noteworthy that ECHO (or USAID) do not support the Common Humanitarian Fund (CHF) in Darfur, an initiative promoted and generously supported mostly by European Governments. Coherence also implies joint programming and sharing of responsibilities at a high level. It is, however, unclear how much the EU Member States are interested and willing to coordinate further their contributions with or through DG ECHO for a greater impact.

At operational level:

- **DG ECHO should learn from its positive experience in Darfur and adopt, as policy, the establishment of a field office in the area(s) affected by conflict as early as possible.**
- **DG ECHO could benefit from being able to contract with partners outside the FPA or to contribute to joint initiatives such as the Common Humanitarian Fund.**
- **Priorities should shift from medical activities to water & sanitation and from urban camps to rural areas subject to access and security conditions.**
- **The dialogue initiated in Brussels between DG ECHO, DG DEV and DG AIDCO is a positive development and should continue.**

- 13) The establishment of a field office in a conflict area in September 2004 has proven to be a major asset for DG ECHO and all its partners. The consensus among NGOs and UN agencies was unambiguous in this regard. The influence on the course of events, however, and EU leadership could have been greater if this field presence had occurred earlier, simultaneously with the UN and USAID posting of expatriate staff (March 2004).
- 14) DG ECHO could learn from the major operational advantage of DFID and US OFDA in efficiently implementing their own strategy: i.e. their ability to contract the most effective partners regardless of their country of origin or affiliation (private, local or international NGO, UN etc). Implementing DG ECHO strategy is difficult enough without having to restrict its implementation to 39 eligible NGOs out the 84 NGOs present in Darfur. Indeed, 45 are not signatories of the FPA.

- 15) Regarding the targeted beneficiaries, DG ECHO made a commendable decision to adopt a generic definition based on needs not on status (IDP or not). The inclusion of host population and others in need has been effective in reducing gaps and friction in rural areas. This is one of the strong features of the DG ECHO funded operations in Darfur.
- 16) The selection of projects merits some attention: there is an excess of projects in the medical sector that quickly reached the point of diminishing return. Projects and agencies conglomerate in the IDP camps near urban centres while rural areas are under covered. Water and sanitation does not receive the attention it deserves. In the opinion of the evaluators, DG ECHO's selection of projects is influenced by the availability of implementing partners –or lack thereof.
- 17) An excellent initiative is the systematic introduction of quantified indicators in the agreements signed from 2005 on. This DG ECHO effort to educate and guide partners is very positive but greater care should be taken to adopt expected results that are actually resulting from and therefore can be credited to partner activities: reduction of crude mortality rates or many health indicators are definitely not the result of a single sector or project intervention. Too many indicators are “cut and paste” from the Sphere Handbook (see next section).
- 18) Finally, the in depth review of the activities of 12 NGOs permitted the evaluators to appreciate the dedication and professionalism of those partners. Even though choices were limited (see 14 above), the effective selection of partners reflects the assessment and monitoring expertise of DG ECHO TAs and desk officers. Although, occasionally, the efficiency of some projects could be improved (see next section), it is clear to the evaluators that ECHO succeeded in supporting those partners more resilient to the harsh conditions in Sudan and with proven competence.

At sectorial level

The imbalance between sectors is also reflected within each main sector:

- **In the Health sector, DG ECHO should continue to shift focus and resources from medical care by expatriates to the use of local staff and door to door preventive health. Incentives paid to local staff must be harmonized.**
- **In food security, needs should be tracked and rations adapted (downsized) accordingly.**
- **In water and sanitation: priority must go to water provision in rural areas.**

In all sectors, the rigid application of Sphere Standards had unintended negative consequences.

- 19) DG ECHO concentrated on three sectors: health, water & sanitation and food aid & livelihood. The allocation of resources (and number of partners) underlines the priority given to health and water & sanitation (ranking second by number of partners and third place by funding). This ranking does not take into consideration the funding of EU Member States.
- 20) **In the health sector**, there is a large variety of mono-sectorial specialized actors with a bias towards medical care at the expense of a more public health door-to-door approach. The evaluators believe that a curative approach was critical in the early phase (life saving) but should now be substituted case by case with a more sustainable preventive approach.
- 21) There is a substantial level of mutual support between DG ECHO partners and the Ministry of Health (MoH). Indeed, integration of humanitarian activities with local health services is an asset, when possible. One aspect should preoccupy the donors and DG ECHO: most of the local staff is seconded from the MoH -a positive development in itself- however the seconded health workers receive generous incentives from the international community (from three to eight times their government salary). The disparity of incentives among NGOs and the dependency created must be addressed.

- 22) **In water and sanitation**, there are serious discrepancies between quality of services in rural and urban areas. Some camps near urban areas are over attended even when taking in account the increased health risk in temporary settlements. Paradoxically, those camps where Sphere standards for water supply are reached or exceeded are those with endless queues at water points, due to unfair competition from the commercial brick making sector. In rural areas, the situation remains critical. Clearly, local committees interviewed place increased access to water as the top priority, far above better health care or additional food (see next paragraph). **DG ECHO should dedicate an increasing amount of funds to water in rural areas** (subject to security).
- 23) **In food aid and livelihood**, DG ECHO initially contributed positively to the access to food for some of the most vulnerable. Now however, the current ration size is neither justifiable nor sustainable. **DG ECHO needs to make a greater investment (through their partners) to improve monitoring systems** that assure flexible ration sizes are linked directly to evolving needs. This is all the more important given the imminent transfer of the food aid instrument to DG ECHO. In the field of Livelihood Security, DG ECHO should be credited for **excellent and sustainable results**.
- 24) **In all sectors**, one serious problem is the rigid use of Sphere minimum standards for humanitarian assistance --inappropriate for the circumstances in Darfur. Although ECHO considers that *“they must always be applied flexibly in practice, and that partners must take into consideration context, local norms, and standards,”*² the message is either not clearly conveyed by DG ECHO to its partners in Darfur or is misunderstood. Partners present in the camps feel compelled to achieve politically correct targets presented as “minimum for survival” (precisely what they are not, as those standards are not met in most of Africa at the best of times). In the opinion of the evaluators, the ethically questionable results are both the neglect of more needed areas where the same resources would have done greater good for a larger number of beneficiaries, and the impossible task of meeting these newly created needs in a sustainable fashion. **DG ECHO should proactively support the technical UN agencies to adapt Sphere Standards to local conditions at the earliest stage of a humanitarian operation.**

Cross cutting issues

Protection, or lack of, is and probably will remain the overwhelming issue.

The visibility of the EC as donor is insufficient. The solution is to stockpile and distribute clearly marked items such as plastic sheeting or water containers, not to enforce the ineffective policy of demanding the partners’ use of stickers.

Sustainability or LRRD is not “a phase for which time has not yet come”. Passed the emergency life saving phase, sustainability for appropriate activities and locations should be a factor in the selection of partners.

- 25) Protection of civilians and humanitarian workers remain the leading cause of concern. Criticism of the African Union Mission in Sudan (AMIS) is wide spread, in part justified by the partners’ difficulty to secure escort and attention, as the evaluators could observe. It is difficult to speculate how much worse the situation would be in the absence of AMIS --an initiative generously funded by the EU and EC. **The Darfur Peace Agreement has contributed little to improve security, casting doubt on the wisdom of investing heavily in a problematic voluntary return.**

² From DG ECHO Water & Sanitation Review 2005 commissioned to Agua-Consult, Model guidelines p 67.

- 26) Attention to vulnerable groups is, in the opinion of the evaluators, well integrated into existing ECHO funded projects. Specialized care to the victims from gender based violence is provided in most of the IDP camps. Very few rape victims, however, report in time for an effective medical treatment making this activity much less cost-effective.
- 27) Visibility of the EU needs serious attention. Improvements will not come from better enforcement of an unpopular policy to mark (with stickers) every single piece of equipment or poster with EC logo, but rather through the distribution of highly visible and common items: DG ECHO should consider stockpiling and distributing plastic sheeting and possibly water containers. Those items are essential, always in short supply and most visible.
- 28) Sustainability of relevant activities and projects is regarded by DG ECHO TAs as an optional feature or a humanitarian phase that will come later. For projects outside temporary camps, it should be a built-in requirement once the life saving emergency has passed! The most important strides – meriting greater attention-- made by ECHO/Darfur in Linking Relief and Rehabilitation to Development (LRRD) have been in the Food and Livelihood Security sector.
- 29) At the time of the visit, the quality of the partners was impressive and their interaction with ECHO TAs or among themselves was generally constructive and effective. The rapid turnover of staff made it difficult, however, to reconstruct how effective and efficient the ECHO-funded operations have been in the early stage of the crisis

Main Report

“**The global objective** of the evaluation is to assess the appropriateness of DG ECHO’s actions in Darfur since 2003 in response to the ongoing crisis, in order to establish whether they have achieved their objectives and to produce recommendations for improving the strategy towards all of the affected population and the effectiveness of future operations”

The specific objectives are:

- To assess the relevance, effectiveness, efficiency, impact and, if appropriate, sustainability of DG ECHO-funded actions in Darfur
- To evaluate the coordination, coherence and complementarity of the actions funded in accordance with the requirements of the Maastricht Treaty.

1 Introduction³

1.1 The crisis in Darfur and its timeline

30) Darfur is Sudan’s westernmost remote region with a population estimated between 6.5 to 7.7 million divided over more than 60 different ethnic groups. In a matter of years, Darfur sprang from oblivion into notoriety as “the world’s worst humanitarian crisis⁴”.

31) The conflict evolved since 2002 from pocketed and relatively ‘traditional’ tribal clashes and banditry mostly in North Darfur into open warfare in early 2003 involving a number of rebel movements (e.g. the Sudan Liberation Movement / Army (SLM/A), the Justice and Equality Movement (JEM), etc), the Government of Sudan (GoS) forces and militia groups known as the *Janjaweed*⁵. In 2004, although some positive developments at political level⁶ had a transient effect on the level of violence, general insecurity and violence towards civilians became more widespread and regular.



32) After September 2005, fighting increased in frequency and intensity, especially in Western and Southern Darfur. In May 2006, the Darfur Peace Agreement (DPA) was finally signed, but only by the Government of Sudan (GoS) and certain rebel factions. This controversial agreement has had little to no positive impact on security.

³ Abstracted from the terms of reference

⁴ Mukesh Kapila, UN Representative, Khartoum, January 2004

⁵ Janjaweed is a word that means “hoards” or “ruffians” with echoes of the Arabic words for G3 rifle, devil and horse (Flint 2005). It is often translated as ‘armed horsemen’.

⁶ The most important milestones on political level have been the cease-fire and humanitarian access agreement for Darfur, signed in N’jamena (Chad) on 8 April 2004, which was never fully implemented and on 28 May 2004, the agreement of the parties to a Joint Commission and a Cease-Fire Commission led by the AU, with representation of the EU and the US, in order to monitor the cease-fire.

- 33) The appalling impact of the conflict on civilians can be summarised as follows:
- At least 3 million⁷ people have been affected by the current crisis in Darfur, including ca. 1.8 million internally displaced persons (IDPs);
 - Approximately 200,000 Sudanese refugees have fled into Chad;
 - Hundreds of towns, villages and other settlements have been burnt, looted and depopulated;
 - Darfur conflict-related mortality⁸ was estimated in ECHO Decision documents at 70,000 persons. These may have died from hunger and disease related to the conflict within accessible areas, as an unknown number is the result of direct violence;
 - Massive and serious violations of International Humanitarian Law have been committed against civilians (e.g. murders, rapes, indiscriminate attacks, destruction of properties)
- 34) There is a consensus that the humanitarian community arrived in Darfur too late to save the greatest number of lives at the height of the atrocities in 2003 –but arrived in 2004 *en masse* to manage “an ordinary emergency”. However ordinary, it remains a conflict with unpredictable episodes of insecurity on the backdrop of severe underdevelopment in the three Darfur states.

Table 1 Time line of the crisis in Darfur

| | |
|-------------------|---|
| 2001 | Drought in Darfur – emergency decision |
| Early 2003 | First information alerting ECHO of a deteriorating situation |
| March – Dec. 2003 | Visits by ECHO staff based in Nairobi |
| September 2003 | The UN launches the Greater Darfur Special Initiative (GDSI) US\$ 22M |
| October 2003 | First envelope from ECHO’s Global Plan 2003 to the Darfur Crisis (Oxfam) |
| November 2003 | UN Consolidated Appeal 2004 including US\$ 365M for Darfur |
| December 2003 | First specific ECHO Funding: Emergency Decision €2 million (ECHO/SDN/210/2003/02000) |
| February 2004 | Deployment of UN expatriate staff in the three Darfur States |
| April 2004 | Only 31 expatriates and 228 national humanitarian workers in Darfur Cease Fire leads to increased US field presence (DART Team) |
| June 2004 | UN Security Council, Resolution 1556 (disarmament of Janjaweed...) UN 90-day work plan US Congressional Resolution claiming “Genocide” in Darfur |
| July 2004 | Visit of the UN Secretary General and joint UN-GoS communiqué Progressive relaxation of visa and import permits for humanitarian actors OCHA opens its office in Darfur |
| September 2004 | UN Security Council, Resolution 1564 (Int’l Commission on Inquiry on Darfur) Opening of ECHO office in Nyala |
| July 2005 | Arrival of a second ECHO expert in Nyala |
| Jan 2006 | Sudan Global plan includes €15M for Darfur |
| May 2006 | Darfur Peace Agreement (DPA) is signed Over 11,000 humanitarian workers and 84 NGOs are in Darfur and still climbing |

⁷ UN’s Darfur Humanitarian Profile No. 23 (01 April 2006).

⁸ UN’s Darfur Humanitarian Profile (recognised as the most official UN compilation of evolving need) never estimates a global crisis-related death toll. WHO is the source of this controversial estimate which, in 2004, did not include deaths due to the violence from which people have fled.

1.2 The financial response from DG ECHO

- 35) Ten financial decisions have guided DG ECHO's response to the Darfur crisis between 2003 and 2006, as shown in the following table.

Table 2 DG ECHO funding decisions

| Decision | Type of Decision | Amount (€) * | Duration | Date of Adoption |
|--------------------------------------|------------------|-----------------------|------------------------|-------------------------------|
| ECHO/SDN/210/2003/01000 | Global Plan | 272,000 | 01.01.03-30.06.04 | 27 January 2003 |
| ECHO/SDN/210/2003/02000 | Emergency | 2 million | 01.11.03 (6-month max) | 2 December 2003 |
| ECHO/SDN/BUD/2004/01000 | Global Plan | 3.3 million | 01.01.04-30.06.05 | 30 Dec. 2003 |
| ECHO/SDN/BUD/2004/02000 | Ad-Hoc | 10 million | 12.04.04-11.04.05 | 14 June 2004 |
| ECHO/SDN/BUD/2004/03000 | Ad Hoc | 10 million | 27.05.04-26.05.05 | 23 July 2004 |
| ECHO/SDN/BUD/2004/04000 | Ad Hoc | 15 million | 15.08.04-14.08.05 | 27 August 2004 |
| ECHO/SDN/EDF/2004/01000 | Ad Hoc | 3.5 million | 01.08.04-31.07.05 | 8 September 2004 |
| ECHO/SDN/BUD/2004/05000 | Ad Hoc | 27.6 million | 01.11.04-31.10.05 | 30 Dec. 2004 |
| ECHO/SDN/BUD/2005/02000 | Ad Hoc | 14.8 million | 01.08.05-31.07.06 | 8 September 2005 |
| ECHO/SDN/BUD/2006/01000 | Global Plan | 15 million | 01.01.06-30.06.07 | 20 January 2006 |
| Total for DARFUR by July 2006 | | 101.5 million€ | | |
| | <i>Ad Hoc</i> | <i>40 million</i> | | <i>Pending approval 11/07</i> |

* Isolated to funding specifically for the Darfur crisis (except when agreement covers all Sudan)

- 36) In September 2003, DG ECHO assigned 272,000€ from the Sudan Global Plan 2003 to Oxfam GB relief in Darfur. The first emergency funding decision specifically for Darfur allocated €2 million for expenditures starting in November 2003. Following considerable difficulties, four implementing partners were finally identified covering all three Darfur states⁹.
- 37) To fill the gap between this emergency decision and the first ad hoc decision which took effect in April 2004, four agreements (ICRC, SC, UNICEF and WFP) were funded under the Global Plan (2004) for an amount totalling €3.3 million.
- 38) From June to December 2004, five ad hoc funding decisions were made for a total amount of €66 million. During this period, 64 agreements¹⁰ were approved to a total of 34 partners, a considerable increase from the initial four NGOs available in late 2003. In 2005, a single ad hoc funding decision of €15 million was allocated among 25 partners.
- 39) At the date of this report, projected 2006 contributions included €15 million from the Sudan Global Plan and a forthcoming decision of €40 million (mostly for WFP and other UN agencies). DG ECHO funding from 2003 to July 2006 was approximately €101.5 million making this crisis one of the largest humanitarian operations of DG ECHO.

⁹ Indeed, the last contract was signed with retroactive effect the first of May 2004, so after the closure date.

¹⁰ This includes 16 contracts with UN agencies for an amount of 49% of the total 66 million

2 Strategic level

40) DG ECHO documents frequently referred to the “ECHO strategy for Darfur” suggesting that some priorities and choices have been made and articulated into one strategic document in advance. In fact, *ECHO's strategy in Darfur, as set out in each of the funding decisions adopted in response to this crisis, has been deliberately flexible, defined in broad terms and encompassing a wide range of humanitarian sectors*”. The evaluators concur with ECHO that this flexible approach was perhaps the most effective given “*the very evolutionary and volatile situation in Darfur and the fact that needs vary from a place to another*”.

41) Therefore, although a written Global (i.e. worldwide) Strategy for Aid exists at least since 2004, there is no single strategy document defining ECHO options and choices specific to the Darfur crisis. The evaluators needed to access various sources: DG ECHO Aid Strategies 2004, 2005 and 2006; strategy and objective sections of Funding Decision Documents (Global Plans and Ad Hoc); and most important, formal and informal discussions with DG ECHO Sudan Desk officers and Technical Assistants as well as DG ECHO partners.

42) The strategy of DG ECHO/Darfur stems from the DG ECHO mission to save lives. Other strategic axes that surface include *impartial needs-based targeting* regardless of beneficiary category,



application of a *multi-sectorial approach* and reaching out for the forgotten needs of the *rural areas*. The fact that DG ECHO opted to leave its strategy deliberately flexible, encompassing almost all possible forms of humanitarian assistance makes it difficult for evaluators to offer an opinion on whether operational decisions and activities are fully compatible. The evaluators understand the option of DG ECHO to be flexible but question the over emphasis placed on compliance to a strategy when decisions are based on case by case contextual analysis by ECHO staff in the field and Brussels.

43) According to the DG ECHO Aid Strategies 2004-2006, the first principle is to “identify and intervene in the areas of greatest humanitarian need” in line with the Good Humanitarian Donorship Principles. Humanitarian needs, however, abound throughout Africa. No single actor will ever satisfy all basic needs rising from a crisis of this magnitude, and yet, resources remain very limited. Prioritization of those needs, targeting of the most vulnerable and proactive coordination between actors/donors are critical towards satisfying them.

44) The task is further complicated by the **definition of humanitarian needs**: the need to save lives, the need to preserve lives, the need to restore conditions and livelihoods to the level **before** the crisis or to a higher level arbitrarily set by the international community or the need to reconstruct Darfur. Isolating needs to the conflict at hand is extremely challenging, especially here where decades of neglect compounded by the impact of the entirely separate 20-year North-South war have deprived the population of basic primary health care, education and safe water.

2.1 Timing/Duration and amount

How appropriate were DG ECHO funding decisions in regard to their timing, duration and amount?

2.1.1 Timing

International assistance from all donors, DG ECHO included, started on site almost one year after the beginning of the conflict and was slow to build up. Open fighting; bureaucratic obstacles from the GoS and the lack of partners were the main factors. In spite of these obstacles, ECHO adopted three major funding decisions in 2003.

- 45) The fact that the international response to the crisis in Darfur has been slow is well documented. Suffice to refer to the unheeded pleas for action from the UN in 2003. The situation was well summarized by a report from the United Kingdom (UK)¹¹: “*Amnesty International, the International Crisis Group, Justice Africa and Médecins Sans Frontières began warning the world about the emerging crisis in Darfur from the very start of 2003. Their warnings were not taken seriously. Some NGOs were told that it was not the right time to highlight Darfur for fear of jeopardising the North-South peace process*”¹² and recently reiterated in the independent evaluation commissioned by the Disaster Emergency Committee in UK: “*It is widely believed that Darfur was ignored at that time for fear it could derail the peace process*”.
- 46) In 2003, DG ECHO adopted three main decisions: Darfur was included in the 2003 Global Plan for Sudan; a €2 million emergency funding decision was adopted for the refugees in Chad in autumn 2003 (starting date of operations: 16/09/2003), quickly followed by another €4 million decision; and for humanitarian operations in Darfur, a €2 million decision was adopted on 02/12/2003¹³ two months following the first appeal from the UN (Special Darfur Initiative). The timing of response from the other two major donors (DFID and USAID) was similar to that of DG ECHO¹⁴.

Could DG ECHO timing have been better?

Undoubtedly, most lives were lost before the international response could build sufficient force.

- 47) DG ECHO reported receiving the first indications on a crisis in Darfur by mid-2003. “*At this time they were still vague and inaccurate, and could not be considered as reliable information. As soon as DG ECHO received real information on the human tragedy in Darfur, it passed it on to the Cabinet of the Commissioner in charge of humanitarian aid*”. The evaluators cannot evaluate how effectively DG ECHO played this political advocacy role in addition to its traditional humanitarian (technical – apolitical) function. Interviews with actors present in 2003-2004 suggest that the EC as well as its members reacted massively, once the public opinion was moved by UN appeals and mass media coverage. In any case, with the exception of the controversial cease fires, access to Darfur was limited by the authorities in Sudan until mid 2004. In consequence, finding partners with operational on-site capacity in 2003 and early 2004 was at best challenging as illustrated by the slow utilization of funds

¹¹ Report of the independent Evaluation of DEC Appeal Sudan to include the work of CARE International, World Vision, Save the Children, OXFAM, Concern, Tearfund, British Red Cross Society, Christian Aid, CAFOD, Help the Aged, Merlin and their partners. 17 May 2006.

¹² United Kingdom House of Commons International Development Committee.(March 2005). Darfur, Sudan: The responsibility to protect, Fifth Report of Session 2004–05, Volume I, Page 18

¹³ Expenditures were eligible from 1st October 2003

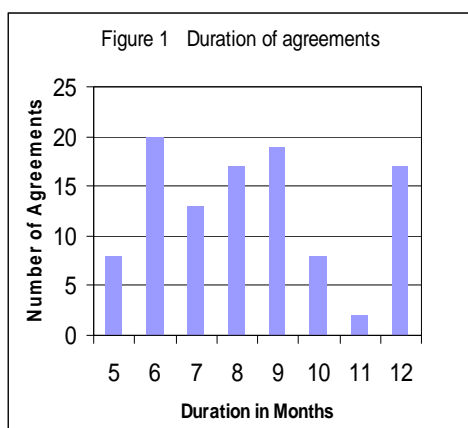
¹⁴ DFID funded SC/UK in October 2003 and WFP in November. USAID had two projects with MEDAIR and SCF/UK in mid 2003.

from the first emergency decision. Whether a more assertive European position would have facilitated humanitarian access is doubtful considering the GoS rejection of a UN Peace Keeping force in spite of strong external pressures.

- 48) Once the funding process was initiated, timing of subsequent decisions was appropriate.

2.1.2 Duration

The short duration of contracts added to the flexibility of ECHO in meeting a constantly moving target, but was reportedly a burden for small NGOs with limited cash flow.



49) The duration of funding decisions is determined by the Commission of Financial Regulations and its procedures. In contrast to the initial emergency decision limited by procedures to six-month duration, the non-emergency decisions (Global Plans and Ad Hoc decisions) may have duration of up to 18 months. Although Global plans availed themselves of the maximum length allowed, Ad Hoc decisions were limited to 12 months. The actual duration of agreements with partners --the only indicator of operational interest--, averaged 8 months (see figure 1). Out of 107 agreements, only 17 have one year duration (nine for UN, four for Red Cross movement, four for NGOs).

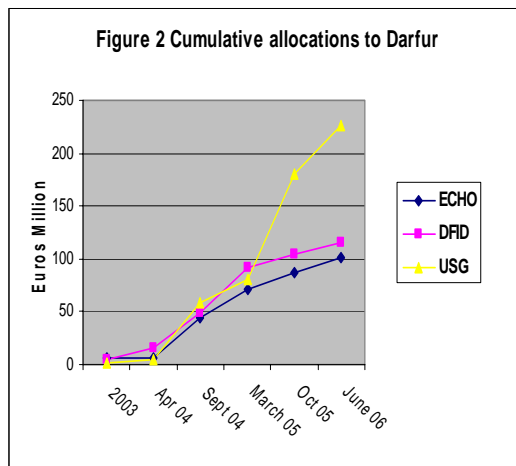
On one hand, the retroactive eligibility of expenditures facilitated the early delivery of humanitarian assistance by large NGOs and UN agencies. On the other hand, delays between signature and payment of the first advance placed an unbearable burden on the cash flow of smaller NGOs¹⁵ and probably reduced the duration and/or extent of their activities. DG ECHO attempted to minimize this burden by frequently extending the contracts, supporting the same operation for a long period through several successive contracts and furthermore, speeding up the signing of contracts with small NGO's. The fact that several NGOs mentioned this problem to the evaluators suggests that the short duration of contracts remained an issue for them.

¹⁵ Although, interlocutors praised DG ECHO for the rapid conclusion of an agreement, they repeatedly complained about unreasonable delays before advance or full payment. This cash flow issue places in doubt the long-term viability of smaller European NGOs depending on ECHO funding.

2.1.3 Amount

Given the longstanding neglect of Darfur, the needs are exceedingly large. DG ECHO amount of funding appears more closely linked to the operational capacity of partners than to changing needs.

- 50) DG ECHO, with a total of €101.5 million from October 2003 up to mid 2006, is the third largest donor in the Darfur crisis, after USAID (ca. €226 million) and DFID (€15.4 million). See figure 2¹⁶.



51) Noteworthy, the overly generous contribution to the tsunami in Asia did not adversely affect DG ECHO (nor two other donors') funding for Darfur.

52) Following a slow start, the three leading donors contributed similar amounts from April 2004 to March 2005. Later in 2005, the US Government's (OFDA and BPRM) contribution far exceeded others. This same donor announced a 60% reduction from the budget initially planned for US Fiscal Year 2005/6, which is not reflected properly in a chart based on cumulative figures. This cut, if not overturned, may be a substantial set back for NGOs and their beneficiaries, placing additional pressure on other donors.

- 53) Compiling all contributions from EC and EU Member States in one single table is not meaningful as every State or EC department has a distinct strategy and policy. Suffice to mention EC funding of the Peace Facility and the African Union AMIS to the amount of €250 Million.
- 54) In practice, donors' funding is the result of many factors: the actual humanitarian needs as they perceived them¹⁷, the implementation or absorption capacity of partners, the expected contribution (and its scale) from other major actors, the existing budget and the opportunities for additional funding. As the unmet humanitarian needs far exceed the funds potentially available internationally, operational or budgetary constraints/opportunities are likely to determine DG ECHO's funding envelope.

The factors influencing the total amount of financing do not apply to project level funding that was more closely linked to existing gaps and priorities determined by ECHO field staff. Changing needs, thanks to DG ECHO's presence on the ground, are reviewed regularly, and proposals adapted accordingly (e.g. Médecins du Monde in Jebel Marra, AMI in Gereida ...).

- 55) If the objective is to provide the affected population with the level of care, water and food available in other Sudanese provinces unaffected by violence, the amounts provided internationally are appropriate. But compared to the magnitude of the unmet basic needs in Darfur (most of them the result of poverty and underdevelopment), the total amounts are modest. DG ECHO's contribution remained proportionally stable.

¹⁶ Rates of change: 1 € = 1.20 Dollar or 0.64 Pounds. Contributions include those from OFDA and BPRM but not those from the Food for Peace Program to facilitate comparison with DG ECHO mixed mandate (refugees and IDPs). Contributions to ICRC for Sudan have been pro-rated. Programs ongoing in 2003 have been included (€ million).

¹⁷This is where standards and norms adopted play a major role. The higher the standards, the larger the "needs".

2.2 Objectives

How appropriate were the funding decisions¹⁸ in terms of principal and specific objectives?

The objectives of the funding decisions reflect adequately ECHO's mission to save lives. Overtime, the objectives were spelled out with increasing comprehensiveness.

- 56) DG ECHO's mission to "save lives" is systematically reflected in the **Principle Objective of each funding decision using some variation of the following wording: *to save and protect lives of communities most directly affected by conflict in the Greater Darfur Region through integrated emergency assistance.*** Some versions more modestly or realistically strive "to contribute" to life saving and the WFP (Envelope B) Ad Hoc interestingly uses "life-sustaining" rather than "saving".
- 57) Global Plan decisions relating to the Darfur crisis provide up to four Specific Objectives while Ad Hoc decisions may have only one (Three Ad Hocs). At first look, all funding decisions except one (Ad Hoc EDF) prioritize the "**reduction of morbidity and mortality**" as the first Specific Objective. Greater study, however, brings to light that the "morbidity/mortality objective" is routinely accompanied by a targeted "cause". The first decision (GP 2003) mentions only "health/malnutrition", the second adds water & sanitation to the formula, the third adds food security and later all three sectors are typically thrown in. The last three decisions simplify the specific objective to "reduce excess mortality and morbidity through integrated and primary life saving services", a more concise and comprehensive formulation preserving flexibility but potentially leading to the risk of diluting impact in the absence of clear strategy and priorities.
- 58) The specific objectives of the Global Plans contributing to Darfur (2003, 2004 and 2006) commonly include **support operations** such as "an improved operational environment" or "technical assistance capacity". Interestingly enough, two Global Plans include "**Emergency preparedness and response/mitigation**".
- 59) It would appear, thus, that DG ECHO/Darfur gives strategic priority to an integrated approach, within which DG ECHO stresses the health impact in particular as well as the support of humanitarian operations (through logistics, coordination and technical assistance).
- 60) The systematic mention of "reduced mortality and morbidity" in the decisions leads to the (at least moral) obligation to formulate the expected results and to monitor indicators in the areas of desired impact. A focus on health impact should however not be paramount to a focus on health (medical) sector interventions. The reality, as observed in the field, is discussed below and in Chapter 3 on Operations.



¹⁸ The analysis is focused on the ten pertinent decision documents formalized before July 2006

2.3 Multi-sectorial approach

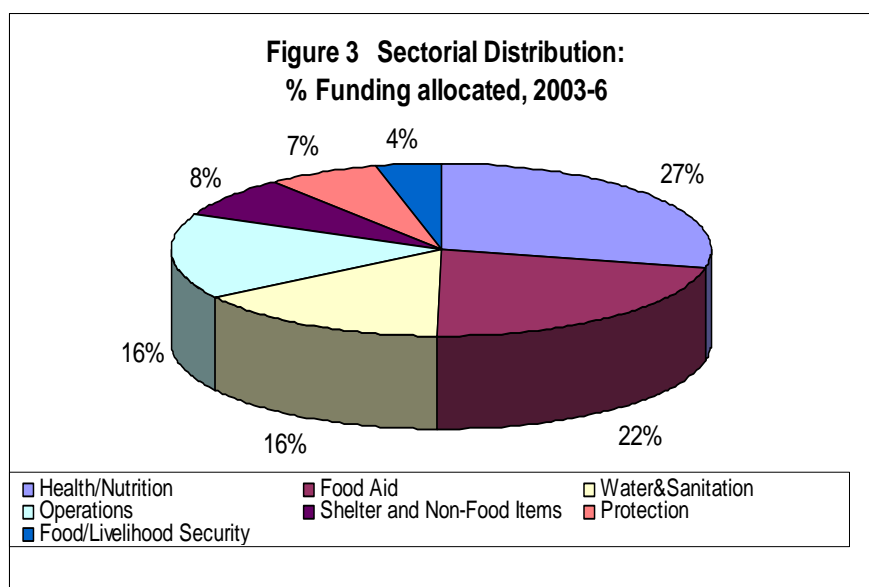
How appropriate and effective was DG ECHO's multi-sectorial approach?

DG ECHO multi-sectorial approach aims that all sectorial needs are covered in a given area. For DG ECHO it may be sufficient to fund a mono-sectorial operation in a place where the needs in other sectors are covered by other agencies, or by the same agency with funds from other donors.

A multi-sectorial approach privileging multi-sectorial operations by generalists was also applied as appropriate. The proportion of multi-sectorial projects has increased between 2004 and 2006 (from 25% to 41%).

61) In its traditional meaning, a multi-sectorial approach implies the combined delivery of services across all sectors. It is generally considered to be a cost-effective way to ensure a balance between the competing but inter-related needs of the affected population.

62) DG ECHO funding in Darfur was divided into seven different sectors: health & nutrition, food aid (including camp management), water & sanitation, shelter/non food items, food/livelihood security, protection, and operations. Out of the 103 envelopes (agreements signed for) with 42 different partners between October 2003 and the present¹⁹, 41% were multi-sectorial, an improvement from the 25% in the fall of 2004.



63) The evaluators delved further into the sectorial coverage in each State. Agreements in South Darfur are more likely to be mono-sectorial, while those in the more rural and less travelled North Darfur tend to attract more agencies implementing multi-sectorial operations.

64) Among the 103 agreements²⁰: 52% targeted Health / Nutrition, 45% Water & Sanitation, 26% Food Aid or Livelihood Security, 13% Operations, and 9% Protection.

65) In terms of financial volume, almost one third²¹ has been allocated to Health/Nutrition (28%) followed by Food Aid (23%), Water & Sanitation (16%) and Operations (15%). See Figure 3

¹⁹ To date, information regarding Global Plan 2006 operations was limited to the 19 agreements signed prior to 5 July 2006.

²⁰ Since many agencies target more than one sector, the sum of these figures does not total 100%.

²¹ To complete this calculation, the proportion per sector was estimated based on a cursory review of internal ECHO documents (with equal weight given to each sector targeted under each agreement) and that proportion multiplied by the agreement value.

- 66) Despite the larger number of agreements focusing on South Darfur, protection activities are more common in West Darfur (where lack of security is higher) and Shelter/Non Food items (NFI) interventions are more common in North Darfur.
- 67) Statistics of DG ECHO funding of food aid in function of the needs are difficult to interpret. On one hand, the proportion of funding appears low considering that provision of food is the most expensive humanitarian aid. On the other hand, food aid is currently part of AIDCO's mandate rather than that of DG ECHO. DG ECHO's intervention in this sector have been in complement to AIDCO's funding, especially when the latter proved to be insufficient to cover urgent needs or to avoid breakdowns in the WFP food pipeline (ex: the €26 million grant agreement signed with WFP in September 2006). The flexibility and speed of DG ECHO's procedures were sometimes a factor leading to DG ECHO's interventions in this sector.
- 68) As ECHO rightly pointed out, *“adopting a multi-sectorial approach does not mean systematically funding multi-sectorial operations. What matters for DG ECHO is that all sectorial needs are covered in a given area. It can be sufficient to fund a mono-sectorial operation in a place where the needs in other sectors are covered by other agencies or by the same agency with funds from other donors”*. This definition of multi-sectorial approach reflects the emphasis of ECHO on flexibility and adaptability to circumstances. It is also a pragmatic adjustment to the operational realities where most of DG ECHO partners are mono-sectorial and often narrowly specialized. As usual, the choice of sector(s) in the funded operations depends on the capacities, expertise and background of DG ECHO's partners. Some partners are 'generalist' while others are specialized. This pragmatic gap filling approach may be the only one possible in Darfur, but it is not the most efficient to deliver integrated service to meet the needs of the most vulnerable in a cost-effective manner.

How appropriate are the guidelines provided in each sector?


- 69) DG ECHO sectorial guidelines were found for both HIV and water & sanitation, the latter having been widely distributed (CD Rom and document) to partners working in that sector. This CD Rom is a compilation of a wealth of technical information. It falls short to provide field guidance on how to apply practically the international standards to specific environments from Desert to tropics. Most partners professed to never having opened the CD because all their technical questions are directed to partner headquarters or to UN sector lead agency. The evaluators believe that DG ECHO should not develop its own technical sectorial guidelines for use by the partners but should technically and financially encourage the specialized or mandated agencies as well as the technical national counterparts to adapt existing guidelines to the specific conditions in Darfur.



2.4 Coherence within other instruments of the EC

- EC investment in Peace Keeping had questionable return in humanitarian terms.
- Coordination between DG ECHO TAs and the EC delegation in Sudan appeared excellent.
- The lack of data did not permit to substantiate the coherence in Food Aid as reported by AIDCO and DG ECHO.

- 70) Achieving coherence and complementarity of actions funded by the various EC instruments is a requirement stipulated in the Maastricht Treaty.

- 71) In the early phase of a crisis, DG ECHO is often the only source of EC field presence, and therefore information, for the entire commission. In the case of Darfur where access was strictly limited, information provided by DG ECHO experts (based in Khartoum or Nairobi and travelling to Darfur) and its partners in 2003 and 2004 was the main, if not only, source of information for DG DEV and AIDCO.
- 72) In terms of *food aid*, a responsibility of AIDCO²², coherence was ensured in the early stages by frequent exchanges of information and contributions to WFP from both sources. DG ECHO contributions to food aid from 2003 to July 2006 totalled ca. €22 million (roughly 20% of DG ECHO/Darfur funding). An additional and substantial agreement is under negotiation with WFP.
- 73) EU invested over €250 M on the *African Union Peace facility* and the deployment of peace monitors for the African Union Mission in Sudan (AMIS). Humanitarian benefits of these efforts are very limited. Indeed, AMIS mandate does not specifically include proactive protection of civilians or humanitarian workers. At the field level, DG ECHO partners report difficulties in obtaining protection for their beneficiaries or their workers, thus reflecting the disenchantment of the affected population with AMIS.
- 
- 74) In other sectors, convergence between DG ECHO activities and DG DEV Development programs also had to overcome inherent difficulties:
- Suspension of the European Commission's Development programs until the signature of the North-South Peace Agreement (2005)
 - A short term project approach of DG ECHO as opposed to the 5-year sectorial programming of DG-DEV
 - A multi-sectorial integrated focus at community level in DG ECHO compared to the selection of two “focal areas” (education and food security) at national level by DG DEV²³
 - A DG DEV partnership with the GoS, contrasting with DG ECHO approach purposefully excluding the national/local governments
 - DG ECHO partners dogmatic use of standards for humanitarian assistance unrealistically high and unachievable even under normal development conditions²⁴.
- 75) The inevitable misunderstandings and turf issues between DGs²⁵ did not prevent the transfer of EDF funding to DG ECHO (ad hoc decision September 2004) or the development of “Humanitarian +” initiative in the South in close coordination between the TA and his counterpart in the EC delegation²⁶. This initiative, under consideration for Darfur, is funding projects presented by NGO consortia –local or international -, private or governmental institutions. This consortium-based approach could be emulated by DG ECHO in the transition (LRRD) phase.

²² EC food aid has increasingly been restricted to humanitarian crises and is no longer a tool to support development activities. Consequently, its responsibility is reassigned to ECHO, effective 2007.

²³ ECHO particularly objected to the absence of health as a focus area, a DG DEV decision casting doubt on the future of the Primary Health Care projects of its partners.

²⁴ Although, ECHO has never pressed its partners in Darfur to refer only to the Sphere standards in their proposals, those standards are often cut and pasted as expected results and indicators in proposals.

²⁵ The collaboration and dialogue between humanitarian and development experts appeared more productive in Sudan than in Brussels.

²⁶ EC contributed €40 million to a trust fund managed by UNDP with a steering committee upon which an ECHO TA is serving.

- 76) The evaluators noted a few potential issues that should be addressed for the transition phase:
- The tendency of some DG ECHO experts to consider capacity building of and coordination with local authorities (for instance, the Ministry of Health) as a potential liability of a partner. On the contrary, it should be encouraged as a valuable asset.²⁷ The fact that the GoS at central level is a significant part of the problem should not automatically rule out a working relationship with local technical counterparts including in rebel held areas.
 - DG ECHO TAs are slow²⁸ to recognize that the life saving emergency has passed and that it is now in most places a chronic, albeit very fragile, recovery phase. The evaluators acknowledge DG ECHO's opinion that Darfur at the time of the visit was "still in a purely humanitarian phase". Indeed, the population is quite dependent on external assistance for the most basic services but most of the activities carried out in the IDPs camps and some rural locations are aiming to improve on pre-conflict situation and therefore are somewhat similar to normal development activities, albeit by expatriates in a very unstable setting.²⁹. Undoubtedly, pockets of acute emergency are remaining and now increasing with the recrudescence of violence.

2.5 Coherence with Other donors

Dialogue and exchange of information among the main donors (US, UK and DG ECHO) is taking place. However, there is little effort towards joint strategic planning, sharing of task among donors or co-programming. Coordination is done once decisions have already been made by each donor.

- 77) Coordination and exchange of information between DG ECHO and other donors is fluid in Khartoum and Darfur. In fact, the general interface between actors (NGOs, UN and donors) appeared excellent during the field visit³⁰. Interlocutors consistently praised OCHA for its coordination and supportive role in providing the framework for this collaboration.
- 78) This good working relationship among actors in the field, however, is, one may say, only a palliative to a lack of joint programming and sharing of responsibilities among the main donors at global level or among NGOs at camp or community level. More specifically, the on-site post facto coordination is mostly solving potential problems resulting from unilateral decisions already made by each agency regarding their objective, project, activities and beneficiaries.

Although financing of the same partners by the three major donors is common due to the scarcity of potential implementing actors, this does not lead to a concerted strategic co-programming by USAID, DFID and DG ECHO, but rather is the result of the NGO or UN agency initiative to solicit support on their own terms. Transparency of the process is occasionally questionable³¹.

²⁷ ECHO TAs occasionally failed to see the difference between collaborating with central political authorities who are part of the problem and strengthening district or local technical institutions or services.

²⁸ At a debriefing workshop with 32 partners, ECHO and WFP were the only dissenting voices on this point.

²⁹ The resumption of the full scale conflict may well render this distinction obsolete or academic.

³⁰ The evaluators were not in position to infer on the situation in the early 2004 and 2005

³¹ In 2005, a multi-sectorial NGO presented a proposal for 100% financing by ECHO. This proposal apparently covered all areas of activity of that NGO, indicating precise monthly operating costs of each facility or service to be covered fully by DG ECHO. However, this partner received extensive funding from OFDA for the same purpose, leading to questions regarding the transparency of the process. In 2006, transparency was ensured through a formal co-financing agreement (14% for DG ECHO).

- 79) The consequence of this lack of joint programming is a disproportionate attention to the most visible IDP camps where “good coordination at field level” did consist of making room for a third clinic in Al Salaam camp where two were initially planned and needed. It led to oversupply of water or latrines in some camps while other communities remote from mass media scrutiny remain without any assistance, with water but no health care or vice versa in contradiction with the integrated approach advocated by DG ECHO. This problem, as noted by ECHO, has other causes beyond insufficient consultation among donors: limited access to rural areas and the limited choice of partners also played a role. DG ECHO should be credited for having encouraged its partners, albeit with limited success, to address needs identified in rural areas.
- 80) OCHA officials interviewed in Sudan view their responsibility as coordinating the implementing actors but not the decision makers or donors³². What is therefore lacking is a mechanism for collective co-programming and sharing of responsibilities (specialization) among the main donors. Periodic donors meetings in Khartoum do not achieve this objective. This issue has been identified by the Inter Agency Real time evaluation commissioned by the UN³³. A potential mechanism is the “Common Humanitarian Fund” promoted and funded mostly by EU Member States (UK, Sweden, Ireland and Netherlands). DG ECHO and USAID did not support this initiative and opted to fund their own projects and partners unilaterally and directly. The point is not whether DG ECHO should contribute to the CHF as a suitable mechanism for collective programming³⁴, but rather the lack of DG ECHO procedural and strategic flexibility to be able to consider this option.
- 81) The evaluators understand but do not necessarily support the ECHO opinion that “*such a joint programming would probably³⁵ constitute a too ambitious and not feasible objective*”. The lack of clear duplication with projects funded by USAID or DFID is noted. However, undeniably the duplication of effort and the excessive attention in some camps could only be avoided by a more assertive joint consultation among the three major donors. Joint programming is perhaps ambitious but it is the only promising approach in a similar situation and few agencies outside ECHO have the moral authority and humanitarian leadership to initiate this reform.

³² The evaluators do not agree with OCHA's interpretation of its coordination mandate.

³³ Inter-agency Real-time Evaluation of the Humanitarian Response to the Darfur Crisis, Observations and recommendations, (Third visit report) Khartoum, 2 July 2005, p 19

³⁴ “DG ECHO acknowledges that the allocation process of the common humanitarian fund (CHF) has enhanced early donor coordination in 2006. Although it is not contributing to the CHF, DG ECHO is closely and regularly coordinating its programmes with the humanitarian coordinator. It considers that it has a complementary role to the CHF by supporting programmes outside UN work plan. In Darfur, it supports operations in areas out of reach for the UN organisations included in the work plan.

DG ECHO is concerned about the difficulty faced by NGOs in accessing funds from the CHF”.

³⁵ Underlined by the evaluators

3 Operational level

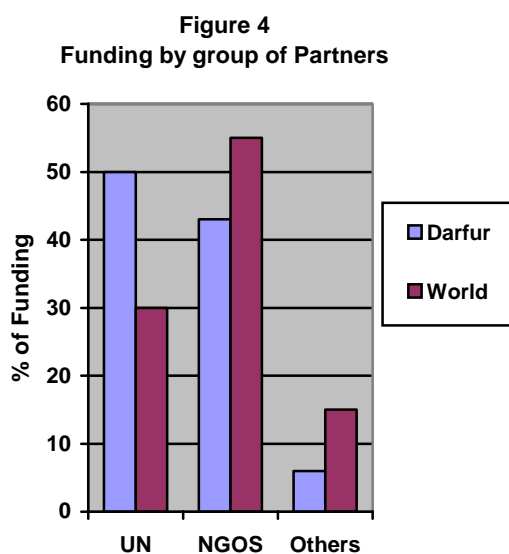
3.1 Selection of funded actions and partners

Availability of partners appears to dictate DG ECHO's selection of funded activities and sectors. EC self imposed limitation to fund only partners who signed the FPA may have reduced the options of DG ECHO in Darfur. There is an overemphasis on medical facilities especially in camps compared to other activities.

Did DG ECHO have the necessary information to facilitate decisions based on needs?

- 82) Even though the compilation of need assessments is one of OCHA's mandates and the task of maintaining a database of "Who is doing What Where "(W3) is entrusted to the Humanitarian Information Centre (HIC), DG ECHO-Sudan needed to further compile, analyze and produce its own diagnosis.
- 83) Information on evolving need (geographic and sectorial distribution as well as numbers of affected population) seems to have been available, but keeping on top of that ever-changing number, triangulating with UN but also directly with DG ECHO partners is a time consuming task. DG ECHO fulfilled this task to the best of its ability given the limited staffing, especially between November 2003 and November 2004 when six Ad Hoc decisions were prepared (in addition to one Global Plan/Sudan).
- 84) The establishment of a field office in Darfur has been a positive contribution to need assessment that should be replicated as early as possible in future crises. Nevertheless, this office should make greater use of human resources from Nairobi and Brussels offices to provide technical support for the time consuming assessment of needs. The support from the Regional Support Office in Nairobi has always been appreciated by ECHO TAs.

Is DG ECHO selection of activities demand or supply driven?



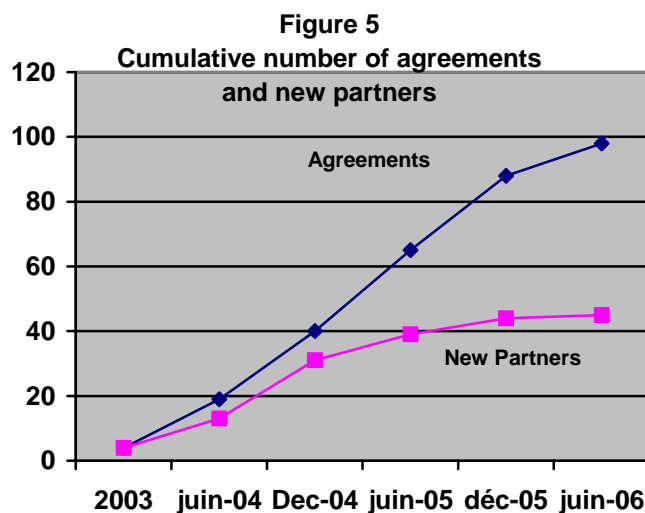
85) Is the DG ECHO selection of funded sectorial activities based on its assessment of needs and strategic priorities or do they respond more directly to offers from implementing partners? Needs (demand) were abundant but available partners (supply) were few and limited in capacity, especially in 2003 and early 2004, when the needs were greatest. The evaluators concluded that most decisions on which activity or partner to support were closely related to the offer.

86) Over the period 2003-2006, DG ECHO has funded 42 different partners (See Figure 4): seven are United Nations (close to 50% of Darfur funding compared to an average of 30% for worldwide operations in the last three years), 33 are NGOs, (43% of the Darfur funding compared to a worldwide average of 55%), and three others are

International Organizations (ICRC and Red Cross, IOM, etc. with 6% of funding instead of the worldwide DG ECHO average of 15%). The increased funding of the UN (compared to global averages) in Darfur reflects, in our opinion, the limited choice of NGOs in the present crisis.

87) The 42 partners have signed an average of 2.5 agreements each with DG ECHO. The WFP, OCHA, and UNICEF signed six agreements and the ICRC five. ACF, Oxfam and IRC signed four agreements. One third of the 42 partners have signed only one agreement to date with DG ECHO.

88) OFDA and DFID do not limit themselves to a predetermined set of partners (European NGOs, UN or international Organizations). Once they identify a priority interest, they may contract the actors most likely to supply the expected result regardless of nationality or status (profit or non-profit, governmental or not). Consequently, decisions are more likely to be driven by their own strategic choice rather than that of a limited number of partners (See figure 5). Indeed, out the 84 NGOs present in Darfur, 45 are not signatory of the FPA and therefore not eligible for DG ECHO funding. DG ECHO has had a contract with at least 34 of the 39 eligible NGOs. From 2003 to 2005, 15 NGOs did not renew their agreement, often on their own volition (sufficient funding, different priorities, insecurity, etc.). Indeed, identifying new partners is an increasingly difficult task. The evaluators believe that a broader selection of possible partners would have been in the best interest of DG ECHO and in line with its focus on flexibility and adaptability³⁶.



89) DG ECHO always stressed quality and remained as selective as possible: According to the DG ECHO TA in Darfur, funding was discontinued to poorly performing partners and, in 2005, nine out of 29 negotiations did not lead to an agreement.

Is the choice of sectorial activities strategically well balanced?

90) The health sector is the most strongly represented in terms of numbers of agreements and also in term of agencies, with three UN agencies³⁷, and 19 NGOs specialized in health/nutrition³⁸. Again it is unclear whether the high proportion of DG ECHO partners in the health field is the result or the cause of an excessive strategic focus on clinics and medical services.

91) On the other hand, Food Aid/Food security is represented by two UN agencies (WFP³⁹ and FAO) and few specialized NGOs⁴⁰ and ranks second in terms of funding. The WFP is in fact subcontracting to many of DG ECHO's partners.

³⁶Some adaptation is possible through non-European NGOs opening a branch in Europe (for instance IRC) or submitting their request through an eligible partner (SC/USA through SC/NL).

³⁷ WHO, UNFPA and UNICEF

³⁸Five MSF, two Save the children, Merlin, Médecins du Monde (MDM), Aide Médicale Internationale (AMI), Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario (COSV-I), Comité d'Aide Médicale (CAM), ACF, Medair, Cordaid, Helpage, Islamic Relief Worldwide (IRW), Enfants du Monde, Droits de l'Homme (EMDH), although some operate in other sectors simultaneously.

³⁹ WFP manages food distributions by directly subcontracting NGOs, including traditional DG ECHO partners.

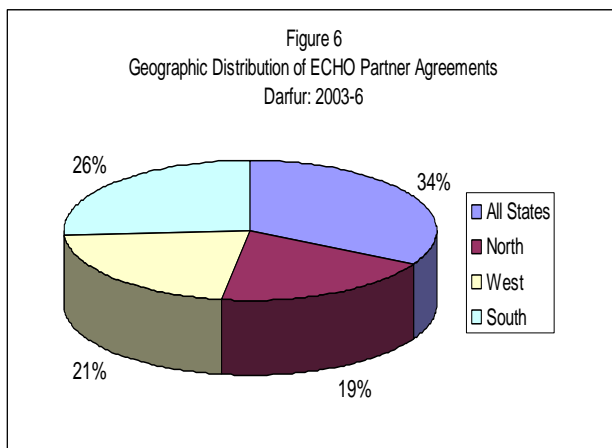
⁴⁰ Triangle, ZOA, ACF, Solidarities and COOPI all have food security activities as one component of their multisectorial programmes.

92) Water and sanitation ranks third among the top three sectors with 16 NGOs, one UN actor and two others (Red Cross). Interestingly, beneficiaries in rural areas consistently stressed the availability of water as their outstanding need and priority. It seemed clear that, although grateful for free medical care, those IDPs and villagers without water assistance would gladly trade any medical program or part of their food ration for access to more water.

Do the partners have the right approach?

93) The approach or expertise appropriate for a life saving emergency may not be the best for a chronic or ongoing crisis. In water and sanitation for example, some NGOs have a recovery / development approach while others may excel more in acute emergencies. In the medical field, emergency oriented NGOs will favour short term solutions such as mobile clinics or temporary facilities run by expatriate staff, while others will opt for more cost effective local approaches. In locations where the humanitarian situation has stabilized, DG ECHO should now increasingly favour those partners with a recovery/capacity building approach. Given the unstable and unpredictable security environment, DG ECHO flexibility and constant re-evaluation of the situation is definitely a major asset. The evaluators noted that DG ECHO gives growing importance to the capacity building and sustainability dimensions of the projects (not all of them, depending on the place and sector). That has been included in the ad hoc decision adopted in August 2006 (see discussion of LRRD in section 5 – Crosscutting issues).

3.2 Geographical areas



94) Achieving a balanced geographic distribution between Darfur states is a concern for DG ECHO. But does one single donor need to cover all states and areas? Undoubtedly, despite temporal differences, the international response especially larger agencies including from DG ECHO, has tended to conglomerate in South Darfur with a thinner coverage in West Darfur (where security is worst) or in the North (where agro-climatic conditions are harsher for IDPs and agencies). See Figure 6. This tendency concerns the whole humanitarian community, not only DG ECHO, emphasising the need for a joint programming among main donors.

95) The real issue is the distribution between urban and rural areas, the latter being grossly under covered. DG ECHO was the first donor to draw the attention of the humanitarian community on this issue in the second half of 2004. Following the visit of the DG ECHO Desk Officer in February 2005, DG ECHO/Darfur further encouraged proposals focusing on rural areas. The success of this approach should normally result in a proportional decrease of funding, activities and projects in the urban camps. There appears to be only a slight decrease in the number of funded agreements with a camp-only focus, since a peak (33% of all new agreements) in the fall of 2004. It appears that ca. 18% of the 103 signed agreements (Oct 2003-July 2006) targeted IDPs only in camp settings. These typically pertain to large urban camps. *DG ECHO has kept funding for IDPs in camps at a high level for two reasons: 1) This population has continued growing, and 2) maintaining a strong presence of humanitarian agencies in the camps is essential to assure protection and prevention of humanitarian catastrophes.*

3.3 Selection of beneficiaries⁴¹

ECHO has rightly opted for a holistic approach, including all people in need, instead of defining categories of beneficiaries. Emphasis has been put on the most vulnerable people (women, children, elderly).

Except for a relative oversupply of services in urban IDP camps, DG ECHO and partners succeeded to maintain an impartial and balanced selection of beneficiaries.

96) In the absence of socio-economic surveys enabling targeting within a category (i.e. most vulnerable groups, such as women, children, elderly, handicapped), prima facie evidence are used to target categories of persons that appear more needy than persons outside that category. In this respect, since the beginning of the Darfur humanitarian response, IDPs (camp based) are deemed more needy than host populations, followed by rural areas and in last place of need, nomadic tribes. Typically SLM/A controlled areas in Darfur are considered more vulnerable and less “served” than government controlled areas.

97) The acute life saving phase has passed long ago. At present time (i.e. June 2006), this rank order appears to have changed as IDPs in the camps appear less likely to be confronted with violence from outside (as opposed to exposed rural areas) while benefiting from relatively high levels of service (food, water and health). At a certain moment, and especially as IDPs are allocated agricultural land and start to construct (semi)permanent houses, host communities have needs that may be at least equivalent to IDPs in their proximity. Accepting that each of these populations has irrefutable pockets of need, the nomadic tribes have been the least touched by the conflict, despite the irrefutable disruption of their *zones de transhumance*.



98) DG ECHO/Darfur has maintained impartiality in targeting and assisting the beneficiaries, whatever their “humanitarian category”. The evaluators were able to identify examples of each category being targeted, as well as many socio-economic/demographic categories (i.e. children in camps, women in reproductive age) within them. Typically, partners implement interventions simultaneously with IDPs and host communities together. Many times, Dinka refugees (present for past 20 years from the North/South Sudan conflicts) were included as beneficiaries. Internal DG ECHO documents indicate that TAs proactively encouraged partners to “go rural” (even into SLM/A⁴² areas) and to target nomads⁴³ as possible.

⁴¹ Conflict affected populations are called “affected” until they are targeted by interventions, at which point they are called “beneficiaries”.

⁴² On a positive note, 30% of the signed agreements supported work in SLA areas, areas generally agreed to be among the most vulnerable and cut off from humanitarian work. This could have been encouraged more.

⁴³ A minimum of 15% of the agreements signed by ECHO provided interventions that at least partially benefited the nomadic / pastoralist communities (5 agreements specifically mentioned nomads as one of the primary targets). Rather than over-articulate the needs of nomads, it would be more appropriate to simply state that symbolic interventions with them is good peace-keeping policy.

99) Approximately 67% of the agreements, however, targeted host/resident communities simultaneously alongside IDPs in camps. This inclusion of hosts/residents became routine in smaller and more rural IDP settlements. Over 45% of the signed agreements legitimately attempted to improve conditions in the rural and more remote areas, often at the strong encouragement of DG ECHO TAs and 39% of the signed agreements targeted the global community: IDPs + hosts/residents + rural areas. One objective of targeting all groups in need was to avoid tension between IDPs and host population. This objective is mostly achieved in rural areas, but becomes more elusive in urban IDP camps when and where new inequalities are created.

3.4 Quality of the funded operations:

To the credit of DG ECHO, the current quality of operations is impressive. Ineffective partners had long been weeded out.

100) A total of 12 DG ECHO partners were appraised in greater depth during the visit. All partners evaluated were NGOs: Action contre la Faim (ACF), Cooperazione Internazionale (COOPI), Cordaid, Dan Church Aid (DCA), IRC, Merlin, OXFAM, Save the Children/NL, Solidarités, Tearfund, Triangle and ZOA.

101) The evaluators scored each agency in terms of relevance & quality of design, efficiency of implementation, effectiveness, impact (when feasible), sustainability and coordination. The overall partner score was 4.27 (on a scale from 1 to 5, 5 being the best) and no partner received less than a good overall rating. On the average, the highest scoring indicator was design, followed by impact. The lowest ranking indicator was sustainability – an indicator of increasing importance given the anticipated duration of the operations. (see discussion of LRRD in section 5 – Crosscutting issues)

102) Only one project visited by a team member (on protection of vulnerable children in North Darfur State) although not formally evaluated was considered of doubtful relevance and cost-effectiveness.



103) Partners' coordination with DG ECHO Technical Assistants was generally very good, except for the larger players for which DG ECHO was a minor contributor. The relation with local authorities was reported as very positive (with SLM/A authorities or the MoH) but difficult or adversarial with the Government Humanitarian Aid Coordinators (HAC) in South and West Darfur states. The coordination between NGOs is mostly in terms of sharing information rather than proactively and effectively programming a joint approach / service package for a given camp or community.

104) National partner staff is generally competent and motivated including through generous financial incentives. The turn over of the expatriate staff is improving, at times passing from 3 months in 2004 to 9 months in 2006 in spite of the hardship and lingering insecurity. Expatriates are commonly from other African countries, an added value for this and future humanitarian operations in Africa.



Overall, these visits succeeded in demonstrating to the evaluators the wide variety of activities and targeted beneficiaries.

4 Sectorial level

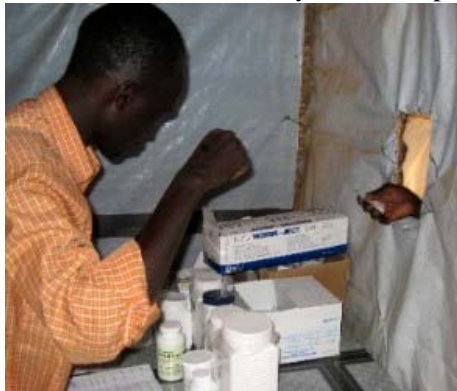
4.1 Health

- Health activities are appropriately coordinated with and are supporting national health authorities.
- ECHO's objectives would be best met by selectively shifting resources from mobile clinics to fixed facilities and from curative to preventive activities. Health indicators are not always properly used.
- The present practice of generous incentives to the ministry of Health staff needs to be harmonized downwards.

105) The principle objective of DG ECHO is to save lives by reducing mortality and morbidity. It is unequivocally a health objective. It does not mean, however, that DG ECHO-funded activities should be limited or even concentrated on the health sector and even less so on curative medical services.

4.1.1 Primary Health Care (PHC)

106) DG ECHO's first strategic priority was to provide basic (primary) health care to the affected population, starting with *the camps* near the urban areas where the crude mortality rate was particularly high in 2004. A large variety of NGOs, Red Cross societies and UN organizations promptly reduced the mortality (see 4.1.4). Those primary health care facilities near urban areas, mostly with temporary construction, are



well supervised and provisioned with medicine. To their credit, the humanitarian



partners applied the treatment standards and protocols of the MoH (advised by WHO) and adopted the official list of essential drugs with some approved additions. The strict overview by the GoS (Ministry of Health -MoH and custom authorities) prevented the importation of locally inappropriate medicines or technologies noted in many disasters.

107) *In rural areas*, each partner adopted its own approach: from the logistically complex and costly organization of mobile clinics to the opening of new primary health centres (in consultation with the MoH) or the adoption, repair and strengthening of existing MoH facilities. In most cases, the activity included a strong component of capacity building of the local health services.



Past the acute emergency, **mobile clinics should be discontinued and replaced by simpler but permanent facilities with local staff.** As DG ECHO noted, “*mobile clinics can prove to be the best method of intervention in a very volatile environment (Jebel Marra for example). That is why DG ECHO recommends a case-by-case approach in this issue*” However, in the field visits, the evaluators felt that the choice is occasionally more the result from the partner traditional way of operating than a strategic decision by DG ECHO.

If the uncoordinated funding by donors led ultimately to a glut of clinics and health facilities in some of the most visible camps, the needs are proportionally far from being covered in rural areas where access remains the main challenge. Most of the medical NGOs would also welcome a more effective inter-agency coordination by WHO.

4.1.2 Secondary Health Care

108) DG ECHO supported WHO to strengthen the MoH secondary care facilities in urban areas with the objective to serve as referral centres for IDPs. Although it is a wise strategy, its implementation has been delayed due to administrative and management shortcomings of the partner. The shortcomings are due in great part to WHO financial management procedures poorly adapted to humanitarian operations. For instance, six months delays were reported in making available DG ECHO funding to field staff in Darfur. WHO experts in the field need to refer to the regional office in Cairo for most of the expenditures which would be routinely approved locally by NGOs partners. **DG ECHO should “encourage” WHO to review and streamline the financial and administrative procedures in its regional office.**

109) Secondary care is available free of cost to all patients referred by NGOs⁴⁴. The remaining difficulty is the numerous bureaucratic and security obstacles placed by the GoS Humanitarian Aid Coordinators (HAC) or military check points for the transport of patients after curfew time or from SLM/A areas.

4.1.3 Public health

110) Improving the medical care for out- and in-patients is important, but it is not the only or the most cost effective use of health resources to reduce morbidity and mortality in underdeveloped African regions. Notoriously, most of the consultations are for routine matters that a medical assistant with 2-years of training may well attend. DG ECHO-funded public health activities include surveillance, prevention and control of communicable diseases. Early warning systems developed by WHO, immunizations campaigns run by UNICEF and other preventive programs were reasonably successful in the most accessible areas. DG ECHO should pursue more actively its strategy to **complement health care in the clinics by active door to door surveys, case finding and follow up of treatment** of the main communicable diseases prevalent locally. Outreach preventive activities deserve sustained attention and funding in the future.



⁴⁴ Some larger ECHO partners assigned staff to the hospitals with duty to monitor the care provided to the patients referred by their agency. This service should have been provided on a shared basis for IDPs referrals by all NGOs.

111) Most NGOs routinely included the training of Community Health Workers in their projects. The effectiveness of health education advices under the short-term conditions in the camps and most particularly in rural areas remains unproven. The evaluators know only of one case where a partner (SC) has undertaken a survey door to door to measure the change of attitude and practice achieved by traditional health education in a humanitarian context. Results were not available at the time of the evaluation.

4.1.4 Health Indicators

112) From 2005 to 2006, considerable progress has been made towards the identification of measurable results and indicators in the DG ECHO funded health projects. However, caution should be used since

| | June 2004 | June 2005 |
|-----------------------------|-----------|-----------|
| Crude Mortality Rate/10,000 | 6.7 | 1.1 |
| Diarrhoea prevalence | 38.5 | 11.9 |
| Severe malnutrition | 9.6 | 2.2 |

improvement in health status is the result of multi sectorial effort (food, water & sanitation and health care). In particular, reduction of the crude mortality rates is often the result of improved food distribution, water supply and overall economic status rather than the impact of increased number of consultations in clinics (an output rather than an outcome). The improvements noted in table 3 may not be credited to any single sector, agency or donor! The Crude Mortality Rate (CMR) is not an acceptable indicator to measure the effectiveness of a single project.

4.1.5 Operational issues

113) Several issues merit attention:

- Coordination remains an issue as demonstrated by the disproportionate and unsustainable high level of medical services in the urban IDP camps. WHO coordination should be strengthened.
- The systematic secondment of MoH staff to NGOs health facilities is a positive development but the competitive increase of incentives⁴⁵ paid by NGOs (and UN) to this MoH staff will inevitably create problems in the future⁴⁶. Rates should be harmonized and brought down if at all possible
- Finally, most encouraging is the unusually high proportion of African nationals serving as expatriate staff in health programs. A good sign but also perhaps the reflection of a shortage of volunteers from the most developed countries!

4.2 Water & Sanitation

Discrepancies are too large between quality of services in rural and urban areas. Some camps are over attended even considering the increased health risks in large settlements. Admittedly, this problem is not specific to ECHO-funded projects.

Partners must also adopt distinct strategic approaches for the provision of water and the promotion of sanitation in camps and in rural areas.

⁴⁵ From twice to eight times their normal salary

⁴⁶ WHO reports that the secondary hospitals threatened to charge IDPs for treatment should the staff incentives be discontinued.

4.2.1 Water



114) The water response in camp is traditional; NGOs struggled to apply Sphere standards (15 litres/day/person, minimum distance between water points and population). This was accomplished at high cost through a sophisticated water supply piping system and numerous hand pumps. Complying with the above standards is a mixed blessing: “Some direct observations are clearly indicating that the services offered meet the needs of the population in the IDP camps⁴⁷”, with no cholera outbreak and a low diarrhoea rate. In the same report, the water and sanitation DG ECHO expert remarked that “water supplied is used also to make bricks”. In DG ECHO ad hoc decision 2005/2000, the water situation is described as follow: “The overexploitation of water points in some camps, where IDPs are drawing massively on the water points for the production of mud bricks, is further worsening the problem”. It is an expensive and environmentally destructive income generating activity⁴⁸! As shown in the above photo, the lines are much longer in the camps where the supply of water per person reaches or exceeds the Sphere standards: Commercial brick makers are competing with housewives for access to water.

Defining the “appropriate” quantity of water per day and per person in desert regions must be linked with the context with an eye on the health impact. Clearly, health risks are increased in large settlements justifying --to a certain point-- a more generous level of services. In the opinion of the evaluators, this point has long been passed in some camps. In Kebkabiya camp, the quantity of water is 10 litres per days and per person, health indicators are comparable to those observed in other camps⁴⁹. Drinking water is also less extensively used for commercial bricks making.

115) **In rural areas**, DG ECHO strategy is generally to encourage the rehabilitation of existing water points. However, observations suggest that some NGOs, once they have acquired a drilling rig, tend to favour the installation of hand pumps in each villages rather than adopting DG ECHO water guideline advocating the rehabilitation approach (repair of existing water points) in rural area. An operational issue is the water sharing between the different communities living together (IDP, villagers, nomads with their livestock), rather than the quantity of water available par day and per person. Sustainable cost recovery of so called water yards (submersible pump + generator + tank + distribution water point) requires a critical mass of users/clients. Communities with 20 families or less cannot support this service. When applicable, this mid or long term approach is more sustainable (LRRD) and compatible with recovery.

⁴⁷ Mission report following a mission carried out in Sudan between the 21/02/2006 and the 09/03/2006 by Benoit Collin, ECHO regional water & sanitation expert, Nairobi.

⁴⁸ Drinking water is costly. Water table is reported to be decreasing.

⁴⁹ MSF/NL



- 116) The strategy of focusing on the rehabilitation of so called water yards in highly nomadic areas should perhaps be reviewed case by case. In selected locations this may indicate the digging of deep wells when it is technically possible accompanied by a strong community approach. Boreholes dug twenty years ago were mostly broken before the present crisis. The solution to replace (and not to create new water points) those boreholes by deep wells could be a sustainable solution with need for very low maintenance.
- 117) Lack of standardization of equipment is also common. As the GoS Water Environment Sanitation Department (WES) is responsible for the maintenance of the donated equipment and infrastructure, DG ECHO should encourage inter-donor standardization of equipment (hand pump, submersible pump, generator, etc.) under UNICEF.

4.2.2 Sanitation

- 118) The sanitation and hygiene activities **in camps** consist basically of providing temporary latrines. When the shallow latrine is full, NGOs are closing it and build another one (every 5 months in Kalma camp, South Darfur). *“Maintenance of latrines continues to be a great challenge in the sector, especially the de-sludging of full latrines in camps which do not have space for additional construction. There is an urgent need for operational “gully suckers”⁵⁰. This one year old recommendation is still not applied. “Environmental Sanitation should include excreta disposal systems that are more durable, normally based on household level facilities, and appropriate to the local social and cultural preferences.”⁵¹ In rural area, there is basically no sanitation activity. Population density is low, and people are moving with their livestock during the day. The need for latrines is negligible.*

⁵⁰ UNICEF Darfur Emergency Report. April-June 2005.

⁵¹ DG ECHO model guidelines: Water and sanitation interventions in chronic emergencies

4.2.3 Water and hygiene Committees

119) **In camps**, the term of “*water committee*” is misleading. Their role involves no decision making or management. The agent is more a gatekeeper (opening/closing the gate, maintain order in the line...) and does not need special skill or training. In contrast, the role of the “*hygiene committee*” is very important; they are, for instance, monitoring the safety of water stored at home⁵². The practicality of their messages is also questionable: The lack of water near latrines does not help to apply the hygiene key message of washing your hands! NGOs should ensure that basic conditions are present to practice what is learned in hygiene sessions. “*Hygiene promotion messages in chronic scenarios should focus on the objective of achieving long-term behaviour change in key areas known to reduce the risk of disease transmission (i.e. hand-washing, safe excreta disposal and safe handling and storage of water)*”⁵³ The emphasis is on changing behaviour not doing promotion for the sake of it. DG ECHO/Nairobi should assist NGOs with substantial hygiene promotion activities to include a survey of Knowledge-Attitude-Practice changes.



120) **In rural area**, contrarily to the camps environment, the “*water committee*” had a critical function, among others to fix the price of water and manage the funds for maintenance. Few NGOs are training the water committees on money management (when cost recovery is established) and procurement of spare parts or monitoring fair access for all affected population. Our interlocutors recognized the importance of those issues but claimed that they can not be resolved within the short life span of DG ECHO funded projects (less than 9 months).

⁵²Plastic containers are old and dirty without cap (usually it is lost). Donation of sturdy containers with EU logo would be a good initiative both for hygiene and visibility.

⁵³ DG ECHO model guidelines, Water and sanitation interventions in chronic emergencies

4.3 Food Aid and Food / Livelihood Security

Current ration sizes are neither justifiable nor sustainable. ECHO needs:

- to invest in improved monitoring systems that systematically track needs throughout Darfur
- To assure that ration sizes are flexible and linked directly to those evolving needs.

ECHO should take credit for excellent LRRD achievements in the field of Food/Livelihood Security, despite continued need to harmonize approaches among partners.

4.3.1 Food Aid



121) The World Food Program (WFP) is DG ECHO's most important partner, in terms of funding provided (28% of the total DG ECHO funding to Darfur). To date, 70% of total funding to WFP has been allocated to food aid and the rest to operations/logistics. The importance is likely to increase given the transfer in 2007 of the Commission's food aid from AIDCO to DG ECHO.

122) WFP (70% of the population served) and ICRC (30%), only partially through DG ECHO funding, have maintained good sized food rations⁵⁴ to most of the neediest populations in camps and many rural areas.



123) UN Field Staff clearly stated to the DG ECHO Evaluation Team that recent cuts in food rations (55) of up to 50% provided a timely justification for a pre-felt need to reduce rations in many areas/groups, and ICRC staff repeatedly stressed that half rations now suffice. Striving for such high rations, sustained in part by DG ECHO funds since fall 2004, has inevitably created needs that were never before existent in Darfur.

As DG ECHO prepares to take over the management of the Commission's budgetary line item for food aid from AIDCO, great thought needs to be given to the tailoring of WFP / ICRC rations more closely to evolving needs. It is thus proposed that DG ECHO insist on **flex-rations of maximum 1800 calories** per day even in the IDP camps, following a rapid routine appraisal of local income generating activities and food aid supplies in markets, nutrition and actual consumption behaviour.

⁵⁴ The WFP ration size has typically been 2,300 kcal, including an extra 1.5kg of cereals to cover household milling costs and, since the spring of 2005, an additional 50 grams (minimum) of cereals to address the food scarcity situation in the Darfur markets and keep prices within reach for households with some purchasing power. With a better outlook for the domestic supply and easing market prices the increased ration is no longer justified. Furthermore, the Sphere humanitarian standard of 2,100kcal should be reduced to 1,600kcal when coping strategies exist, as is now the case in most of the Darfur States.

⁵⁵ The well documented pipeline cut was accompanied in 2006 by wide sensitization of the targeted beneficiaries.

Decreasing rations and/or introducing flex-rations will be complicated by the current tense situation in the IDPs camps. For host communities, it may be possible to start decreasing rations and partly replacing them with seeds⁵⁶. Routine monitoring systems⁵⁷ must be improved by WFP, under DG ECHO funding if necessary.



124) As recovery gains momentum and for future emergencies, DG ECHO should consider more thoroughly the possible duplication caused by funding systematic WFP top offs of rations to cover household milling costs, FAO milling machines and NGOs community milling activities as well as the feasibility and advantages of substituting food with a cash donation to cover these and other needs.



4.3.2 Food & Livelihood Security

125) The link between relief and development (LRRD) is most visible within DG ECHO funded activities in livelihood security. Most of these have been implemented since the end of 2004 by strong partners that have used the Darfur Crisis as a welcome door to conduct solid recovery activities with an irrefutable and welcome development approach. Some examples include a strong focus on income generating activities (e.g. spaghetti making, plant nurseries, sewing...) and livestock management.

Spaghetti making



126) More and more communities are benefiting from the timely distribution of free seeds and tools (nine current partners including FAO) and planting has started in many areas, making the 2006/7 season forecast more hopeful than the previous year. Coping strategies (some fully supported under DG ECHO-funded activities and others springing up due, for example, to the “generous” supply of water in many IDP camps) are flourishing throughout Greater Darfur. Finally, the presence of food aid in markets seems to be increasing in many urban areas, leading to the conclusion that consumption needs are being met⁵⁸.

⁵⁶ The food aid/food security regional expert who will be recruited in Nairobi should play a major role.

⁵⁷ Monitoring systems that WFP/Rome has capacity to assure include: food basket monitoring, household profile monitoring, food usage surveys, market surveys, non beneficiary monitoring, coverage surveys, food security monitoring and nutritional monitoring. None of these were adequately assured as of November 2005 (as per WFP/Thematic Review of Targeting, Nov 2005, p55).

⁵⁸ Evaluators acknowledge that the presence of food in markets is attributed to many factors including needs for non-food items being prioritized by households at least temporarily or food preferences

- 127) Seed distribution (by both DG ECHO funded and/or non DG ECHO funded) has been done, however, using different quality, quantity, timing and targeting methods. Disaccord was noted by beneficiaries preferring one agency's method to another and this eventually results in reducing the impact of partner programs. *One of the reasons for the variation in the quality of seeds is that humanitarian agencies purchase seeds locally when FAO was unable to provide in time and/or in sufficient quantity.*



Most of the partners have fostered strong relationships with WFP, FAO and when possible Ministry of Agriculture and Livestock agents. DG ECHO should be lauded for this as it provides the added value of potential sustainability and strong links to DG ECHO and AIDCO. There is more and more need for DG ECHO to **harmonize approaches** among partners working within the same sector. DG ECHO needs to be proactive in enabling greater communication and exchanges between and among their partners, but also between them and those funded by other donors, for the greater humanitarian good.

4.4 Other sectors

- 128) DG ECHO (and OCHA) did not include *education* in the strategic priorities. Nevertheless, UNICEF and other partners are now offering schooling in the main camps. In view of the anticipated continued duration of the response, donors (not necessarily DG ECHO) should ensure this basic service.
- 129) One specialized activity is *camp management*. The choice of the partners to be reviewed in depth did not permit to evaluate the effectiveness of this key activity. A similar function does not exist outside the camps. This role should normally be played by the GoS HAC in rural districts. There is a need for someone to be in charge of overseeing the balance (sectorial and amount wise) of the humanitarian assistance provided among the various communities. **OCHA should designate a NGO as responsible for coordinating overall humanitarian assistance to a district and ECHO should be willing to fund this practice**, which would minimize the inequalities and encourage a multi sectorial approach.

5 Cross-cutting issues

- Protection and security remain the overwhelming issues shaping the international assistance.
- Partners offer special attention to vulnerable groups especially women victims of GBV.
- The present approach to promote EU visibility is not effective in camps and needs rethinking.

Protection and security



130) Civilian Protection, International Humanitarian Law and security of humanitarian workers⁵⁹

As noted in the review of cross-cutting issues commissioned by DG ECHO in October 2005, there are many definitions of protection. As did the authors of this paper, we will adopt the ICRC definition: “all activities aimed at ensuring full respect of the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e. human rights law, international humanitarian law and refugee law⁶⁰”. Regrettably, the term protection is misused by some partners to promote unrelated social or humanitarian activities benefiting specific groups.

Protection of civilians is THE main issue in Darfur. It is closely linked to the security of humanitarian workers. In the view of many partners, the African Union Mission in Sudan (AMIS) contribution to protection of civilians is modest, although perhaps underestimated. In particular, the presence of the African Union (AU) civilian police (including women) is not credited to have dramatically improved security of the women venturing outside the camps to seek fire wood. On the other side, an independent review of the impact of the African Union in Darfur concluded that “despite the inaction of the international community the AU’s many weaknesses, this study shows that AMIS has often protected IDPs....yet **violence has increased** and AU peacekeepers themselves have become targets”⁶¹.

131) The evaluators observed that an NGO securing AMIS escort even for a short distance is not an easy undertaking⁶². In spite of AMIS perceived shortcomings, it is hard to imagine what the security situation would have been in the absence of any international observers!

132) The signing of the DPA failed to reassure the IDPs and improve overall security (of civilians or humanitarians)⁶³. In some instances, the situation is reported to be worse than before. Violations of International Humanitarian Law (IHL) remain frequent. In this regard, **partners misinterpret**

Bomb Shelter (Merlin)



⁵⁹ Although protection of civilians and security of aid workers are two distinct concepts, they will be addressed under one heading.

⁶⁰ ICRC. “Strengthening Protection in War”, 1999

⁶¹ William O’Neill and Violette Cassis. Protecting two million Internally Displaced – The successes and shortcomings of the African Union in Darfur, The Brookings Institution-University of Bern. November 2005. PP 68-69

⁶² In West Darfur, another recipient of DG ECHO funding, was unwilling to intercede with AMIS to arrange an escort for the team leader of this evaluation. Consequently, no project could be visited even near the state capital.

⁶³ “Returning now is asking the chicken to return home when the cat is still in” (an IDP)

the “denunciation” requirements of DG ECHO as compelling them to directly report infractions to the GoS. In fact, DG ECHO advised them to be very careful in their advocacy policy and to report cases of violations of IHL either to ICRC or to the mandated UN agencies. Directly complaining to the GoS brings only confusion and weakens the mandated agencies (ICRC, Human Right Commission and AMIS)⁶⁴.

- 133) EC and DG ECHO funded some protection activities, although partners credit particularly OFDA, the UK Disasters Emergency Committee (DEC) and Norway for their speedy and sustained support. It should not be seen as a criticism. Specialization and task sharing among donors should be encouraged.

Psychosocial assistance

134) In presence of such overwhelming basic needs (care, water, food), psycho social assistance should necessarily take a back seat. When it is provided, it should be on a medical basis (by professional psychologists⁶⁵) rather than on an emotional basis. The provision of social activities labelled as “protection of vulnerable children” is misleading and is appropriately being discontinued by DG ECHO.



Committee of IDPs and host population

135) Preserving the dignity of beneficiaries, a principle of the humanitarian assistance, would be best achieved if DG ECHO and other donors would entrust them with decision making through cash allowances rather arbitrary distribution of food and non-food items. One can only wonder whether over

11,000 humanitarian workers with 1,000 expatriates is not undermining the remarkable coping capacity and resilience of the population.

Vulnerable groups



136) Medical needs of women are well attended as this “cross cutting” issue tends to develop into vertical (and curative) activities. The highly dedicated and skilled reproductive health care and the efforts to protect women collecting fire wood⁶⁶ are two of many examples. It is unclear how far costly activities targeting a very small group (for instance victims of GBV) should fit into a strategy of achieving the greatest good for the greatest number.

137) It is striking to observe the common absence of women in community meetings attended by the evaluators, in contrast to the compulsory gender balance achieved by UNHCR in refugee camps on the other side of the border (Chad). Whether the arbitrary requirement to include women in committees has actually changed the decision making and reduced the inequities remain to be explored.



⁶⁴ In one incident, three mandated bodies and two NGOs reported the same incident to the local authorities who used factual discrepancies and contradictions to downplay the event.

⁶⁵ MSF is reported to have one of the few (if not the only) trained medical psychologists.

⁶⁶ Provision of fire wood by the camp manager or WFP did not reduce the risk, as collecting firewood became a female income generating activity rather than a domestic chore.

- 138) Generally speaking, partners include adequate provision in their programs for “vulnerable groups” within an overall vulnerable population.

Access to those in need

Access is an “enabling strategy” rather than a cross-cutting issue⁶⁷.



139) “On 1 April 2006, UN accessibility in Darfur still remained beneath the threshold of 80%, well below the rates achieved in 2004/2005. It is discouraging to know that the world’s largest humanitarian operation is facing headwinds from all sides. At a critical time, the GoS has increased the bureaucratic obstacles for humanitarian access in Darfur often without justification, and more importantly, contrary to all formal agreements. The rebel movements have been increasingly engaged in banditry activities by denying access to AU patrols and humanitarian convoys, and stealing humanitarian cars”⁶⁸.

140) A mixture of plain insecurity and systematic bureaucratic red tape from HAC contributes to limit access. If stronger advocacy from DG ECHO would have been desirable in the early 2003, there is now a chorus of voices pressing for greater access. DG ECHO cannot do much more. The solution is political and in the hands of the GoS. It is therefore elusive.

Visibility

- 141) Contributing to EU visibility (another enabling strategy) is a reasonable requirement that not all partners are meeting effectively. It was surprising to note the predominant visibility of other donors in some facilities or services fully funded by DG ECHO. It was not due to the partner’s negligence or design but the result of logistic circumstances. In temporary settlements, agency visibility is afforded primarily by the omnipresent plastic sheeting marked with the logo of the donor (in Darfur: OFDA and UNICEF are the main suppliers). Placing a few stickers on the door of a clinic is no match to the overwhelming display on the walls and roof covered by plastic sheeting. **DG ECHO should consider distributing large amounts of quality plastic sheeting and possibly water containers** --items very appreciated by beneficiaries and always in short supply due to their limited useful life in sunny areas⁶⁹. The requirement of marking every minor item with stickers is not very effective, is unpopular with partners and could be eased.

Plastic sheeting in ECHO-funded clinic



⁶⁷ A Review of Cross-Cutting and other Key Issues, An independent review by Prolog Consult, October 2005 Concept paper, p. 6

⁶⁸ Darfur Humanitarian Profile, Issue 23, April 2006.

⁶⁹ One season for local plastic sheeting, up to 18 months for the best grade imported quality.

6 Main conclusions

6.1 Relevance and Coverage

Although “the UN humanitarian and diplomatic community did not seriously begin addressing the Darfur crisis for nearly a year, despite calls to do so from a number of high-level UN officials”, DG ECHO assistance was ultimately relevant, well targeted to vulnerable groups. Improvements in coverage are required.

70

- 142) The assistance provided by DG ECHO and its partners was highly relevant. The Government of Sudan (GoS) had allowed the situation to deteriorate significantly before the International Community recognized (or chose to) the needs. When the first emergency decision was adopted in November 2003, the estimated number of IDPs had already reached 607,000. Crude mortality figures for 2003 are unknown but most probably exceeded the catastrophic estimate of 6.7 deaths per 10,000 recorded in North Darfur camps in June 2004.



143) To the defence of the humanitarian actors, it was not until March 2004 that the GoS eased restrictions on access (except for temporary cease fires) and then finally lifted them in July 2004. Actually spending the funds assigned from the Global Plan 2003 and the Emergency Decision already represented a major challenge for DG ECHO.

144) Beneficiaries targeted in the successive funding decisions included IDPs but also much of the host population. This strategy adopted by all humanitarian actors was most appropriate given the chronic state of neglect of the most basic services in Darfur and the direct impact of the violence on the entire population. The evaluators agree that DG ECHO assistance needed to be directed to all potential victims.

- 145) With the outpouring of assistance in 2004, the situation improved significantly and adjustments consisted mostly of encouraging partners to focus more on the Northern Darfur and the rural areas. DG ECHO funding of relatively over-served areas, such as the most visible IDP camps near urban centres, did not however decrease significantly.

If the purpose of DG ECHO assistance was highly relevant and well targeted, the frequent references in official documents including the ToR of this evaluation to a specific strategy for Darfur suggested the existence of specific operational choices and directions that remained elusive to the partners and the evaluators⁷¹. In fact, DG ECHO has been “*voluntarily and specifically vague in the expression of its strategy in Darfur*” ensuring the maximum flexibility. The evaluators appreciate that DG ECHO’s approach privileging flexibility is appropriate given the high volatility of the situation and the large scope of the needs. However, this renders impossible the evaluation of the compatibility of any operational decision with this strategy. DG ECHO should, therefore, reconsider its communication policy to inform partners and in particular qualify its references to a “specific Darfur strategy”.

⁷⁰ (From the Inter-agency Real-Time Evaluation of the Humanitarian Response to the Darfur Crisis, OCHA)

⁷¹ The ToR require the evaluators to assess “the overall appropriateness of DG ECHO’s funded operations with its strategy “

146) Circumstances may change rapidly in Darfur. The continuing insecurity in spite of the signature of the Darfur Peace Agreement by some of the belligerents, the fragility of the progress made and the limited access to many rural areas where needs are far more pressing than in the main IDPs camps ensure that assistance from DG ECHO will be needed –sometimes at roughly the same levels-- for a sustained period of time until development assistance kicks in, an outcome much less likely in the near future given the deterioration of the security situation. This entails maintaining the Nyala office and strengthening DG ECHO's staffing situation.

6.2 Effectiveness

DG ECHO reached its objective of saving lives in the first year. Now, attempting to cover all critical needs in all sectors and geographical areas may dilute DG ECHO's effectiveness and impact.

147) As noted in the interagency evaluation: “generally declining morbidity and mortality rates over time suggest that the response, however belatedly, did help prevent even more deaths.” DG ECHO can certainly claim to have reached its objective of saving lives in the first years. More could have been saved, should humanitarian actors have been on site earlier. Presently, the evaluators believe that the acute life saving emergency in most accessible places is (at least temporarily) over. Most of the interlocutors shared this point of view⁷². The increase of projects such as social communication activities and schools also tends to support this assertion.



School run by a local NGO

148) DG ECHO should be complimented for the efforts in the last financial cycle to **develop measurable indicators** of effectiveness. However, the indiscriminate adoption of the unrealistic standards from Sphere guidelines as expected results or indicators in DG ECHO funded projects is not a solution.

149) One pertinent issue is the intent of DG ECHO to cover all sectors, beneficiaries and areas. Spreading thin the limited amount of resources compared to the extent of needs, does not improve the effectiveness and the impact of the EU in this crisis. Perhaps, DG ECHO should consider developing a critical mass in one or more sectors or geographic areas. This option does not necessarily conflict with DG ECHO continuing its pragmatic and flexible approach.

⁷² See Annex 4. Conclusions of the debriefing workshop.

6.3 Efficiency

The flexible position of DG ECHO regarding the application of Sphere Standards that cannot be (nor ever have been) reached in normal times is not known or heeded by many partners. Their unwarranted rigid application of those standards in Darfur and an excessive attention on medical care reduced the efficiency of DG ECHO-funded interventions.

150) Efficiency is not a main priority in the first phase of the emergency. It should be now. There is a severe imbalance of services between urban areas (host and IDPs) and the rural areas. Access or lack thereof is not necessarily a factor.

151) The evaluators point the finger at the use of the *Sphere standards* by DG ECHO partners. As stated earlier, the issue is not the technical quality of those indicators but their dogmatic application in the misguided belief that donors and DG ECHO in particular demand it. It is not the case for DG ECHO. *“ECHO also considers that they must always be applied flexibly in practice, and that partners must take into consideration context, local norms, and standards. It should not be mandatory for an ECHO-funded project to meet these standards, as there are clearly situations where this is not feasible. In such cases, ECHO expects project indicators to be adapted based on the local context, competing humanitarian needs, and the cost of achieving a certain level of service”*⁷³.

152) Obviously, the message is not clearly conveyed by DG ECHO to its partners in Darfur or is not understood. ***DG ECHO should remind its partner of that, in Brussels as well as in Sudan.*** As a result, the assistance focuses on the most visible and over-served areas where marginal return



(benefits to be expected from an increase in spending) is rapidly diminishing. Partners present in the camps admit that they are not able to stand the criticism of under-achieving politically correct targets presented as “minimum” for survival (precisely what they are not, as those standards are not met in most of Africa and especially in Darfur under the best times). In the opinion of the evaluators, this factor is reducing the efficiency of the humanitarian response. The results, ethically dubious, are both the neglect of more needed areas where the same resources would have done greater good for a larger number of beneficiaries, and the indubitably impossible task (for EC development instruments such as AIDCO) of meeting these newly created needs in a sustainable fashion.

153) The *multi-sectorial approach* advocated by DG ECHO is present but roughly 59% of agreements are mono-sectorial and thus application was limited. The extent of medically oriented projects is much too high. Evaluators noted several rural areas where medical care was the main if not only, visible contribution of DG ECHO partners. Curative medical care is rapidly becoming less efficient in saving lives compared to public health measures, sanitation or provision of water.

⁷³ From DG ECHO Water & Sanitation Review 2005 commissioned to Agua-Consult, Model guidelines p 67.

- 154) It is uncertain that there is value in encouraging partners to become multi-sectorial (a jack of all trades is a master of none). Internal documentation makes clear the DG ECHO expressed concern that some agencies try to cover too many sectors. DG ECHO would benefit from a shift from systematic multi sectorialism to identifying added-value in a few chosen sectors and ultimately, to the guarantee that vulnerable groups benefit from integrated programming, be it from one agency, a consortium of agencies in the same locality or even proactive co-programming .
- 155) The *visibility* of DG ECHO could certainly be increased. However, it serves little purpose to further enforce the use of stickers or other gadgets. Visibility goes to those agencies providing plastic sheeting or water containers, items very appreciated by beneficiaries and at the same time in short supply.

6.4 Coordination



On-site coordination to implement projects is no substitute for increased consultation, joint programming and task sharing between the three major donors (USAID, DFID and ECHO) **prior to resource allocation.**

- 156) *Coordination* in Darfur was generally much smoother than in recent acute natural disasters. Both in Brussels and in Sudan, DG ECHO's dialogue and exchange of information with others are very good. Interlocutors lent almost unanimous praise for the performance of OCHA in providing the framework for this coordination. However good the exchange of information between implementing partners may be, it took place after the most critical decisions have been made by donors. Making room in a camp for a clinic in addition to those needed and already provided does not really represent effective coordination. The problem lies at the higher level when funds are requested or committed.
- 157) There is too little prior consultation and coordination (better termed co-programming) by donors. DG ECHO and other main donors did not agree to share tasks and responsibilities. Co-financing of projects by USAID, DFID and DG ECHO does not sufficiently lead to joint monitoring and evaluation. OCHA claims to be responsible for coordinating not the donors, but only the implementers in the field. It is nonetheless paramount for someone to complete the puzzle using these unmatched pieces and parts from different boxes! Whether joint programming among donors would have been feasible is questioned by DG ECHO. There are indeed many obstacles. The only way to ascertain its feasibility is to make a genuine effort to try it. This was ruled out *a priori* as not practical.
- 158) DG ECHO in Sudan is maintaining very close collaboration with the delegation and its development mechanisms. The latter could only be activated upon signature of the Darfur Peace Agreement in April 2006. Coherence between the two instruments will be facilitated by the delegation's ability to utilize humanitarian partners as potential implementing partners. This flexibility to choose the most effective implementer from the international humanitarian partners, the local NGOs, private or public sector is an asset that DG ECHO does not have. In Brussels, DG ECHO has endeavoured to reach the same level of collaboration with DG DEV and DG AIDCO, and is planning to continue its efforts in this respect

- 159) DG AIDCO's work in Darfur was not visible yet, as the Humanitarian Plus program perfected in the North/South conflict is still in embryonic stages of design for its application in Darfur.
- 160) Coherence among European actors is more problematic. While many European countries (UK, Netherlands, Nordic countries) strongly supported the Common Humanitarian Funds entrusted to UNDP, DG ECHO and USAID opted out of this mechanism. The issue is not whether this mechanism was effective, but the lack of procedural flexibility within DG ECHO to possibly join an initiative reflecting the Principles of Good Donorship that the EC formally supports.

6.5 Adaptability and Sustainability



DG ECHO “strategy” may be easily adjusted but its actual implementation is limited by the availability of eligible and willing partners. Sustainability (LRRD) of health and water & sanitation projects is seen by ECHO TAs as a distinct temporal phase whose time has not yet come or as a minor optional feature. It should not be so once the life saving emergency has passed, especially when excellent work is already underway in other sectors (i.e. food and livelihood security sector)!



Adaptability

161) DG ECHO activities in Darfur remained relatively adaptable to the evolving situation. Factors contributing to this flexibility include the local presence of knowledgeable DG ECHO experts, the speed of approval of new projects -albeit slow disbursement- and the short duration of contracts.

162) DG ECHO, however, contrary to two other major humanitarian donors⁷⁴, DFID or OFDA may identify a need and seek the most appropriate instrument: local NGOs, private or public sector or NGOs from any country. The evaluators believe that this additional flexibility would have facilitated reaching DG ECHO objectives. According to DG ECHO, this limitation did not have any detrimental effect in Darfur. Addressing this issue is beyond the ToR of this evaluation

- 163) Partners who have experience in post conflict transition (a grey area between humanitarian action and development) are now better suited than those specializing in emergency rapid response.

⁷⁴ DG ECHO must of course respect the EC regulation N° 1257/96 on humanitarian aid. Non-European NGOs are sub-contracted by a European counterpart or branch.

- 164) Expected results and selected indicators in new agreements should progressively converge downwards to a more realistic level. At present, partners are constantly increasing the level of their services (expected results) from one proposal to the next in a futile quest towards achieving Sphere standards. This NGO attitude was however not encouraged or suggested by DG ECHO.
- 165) As EC development instruments rely on national governments, the greatest achievement of DG ECHO partners is in their systematic collaboration with government technical agencies (specifically health and water & sanitation) and their investment in building the national counterpart capacity. This asset is not always appreciated as such by DG ECHO. Capacity building should not concern only the GoS --one party to the conflict. The humanitarian organisations also have to gain access and build local capacity in places controlled by rebels where there are people in need.

7 Recommendations

7.1 General recommendations

1. **DG ECHO should explain more precisely and explicitly what constitutes its strategy in the crisis in Darfur. This can be achieved through an informal briefing document informally prepared and disseminated by DG ECHO TAs to all partners, their new staff and visitors.**

Adopting a broad strategy covering all sectors, beneficiaries and areas as publicly recorded in the funding decision document preserves maximum operational flexibility for DG ECHO but it does not provide an agreed-upon transparent tool for partners to determine whether their proposal or project is compatible or not. It is also not amenable to objective evaluation.

An alternative specific strategy should:

- Clearly outline choices and focus on priority activities, as DG ECHO or any single donor cannot do everything everywhere.
 - Address, in a given community, the documented needs of all groups within the affected population, displaced or not.
 - Differentiate between the life-saving response to the acute emergency and the expansion or maintenance of basic services in a precarious but chronic crisis.
2. **DG ECHO should replicate its positive experience in Darfur and adopt as policy the establishment of a field office in the area(s) affected by conflicts.** This field presence is particularly critical given the flexible approach of DG ECHO to rely on the case by case assessment by the TAs to select projects and partners. It will also permit, when appropriate, a stronger advocacy role for the EC and EU.

This field office should:

- Be operational as early as possible, not later than the office of UN agencies or other main donors
 - Be permanently staffed with expert(s) with broad multi-sectorial experience as was the case in Darfur
 - Make increasing use of temporary assistance from experts from HQ or Regional experts especially to assist the TAs in the field based needs assessment when required to reach a diagnosis of the situation.
3. **The EC and DG ECHO in particular should consider avenues:**
 - **To be in position to contribute, if and when appropriate, to collective initiatives such as trust funds or others especially those initiatives launched or supported by some European Member States.**
 - **To conclude financial agreements with a consortium of partners to benefit from a multi-sectorial effort within a given community.**
 4. **DG ECHO should reiterate to partners its position regarding the need for flexible application of the minimum standards of Sphere Handbook. The DG ECHO pragmatic position should be better conveyed to partners through its website and/or a briefing handout as recommended in # 1.**

5. **Past the acute life saving emergency in conflict situations, DG ECHO should regard the sustainability of all relevant projects as an essential requirement and not an optional feature or a yet-to-come feature of the response.** As a corollary, DG ECHO should:
 - Establish, formally or informally, a steering committee between DG ECHO, DG DEV and AIDCO to jointly fund and monitor maintenance/recovery projects.
 - Request that expected results and indicators proposed by partners be compatible with the level of development in the country and the principle of achieving the most for the greatest number.
 - Further encourage partners to collaborate with, comply with the technical guidelines of and strengthen the capacity of local communities in all areas affected by the conflict. Collaborating with technical authorities (health, water, agriculture, etc) at local level is not equivalent to offering political support to a party in the conflict. The former should be encouraged by DG ECHO.

6. **For non-emergency (ad hoc) financing decisions in chronic conflict situations, DG ECHO in Brussels should consider the maximum duration permissible under the Humanitarian Regulations and the Manual of Procedures, i.e. 18 months.** Increased duration of the financing decision should be translated into longer grant agreements with partners, providing them with more stability while still allowing DG ECHO flexibility in face of changing needs.

DG ECHO should pursue the valuable effort to develop its own technical sectorial guidelines for internal use and guidance. DG ECHO, however, should not request operational compliance from partners. DG ECHO should also use its review of sectorial guidelines underway to create a methodology for the evaluation of humanitarian aid to bring the key parts of DG ECHO and other actors' guidelines in line with those already formulated by mandated or specialized UN Agencies. Workshops and seminar on sectorial issues should be promoted as much as possible, in particular at the field level.

7. **DG ECHO should increase its visibility e.g. by stockpiling plastic sheeting and/or water containers clearly marked with the EU logo.** These humanitarian items are critically needed, often in short supply and offer the best support for donors' visibility. The present policy of marking all supplies with stickers is comparatively ineffective and should be eased.

7.2 Recommendations specific to Darfur Operations

8. **DG ECHO should continue improving its dialogue with the whole community of partners (UN and NGOs).** For instance, it should organize consultation meetings BEFORE the initial drafting of a strategy, the formulation of assessment of needs or the preparation of a funding decision. This could follow the approach applied before the adoption of every global plan, whereby DG ECHO organizes two annual meetings (in Sudan and Brussels) in autumn with all its partners. These meetings should take place at the early stage of planning. "Consultation" once a document or policy is almost finalized does not encourage a frank exchange.

9. **DG ECHO should reduce its involvement in the urban IDP camps and strengthen its shift even more towards rural areas.** This shift should be made following consultation with other main donors to avoid an uncoordinated and potentially counterproductive impact.

10. **In rural areas, DG ECHO should continue encouraging a multi-sectorial approach whenever appropriate by:**
- **Contracting partners with a well established track record preferably in multi sectorial (integrated) community approach.** However, DG ECHO should discourage specialized sectorial NGOs to venture into fields outside their expertise in order to present a multi-sectorial proposal.
 - **Encouraging partners to submit joint proposals** to ensure the coordinated delivery of a comprehensive (health, water & sanitation, food aid & livelihood) package to the same beneficiaries. Although, the same immediate coverage result can be achieved by identifying partners to fill a gap case by case, joint operations will prevent the occurrence of gaps and will strengthen the European NGOs at global level.
 - **Exploring with OCHA and other donors the advantages of designating a partner as “area” manager** responsible to advocate, facilitate and monitor the integrated delivery of humanitarian assistance in a given zone. This responsibility may be similar, in some aspects, to that of camp manager. This approach at local level would complement and balance the cluster (i.e. sectorial) approach promoted by the UN in the overall response.
11. **DG ECHO TAs in Sudan, with the technical support of the sectorial experts in Nairobi, should encourage and support a debate on the level of standards applicable to the situation in Darfur.** This debate should preferably involve all actors including the specialized UN agencies and other main donors. Should this not be possible, they should encourage partners to use realistic minimum standards in DG ECHO-funded projects. The routine cut and paste” application of existing Sphere standards as “expected results” or indicators in proposals should be actively discouraged by ECHO TAs.
12. **DG ECHO should continue with its policy to insist on voluntary and informed return. In light of the increasing, insecurity, DG ECHO should consider with caution any request for financial support to the return of IDPs (for instance way stations). Rural projects should preferably include communities of potential destination for the returnees.**

ANNEX # 1: Methodology and Sample of Sites/NGOs

The Team of evaluators employed five classic methods to conduct the evaluation: secondary data review, data compilation and analysis, observation/ visits, interviews and triangulation. Details for each method are provided below.

- **Secondary document review:** Pertinent documents were sourced from the internet (Darfur Humanitarian Profile and SitReps, etc.), from DG ECHO (Funding Decision Documents, ECHO Aid Strategy and internal monitoring documents) and from partners/collaborators (proposals, assessments, etc.) visited during the evaluation mission. The most important of these are featured in Annex 3: Bibliography.
- **Data compilation / analysis:** The only quantitative aspect of this evaluation is a database developed by the evaluators on the set of funding agreements signed by DG ECHO/Darfur with partners from October 2003 through July 2006. This database is comprised of 103 agreements with 42 different partners from the 10 pertinent funding decisions. Analysis focused on factors such start up Date, Type of Agency, Geographical Targeting (all 3 states, North, West or South), Beneficiary Targeting (Camps, Host/Residents, Rural/Returnees, Nomads, SLA or Humanitarian Workers), Sectorial Targeting (Number of Sectors covered, Sectors) and Financial Distributions per Sector according to evolving needs (as reported by UN).

The elements of the database were compiled from internal DG ECHO documents. Lack of standardization on each form or partner proposal (i.e. beneficiary group, exact location or proportion of an all-Sudan agreement attributable to Darfur) complicated the analysis. Despite imperfections, this database allowed the evaluators to tally efforts in a **quantitative** fashion and to provide salient statistics on operations and strategic and temporal tendencies that emerged.

- **Observation / visits to the three states:** the team divided up to visit 12 sites among the three states where partners were implementing DG ECHO funded activities. The activities viewed represent work from only the current funding agreements as efforts led and achievements made in 2003/4 and even 2005 were too distant (and staff no longer available) to foster a full understanding. A map and a list of the areas visited are featured in the figure and table in the following page.

Observations and recommendations resulting from each visit were compiled by the evaluators into an appraisal form and shared with each organization. NGO feedback to the comments was incorporated into the final forms and compiled for submission to DG ECHO, as per the Terms of Reference.

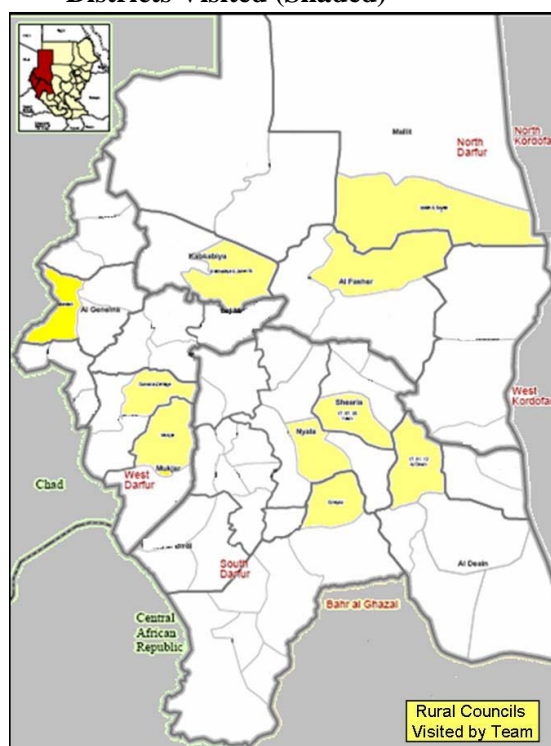
- **Interviews:** discussions with over 222 key stakeholders and decision-makers representing over 47 different agencies at field and regional levels as well as international headquarters were held. The team combined a snowball approach (one initial contact leading to others with more institutional memory or relevance) with saturation coverage (as many pertinent contacts at all levels as possible). The team conducted semi-structured interviews with 10 UN agencies, 2 other donors, 28 Non Governmental Organizations (NGOs), 5 national or rebel governments entities, and others such as the Red Cross Movement and the International Organization for Migration, (IOM) etc.. A list of the contacts is featured in Annex 2.
- **Constant triangulation** of all of the above, combining qualitative analysis, quantitative analysis and discussion with interlocutors.

At the end of the mission in Sudan, preliminary global conclusions and trends were shared publicly with 26 partners at a short workshop on 29 June 2006, fostering both debate and apparent consensus. This activity mandated by the terms of reference aimed to provide the evaluators with formal and informal feedback as well as to initiate a dialogue with partners on potential improvements in the international response. The conclusions of this workshop are attached in annex 4.

List of NGOs and sites visited

| <i>State</i> | <i>Locations</i> | <i>NGO visited</i> |
|---------------------|---|--------------------|
| South Darfur | Ed Daein and Asalaya | CORDAID |
| | El Daein and Adayla | Tearfund |
| | Camps of Muhajeria and Labado, Chawa and Ngabo villages | Solidarités |
| | Nyala (Kalma camp) | IRC |
| | Nyala (office) | ACF/France |
| | Gereida | ZOA |
| West Darfur | Hijer, Sania Afundu & Ladob | Merlin |
| | El Geneina | SC/USA |
| | Garsila | Danchurchaid |
| | Bindizi | Triangle |
| North Darfur | El Fasher (Abu Shouk and Al Salam camps) | IRC |
| | El Fasher and Mellit | COOPI |
| | Kabkabiya | OXFAM |

Districts Visited (Shaded)



ANNEX # 2: List of Persons Interviewed

European Commission

Brussels

| | |
|--------------------------------|---|
| BOYER, Frederic | Desk Officer Horn of Africa (DG ECHO A1) |
| CAVENDISH, Peter | Evaluation, (DG ECHO 01) |
| CHATZISAVAS, Pierre-Christophe | Desk Officer Africa-Caribbean-Pacific (DG ECHO A1) |
| LACHUT, Gosia | Administrator, Horn of Africa, Eastern Africa and Indian Ocean (include COMESA) |
| LUCHNER, Johannes | Head of unit DG ECHO 01 |
| PERES APARICIO, Javier | Desk Officer ACP countries (DG ECHO A1) |
| SALGUEIRO, Joaquim | Principal Administrator Horn of Africa, Eastern Africa and Indian Ocean, DG DEV |
| STAMPS, Peter | Seconded National Expert African Peace Facility, AIDCO |
| STRZASKA, Anna | Pan-African Affairs/Peace facility, DG DEV |
| VANACKERE, Martine | Evaluation officer, DG ECHO 01 |
| WITTEBROOD, Cess | Head of unit DG ECHO A1 |

Sudan

| | |
|---------------------|--|
| BERTH, Louise | Programme Assistant, Nyala Office |
| DEATUT, Suso* | Technical Assistant |
| DE VELASCO, Antonio | Technical Assistant in Sudan (DG ECHO A1) |
| FABRE, Cyprien | Technical Assistant for Darfur (DG ECHO A1) |
| PRADE, Jacques | First Counselor, Head of Operational Section, European Delegation, Khartoum |
| SUSO, Beatriz | DG ECHO Expert (DG ECHO A1) |

Funding Agencies

DFID

| | |
|--------------|--------------------------------|
| TAYLOR, Glyn | Humanitarian Advisor, Khartoum |
|--------------|--------------------------------|

USAID

| | |
|-------------------|--|
| RAMES, Victoria | USAID Office of Transition Initiatives |
| BARTELL, Scott | OFDA Protection officer, Nyala |
| KHANDAGLE, Sureka | Programme Officer, Darfur Field Office |

RED CROSS Movement

ICRC

| | |
|-------------------|-------------------------------------|
| GEISSER, Markus | Head of Sub-Delegation South Darfur |
| KRAMER, Michael | Head Office Gereida |
| VAN MALE, Pierre | Head Office Kabkabiya |
| DUVILLARD, Daniel | Head of Delegation |

Non Governmental Organizations

ACTED

FALCONE, Marco* Country Director
MOY, Manuela Area Coordinator, El Geneina

ACF

LE GOULLOU, Olivier Watsan Coordinator
FORTIER, Edith* Assistant Head of Mission
MAREL, Julien Food Security Officer
AUDREY, Patrick Program Coordinator North Darfur

ADRA

BONDA, Stans* Watsan Director

CAM

BERAUD, Stephane Administrator, Logistic coordinator,
WD

CHF

IBRAHIM MOHAMMED, Administrative Manager Kabkabiya
Yassir

COOPI

ALI ALAM ELDEEN, Logistic Assistant El Fasher
Khalid
CAIMI, Sara Sudan Country director
KAMENJU, James Watsan officer El Fasher

CORDAID

ABDALLAH, Zakia Project officer
KABOUR, Ali Project Administrator
MAKOKHA, Pascal Finances Coordinator
ODHIAMBO, Mary Preventive Health Coordinator
PALMERO, Butch Medical coordinator
UNSalAMA Reproductive Health Officer
VALIQUETTE, Pierre Programme Coordinator

DCA

BIRCHENOUGH, John Head of Donor Liaison PME plus
Communication Nyala
CHILCOTT, Magaret Head of Programmes Nyala
GAAFAR, Ahmed Movsal Watsan Engineer Garsila
HAGELUND, Birgitte* Programme Officer
MUSARURWA, Victor Environment Health manager Great
Darfur
NIELSEN, Vitus Carsten DG ECHO Watsan Coordinator Garsila
WAMBUGU, George Field Coordinator Garsilla, Watsan
Engineer

EMDH

ABUKABAR, Tibin Education Officer, Al Fasher
ABULJAHID, Mahassin Education Officer, Al Fasher
AKHMED, Anwar Psychologist, Al Fasher
Mohammed
ALGALI ADAM, Awadia Responsible awareness project, Al
Fasher
DESPONS, Thierry* Head of Mission

MAGE, Delphine Project Coordinator, Al Fasher
VAN MIEKERK, Sander* Head of Mission Assistant

GOAL

MINCH, Hilary Darfur Liaison Officer, Al Fasher
JAMIL ALLA, Abdulatif Darfur Liaison Officer, Al Fasher

HELP AGE

AZAM, G. S.* Country Director
BRAMUCCO, Gina Protection Officer, El Geneina

IMC

NUNN, Connie Site Manager Garsila

INTERSOS

PIETROSANTI, Guido Project Manager CBRP Garsila

IRC

ABDELRAHMAN, Health Manager, Al Fasher
Ibrahim
ABDULAH, Mohamed Team Leader, Al Fasher
AGORO, Dismas, Health Manager, North Darfur
BADIA, Thomas Health Manager, Nyala
HAFEZ, Mohammad Health Expert, Nyala
HARTSTONE, David* Grants Manager
MUBIRU, Gertrude Reproductive Health Manager, Nyala
PRAFULLA, Mishtra* Senior Programme Coordinator
VOLWAY, Rod Project Coordinator, Nyala
LOWRY, Carmen Acting Director Darfur

KSCS

BRIEMA, Khalil Waggan Executive Manager Kabkabiya

MDM

MAWAZINI, Firas Chief of Mission, Nyala

MERLIN

ABDULLAH, Mikael Project Coordinator, Adilla District
BALLARD, Fay Assistant to the Country Director
GIBRAMICHAEL, Country Health Director
Tewedros
KOMPANYI, Pascal Medical Coordinator, Nyala
LEE, Kwok Project Officer Nyala
MILLET, Baptiste Project Coordinator Nyala
MIREGO, Winnie Medical Officer
OMONDI, Chris Field Project Coordinator
RILKOFF, Nik* Country Director
TEWODROS, Country Health Director
Gebre
Michel*
WADYI, Ahmed Medical Officer
WITTALL, Jonathan Roving Project Officer, Sudan

MSF/BE

DHAENENS, Eric Field Coordinator Kabkabiya

MSF/NL

CRITCHLEY, Peter Program Coordinator, Muhajeria
GALLIANO, Katherine* Deputy Head of mission

MSF/CH

MARIGO, Jean-Pierre Field Coordinator West Darfur

OXFAM

CAPELLE, Frederic Programme manager Gereida
 IDRESS, Mohajir Omar PHP Officer Kabkabiya
 ISMAEL, Adam Adam Livelihood officer Kabkabiya
 MBOGOH, Sammy PH Promoter El Fasher
 MOHAMMED ALI, Public Health Enghineer, Kabkabiya
 Ahmed area maneger
 MOHAMMED, Abdullah WatSan Officer Kabkabiya
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ANNEX # 4: Conclusions of the Workshop with all Partners

29 June 2006 14:00 to 17:00

Following two and half weeks of field visit, the DG ECHO evaluation team held a workshop in the DG ECHO Office in Khartoum to share their views on the overall humanitarian response in Darfur and to seek the opinion of DG ECHO partners. Unless specified otherwise, the conclusions were not particularly addressed to DG ECHO or its partners' projects.

Attendees included 26 partners, three DG ECHO Staff and the three external evaluators for a total of 32. The partners present represented 22 different agencies, including 5 United Nations Agencies and 22 NGOs. Ten agencies (out of 32) invited did not attend.



DG ECHO/Khartoum opened the meeting with a short introduction explicitly noting that the opinions to be expressed by the evaluation team were distinct from those of DG ECHO, and that the participants were strongly encouraged to state their positions. The evaluation team leader reiterated the importance of feedback from the participants as the evaluators' conclusions are not set in stone.

Gratitude was expressed to both DG ECHO Field Staff and to the NGO hosts during the field work.

HEALTH

Evaluator's presentation:

There are many positive aspects to the international health response: in particular, the generalized attempt to comply with primary health care and public health standards established by the Ministry of health and WHO, the secondment of MoH paramedical staff to NGOs and the capacity building of this institution by all partners are noteworthy. Essential drugs available through all NGOs are standardized and of a good quality, communicable diseases were kept under control for the last 18 months, reproductive health services received special attention including the care for victims of sexual violence, and finally referral for secondary level care does not cause particular problems.

The areas of concern include the emphasis on primary care as opposed to Public Health, a disproportionate and unsustainable level of medical care in big IDP camps, the unproven effectiveness of health community workers and the need to move away from mobile clinics. At strategic level, the use of salary incentives paid to government employees is a source of future problems. Coordination among NGOs does not result in sharing resources and tasks towards achieving a common goal. In conclusion, "more is not necessarily better" and sustainability cannot remain a luxury.

Participant Response:

Discussions focussed on several issues: NGO's concern that an inappropriate reduction of services could trigger an increase in morbidity is legitimate. An "*exit strategy*" or scale down should implicate the MoH. Similarly the NGO perception of a possible contradiction between the need for sustainability and concern over the effectiveness of health workers is correct. There is a give and take or compromise that must be sought each time the acute emergency is over.

Regarding the clarification requested by a UN agency about the definition of public health as opposed to primary health care, the evaluator clarified that PHC is not limited to outpatient visit to a clinic but should be complemented by out reach at rural level or in the camps for case finding, EPI activities (not only in the clinics but door to door). The generalized use of community health workers is a definite asset for sustainability but the evaluator stressed again the importance of not taking for granted their effectiveness and therefore documenting this issue in the context of short term humanitarian programs.

On the salary incentives for MoH staff, DG ECHO statement that levels are harmonized among DG ECHO-funded agencies and do not constitute a problem led an NGO to note that the incentive issue has repeatedly resulted in disruptive staff poaching by both United Nations and even DG ECHO staff.

Finally, the issue of coordination was clarified: Coordination / information sharing between NGOs in the same locality were occasionally insufficient, but what was particularly lacking was co-programming/harmonization of programming.

In conclusion, certain points needed clarification, but in general no objection was raised to particular issues presented.

WATER & SANITATION

Evaluator's presentation:

There are main differences in needs and approaches witnessed between IDP camps and rural areas in terms of water quantity, water committees, hygiene committees and latrines: "one size does not fit all". Reaching Sphere standards should not be the goal in camps and water committees should be limited to rural areas. Hygiene interventions in short activities have very limited impact (meriting more Knowledge Attitudes and Practice (KAP) surveys).

More attention should be given to local procurement, money management training (for water committees), the sustainability of deep open wells versus systematic water yard rehabilitations, and the coordination with Water Environment and Sanitation (WES, a governmental body).

Participant Response:

A detailed technical discussion ensued regarding the appropriateness of deep wells in Darfur. Although proposed as the most sustainable solution in nomadic areas, NGOs were concerned about water quality, time entailed to draw water and the cultural and geophysical feasibility of deep wells.

Regarding the coordination, WES needs to be reinforced as an important legal actor (the standardization for generators on submersible pumps as an example). Questions were made on the way to engage governmental bodies (example: in SLA areas) and the capacity building process.

Although no study has proven the link between the quantity of water supplied and reduced morbidity in the context of Darfur IDP camps, 15 litres (Sphere standard) is considered a possible over response in camps.

When the issue of “permanent-latrines emptying” was raised, the evaluator proposed that the privatisation of hygiene committees was appropriate. Concerning water committees, money management training (and the monitoring of impact) in short 6-month activities is difficult.

In conclusion, deep wells were proposed as an aspect for further study case-by-case, WES is the actor with which partners need to coordinate and that a technical coordination meeting was needed to harmonize approaches. A consensus seemed to surface on the over-response of water in IDP camps.

FOOD AID & LIVELIHOOD SECURITY

Evaluator’s presentation: The pending transfer of the EC Food Aid Budget from AIDCO to DG ECHO, with unknown future implications on DG ECHO Field Staff was presented. The “shock-market” and “milling cost” top-offs of widely distributed cereal rations appear to be unjustified, and ration cuts have caused little community demonstration. The pipeline break in March 2006 was perceived by certain NGOs (and even UN field staff) as an exit strategy for food aid since 2006. The Sphere Guideline of 2,130 Kcal/p/d rations is very close to the current 2,100 typically programmed in Darfur but more importantly Sphere proposes 1,600 where coping strategies are apparent -- currently the case in many areas of Darfur. Malnutrition appears unrelated to consumption levels (especially in the IDP camps).

The use of the term “livelihood” is inclusive of both Food Security and Income Generating Activities (IGAs). The wide variety, impartiality and context-specificity of DG ECHO-funded Food and Livelihood activities already underway since late 2004 are good examples of LRRD for which DG ECHO should take merited credit.

Recommendations include a slow Exit Strategy for food aid, proposing “flex-rations” (amounts directly linked flexibly to a certain level of food aid registered on regional markets) with size based partially on the presence of a certain volume of food aid in the markets, the possible use of the bracelet versus ration card approach in future emergencies and an invitation to DG ECHO to take credit for strong LRRD programming underway.

Participants Response, discussion ensued on many fronts:

Although food aid is life saving (an issue underlined by UN agencies), food & livelihood security is much less so. DG ECHO timing of the aid in the Darfur Crisis has been appropriate. The absence of an Exit Strategy for Food Aid was confirmed, however, and NGOs expressed genuine concern that this be imminently considered. A well planned and timely advocacy / communication strategy was put

into place to avoid public demonstrations at the time of recent ration cuts, but there were nonetheless a few isolated cases.

Although UN Agencies claim that large areas are underserved by inexpensive milling machines (thus the need to continue the top off), few other participants echoed this concern. Potential duplication within DG ECHO-funded programs is indisputable on this point.

Although ID bracelets could never hold all the information available on ration cards, they were not proposed for the current emergency, and in future emergencies could more efficiently replace the tokens used in routine head counts, rather than the cards themselves. IOM (also funded by DG ECHO) is still finalizing the database linked to ration cards, and is of uncertain coverage/quality to date.

Flex-rations would inevitably present a logistical challenge. No participant, however, expressed objection to a feasibility/impact study (reasons for food appearing in the markets are many) and a consumption behaviour study to better understand the exact causes of malnutrition in major camps that maintain higher than rural levels of malnutrition despite very strong and unsustainable health, water & sanitation and food aid services.

In conclusion, no objection was raised to the concept of intentional need-based ration cuts, or to the concept of having potentially created food needs that were never before present. There appears to be consensus on the need for both a better understanding of the direct causes of high malnutrition in camps and a carefully calculated food aid exit strategy in many areas, without neglect for the universal pockets of vulnerability.

CONCLUSIONS

The evaluator's presentation:

The acute life saving emergency appears over. Consequently DG ECHO should give priority at this time to actors willing to stay for a sustained period of time and with expertise in recovery/development. In line with the multi-sectorial approach adopted by DG ECHO, partners should either offer a broad array of quality services or join into a consortium of complementary partners acting together.

In 2006, DG ECHO and its partners made significant progress on the use of indicators. However, using CMR and Sphere standards rigidly is detrimental to development and ethically wrong by concentrating scarce resources to achieve unrealistically high standards in most visible places at the expense of other areas with greater needs.

DG ECHO's presence in Darfur is a valuable asset but the impact may be diluted by aiming to cover needs in every state, of every type of beneficiary and every sector. Focusing resources on a limited number of priorities may yield increased impact and visibility. Regarding the latter, providing plastic sheeting may be an avenue for DG ECHO to explore.

A transition phase from emergency to recovery is currently ongoing although the situation could suddenly deteriorate. This transition is likely to last longer than anticipated. Investing too much in massive returns (way stations) may be premature but more focus should be placed on improving return sites (i.e. rural areas). Protection, the main issue for this return, is best entrusted to mandated bodies. This term of protection in conflict situations is often abusively used for unrelated health or social activities.

The weaknesses in coordination, or better said, co-programming within and between NGOs, United Nations and donors remains a concern. Finally, it is time for DG ECHO to provide partners with an updated and formally written version of its strategy for Darfur.

Participants Response: A large detailed prolonged debate was held on the subject of Sphere standards with a consensus that while the technical quality of the standards was not necessarily in question, the blind application of them for every context is inappropriate. The end of the “acute life saving emergency” is widely⁷⁵ accepted but is regarded as fragile.

In conclusion, the consensus of NGOs on the need for a more development compatible approach (LRRD) and a balanced and more realistic use of indicators and Sphere standards reflected explicitly or tacitly the position expressed during the evaluators’ individual interviews in the field.

If everyone agreed that, given the state of the DPA, the future was very uncertain and vigilance was required to continue providing assistance to the most vulnerable, more debate between DG ECHO and its partners is required to clarify the line and roles between acute and chronic emergencies, early recovery and development in Darfur.

⁷⁵ Dissenting opinion came from DG ECHO staff (a categorical no) and WFP (“we must contextualize”). DG ECHO staff also disagreed with the suggestion to give priority to actors with “one foot in development”, as development is not DG ECHO’s mandate. DG ECHO was also alone in rejecting an improved focus of limited resources on a limited number of priorities

ANNEX # 5: Map of Darfur

