AN EVALUATION OF DG ECHO FINANCED ACTIVITIES

IN THE HEALTH SECTOR

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Executive summary

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Joanne Harnmeijer

Wilma Meeus

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SUMMARY

Background to the evaluation

This external and independent evaluation was commissioned by DG ECHO to meet the commitment made in the Operational Strategy 2007, which emphasises sectoral rather than partner and country evaluations. The health sector which receives a significant proportion of DG ECHO funding was the first sector to be evaluated.[1]

The Terms of Reference (ToR – annex 9) provided the overarching framework for this evaluation. The ToR was clarified and translated in conceptual and operational terms during briefings in Brussels and Nairobi (Inception Report, annex 12). The master document records[2] and Regional Medical Experts' (RMEs) mission and end-of-term reports were agreed on as entry points for the evaluation. The evaluation team made use of primary data sources (questionnaires and key informant interviews) and a multitude of secondary data sources. In addition the team visited three countries, one in each of DG ECHO's operational units (A/1 – the Democratic Republic of the Congo, A/2 - Lebanon and A/3 - Thailand).[3]

The main evaluation questions were formulated as **"In humanitarian health sector interventions, what is it that DG ECHO does well and should continue doing, and as importantly, what is it that DG ECHO does less well and therefore should improve on, or discontinue doing",** and **"What are the boundaries for DG ECHO's involvement in humanitarian health interventions?"**

Two consultants and a peer reviewer of ETC UK / ETC Crystal carried out this assignment. Annex 1 – Evaluation Methodology - contains the consultants' biographies.

Summary of the evaluation team's conclusions and recommendations

Conclusions

Overall conclusion
The evaluation team concludes that DG ECHO is an important donor in the health sector. DG ECHO's particular advantages in comparison to other donors lie in its in-country presence, its proximity to affected populations, its diverse partnerships, its focus on forgotten crises and its funding flexibility. However, these comparative advantages could be more fully exploited.

1. **Coverage:** The analysis of DG ECHO funded health interventions in 2006 shows clearly that the humanitarian needs in A/1 were far greater than those in other regions. Africa received the largest share of humanitarian aid, both from DG ECHO and from other donors, which in the opinion of the

[1] The 2005 Water and Sanitation Review had a different purpose where it generated a Concept Paper and Model Guidelines.
[2] The three DG ECHO Units have made their master document records available to the team on condition of strict confidentiality. These records are the desks' working documents for each contract and as such provide a history for each and every DG ECHO funded contract.
[3] A/1: Africa, Caribbean and Pacific countries; A/2: Central & Eastern European countries, Newly Independent States, Mediterranean countries and the Middle East; A/3: Asia, Central & South America.

evaluation team was justified. In A/1 and A/3 basic health service provision was the most frequently DG ECHO funded activity, while psycho-social care was the main activity funded in A/2.

2. **Relevance**: The evaluation team concludes that health interventions have been relevant given the specific regional contexts and in-country circumstances.
3. **Effectiveness**: The evaluation team concludes that DG ECHO funded health sector activities have contributed to a reduction in excess mortality and improvements in health status.
4. **Efficiency**: The provision of basic health services, generally considered cost efficient, was the most frequently funded activity. Due to the difficulty in accessing detailed humanitarian health funding data of other donors, it is not possible to conclude that DG ECHO was more efficient than other donors. The evaluation team found that the application of unit costs has been inconsistent in DG ECHO's decision making processes. The lack of an agreed set of appropriate indicators and benchmarks to monitor impact of humanitarian assistance was identified as a major obstacle facing both DG ECHO and the humanitarian donor community as a whole.
5. **Sustainability**: The evaluation team concludes that significant efforts are being made to ensure that achievements resulting from DG ECHO funded humanitarian health interventions are sustained. These efforts are being realised either by active engagement of DG ECHO with other Commission's Services or with other development assistance donors.

Regional convergence and divergence

6. There is considerable divergence between the operational units in terms of health activities funded as well as applied unit costs in projects. However, there is also convergence between the operational units: the most striking one is the routine of repeat projects. In 2006, 122 (85%) of 144 funded health sector interventions were continuations of previously started projects, the majority of which had been funded for several years.
7. The differences in health status in and between regions are significant and imply different health needs. In the absence of durable solutions (e.g. efficient national government structures, funding and commitment and/or long term development assistance), DG ECHO's continued support to vulnerable groups, especially care & maintenance programmes for refugees, is appropriate as withdrawal would lead to a reversal of gains made by humanitarian interventions. DG ECHO's acceptance of divergence is fully justified.

Positioning of DG ECHO on boundary issues

8. The evidence gathered in this evaluation is that DG ECHO has not been entirely consistent on what it has been prepared to fund, not only across units, but also within regions, and sometimes even within countries. Urgent requests from partners for increased clarity on 'boundary issues' such as the delivery of 2nd level hospital care thus appear reasonable. At the same time DG ECHO's flexibility in considering such projects has been much appreciated, especially where field evidence was provided to justify a partner's request. The following sections elaborate DG ECHO's positioning on two specific boundary issues.

Linking Relief, Rehabilitation and Development (LRRD)

9. DG ECHO has the well-deserved reputation of being a donor that responds to humanitarian needs and vulnerability. It is however clear that DG ECHO makes choices in terms of what resources it is prepared to spend in which countries and for which purposes. In order to avoid gaps in health service provision, LRRD is given significant attention within DG ECHO. Evidence however shows that efforts to achieve a smooth transition mostly related to projects and that these have been very labour intensive.

Disaster Preparedness and Disaster Risk Reduction (DP/DRR)

10. The evaluation team applauds the recent steps taken to address DP/DRR in the health sector. The Sahel Decision on early detection and response to malnutrition is an example, developed in close cooperation with other Services of the Commission and resulting in the inclusion of food security in the CSPs of countries included in this regional programme. DG ECHO's current monitoring routine is likely to be a obstacle in measuring impact of such programmes as it focuses on confirmed cases treated rather than likely cases prevented.

DG ECHO and its position in the humanitarian community

11. DG ECHO's size and significance as a major donor was consistently highlighted when discussing the issue of its position within the humanitarian community. However, many key informants commented on DG ECHO's low profile given the significant contributions it makes. DG ECHO's vast experience at country level is not optimally utilised as its participation in humanitarian platforms is perceived as inadequate. This limited participation in meetings consequently results in DG ECHO having insufficient knowledge of and influence on developments that are presented in such fora. In other words, DG ECHO is neither seen nor acts as a reference donor, and loses opportunities to influence developments in the humanitarian community and to increase its visibility.
12. DG ECHO's ambition of being a reference donor requires it to reconsider the balance between administrative issues and project content.

DG ECHO as a learning organisation

13. The findings of the evaluation indicate that there is a disconnect between the considerable field experience and expertise and what is commonly referred to as "Brussels", which has implications for DG ECHO's international profile.
14. The evaluation team has found evidence that available health expertise is not utilised in a systematic and appropriate manner. Non-medical DG ECHO field staff were positive about the advice they received from Regional Medical Experts (RMEs) when such was requested. However, many of them indicated that they did not feel the need for specialist advice. This was confirmed by RMEs who also indicated that they are not optimally utilised. Heads of Regional Support Offices (RSOs) expressed their regret at what they described as missed opportunities in using such expertise, particularly for more strategic and conceptual planning, and deplored the so-called project approach of field staff.
15. The evaluation team concludes that the involvement of RMEs in country strategy development and conceptualisation of DG ECHO's decisions is inadequate.

DG ECHO and health policy development

16. The terms ‘policy’ and ‘guideline’ are being used rather indiscriminately. The evaluation team has not seen any health-related policy or guideline that has been officially endorsed by DG ECHO management, even though some have been published on the DG ECHO website. The evaluation team concurs with respondents to the questionnaire, who were almost unanimous that DG ECHO should not duplicate existing international health policies as ample guidance is provided by normative organisations such as WHO and UNICEF, and more specifically for humanitarian operations, by the SPHERE standards.

Recommendations[4]

General

1. **DG ECHO should provide more clarity on what it is able and willing to fund.**
2. **Depending on specific circumstances and contexts, DG ECHO should remain flexible to ensure that negotiating space is maintained for funding of activities that straddle the boundaries of humanitarian assistance.**
3. Submitted proposals that are not funded should be properly documented with reasons for their rejection. This will facilitate regular analysis and improve the understanding of coherence in decision making processes between and within units.
4. Similarly, proposals that are approved should be regularly analysed to determine coherence and/or divergence in decision making processes between and within units. The analysis done by this evaluation team could serve as a starting point.
5. **DG ECHO should strengthen the collection of evidence on efficiency and impact of its interventions by promoting and actively participating in defining appropriate indicator sets and standardised inputs per type of intervention and beneficiary.**

DG ECHO position in the humanitarian community

6. **DG ECHO should become a more prominent participant in health fora to match its considerable contributions to the health sector and maximise opportunities to influence humanitarian health sector debates.**
7. DG ECHO should create more time for its own staff at all levels and partner organisations to interact and learn from past experiences for future use. This would include the notion of circular learning processes.

DG ECHO as a learning organisation

8. **In order to maintain institutional memory and strengthen its corporate identity DG ECHO should encourage sharing of experiences at all levels and should in particular encourage**

[4] Recommendations in bold represent the recommendations that were prioritised by participants of the 27 September and 10 October debriefing meetings (refer to annex 10).

documentation of best practices. Internal networks such as the Anopheles group can provide the required technical input in such processes.

9. **In order to strengthen the development of appropriate health sector strategies in Country or Global Plans, DG ECHO should systematically utilise its available health expertise.**
10. **DG ECHO should specifically demand that experts and desks are alert on both new and obsolete practices and the funding implications of such practices. Relevant information emerging from implemented projects and programmes should be communicated to all staff.**
11. DG ECHO should better recognise and use opportunities that lead to improved communication between field experts and Brussels-based staff to ensure that important (emerging) topics requiring DG ECHO's attention are timely identified, explored and addressed by staff at all levels.
12. Differences in RMEs' health expertise resulting from region-specific health priorities should be utilised to provide advice on relevant health topics.
13. **DG ECHO should create opportunities for peer-to-peer learning and comparison between NGOs that implement similar projects in the same area. DG ECHO should further consider carrying out a comparative evaluation of cost-efficiency and cost-effectiveness of health activities funded by other donor agencies of similar size and with a similar mandate.**

DG ECHO's policy environment

14. **DG ECHO should encourage and facilitate the development and consistent use of technical guidelines, which the evaluation team proposes to categorise as:**
    - **Technical Issue Papers (TIP)[5]: Papers that provide technical details on a specific health issue, mainly for internal use to allow non-medical staff to grasp the essential elements in question. TIPs require limited consultation, have limited authority and could include indicative rather than binding funding recommendations, notably on reasonable unit costs. TIPs may be annotated publications of norm-setting agencies such as WHO and UNICEF.**
    - **Guidelines: These provide more comprehensive operational guidance on how to deal with specific health service delivery issues. Guidelines should include DG ECHO's recommendations on complex issues such as HIV/AIDS, for which there should be consultation with all operational units. Guidelines will require endorsement from DG ECHO management as they generally have funding implications.**
    - **Position papers: These official papers, issued by the Director General to all DG ECHO staff, would be fully authoritative and would have a binding effect. Broad consultation within DG ECHO but also inter-service consultation in the Commission and with partners is required.**
15. **Considerations of cost-effectiveness and speed in introducing new approaches should be given more emphasis. DG ECHO should therefore re-engage in the discussion and consistent application of unit costs both to improve efficiency and efficiency in relation to impact of funded health projects. This would enhance DG ECHO's understanding of justified differences between regions in the costs of inputs to achieve intended results.**

Linking Relief, Rehabilitation and Development

16. In addressing LRRD, DG ECHO should make use of its own institution-specific strengths. Notably these are: its field expertise; proximity to affected populations; connections with and influence on a vast network of partners; neutrality and impartiality; its funding flexibility. To surmount DG ECHO's limitation in funding duration close collaboration with relevant Commission Services is required.
17. **Develop a framework for analysing the issues and funding implications of long-term crises.**
18. **In close collaboration with other Commission's Services, develop a programming tool to: identify the specific needs of the post-emergency pre-development phase; assess the comparative advantages of DG ECHO vis-à-vis other Services of the Commission in given circumstances; building on experience in selected countries, use the development of the programming tool as a learning and capacity building exercise, utilising both the appropriate coordination mechanisms and DG ECHO's own strengths as listed above; in keeping with the concept of circularity, design this project as an exercise in incremental learning, without seeking 'one for all' solutions.**

Disaster Preparedness and Disaster Risk Reduction

19. **DG ECHO should recognise innovations that have the potential to cross institutional boundaries, such as the Sahel and Epidemics Decisions, and which merit specific attention. Such regional programmes should be monitored as pilots and documented as case studies, explicitly aimed at organisation-wide learning and at enhancing DG ECHO's profile in thematic areas. Such experiences could result in new guidelines.**
20. DG ECHO should ensure that senior staff members are involved from the start to better anticipate and address potential implementation obstacles of innovative programmes.
21. DG ECHO should seek cooperation with key institutional partners such as UNICEF and WHO to develop monitoring formats for thematic issues addressed with a DP/DRR lens.

[5] The TIP has meanwhile been formalised as a modality by the DG, in July 2007.