

EVALUATION OF DG ECHO'S ACTION IN UGANDA

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Evaluation Report

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Contents

1. EXECUTIVE SUMMARY	3
1. INTRODUCTION AND BACKGROUND	7
1.1 Purpose and objectives.....	7
1.2 Uganda Country and Economy	8
1.3 Methodology.....	8
2. ANALYSIS OF HUMANITARIAN ENVIRONMENT	9
2.1 Residual humanitarian needs	10
2.2 Addressing Humanitarian Needs	10
2.3 Vulnerability analysis	11
3. OVERVIEW OF REHABILITATION AND DEVELOPMENT ENVIRONMENT	12
3.1 Assessment of DG ECHO-Funded Operations	15
3.2 Humanitarian architecture and cluster system	16
3.3 Operational findings.....	17
3.3.1 Water, sanitation and hygiene (WASH)	17
3.3.2 Health.....	22
3.3.3 Nutrition.....	25
3.3.4 Protection.....	28
3.3.5 Food security and livelihoods	31
4. STRATEGIC ASSESSMENT OF DG ECHO'S LRRD ACTIONS.....	35
4.1 Summary of decisions	35
4.2 Policies and Principles.....	36
4.2.1 Findings: DG ECHO's Approach to LRRD in Northern Uganda	37
5. CONCLUSIONS	39
5.1 Operational conclusions	40
5.2 Strategic conclusions.....	42
5.3 Operational recommendations.....	43
5.4 Strategic recommendations.....	44

1. EXECUTIVE SUMMARY

1. DG ECHO has provided over €105.8 million in humanitarian assistance in Uganda from 2006 to 2010. This support has been directed principally towards dealing with the effects of continued displacement and the on-going (although largely complete) return process in the conflict-affected north central region of Acholi as well as food insecurity affecting the north eastern Karamoja region.

2. The context of northern Uganda provides a rich learning ground for operationalising linking relief to rehabilitation and development (LRRD) within the Commission and for learning lessons about wider transition programming and exit. Though the final peace agreement was never signed by the Lord's Resistance Army (LRA), both LRA and the Government of Uganda (GoU) agreed to end hostilities in August 2006 and the resulting return happened more quickly than anticipated. Peace and security has been maintained; and GoU has specific programmes targeting affected areas which development partners provide funding for. DG ECHO's own funding has focused on LRRD since 2006 and has developed a thoughtful and well-conceptualised approach towards a responsible exit.

Objectives of the Evaluation

3. The main objective of this evaluation was to assess the results of DG ECHO's support in Uganda. Specifically, this evaluation assessed the extent to which DG ECHO assistance, both overall and by sector has been appropriate and has impacted positively on the targeted population. In terms of EC Coordination and LRRD, the evaluation assessed the extent to which DG ECHO assistance had been coordinated and complementary with EC instruments and the extent to which interventions were incorporated in EC-funded development activities. The evaluation also sought to identify the main gaps and possibilities for building synergies, complementarities and ensuring continuity with EC instruments and with the broader donor context.

Findings and Main Conclusions

4. DG ECHO-funded interventions, which are predominantly multi-sectoral programmes, were found to be highly relevant and appropriate to needs. The quality of DG ECHO-funded interventions has been strengthened by appropriate partner selection during displacement *and* resettlement. Capacity building results have been challenged in the health sector by the high staff turnover. Livelihoods interventions were found to be highly effective with a good LRRD continuum with Delegation programmes. DG ECHO's support to the Water, Sanitation and Hygiene (WASH) sector has addressed pertinent needs with largely positive impact. The focus on rehabilitation of *existing* institutions and infrastructure rather than the creation of *new* ones is an effective strategy with the sum being greater than its parts in many instances.

5. The evaluation concurs with the current plan for phase-out by DG ECHO in Uganda by the end of December 2011. After this time, the Regional Support Office (RSO) Nairobi will monitor the situation. Visits are already scheduled by the technical experts and there are a number of active allocations that can be called upon. These include worldwide response to/preparedness for small-scale disasters via Disaster Relief Emergency Fund (ECHO/DRF/BUD/2011/91000); financing of humanitarian actions from the general budget of the European Union in preparedness and response to epidemics (ECHO/DRF/BUD/2010/01000) and financing of a small scale humanitarian response to disasters (ECHO/DRF/BUD/2010/03000). Funding for 2011 is agreed at €3 million, mainly for the reintegration of extremely vulnerable individuals (EVIs). This is considered appropriate and should enable the majority of EVIs to return home and see the closure of the remaining camps.

6. Current policies and principles within the EU highlight the importance of LRRD but have, as yet, failed to provide effective operational guidance, leaving DG ECHO and the EU Delegation in northern Uganda to work out their own strategy. In-house LRRD is currently constrained by lack of

appropriate funding instruments resulting in limited ability to maximise linkages. The successes of LRRD are irrefutably linked to the EU Delegation's Country Strategy Paper (CSP). In the case of Uganda, coherence and complementarity are clearly evident throughout DG ECHO and Delegation in terms of livelihood programmes, as Rural Development constitutes a Delegation core focus. DG ECHO livelihood programmes thus complement the longer-term EU Delegation programmes; the Agricultural Livelihoods Recovery Project (ALREP); and the Karamoja Livelihoods Programme (KALIP). In addition to having a shared focus, early dialogue between DG ECHO and Delegation was crucial in ascertaining a coherent approach, whilst use of the same partners provided the vehicle.

7. Operationalising LRRD for sectors which are not focal sectors in the Delegation CSP remains problematic. DG ECHO's primary funding to the health, WASH and education sectors in 2008/9 and 10 sought to encourage return and prevent reversal back to the camps. Despite having no Early Recovery protocols, DG ECHO and partners made an impressive and significant attempt to develop standards for key sectors of operation, i.e. WASH, health and education. Where cluster leads were unable to provide basic data to help determine the magnitude of gaps, DG ECHO partners undertook coverage or 'gap' mapping assessments. The process sought to agree and to ascertain minimum acceptable standards that returnees should have in order to prevent a reversal in the resettlement process. The process appears to have been effective and thorough, although not recorded formally in any document.

8. The identification and verification of the Early Recovery standards has, to some extent, paved the way for responsible exit, with DG ECHO assured that certain minimum standards have been met. The process was much facilitated by DG ECHO's choice of partners that have the capacity for both relief *and* rehabilitation.

9. Sectors such as health and WASH, however, could have benefited from better and earlier linkages to other development donors through a greater advocacy strategy. DG ECHO faces constraints both of mandate and ultimately of in-country presence (i.e. it is not a long-term development donor); however, DG ECHO could significantly assist in the analysis and design of sector-specific longer-term development programmes via greater interaction with non-EU donors within these limitations. To a small degree this is now happening through DG ECHO-funded United Nations High Commissioner for Refugees (UNHCR) programmes which are aiming to incorporate EVIs into a longer term World Bank programme. However, it is recognised that time constraints are a major impediment to this.

10. DG ECHO's decision to focus more intensively on EVIs during 2010 and now 2011 is considered to be appropriate as traditional support mechanisms have broken down during displacement and EVI reintegration into return areas remains a challenge. UNHCR's programme in 2011 should see the majority of EVIs reintegrated and camps closed. The 2011 strategy seeks, in addition, to incorporate EVIs into wider development programmes. However, delays in the start up of development programmes are such that it is too early to assess impact of these LRRD initiatives.

11. Uganda was a pilot country for the introduction of the cluster approach. Clusters were formally introduced in the country in 2005/06. At that time, very little global guidance existed for the cluster approach. This created a range of particular challenges for its implementation in Uganda although lessons learned here were used globally. A key benefit was the formulating of the Camp Coordination and Management under UNHCR as a sector and the subsequent improvement in the delivery of services to internally displaced people (IDPs). Ensuring ownership of key activities by District authorities and civil society remains, however, a challenge.

MAIN CONCLUSIONS	RECOMMENDATIONS	LESSONS LEARNED
OPERATIONAL:		
Overall, the relevance and appropriateness of DG ECHO-funded interventions has been good with an appropriate focus on multi-sectoral programmes, which was highly appropriate to needs. (see paragraphs 92, 152, 182 – 186)	DG ECHO's primary tool for decision-making is a needs based approach. This policy is sound and should continue to be the primary tool. (see paragraphs 182-186)	The focus on rehabilitation of <i>existing</i> institutions and infrastructure rather than the creation of <i>new</i> ones is an effective strategy with the sum being greater than its parts in some instances.
Partners were generally well-targeted with broader mandates enabling them to capacity-build partners – including GoU and civil society – throughout both the relief and rehabilitation processes, thus facilitating a smoother transition process. (see paragraphs 64, 195)	Choice of partners is critical to smooth transition; DG ECHO should seek to support partners with mandates to capacity-build local counterparts (GoU and/or Civil Society) as early as possible in a protracted emergency. (see paragraph 195)	Partners with mandates and capacity to strengthen and capacity-build local counterparts (GoU and /or Civil Society) will facilitate the transition process.
DG ECHO has significantly contributed to health facility rehabilitation and health service delivery. However, this key sector risks backsliding without sound LRRD. (see paragraph 200)	Greater emphasis should be placed on advocating to donors and GoU about the importance of increasing access to health and WASH services in return areas. The Technical Advisor (TA) should consider attending the Development Partner's Health meeting specifically for this purpose. (see paragraph 194)	Given its dependence on government budget and institutional support, health-focused non-governmental organisations (NGOs) will face more challenges compared to other sectors after DG ECHO's exit unless linkages with other donors are found.
DG ECHO's livelihood programmes demonstrate good LRRD components with EU Delegation programmes (ALREP and KALIP). They are complementary and demonstrate a coherent approach. (see paragraphs 153, 191, 192)	Ensure early dialogue with the EU Delegation in sectors of CSP core focus as dialogue and coherent approaches, even during protracted emergency phase, will facilitate transition. (see paragraphs 180, 191)	Early dialogue with the EU Delegation is crucial in ascertaining a coherent approach. Early shared analysis of development challenges can facilitate a coherent transition strategy with complementary mechanisms and approaches.
Guidance for partners is missing, in terms of partners not knowing who they should turn to for future development-focused funding. (see paragraphs 90, 149)	DG ECHO should provide sector-specific guidance to its partners to facilitate future development-focused programming. This could be simply achieved by a roundtable chaired by DG ECHO early on in transition phase inviting EU	Guidance for partners on future donor options can help NGOs

	Delegation and key Member States (UK/Department for International Development (DFID)) (see paragraph 194)	
STRATEGIC:		
The policies and principles already exist within the European Union which clearly define the extent and limit to which DG ECHO should move within the traditionally grey area of Early Recovery. (see paragraphs 187 – 189)	DG ECHO should focus on institutionalising responsible exit. Early Recovery or Minimum Exit Standards could provide clarity and facilitate smoother exit – It would also allow for greater transparency and clarity both for DG ECHO and for partner organisations in the field. (see paragraph 197)	The identification and verification of key sectoral minimal standards provides baseline clarity, transparency and facilitates responsible exit.
LRRD with the EU Delegation is limited to sectors that overlap between the CSP and DG ECHO. Health and WASH fall outside of this. Recognising that DG ECHO has constraints as a non-development donor, it should nonetheless consider LRRD outside these confines and as far as possible seek ways to influence longer-term health and WASH programmes (see paragraphs 191, 192).	DG ECHO has a strong comparative advantage in knowledge of gaps and weaknesses across all sectors and could significantly help in the analysis and design of longer-term programmes for specific sectors with more formal linkages with other donors within the limits of its humanitarian mandate. DG ECHO should advocate for an urgent update to the 2001 LRRD Communication and implementation plan. In-house LRRD is currently too constrained by lack of appropriate funding instruments resulting in limited ability to maximise linkages. (see paragraph 192)	DG ECHO has a strong comparative advantage in knowledge of gaps and weaknesses across all sectors and could significantly help in the analysis and design of longer-term programmes with more formal linkages with other donors within the limits of its humanitarian mandate.
Many programmes reviewed during the field visit shared similar characteristics that have strengthened their effectiveness over the transition period including capacity building and support to community-based organisation (CBOs) and local non-governmental organisations (LNGOs) and GoU. (see paragraph 195)	DG ECHO should continue to support partners with the mandate to capacity-build local counterparts (GoU and/or Civil Society). Activities such as international non-governmental organisations (INGOs) partnering with local CBO/LNGOs with an emphasis on mentoring and capacity building should continue to be supported.	Partners with the mandate to capacity-build local counterparts (GoU and/or Civil Society) are more effective vehicles of LRRD.

	(see paragraphs 195, 198)	
<p>Post camp food security assessments require a more sophisticated and technical appreciation of livelihood processes. Appropriate assessment missions are crucial for the design of appropriate rehabilitation and development programmes. Continuation of food aid may contradict the ethos of Do No Harm. (see paragraphs 160-162, 168)</p>	<p>Support of food aid through WFP during the camp years appeared to be critical to the survival of IDPs. In the post camp environment, DG ECHO should ensure that agencies involved in food security assessments demonstrate a comparative advantage, i.e. a multi-sectoral technical understanding of livelihood processes such as the Food and Agriculture Organisation (FAO). Descriptions of 'vulnerability /social protection issues are insufficient'. DG ECHO should continue to support and utilise the IPC to ascertain understanding of the impact of droughts and shocks on food security. (see paragraphs 164, 167, 177 to 179)</p>	<p>In the post camp environment, livelihoods and food security assessments require a more complex / technical understanding than social protection issues, including an understanding of the impact of drought.</p>
<p>Despite having no Early Recovery protocols, DG ECHO and partners made a significant attempt to develop standards for key sectors of operation, i.e. WASH and health. This will allow for a responsible exit. (see paragraph 197)</p>	<p>DG ECHO should consider formalising its transition and exit work in northern Uganda into a 'model' exit strategy to be applied in other operations. Based on defined exit strategy, DG ECHO should allocate resources accordingly. (see paragraph 197)</p>	<p>Exit Indicators can provide clarity for DG ECHO and partners, greater neutrality when negotiating with government, and allow for a responsible exit.</p>

1. INTRODUCTION AND BACKGROUND

1.1 Purpose and objectives

Summary of DG ECHO's Support

12. DG ECHO has provided over €105.8 million in humanitarian assistance in Uganda from 2006 to 2010. This support has been directed principally towards dealing with the effects of continued displacement and the ongoing (although largely complete) return process in the conflict-affected north central region of Acholi as well as food insecurity affecting the north eastern Karamoja region.

Objectives of the Evaluation

13. The main objective of the evaluation was to assess the results of DG ECHO's support in Uganda. Specifically, this evaluation assessed the extent to which DG ECHO assistance, both overall and by sector, has been appropriate and has impacted positively on the targeted population. This included, the extent to which DG ECHO's aid supported returning IDPs and contributed towards improved living conditions and reduced vulnerability in terms of food security, protection, WASH and health. The evaluation also assessed the extent to which vulnerable groups targeted by DG ECHO were

covered by long-term development instruments (EU and other donors). The evaluation also assessed whether the reduction of funds is justified and whether activities maintained during the phase out are the most relevant and appropriate.

14. In terms of EC Coordination and LRRD, the evaluation assessed the extent to which DG ECHO assistance had been coordinated and complementary with EC instruments and the extent to which interventions were incorporated in EC funded development activities. The evaluation also sought to identify the main gaps and possibilities for building synergies, complementarities and ensuring continuity with EC instruments.

1.2 Uganda Country and Economy

15. Uganda has achieved remarkable economic growth rates over recent years. This has resulted from restoration of macro-economic stability; rehabilitation of basic infrastructure; liberalisation of the market; rationalisation; privatisation of state enterprises; and the removal of trade restrictions.

16. In spite of this growth however, Uganda remains an impoverished nation, ranking 143 out of 159 on United Nations Development Programme's (UNDP) Human Development Index.¹ Furthermore, two decades of civil war in the north have led to the displacement of over 90% of the population, depriving them of livelihoods and creating dependence on humanitarian aid. Whilst the Karamoja region was not affected by the LRA conflict, clan conflicts, drought and inappropriate livelihood restrictions have led to the impoverishment of much of the Karamoja population.

17. Northern Uganda scores significantly lower than the national average on many social indicators. In terms of social impact, the conflict and subsequent displacement have pushed poverty levels in the north to 70% at their peak, and presently 46%. The national average is 34% with 9% in Kampala. The biggest income losses in the north have come from the agricultural sector (crops and livestock).²

1.3 Methodology

18. The consultant team sought wherever possible to triangulate findings through documentation reviews, key informant interviews (GoU, aid agencies and beneficiaries) and direct observation during site visits. An itinerary and a list of key interviewees are attached in Annex 1 detailing agencies and locations visited during the course of the field visit.

19. A desk review included project documentation, partner proposals, policy documents relevant to DG ECHO Action Plans, Delegation reports and documentation from other key stakeholders.

20. Interviews were held with staff from DG ECHO Brussels, the RSO in Nairobi, and DG ECHO and EU Delegation in Uganda. Other key informants included GoU, major donors, project partners – NGOs, United Nations (UN) agencies and other stakeholders.

21. A cross-section of projects was selected in consultation with DG ECHO Evaluation and the country desk. Partner evaluations for these agencies are provided in a separate report. This included projects with a range of sectoral foci, a spread of UN and NGO implementing partners and a cross-section of agencies with emergency and development focus. The team employed participatory approaches throughout to ascertain perceptions and perspectives from beneficiaries and target

¹ <http://hdrstats.undp.org/en/countries/profiles/UGA.html>

² Evaluation of the Agricultural Livelihoods Recovery Project (ALREP - FOOD/2007/141003) implemented by the UN's Food and Agriculture Organisation (FAO).

communities. Project appraisals of all projects visited were made. The team held debriefing meetings with partners to provide the opportunity for final validation of findings.

22. Two workshops were held in-country at the completion of the field work. One workshop was conducted with DG ECHO and partners to present the overall preliminary findings while a second workshop focusing on preliminary LRRD findings was conducted with the EU Delegation and DG ECHO.

2. ANALYSIS OF HUMANITARIAN ENVIRONMENT

23. The humanitarian situation in northern Uganda has improved considerably over the past two years due to improved security. As of December 2010, over 99% of the 1.1 million IDPs within Acholi region had returned to their parishes.³ Of the 121 original camps, 13 remain active, inhabited by 5,664 people of whom 3,500 are registered as EVIs.

24. The scale and speed of resettlement has outpaced GoU and civil society ability to provide social services. Over one million returnees now live in scattered settlements across seven districts (three of which were only created in 2010), with access to health care and clean water the key challenges. This has resulted in a series of 'mini' emergencies, highlighted by a number of disease outbreaks including Hepatitis E, polio and cholera.

25. In addition to the remaining camps, a further 52,359 people reside in 'transit' sites or peri-urban centres, typically surrounding former military barracks or trade routes. To date, the peri-urban transit centres have not received external assistance. UNHCR is presently assessing this caseload to determine EVI numbers.

26. Whilst the number of people abducted by the LRA is unknown; over 23,000 children have been assisted in the return to their communities; many are extremely damaged.

27. District level authorities are overwhelmed, and have developed a strong dependency on NGOs. The cluster leaders continue to assist new government leads in the various sectors. In much of the health sector however, capacity building results are minimised by both high staff turnover and absence of often up to 60%⁴ of staff. District Development Plans repeatedly request and expect support from NGOs and CBOs despite the diminishing funds available.

28. Although GoU was keen to move from a *relief* phase straight to *development*, the situation is still one of *transition* as opposed to *development*. Humanitarian funding has substantially diminished over recent years. The 2010 Consolidated Appeal (CAP) was only 43% funded, despite being much reduced from previous years.⁵ With GoU rejection of the concept of Early Recovery, it was excluded from the CAP and UNDP failed to establish an Early Recovery Cluster.⁶ Longer-term development programmes were concurrently experiencing substantial delays. An absence of recovery funds necessitated prolonged relief.

³ UNHCR's December 2010 report

⁴ This figure was given by the CAO of Pader but was repeated by the Kitgum CAO and reported by WHO.

⁵ CAP was only 77% funded with health and nutrition only receiving 12%, education 0%; and WASH 27%.

⁶ It was excluded from the CAP, and the United Nations Peace Building and Recovery Assistance Programme (UNPRAP) remained unfunded or implemented.

2.1 Residual humanitarian needs

29. The residual humanitarian needs predominantly revolve around EVIs, ranging from access to health services to reintegration issues. These include Mental Health, Disability, Redundant Youth, HIV and EVIs and are being addressed by DG ECHO and DFID through UNHCR. Unresolved land disputes are further complicating an already complex environment. In addition, lack of capacity from community to District level continues to impede service provision.

30. The IDP return process was largely spontaneous with little support in the form of standardised return packages. Aid agencies thus provided in accordance with available resources and with their longer running programmes.⁷ In terms of service provision, spontaneous return resulted in geographically dispersed 'mini' emergencies for health care, education and safe water access.

31. Specific unaddressed health problems originating from the conflict include physical disabilities, mental health and HIV AIDS (at double the national average). These require specific but longer-term funding, targeting the community level. A key problem facing Districts besides inadequate funding is health staffing gaps. Low staffing levels at senior levels inhibits strategic planning and prioritisation capacity throughout. High staff turnover undermines much of the capacity building.

32. According to World Health Organisation (WHO) and other health sector key informants, there is insufficient emergency response ability at District level which is evidenced by the various disease outbreaks in the north. The Hepatitis E outbreak in 2008 resulting from poor camp sanitation took two years to be brought under control due to lack of resources and was reportedly a major push factor back to villages. There were outbreaks of polio in 2009 in Amuru and Pader and yellow fever in Karengo in 2010, all originating from South Sudan according to WHO. These outbreaks have been treated using humanitarian funds to date.

33. Health facility deliveries are still low at 30-40%. 90% of mothers attending ante-natal clinics accept HIV testing and collect results. HIV AIDS prevalence in northern Uganda is 12% compared to national average of 6.4%. Coverage of anti retroviral treatment is limited.

34. A serious issue resulting from long term displacement is land disputes. Many returnees are arriving in their villages for the first time, with parents having died during displacement. There are currently over 1,050 land disputes at court in Gulu district alone and many more are being fought under traditional dispute resolutions. Northern Ugandan land is covered by the customary land tenure system, which could lead to conflict especially in the recovery period. Humanitarian funding has enabled legal assistance to be geared towards EVIs through Norwegian Refugee Council (NRC). This is in keeping with the findings of the World Bank's Post-Conflict Land Policy study (northern Uganda 2009).⁸

2.2 Addressing Humanitarian Needs

35. DG ECHO, DFID and United States Agency for International Development (USAID) have provided significant humanitarian funds over the past five years and have contributed to preventing widespread destitution with the spontaneous return of large numbers of impoverished people. In addition to DG ECHO's multi-sectoral approach, DG ECHO and DFID have co-funded EVI programmes

⁷ For example, NRC provided a goat to each returning family along with a kitchen set, mosquito net, matting, etc.; whereas other UNHCR partners gave only household items such as cooking sets.

⁸ World Bank Report No. 46110-Ug Uganda Post-Conflict Land Policy And Administration Options: The Case of Northern Uganda May, 2009.

through UNHCR.⁹ This is likely to enable smoother transition of EVIs via the facilitation of linkages with the Northern Uganda Social Action Fund (NUSAF II). (NUSAF II is a World Bank-funded development project to boost the development of war-affected districts.)¹⁰ This is an excellent example of DG ECHO coordinating well with other development donors and was highly appropriate to needs. Programmes reviewed appear to have addressed imminent sectoral needs though capacity building remains an ongoing challenge in health and WASH. In addition, it is noted that DG ECHO, DFID and USAID have been united in pushing the UN towards developing an exit strategy.

36. Development donors are unaware of gaps or 'base-line' standards in the various sectors. This is particularly so given the manifest change in standards in the post resettlement environment. Significant Post Conflict Outcomes which may be neglected by development donors include Mental Health, Disability, Redundant Youth, HIV and EVIs.

2.3 Vulnerability analysis

37. In Karamoja, DG ECHO's support to FAO's IPC and FAO's many studies and assessments in Karamoja have *greatly* improved understanding of Karamoja food security and livelihood issues. Donors concur that the DG ECHO-funded FAO studies have allowed for more effective programming and greater coherence. DFID described the DG ECHO-funded studies in Karamoja as phenomenal.

38. DG ECHO technical staff (both country TA and RSO) had felt that large-scale humanitarian interventions in Karamoja had been based on inappropriate and incomplete information. Former assessments had repeatedly concluded that large-scale free food distributions were required. The IPC is now used to inform decision makers on food security status, and has proved to be relevant in decision making and response planning by different stakeholders, including humanitarian and disaster preparedness and management activities. DG ECHO-funded FAO studies have assisted both DG ECHO *and* the EU Delegation to articulate more appropriate strategies. The Delegation's KALIP drew heavily on information collected and interventions undertaken by DG ECHO. The mapping of resources which included the status of infrastructure such as boreholes, dams and ponds was used to formulate proposals for KALIP.¹¹ KALIP also make reference to the Early Warning Systems introduced by Agency for Technical Cooperation and Development (ACTED) which, since 2009 has been expanded to the rest of Karamoja through DG ECHO funding.¹²

39. Other DG ECHO-funded FAO studies document information on disaster risk reduction (DRR) and environment management for the Karamoja region and make recommendations on DRR and environmental management.¹³

40. DG ECHO has also funded Office for the Coordination of Humanitarian Affairs (OCHA) to strengthen national capacity to deal with future humanitarian crises. The final draft of the National Policy for Disaster Preparedness and Management is awaiting Cabinet approval. It emphasises DRR in line with the 2005 Hyogo Framework for Action (HFA). With OCHA support, this has resulted in

⁹ ECHO and DFID provided £3.7 million in 2010 and £2m in 2011.

¹⁰ Through local partners, UNHCR will thus interface with communities and EVIs at Parish level to access the NUSAF funds. DFID expects that all UNHCR groups will be linked into the Districts by end of 2011, using a similar model to that employed by Caritas in Kitgum to ensure integration.

¹¹ 10th EDF Karamoja Livelihoods Programme (KALIP) October 2009 WORKING PAPER 1: Water and Rural Infrastructure Asset Development.

¹² 10th EDF Karamoja Livelihoods Programme (KALIP).

¹³ FAO Study on Disaster Risk Management and Environment for the Karamoja Sub-region

the development of draft district-specific contingency plans based on identified hazards.¹⁴ All the above studies are considered highly pertinent in facilitating the awareness of disaster preparedness and DRR. Further energy is needed at District level to operationalise these.

3. OVERVIEW OF REHABILITATION AND DEVELOPMENT ENVIRONMENT

41. There is considerable attention focused on the north by the GoU with support from development partners. The focus of aid to date has been on infrastructure and there is evidence of this in the north, although this is not yet evenly distributed through the affected Districts. Overall funds from Development partners account for 30% of the National Budget. The Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) figures, however, show a total of \$1.7 billion official development assistance (ODA), of which only about 10% focused on the north in 2009/2010¹⁵. However, whilst on paper the envisaged programmes largely address key problems, the operationalising of this remains a challenge. Effective utilisation of funds may be affected by accountability and governance challenges which may limit value for money.

Peace, Recovery and Development Plan for Northern Uganda

42. The Peace, Recovery and Development Plan for Northern Uganda (PRDP) started two years later than planned in 2009. This is a framework within which all donor funds should fall. It comprises of four strategic objectives; Consolidation of State Authority, Rebuilding and Empowering Communities, Revitalisation of the Economy, and Peace Building and Reconciliation. The PRDP will help address past marginalisation of the north. It will support durable solutions to internal displacement and facilitate sustainable peace. Aid programmes are now required to ensure their priorities adhere to PRDP priorities. District coordination of development and humanitarian partners is reportedly easier as the PRDP guides all actors in terms of priorities. Districts have been allowed to allocate and spend money according to their priorities as opposed to priorities set by the national Government.

43. PRDP has to date focused heavily on infrastructure resulting in an increase in structures without any additional operational costs. This reached such a level that the Ministry of Health (MoH) issued a letter in 2011 to prohibit the upgrading of health centres until operational funds have been secured. Drug availability in the north is dire, with on average 60-70% out of the stock. It is clear that a long-term health development programme is required to address this.

National Policy on Internal Displacement

44. In 2004 the National Policy on Internal Displacement was adopted, emphasising the voluntary nature on return, giving rights to IDPs and enshrining them in law. The Office of the Prime Minister (OPM) intended this policy to be a chapter in the National Policy for Disaster Management, however, the delay in developing the disaster management policy led to this issuance of this alone. Therefore the establishment of the District Disaster Management Committees (DDMCs) remain associated with displacement. Camp Closure guidelines were adopted, drawn up largely by UNHCR; together with the hut demolition policy as camps closed, a major necessity in protection terms as empty huts are often the place of rape or gender-based violence (GBV).

¹⁴ Districts are using the Policy for Internal Displacement as the framework for managing the process while waiting for the Cabinet endorsement. This has led to operational difficulties at District level and confusion in terms of roles and responsibilities as it is established for tackling displacement rather than disaster preparedness.

¹⁵ This figure is only indicative, as the DAC figures account for the financial year Apr 2009 to Mar 2010 and the ODA for 2010.

Development Partner Northern Programmes

45. The World Bank is set to implement NUSAF with a budget of \$100 million over three years, plus roads. The British government is contributing financially to NUSAF and investing \$150 million over three years in the Post Conflict Development Programme in northern Uganda. USAID's Northern Uganda Development of Enhanced Local Governance Infrastructure and Livelihoods (NUDEIL) is a \$30 million three-year programme operating in three districts. The European Union's \$20 million ALREP is operating in ten districts for two years. The African Development Bank (AfDB) is contributing to rural infrastructure. The Japanese government is working with the Ugandan government to improve infrastructure, while Denmark, Norway, Sweden and Ireland are giving direct budget support to the government plus direct NGO assistance (UNDP, November 2010).

Agricultural Livelihood Recovery Project

46. The overall objective of ALREP¹⁶ is increased productivity and marketed production for economically active low income small farmers. It seeks to strengthen the agricultural assets, capacities and activities of war-affected population of returnees. A second phase of ALREP is due to start in spring 2011. District agricultural departments were busy planning proposals throughout the evaluation. Proposals highlight the need for continued training of farmers, seed fairs, livestock traction, storage facilities, market infrastructure and feeder roads. ALREP will build upon former livelihood interventions. It does not however cover all districts and geographically, gaps will remain.

Northern Uganda Transition Initiative

47. The US Office for Transition Initiatives began the Northern Uganda Transition Initiative in 2008. It was specifically designed to fill gaps between emergency and development funds. The assessment identified significant gaps resulting from time-lags. Gaps were most evident in infrastructure in return areas. The project identified sub-counties that had both effective leaders and maximum damage with the entry point being the District Development Plan. Unfunded priorities included schools, with teachers' houses being identified as a crucial stumbling block to the return process. Health centre facilities followed close behind. Limited projects at District level helped boost confidence in District and sub county authorities by the returnees.

National Agricultural Advisory Services (NAADS)

48. NAADS is a national programme to move people out of poverty, and is financed largely by development partners. Substantial corruption charges are associated with this programme and investigations are ongoing. NAADS was temporarily suspended, although has recently re-started with firmer guidelines on financial management. As it targets a limited number of people per parish, its impact in terms of addressing humanitarian needs is not strong.

Future prognosis for development funding for north

49. The UN Peace Building Fund will provide \$4m over two years, targeting LRA-affected youth, who now return to communities without skills. United Nations Population Fund (UNFPA) and Office of the High Commission for Human Rights (OHCHR) will also be involved. Youths will become 'social monitors' through youth centres using information communication technology (ICT) to collect data on service delivery centres. Girls will be particularly targeted for this programme. No other funds are currently in the pipeline for this particular group.

¹⁶ ALREP1 (Euro 3.85 million), was approved by the European Commission in 2007 under the Food Security thematic budget line. FAO was contracted to implement the intervention over a 24-month period which was later extended by 9 months to April 2010. ALREP II will start in February 2011.

Health

50. DFID has committed £100m over the next four years to northern Uganda (Peace and Development Plan for Northern Uganda). DFID have highlighted the need to re-engage heavily in the health sector. As of April they will have a health adviser and this will become their biggest portfolio in budget support. DFID are also supporting not-for-profit mission hospitals and health centres. This aims to fill the gap identified by partners in terms of access to health care for returnees. Other key elements of DFID funding are strengthening local Government and Government service delivery (focusing on staff housing through NUSAF II); private sector development, including youth training linked to labour market needs; support to EVIs through UNHCR and (World Food Programme (WFP) for Karamoja) as well as peace building and conflict analysis.

51. Over 60% of the health budget is currently provided by Development Partners through budget support. The only way to monitor this is through the Joint Budget Support Framework under the OPM. In 2010, the health sector was the worst performing, with red boxes against most of the indicators, not surprising as the Health Ministry has not bought into this framework and does not see it as important for them. Both the Global Fund and Gavi suspended their programmes in Uganda for five years due largely to the lack of accountability. The dramatic downturn in progress towards, particularly, Millennium Development Goal (MDG) 4, has pressured these two funds to return (Uganda is ranked in the bottom 15 countries in the world for immunisation, and birth registration is probably only at 20%).

52. United Nations Children's Fund (UNICEF) is seeing increasing funds in their development programme (currently at \$50m a year, with \$21m not earmarked) due to the poor performance on MDGs and as such are less pressured than other agencies by the lack of recovery funds. However, these are largely funding from donors *outside* of Uganda (Spanish, Canadians, Bill and Melinda Gates Foundation (BMGF)).

3.1 Assessment of DG ECHO-Funded Operations

Funding Decisions for Uganda 2006-2010

Date	Duration	Type	Amount (millions)
01/03/2010	18 months	Global plan Uganda	6.0
01/07/2010	18 months	Drought cycle management Greater Horn of Africa (GHA)	20.0 total (1.87 for Uganda)
01/04/2010	16 months	Ad hoc (Disaster Relief Emergency Fund (DREF))	1.5 total (0.126 for Uganda)
01/07/2010	18 months	Ad hoc (epidemics)	10.0 total (1.0 for Uganda)
TOTAL 2010			8.996 million
01/01/2009	18 months	Global plan Uganda	12.0
01/07/2009	6 months	Uganda 10 th European Development Fund (EDF) B envelope	5.475
01/07/2009	12 months	Regional Drought Decision	10.0 total (0.102 for Uganda)
01/11/2009	12 months	Ad hoc (Horn of Africa (HoA))	50.0 total (5.0 for Uganda)
01/03/2009	15 months	Food Aid HoA	22.0 total (2.0 for Uganda)
TOTAL 2009			24.577 million
01/01/2008	18 months	Regional Drought Decision	30.0 total (2.62 for Uganda)
01/01/2008	18 months	Global Plan Uganda	12.0
01/01/2008	12 months	Ad hoc	2.0
02/07/2008	6 months	Food Aid HoA	40.0 total (6.0 for Uganda)
		Food Aid Global	220.0 total (5.5 for Uganda)
TOTAL 2008			28.12 million
25/09/2007	6 months	Emergency	3.0
01/01/2007	18 months	Uganda Global Plan	13.0
01/01/2007	24 months	Food Aid Global	135.0 total (5.0 for Uganda)
01/05/2007	20 months	Food Aid Global	85.2 total (3.0 for Uganda)
TOTAL 2007			24 million
01/07/2006	18 months	Regional Drought Decision	10.0 total (1.15 for Uganda)
01/01/2006	18 months	Uganda Global Plan	15.0
01/09/2006	12 months	9th EDF B envelope	4.0
TOTAL 2006			20.15 million

3.2 Humanitarian architecture and cluster system

53. DG ECHO played a key role during the emergency phase according to DFID and USAID. DFID described DG ECHO as a 'formidable partner' that has resulted in the three key humanitarian donors agreeing joint advocacy strategies that influenced UN programming.

54. Since the adoption of the cluster approach in 2006, DG ECHO has been a key player in advocating greater coherence among UN agencies. This is evidenced by annual funding to OCHA. DG ECHO has sat on the Humanitarian Country Team (HCT) and has been the key face representing donors.

55. Uganda was a pilot country for the introduction of the cluster approach. Clusters were formally introduced in the country in 2005/06. At that time, very little global guidance existed for the cluster approach. This created a range of particular challenges for its implementation in Uganda although lessons learned here were used globally.

56. An evaluation of the cluster approach by the Inter-Agency Standing Committee (IASC) in Uganda was carried out in September 2009 at a time when clusters were planning their phase out and closure. This evaluation concurs with its findings that clusters (particularly the Food Security and Agricultural Livelihoods (FSAL) cluster) enabled responsibilities of lead agencies to be clearer, more reliable and predictable; partnership between UN agencies and NGOs strengthened; better information available; coverage improved for the thematic areas of child protection and GBV. The formation of a cluster for camp coordination and management under UNHCR was also a key achievement.

57. It appears, however, that not all sectors worked equally well under the cluster system. The IASC evaluation reported that processes were top down; parallel fora were established; (for example WASH cluster vis-à-vis District Water and Sanitation Coordination Committee (DWSCC)); CBOs/LNGOs and local Government were largely excluded, which weakened ownership; and insufficient cross-cutting or inter-cluster coordination occurred.¹⁷ Conclusions from this report suggest that attempts to include national actors have increased since 2009 but that ownership remains low and there is a recovery gap.

58. Huge variance existed in the quality of clusters throughout the review period, with much of this attributed to leadership. Clusters *have the capacity* to improve humanitarian response, but equally where leadership is weak, the reverse is true.

59. The report also concluded that exit strategies were defined too late and should have been included from the design phase onwards. Both UNICEF and UNHCR separately advised that a major lesson learned was the need to bring in local partners earlier. UNHCR additionally talked of the challenge of handover particularly for protection issues. They are now looking to embed tasks in institutions or Government services, rather than handing over a (foreign) cluster concept.

60. Both agencies felt that had they recognised the value of LNGOs or CBOs earlier, there may have been a greater opportunity to capacitate them such that they could be better equipped to take on service delivery during transition on behalf of the GoU.

¹⁷This is particularly evident during phase out where CBOs/LNGOs are insufficiently involved in dialogue and debate. For example, the Ugandan Red Cross Society (URCS) has a specific Government mandate for dealing with natural disasters, and DFID has spent the last 3 years building their capacity, but there is little evidence or mention of them at DDMC level.

3.3 Operational findings

61. Whilst the review focused on 11 projects, an attempt was made to discuss challenges in gaps, transition and future prognosis with a wider range of partners. It is noted that some programmes under review had been completed a year prior to this evaluation. The evaluation examined each sector of DG ECHO support against key OECD/DAC evaluation criteria as per the Terms of Reference (ToRs).

62. The choice of sectors has been largely consistent throughout the review period 2006-2010, with a heavy focus on health and WASH programmes as well as consistent support to protection issues targeting EVIs. This has been in-line with the needs assessments carried out by the partners. Frequent visits by the DG ECHO TA have allowed constructive relationships which ensure confidence in the needs assessments of partners as well as build a joint analysis of the situation.

3.3.1 Water, sanitation and hygiene (WASH)

Relevance and appropriateness

63. DG ECHO's choice to intervene in the WASH sector service delivery was well targeted and appropriate towards EVIs, IDP camp populations and returnees. The interventions focused on conflict-affected populations to enable them to access safe water, sanitation and hygiene and increased effectiveness in terms of maintenance of the facilities. This was through construction and/or rehabilitation of water points and provision of sanitation facilities.

64. DG ECHO selection of partners in the transition and recovery phase ranged from very good to adequate. Partners such as Association of Volunteers in International Service (AVSI) were well targeted because of their long-term presence in the region and expertise in both emergency and development. Other partners had little experience of the sector. UNHCR undertook to provide water for returnees through Quick Impact Projects (QIPs) funding because the UNICEF WASH cluster had not been funded. According to a respondent "UNHCR's niche is not water and should not have been involved in water". DG ECHO advocated against this inclusion with UNHCR and provided funding for specialised WASH partners such as Oxfam, GOAL, Concern and Action Against Hunger (ACF) in 2008/9. UNHCR admitted that it had to fill gaps where other clusters were underfunded, and funds from other donors allowed this. However, this was a positive intervention that ultimately enabled returnees to access safe water, and was supported by DG ECHO specific support to sectoral focused partners.

Efficiency

65. Projects were typically implemented within agreed budgets with no cost extensions. Sometimes more direct beneficiaries were registered compared to the forecast; for example, the Oxfam project benefited 89,529 people compared to the targeted 77,357.¹⁸

66. DG ECHO interventions focus on rehabilitation of existing infrastructure rather than construction of new water points where appropriate. An example of this is the rehabilitation of existing boreholes by AVSI at Awach Health Centre (HC) IV, Paibona HC, Awach Central Primary School, Latwong Primary School and Gwengdiya Primary schools which minimised project expenditures. Similarly, the 58 shallow wells constructed by UNHCR were upgraded from spring wells due to decreasing water yields.

¹⁸ Integrated Public Health Assistance for Conflict Affected Populations at Return Sites and in existing IDP Camps, Kitgum District, northern Uganda.

67. The debate on what becomes of motorised water schemes still continues as no clear guidance was provided by the WASH Cluster during the exit phase. AVSI (using own funds) decommissioned motorised water schemes knowing that communities would not maintain them. The dismantled parts (tanks and generators) were put to better use in schools and hospitals. Other partners left water tanks and generators to local government, and facilities quickly deteriorated or were stolen (Muchwini generator stolen, Corner Kilak tank abandoned and generator 'lost'). In other former camps, systems have failed due to lack of fuel and maintenance.

68. These findings coincide with those of DG ECHO RSO that technology alien to village community life will not survive. In the post-camp environment, the vast majority of the population have no experience of paying for water or maintaining water infrastructure. The size and nature of systems needed for large scale camps will likely be inappropriate for any need once there is a return to normalcy. The WASH cluster should be encouraged to consider this early on in a protracted crisis, so that quick and informed decisions about what to do with these schemes can be made during the return phase.

69. Housing infrastructure developed in health and education sector does not incorporate rainwater harvesting (RWH) (Pogo Okutire Primary School, Awach Health Centre IV staff houses and Loborom Health Centre III staff houses). Where groundwater supply is low, and given that RWH is an environmentally-friendly technology, this seems to be a lost opportunity. Future DG ECHO programmes should ensure community infrastructure rehabilitation incorporates rainwater harvesting. Workmanship in terms of *fixing* gutters is crucial and is often the weakest (albeit most important) link.

Effectiveness

70. The effectiveness of DG ECHO has been judged from the approaches of its partners whilst undertaking the interventions. Interventions were undertaken on the basis of comprehensive needs assessments, which justified the costs, numbers of beneficiaries and nature of activities.

71. DG ECHO partners recognised the fundamental role of the district government and community in the recovery process, especially in line with their constitutional responsibility. To this effect, efforts have concentrated on capacity building and active involvement of these structures to effectively perform their roles. Memoranda of Understanding (MoUs) spelling out the roles of each party during the project are signed with the district and when the PRDP was finally implemented in the north, the Chief Administrative Office (CAO) Kitgum adopted the example of the AVSI MoU and required every NGO to sign. This further enhanced accountability and coordination.

72. The meeting of WASH needs has been integrated with other development needs of the poor – livelihoods, education, food security and vulnerability, and provision of such a total package greatly contributes to sustained development. The total resettlement package such as that provided by UNHCR eased the return process, especially of the EVIs.

73. There were no well-thought-through ways of assisting people to phase from free WASH services in camps to contributory services in areas of return, especially since they had no immediate household income (being dependant on agriculture). This has caused shocks and affects water point functionality. The shift from the SPHERE standards applied in the camps to the flexible GoU standards, where the community/beneficiaries are expected to maximally participate in the process to accessing water (user fee payment for operation and maintenance (O&M) of water points). The only exception in the transition phase was the Community Contribution to Capital Costs of construction, which was stayed until FY 2011/12. GoU approaches that did not involve financial contribution have been successful, for example community participation in site selection and

selection and training of water and sanitation committees (WSCs), which had representation of at least 30% women, and the signing of land agreements to ensure that water users have continual access to the water points.

74. Some elements of the so-called 'software' promotion (i.e. hygiene promotion, hand-washing or training in safe water storage and handling) were not included in the DG ECHO budget. As a result, some partners who did not have other counterpart funding did not adequately sensitise the community about the importance of the safe water chain and household sanitation. There was no evidence of a household handwashing facility during the field visit, an indication of very poor hygiene practices.

75. All the institutional sanitation structures (latrines) were not designed to cater for persons with physical disabilities. Given the long period of conflict, the region has many Persons with Disabilities (PWDs) who may also need to access quality education and health services, but structural designs did not cater for their needs.

Coordination

76. DG ECHO partners have endeavoured to involve the District Local Government and other NGOs in the project process to avoid overlaps and duplication. This was through the relevant cluster and district meetings. This has also brought about ownership of the process by the district and created efficiencies in the provision of services.

77. The move from clusters to sectors has not been very effective. Sectoral clusters were created during the period of active conflict and the initial stages of recovery for purposes of coordination of interventions and DG ECHO partners were members of these clusters. During the transition, the WASH Cluster at district level was mainstreamed into the District Water and Sanitation Coordination Committees (DWSCC), which are an establishment of the Ministry of Water and Environment (MWE). Since they were mainstreamed into the District structures, they have not been effective in responding to the recovery and development needs of their sectors. For example, in Kitgum district initially 90% of NGOs attended DWSCC meetings but agencies have phased out of the WASH sector hence minimal attendance. The NGOs blame their poor attendance of the DWSCC meetings on poor coordination demonstrated by postponement of meetings and short notice for upcoming meetings.

Impact – including on vulnerable groups

78. The impact varied from project to project; however, there has been very little return movement from project areas to camps hence promoting resettlement.

79. There has been an increase in access to water at places of return. There has been a general reduction of distance to water points in some places; for example, the average distance to water points in the targeted communities has reduced from 2.5km-4km to 200m¹⁹ (this is especially the case for communities around trading centres for example Awach HC IV, Paibona HC, Awach Central Primary School).

80. There has also been an increase in latrine coverage due to the provision of latrines to EVIs by UNHCR and the promotion of Community-Led Total Sanitation (CLTS) by Oxfam. All WASH-specific interventions supported by DG ECHO included promotion of sanitation.

81. Communities have increasingly taken the initiative in improving their own access to safe water. For example, upon seeing AVSI rehabilitate boreholes, the community employed a hand pump

¹⁹ AVSI.

mechanic to dismantle some abandoned water points and use the spare parts to repair boreholes closer to them at a cheaper cost. This further increased access to safe water.

82. There has been no noticeable impact on reduction in communicable diseases such as diarrhoea. The software interventions did not realise noticeable behavioural changes in basic hygiene and sanitation practices and safe water chain. For example, at all water points visited, the jerry cans were observed to be dirty, an indication that the result has been increase in access to water, not safety to point of use.

Sustainability

83. Systems have been put in place to ensure continued functionality of the water points. These systems varied from partner to partner although the partners promoted multiple approaches. This includes:

- The WSC formed and trained to operate and manage the water points on behalf of the community. Most had in the region of 50% women representation.
- Pump mechanics who are community-based will be at hand to carry out routine and minor repairs of the water points.
- Spare parts supply chain established in districts for example in Kitgum and Lamwo were non-existent.
- Sub-County Water and Sanitation Coordination Committees (SCWSCC) are another structure that is expected to enhance coordination and collaboration at the lower level of Local Government. This structure, which has been largely un-functional, is being re-established with UNICEF support. The SCWSCC are responsible for initial resource allocation, and should support establishment of private hand pump mechanics and spare parts dealers. These private practitioners may then assist the WSCs with maintenance tasks beyond their capability.
- Trying to normalise the approach to delivery of services. For example, in Gulu district starting FY 2011/12, Community Contribution to Capital cost of construction will be reinstated to ensure that every water point has an account; user fee payment enforcement through the Parish Chief who will monitor payment by the 5th of every month. The Sub-County will oversee the account which will be managed by the WSC chairperson, treasurer and secretary.

84. The community dependency syndrome affects the O&M of water points. While in IDP camps, total O&M of WASH facilities was by the humanitarian organisations, whose aim was to prevent the outbreak of sanitation related diseases. A system of user fee collection is being promoted during the transition period but it is failing to pick up. The system was also affected by the outbreak of Hepatitis E virus in 2008 when user fee collection was suspended to focus on providing safe water (free of charge) to curb the outbreak.

85. During their residency in camps, people were not given adequate knowledge about why they were practicing hygiene behaviours. This has meant that the people have not transferred such behaviours to their homes. For example, none of the EVI households visited during the evaluation had hand-washing facilities.

86. District Local Governments are also thinking of mechanisms for sustaining the functionality of motorised water systems. On the whole, the systems were not decommissioned because former camps are becoming trading centres and thus expect piped water schemes. In Gulu district, consultations were done with community leaders, opinion leaders and institution leaders (for example schools and health units) on the future of the schemes and it was agreed they stay. The Lalogi scheme is now partly managed by the health unit. The district recognises the limited capacity

of the management structures since those elected during camp period were mainly illiterate. The proposal is that the new management should be composed of persons who are stakeholders in the development of the trading centres so that their capacity can be enhanced with further training. Despite these plans, there are still cases of vandalism and theft; for example the LC III Chairperson Awach Sub County was arrested because the community saw him loading the generator, which has since disappeared, onto a pick up truck; Chope generator disappeared and the community point to the District Security Office and LC III Chairperson as the culprits.

87. Northern Uganda has a regional water and sanitation umbrella organisation based in Lira district to support O&M of water facilities. Established by the MWE, the organisation, like similar ones across the country, provides training, technical, legal and organisational support to its member boards. This includes specific services such as the supervision of rehabilitation and extension works, water quality monitoring and financial auditing. The District Water Officer (DWO) Gulu expects the management of the motorised schemes to join the umbrella and tap the accrued benefits to further enhance the functionality of the water facilities.

LRRD for WASH at project level

88. The organisations are multi-sectoral focused. They are not now receiving much funding for the WASH sector and are currently focusing on other sectors where funds are available. However, significant water needs remain in many areas. This may be in part due to misleading statistics which, if continually promoted, could impact on development funding and prioritisation.

89. There is a discrepancy between UN OCHA data and national data from the Ministry of Water and Environment which may impact on further provision of safe water services to northern Uganda. For example, the National Water Policy stipulates that each public water point should not serve more than 300 persons, assuming that each existing one does service 300. This effectively pushes the figures for safe water coverage higher. In reality, far fewer than this are using safe water sources in northern Uganda because in the return process some functional water points were left in former camps or by the roadside and are being under-utilised, while few water points exist in some return areas. UN OCHA calculated access to water and generated alternative information. For example, 2010 national statistics show that safe water coverage in Gulu is 92% (among the top three in the country) while UN OCHA data has 27.91% within 1km; similarly Kitgum is 87% (in the top 11) compared to UN OCHA data of 25.59%, all against the national average of 65% access to safe water. However, this information has not been used for advocacy at the national level.

90. As WASH Development Partners/NGOs pull out of the region, there has been no noticeable increase in central Government funds remittance to Local Governments to fill the financial gap, but there are many areas with no access to water; for example, the eastern belt of Kitgum district. DG ECHO WASH partners (Oxfam) were alerted informally by the TA regarding accessing the Global Water Facility, and suggested that perhaps DG ECHO could provide more systematic information on other development funding opportunities.

91. At the national level, the WASH Cluster was handed over to the GoU structures. The WASH Cluster headed by UNICEF was operating at national and district level. The national level cluster was mainstreamed into the water supply and sanitation-working group, which reports to the Water and Environment Sector Working Group of the Ministry of Water. It has been named the Emergency and Recovery Thematic Group under the chairpersonship of the Commissioner in charge of Rural Water Supply and Sanitation of the MWE with UNICEF as the Secretariat. A guidance note on transition humanitarian WASH response coordination from the IASC WASH cluster to the government-led fora detailing the thematic group's ToRs was developed, and meetings with agendas set by the MWE are held on a monthly basis.

3.3.2 Health

Relevance and appropriateness

92. DG ECHO funds to UNICEF in 2010 focused on health and nutrition and the building of a surveillance system to provide more adequate information so that more appropriate decisions can be taken based on needs. The transitioning away from direct service *delivery* towards strengthening of health systems is highly appropriate to context. Fortunately UNICEF's ability to attract development funds²⁰ means that this activity will be able to continue after the exit of DG ECHO, although at a much reduced level.

93. Health interventions are considered highly relevant given the gaps in health service provision i.e. drug supply, health centre staffing, inadequate infrastructure and poor access for returnees. Such gaps have led to poor performance of the key health indicators against the national average.

94. Project design ensured that activities were well-aligned with the Health Sector Strategic Plan Framework (2005/6 – 2009/10) and hence within the long-term development plan for the country's health sector.

95. However, the length of the interventions which ranged from nine months to one year was insufficient to adequately build capacity of the health systems to sustainability levels. It is noted (by development donors too) that political will is key. In the absence of political will, no amount of capacity building will elevate the health sector.

Efficiency

96. Interventions targeted the rehabilitation or expansion of existing health centres. Investments thus added value to already existing initiatives and contributed to effective service delivery. The quality of the construction work appears high. Some Partners, for example International Rescue Committee (IRC), were mindful of environmental factors and provided infrastructure for management of medical and health waste, for example a placenta pit and an incinerator to avoid contaminating the environment and limit HIV transmission.

Effectiveness

97. Programme effectiveness is compromised by the high turnover of MoH staff. The building up of effective health system remains problematic. The inability of relief agencies to address macro-level constraints remained a key challenge (according to WHO). Furthermore, whilst projects target sub-county level, key decisions are made at district levels and budgets at Kampala level.

98. Assistance has been provided in rehabilitation of existing structures or new structures were put up in already established health centres. This was in the form of health staff housing and health facility infrastructure.

99. Efforts to contribute to various components of health vary. Médecins Sans Frontières (MSF) has contributed to reproductive health improvement through on-the-job staff training. This has been very challenging for MSF, with trainees largely disinterested, often absent and always having to cope with multiple jobs due to critical staff shortages. In a protracted emergency, this is considered less effective in the long run although Karamoja does represent a unique challenge. Despite being a protracted crisis, peaks of violence due to the disarmament programme have resulted in access to health care being hampered by the perception of insecurity, to which MSF is well placed to respond.

²⁰ UNICEF receives un-earmarked funds from the Spanish, Canadians, BMGF and World Bank.

100. DG ECHO funds procured drugs to fill gaps where GoU supplied drugs were insufficient. DG ECHO understood that this is not sustainable in the long term but was justified in supporting the fragile nature of the return. Serious drug shortages remain in GoU health centres with a chronic problem of drug stock outs. More than 50% of the drug supplies in Lamwo district are from IRC. As drugs supplies are determined by Kampala, this is a structural issue which requires advocacy at central level.

101. Assistance has been provided to strengthen the referral system through provision of ambulance services and/or fuel and bicycle ambulances. Whilst this is considered effective, insufficient attention was paid to maintenance issues despite this being challenging due to the centralised system.

102. In the past two years, focus has been more on health infrastructure, management of communicable diseases and nutrition with issues of mental health largely considered too difficult to track due to the dispersal of the population. DG ECHO did support mental health interventions through World Vision until 2008.

Coordination

103. UNICEF's key partner is the GoU. As such it is well linked into the MoH. Through the co-chairing of the Health Development Partners Meeting, UNICEF is in a position to highlight gaps within the sector, and to advocate for joint donor positioning on issues such as accountability. However, impact is reduced by the insufficient budget support from donors.

104. Some DG ECHO partners are clearly complementing the health system – avoiding substitution, signing of MoUs, using government systems. Such approaches are encouraged and considered appropriate. As housing infrastructure was provided to existing GoU Health centres, the District Local Government may have an interest in the proper maintenance of the structures.

Impact – including on vulnerable groups

105. Assessing the final impact of DG ECHO-funded partner interventions on the health status of beneficiaries – including the most vulnerable – is a complex exercise given the number of variables and potential influences on basic health conditions. In-depth analysis of epidemiological data sets and randomised control trials (RCTs) would be the standard procedure for such assessments, but these are both time consuming and very costly and are beyond the scope of this evaluation. DG ECHO partners are obliged to report outputs for their projects, which tends to result in largely quantitative rather than qualitative focus. However, it is possible to derive more qualitative results in terms of assessing final health outcomes by combining a number of reports on indicators (i.e. 'number of consultations/consultant/day' with the 'percentage of prescriptions performed in accordance with internationally recognised guidelines'); again this type of analysis was beyond the scope of this evaluation. Although not obliged to report on this, MSF made good attempts in this respect.

106. People have returned to their villages because they are almost certain to access health services. It has also reduced congestion at higher-level health units and regional hospitals. Health service access and delivery has improved in 31% of Health Centres in Lamwo and Kitgum districts rehabilitated (i.e. 2 in Kitgum and 10 in Lamwo out of 39). Health facilities have become functional. Functionality of health centres has led to early diagnosis of disease and hence treatment. More Health Units have been set up but with no commensurate increase in drug supply leading to high stock-out incidences. There has been short-term improvement in referral services, i.e. during the project period.

107. There are variations in districts in terms of health staffing. Gulu district is doing relatively well in the health sector. 70%²¹ of the health positions are filled. Lamwo has 30% filled, according to the District Health Officer (DHO). In Kaabong district the DHO informed the team that only 42% human resource positions are filled but 78% of these are support staff. The implication is that the district has only 9% professional health workers. It is very difficult to retain specialised and support staff due to complex motivation factors (remoteness of some areas of work and access to socio-economic services). The long-term key is provision of local staff but in the meantime the evaluation team found health workers on duty at all units visited with patients waiting in the queue. This is an indication that perhaps provision of housing infrastructure has motivated staff to work

108. Malaria rates are coming down due to indoor residual spraying sponsored by USAID. There are high levels of outpatient department (OPD) attendance, especially when drugs are available. Routine immunisation is at 70%-80% with a target of 90%. There is good coverage for Bacille Calmette-Guérin (BCG), at 83% (this figure relates to those who deliver in health units; however, after delivery few come back for the routine follow-up immunisations). There is high coverage during "child days plus". There is a need for outreach but this is challenged by lack of staff.

Sustainability

109. Sustainability of the quality and quantity of health service delivery will be affected by the numbers and quality of health staff especially in health centres where DG ECHO partners have been substituting Government health staff. However, in other areas where availability of staff had been at least partly hampered by a lack of accommodation, DG ECHO provision of good housing infrastructure is expected to continue motivating health staff to stay (for example, at the Awach Health Centre IV and Kal-Ali Health Centre II in Amuru district).

110. The health infrastructure set up by DG ECHO partners will have a long life because of the good construction quality. The sustainability functioning of the health facilities is also dependent on the availability of drugs. However, health centres across the country, Acholi region inclusive, suffer from drug stock-outs and thefts, and the MoH has not availed adequate operational funding to the health units.

111. Village Health Team (VHT) performance may deteriorate because of lack of incentives. Voluntarism cannot be sustained.

112. The MoH considers products used to treat malnutrition as medicine rather than food and therefore does not stock them as essential medicines. The shift towards prevention by UNICEF is therefore appropriate, and affords greater sustainability. However, UNICEF realise that this will take time, and will continue on a smaller scale after humanitarian funds dry up. In addition, it will leave almost 5,000 children in a critical situation without DG ECHO funding, 30% of whom are HIV positive.

LRRD for health services at project level

113. Some of the partners (for example AVSI) have a long-term presence in the region in both emergency and development projects. IRC has just developed its strategic plan 2011-2015 and intends to stay in Acholi region for the next five years providing development services in the health sector, especially in reproductive health and HIV/AIDS. MSF also expressed commitment to stay in Karamoja. In that respect they may each contribute to the development of their areas of operation.

²¹ These figures were given by the DHOs during visits made by the team to their locations. This trend of highest in Gulu and lowest in Kaabong is fairly similar across most sectors. Lamwo, as one of the newly created Districts is also lagging behind.

114. Although several WASH and health partners of DG ECHO did respond to the Hepatitis E outbreak, many NGO partners funding does not allow for adequate flexibility to handle emergencies out of their sector and community of focus (which is often a Sub-County). This limits their effective participation. Coupled with the huge dispersal of population in a large geographical area with limited infrastructure and services, it took over two years to contain the outbreak in the Hepatitis E.

115. DG ECHO RSO considers that the health sector is the most challenging in terms of LRRD. The health care providers (GoU) require considerable consumables, and high levels of staffing. At present, stock-out is up to nearly 80% in the north, and with the increased number of health units, and the same operational budget, it is difficult to see this improving in the short term. Immunisation rates are already dropping as people return home, away from easy access to health care, and polio has re-emerged in some areas. In spite of this, the evaluation team saw some positive signs in the two health centres visited at which DG ECHO funding allowed for the building of staff houses where health facilities had been rehabilitated by other agencies. In both health centres the head was present and both had almost the full staff contingency, the centres were open and operational and both had at least some of the required drugs.

3.3.3 Nutrition

Relevance and appropriateness

116. DG ECHO nutrition projects incorporate both therapeutic and supplementary feeding programmes as well as targeted food assistance to EVIs. Support to the roll-out of Integrated Management of Acute Malnutrition (IMAM) in the Acholi and Karamoja regions during 2010 and 2011 is considered part of a responsible exit (LRRD), building local capacity to detect, refer and treat malnutrition. Severe Acute Malnutrition (SAM) and Global Acute Malnutrition (GAM) rates were initially reported as 5.2%²² and 11.3% in Acholi's Amuru, and 10.1% GAM in Karamoja. Whilst initial SAM rates were questioned by the RSO (and were indeed later found to be erroneous and reduced to 2.5% SAM for Acholi as a whole,²³ the fragile nature of the return process rendered it appropriate for DG ECHO to support nutrition programmes.²⁴ The LRRD evaluation team concurs with this decision.²⁵

117. DG ECHO RSO noted that nutritional data presented in 2010 was over eight months old.²⁶ The RSO questioned whether the data provided was still relevant given the seasonal nature of SAM and noted that greater effort should have been made to explain or justify and provide evidence as to why the nutrition situation has possibly not improved since July/August 2009. Given the fragile nature of the return process, the review team concur with DG ECHO's decision to support nutrition programmes.

118. Therapeutic feeding programmes aimed to ensure that management of acute malnutrition improved and expanded in Acholi and Karamoja regions through intensified case-finding, referral, and further decentralised treatment alongside district capacity strengthening and improved coordination.

²² Preliminary Findings of Food and Nutrition Assessment in Acholi Sub-region, June-July 2009, Food Security and Agriculture Livelihoods Cluster Meeting, August 2009.

²³ Final Report ECHOUGABUD201001004.

²⁴ Agreement n°: ECHO/-HF/BUD/2009/0202020

²⁵ Food and Nutrition Security Assessment, Uganda July 2009. Final Report ECHOUGABUD201001004.

²⁶ Agreement n°: ECHO/-HF/BUD/2009/0202020

119. The Infant and Young Child Feeding (IYCF) component seeks to protect, promote and support optimal IYCF, in order to improve nutrition status, growth, development, health and thus the survival of infants and young children. The training of health staff in 96 sites in IYCF integration into IMAM is considered highly relevant.

120. DG ECHO programmes also sought to support VHTs and other community-based networks for early identification and referral of acute malnutrition alongside the promotion of key nutrition messages in line with revised VHT strategy. Working with VHTs is an appropriate approach to adopt during the period of transition.

121. WFP are supporting partners in bringing nutrition and health messages to villages. 'Mothers groups' are tasked with teaching other mothers about locally available nutritious foods. St Joseph's TFC facilitate the process with the provision of fruit tree and vegetable seeds to enable demonstrations. Stakeholders (WFP, UNICEF and TFCs) concur that it's an effective means of targeting community members with knowledge of improved nutritional practises.

Efficiency

122. Training and follow up of district staff has resulted in the district being able to manage feeding centres more effectively. Districts can both make their own work plans and place orders as and when stocks are required. Whilst UNICEF were originally working through ACF, the long-term impact of working with districts, despite initially requiring more inputs and training, is more sustainable.

123. WFP's support to TFCs includes training and capacity development of health service staff and provision of equipment and food commodities to inpatients and their caretakers in the second and third phase of treatment. Results have been variable; under Agreement n° ECHO/UGA/EDF/2009/01004 *only 56.7% of the readjusted target supplementary feeding beneficiaries, 40.7% of the therapeutic feeding beneficiaries, and 10.2% of the caretakers were reached (October 2009 and February 2010).*²⁷ *"WFP found that much less than the total estimated number was reached, due to the limited capacity and client use of health facilities and facility-based programmes. As WFP has shifted to supporting community-based supplementary feeding programmes largely for this reason, using health facilities' outreach teams, numbers of beneficiaries have increased significantly. In relation to the apparently low rate of reaching caretakers, a main reason for this was that, while WFP's initial plan was for to assist two caretakers per patient, in reality there was often only one caretaker and cases where two patients have one caretaker".*²⁸

124. Numbers of nutrition beneficiaries was substantially overestimated with far fewer beneficiaries reached than initially foreseen. Explanations include resource and pipeline constraints, as well as a slower roll-out of the nutrition programme as noted above. Lessons need to be learned in relation to how to prepare for and manage resettlement phases.

Effectiveness

125. UNICEF has been instrumental in the development of the IMAM national policy and has been active in building the capacity of the local health services to manage severe acute malnutrition. In this sense, UNICEF has bridged the emergency-development phase from international NGO substitution to local facility support. The project has further increased the capacity of local health authorities to tackle and prevent malnutrition. An aspect of this is the integration of nutritional rehabilitation into the paediatric wards as opposed to the separate TFCs.

²⁷ Agreement n°: ECHO/UGA/EDF/2009/01004 page initial request registration n°: 09.278584 (A.5.2. Result 2).

²⁸ WFP's written explanation during the course of the LRRD evaluation.

126. Supporting VHTs and/or other community-based networks for early identification and referral of acute malnutrition alongside promotion of key nutrition messages is an effective means of dealing with and deterring malnutrition.

127. The use of local mothers to transmit nutrition information on locally available foods is likely to be more effective than using formal mechanisms or outsiders. Stakeholders including UNICEF, WFP and TFCs advised that lessons appear to be being learned among mothers.

Impact

128. Support to nutrition has been crucial to facilitating transition from camps and food aid rations to the villages. Whilst resettlement inevitably had repercussions for nutritional indicators, rates of admissions into feeding programmes have fallen. There has not been a coverage survey so it is not known what percentage was covered.

129. DG ECHO-funded programmes enabled moderately and severely malnourished persons and caregivers to be supported with food. Over 15,500 were the beneficiaries of community-based feeding programmes.

130. Nutrition support to EVIs assisted the return process for vulnerable caseloads. The nutrition programmes are also complemented by cash transfer programmes.

Sustainability

131. Supporting VHTs and/or other community-based networks for early identification and referral of acute malnutrition alongside promotion of key nutrition messages is a more sustainable process than the former focus on treatment by NGOs. The review team concurs, however, that the type of intervention is dependent on the context. Should no capacity be available locally to treat malnutrition adequately, external substitutive services may be required. Once such a capacity has been established, other more supportive interventions can be accommodated. The need to support VHTs for identification and referral purposes is due to the return process dispersing the population over a large geographical area. Identification and referral is complementary to treatment but cannot simply be practised in-lieu.

132. GoU presently has no budget for food resources for treatment of malnutrition. UNICEF will continue to advocate for continued focus on the problem in Kampala. UNICEF is consciously working through government institutions and has made a decision not to fundraise through the CAP in an effort to strengthen district capacity and coordination. It is noted that the procurement of nutrition inputs is a multi-donor action and DG ECHO is not the only contributor. Given the need for these supplies, DG ECHO intends to continue support during 2011.

133. The capacity building of 96 health staff and subsequent follow-up is considered an appropriate approach at this time. It is likely to have a more sustainable impact than substituting them with NGOs. UNICEF note that whilst INGOs such as ACF, or MSF ensure high quality efficient treatment, sustainability issues are weak (as both NGOs are emergency-focused, capacity building is not their focus). In the absence of a rapid onset emergency, it is questionable whether emergency-focused INGOs are the appropriate partners to be implementing or substituting for GoU. UNICEF report that NGOs are likely to focus on numbers *trained*, whilst UNICEF's emphasis with GoU now focuses on *follow up*. A focus on follow up is a lengthier process than the training itself, but will help assure that outcomes are sustainable.

3.3.4 Protection

Relevance and appropriateness

134. DG ECHO (and DFID) have been funding returnee processes with a short- to medium-term perspective. The focus for 2011 is to reintegrate EVIs into their communities. Traditional support networks have broken down during displacement, (EVIs have thus delayed their return to respective villages). It is noted that EVIs are considered a product of NGOs. DG ECHO and DFID are thus building community networks (through UNHCR) to set them up. The evaluation considers this to be an appropriate use of funds for the transition period.

135. DG ECHO has maintained a consistent support to protection of IDPs since 2006. The UNHCR 2010 programme has been particularly well focused and targeted towards the remaining EVIs in the camp and their reintegration into communities. This project has managed to reduce numbers of EVIs in camps and close 110 camps. Only 13 camps remain active. An estimated 3,500 EVIs remain in transit or active camps, together with a further 40,000 people, many of whom are likely to stay for economic reasons. UNHCR's approach has been systematic and tailor-made, starting always from a protection perspective. Since 2009, using Norwegian Refugee Council's (NRC) legal team – Information, Counselling and Legal Aid (ICLA), counselling was offered to 3,500 EVIs; 270 required shelter; 137 cases were brought to court²⁹ or mediation and the remaining were able to resolve their issues following the advice of ICLA. The group most affected by this consisted of widows, women who had co-habited during camps and illegitimate children. Among many of the elderly, which is the largest caseload now remaining in camps, lack of ability to construct shelter is given as the primary reason. In this case, the UNHCR implementing partner undertakes to construct this, and provide a 'safety net'; return package and this has resulted in the successful return of 4,500 in 2010.

136. Funds to NRC for transitional classroom construction and teachers' houses showed DG ECHO's considerable flexibility to address needs *specific* to return. Lack of education in return areas caused much family separation, as children stayed in camps to access learning.

Efficiency

137. Significant funding from the 2010 Global Plan (€2.8m out of €6m) was given to UNHCR to support reintegration of EVIs in this final phase of transition and the project was co-shared by DFID resulting in a 100% funding for UNHCR (as against 44% funding of the CAP) This was the highest amount given to UNHCR by DG ECHO since the first tranche of €1.5m in Nov 06 (€2m in 08; €1.4m in 09 and likely to be €2m in 11).

138. Many of UNHCR's partners are now local organisations with roots in the communities. This reduces significantly the overheads associated with INGOs as well as enabling a more efficient targeting by employing traditional support mechanisms, and reducing incentive payments (Caritas has an extensive network of volunteers who exist in the community already). NRC designed a transitional classroom using improved technology (hydraform machine) reducing by 40% the cost of the buildings.

Effectiveness

139. A major challenge in protection terms has been the variation between agencies in the classification of the term EVI. Until 2008, ICLA project coordinator reported that there was little to no agreement on this, although this improved when UNHCR standardised among its implementing partners (WFP has always remained with its own caseload).

²⁹ Nine so far successful.

140. UNHCR made the decision to use local NGOs in the final two years of the programme in an attempt to build sustainability where possible. Caritas has taken over most of the final camp closures and EVI responsibilities in Kitgum and their approach of using the clan elders to assist reintegration of EVIs is seen as positive by the CAO Kitgum.

Coordination

141. UNHCR was the cluster lead for protection, whilst UNICEF was the sub-cluster lead for child protection. The biggest challenge in 2007 was the lack of resources to fill the gaps identified, which de-motivated attendance according to NRC. Agencies within the cluster were asked to collect and collate data, but without being able to offer assistance, collecting this data was difficult.

142. In 2009 the protection cluster transitioned into the sector working group for protection headed by the Human Rights Commission. After some rapid lesson-learning during 2009, when the quality of protection services offered to EVIs drastically reduced, due mainly to low capacity (and very few staff) in the Commission at District level, UNHCR re-engaged with the aim of reducing significantly the number of EVIs remaining in camps. In the meantime UNHCR is building up capacity within the District on the assumption that EVI-related protection cases will be minimal by the time of UNHCR exit.

143. UNICEF has struggled to carry out comprehensive surveys of education and protection needs, meaning that aggregated data is not available. This makes coordination of the sector very difficult and there was an example of three different agencies agreeing MOU with Education authorities for the same sites. DG ECHO therefore funded NRC to undertake a comprehensive survey of the north, and on the basis of this, funded NRC to construct classrooms where the critical gaps were seen.

Impact

144. EVIs were met in camp settings both in Kitgum, Gulu and Pader. One elderly woman confirmed that she had received shelter in her home village but could not yet return due to land issues within the community. The ICLA team are in the process of negotiating on her behalf and she was hopeful for a resolution. In the meantime she was part of a group in the market who had received assistance through UNHCR for petty trading.

145. UNHCR originally estimated that 30% of the IDPs would not return to their villages, through a natural process of urbanisation, etc. In reality the pressure to reclaim land and the fact that people cannot afford to buy or rent land in a former camp has made this figure closer to 10%. There is now a need to ensure that these peri-urban areas are adequately included into District Development plans. Although the infrastructure left behind from the camps is significant, there is a high risk that this cannot be maintained. UNHCR will encourage Caritas to try and work with authorities to incorporate or re-position equipment as appropriate (for example, motorised pump or generators may be better used in health centres than where currently placed although it is doubtful that any health centres will cope with the cost of running and maintaining these).

146. EVIs are offered a range of protection services, including basic reintegration assistance, and provision of legal assistance if required through the ICLA. Those who are facing land issues, particularly single female-headed households, receive help through ICLA who first negotiate with the community elders to try and resolve the issue, or support the case through court.

147. While there remain many challenges for particularly EVI/PSNs (persons with special needs) the field visit to Opit former camp as well as a return village in the neighbouring area in Lakwana sub County highlighted the following positive points:

- A group of five women who were given small grants to start petty business have amalgamated with 20 other women operating in the market and formed a cooperative that includes a small revolving savings scheme to which each contributes US\$ 2000/= per day and give to one member as operating capital (they are however concerned that although this can sustain them, meeting the education needs of their children requires extra support).
- A group of another five women interviewed in their village reported that they were only able to come back through the provision of a hut by UNHCR. They returned only in December 2010, but state that there are no problems in their reintegration; they have started a range of small activities including pot making and cultivation although they are now drinking water from an unprotected source. As a result, the children suffer from diarrhoea because the water is not boiled or sieved before consumption. Lessons learned during the camp phase on sanitation practice appear to be considered only necessary in a camp situation and not in their return area.

Sustainability and LRRD

148. A significant attempt has been made to forge links into development programmes for the EVIs particularly; however, the lag in timelines has thwarted this. UNHCR see 2011 as a key year for this, with NUSAF II the greatest hope. This is a huge challenge but there are some positive signs with the new design of NUSAF II whose criteria should now allow for vulnerable groups to benefit. UNHCR will play a key monitoring role in this first year, reporting back to DFID and World Bank on how effective the new design is for this caseload. NUSAF I was plagued with allegations of mishandling, and a 'watchdog' with feelers at community level will help gain the confidence of the population. It will be valuable to assess the impact of this at the end of the year, but in terms of preparation for this, UNHCR has made commendable efforts. This provides a potentially good model for developing better monitoring and accountability for development programmes, using 'on the ground' relief programmes during a transition period. UNHCR, and other partners, requested DG ECHO to play a greater part in helping them secure longer term funding, or at least in gaining a better understanding of the funding environment.

149. UNICEF is establishing a new system for family reunification based on the lessons learned during this crisis. The system will ensure that in any future displacements, rapid tracing can be achieved.

150. At Kampala level it was agreed that protection would be handed over to the Human Rights Commission. This was a huge challenge at District level, both because the Commission acts as a sort of watchdog rather than an implementation arm of the District, and secondly because they were not physically present in most of the districts. UNHCR saw a rapid decline in attention to protection issues at District level during the end of 2009 and began to look for more sustainable ways forward. In the District organogram a Human Rights Desk is allocated, this in reality seems to have subsumed by the District Development Officer (DDO). UNHCR is now trying to re-vamp this position and will focus on this as a priority for 2011. The Human Rights Commission (HRC) had one person in the Kitgum office who stressed that the biggest achievements are gained through the District Rights Meetings (DRRP) where all protection partners are able to gain consensus on what the priorities are and seek action. For example, the absence of a Chief Magistrate in Kitgum meant that the backlog of cases was huge. Joint lobbying by the group was able to achieve results and a chief magistrate has arrived. UNHCR expect that by the time of their departure the majority of protection issues specific to IDPs will be negligible and the ongoing protection issues should be incorporated widely through the community. OHCHR and UNIFEM ³⁰ will both continue to support this structure in the coming years through funding from the UN Peace Building Fund.

³⁰ Office of the High Commission for Human Rights and United Nations Development Fund for Women.

151. LRRD is particularly challenging for EVIs; most development projects focus at the macro level and successful reintegration into the community is the best way to ensure support. By using local NGOs in the final years of this programme UNHCR hopes to improve the reintegration, Caritas has the local knowledge and expertise to make this effective.

3.3.5 Food security and livelihoods

152. DG ECHO livelihood programmes demonstrate good LRRD components with Delegation longer-term livelihood programmes. During displacement, DG ECHO-funded Farmer Field Schools (FFS) focused on food production. Following resettlement, DG ECHO programmes broadened its focus covering entire crop cycles including production, post harvest handling and storage. The review noted during focus group discussions with beneficiaries, farmers frequently requested training in marketing. Programmes were, and remain, complementary to the Delegation's ALREP which seeks to increase agricultural productivity and marketing for low income small farmer returnees. DG ECHO livelihood programmes represent good examples of linking relief systems to development.

Relevance and appropriateness

153. Programmes were well designed and relevant to needs, seeking to increase food production during displacement and food *and* cash crop production post-displacement. As over 70% of former IDPs are below the age of 20, exposure to rural livelihoods has been limited and knowledge and skills pertinent to rural livelihoods are lacking. The impact of displacement on loss of skills is enormous and transition is likely to take longer than rapid on-set emergencies. Training in improved cultivation and storage methodologies was thus particularly appropriate in the post-camp environment.

154. While resettlement allowed for access to land, its utilisation remained low. Farmer capacity to open up land was impaired due to a lack of seeds, ploughs and oxen. DG ECHO's seed fairs were an appropriate means of enabling access to seeds. Seed fairs enable farmers to select the right seed, at acceptable quality and in appropriate quantities for the individual household labour and resource base. The 2009 drought impeded expected results; seeds were lost (planting three times in some areas) and livestock components were subsequently replaced by further seed fairs. DG ECHO programmes have, however, equipped returnee farmers with the necessary *skills* and resources for *initial* land utilisation and food production. ALREP is anticipated to continue where DG ECHO has left though it is noted that ALREP does not cover all LRA affected districts.

155. Many of DG ECHO's livelihood programmes with INGOs are coordinated through FAO, which has successfully led the FSAL cluster, participating in regular national and district level coordination meetings to improve information sharing, ensure geographic coverage, and employment of best practices. They are an appropriate partner to work with and through.

156. The poor harvests in 2009 following drought resulted in a lack of planting materials in 2010 as well as reduced access to food particularly among EVIs. Food was thus distributed to worse affected areas. In addition, more seeds were provided so to allow restoration of production during the first season of 2010. DG ECHO's Emergency Response for Drought-Affected and Food Insecure Households sought to ensure that extra vulnerable households in eight sub-counties of Pader and Agago Districts had access to food during the resettlement process and encouraged their capacity to produce their own food crops. The action is considered appropriate and relevant to needs – particularly in the context of WFP's planned withdrawal of ration distributions to EVIs. The project facilitated continued access to food for EVIs, whilst concurrently injecting cash into the local community at a time of extreme vulnerability. It also financially rewarded host or *paired* households who cultivated an acre of land on behalf of the EVIs thereby injecting cash into local markets. The project helped bridge the gap, leaving each EVI with an acre of cultivated food crops. The actual

number of acres cultivated on behalf of the EVIs was not known at the time of the review, but as cash distributions to paired households were contingent upon cultivation milestones, (land clearance, sowing and weeding) it is likely that the majority of EVI acres are cultivated. The project thus effectively enabled continued access to food throughout the resettlement process. Whilst cash injection components are not sustainable, they have facilitated the clearance and cultivation of land for EVIs, which have the potential to enable sustained access to food. Given that the project design was to cover the transition process only, it is a good attempt at bridging key resource gaps whilst simultaneously allowing for the possibility of sustainable social support institutions being forged.

157. Concurrent to this, DG ECHO programmes also engaged in cassava multiplication plots – a good food security crop as it is drought tolerant but also has market value. Cassava fields visited appeared to be growing well and were well maintained.

158. Further linkages between drought and development and DG ECHO-funded responses are found in the Disaster Risk Management framework which builds upon key outcomes of DG ECHO's Regional Drought Decision which are being further developed by FAO under the EU-funded KALIP programme. A module on Community Managed Disaster Risk Reduction tailored for Agro-Pastoral Field Schools (APFS) has been designed and APFS Facilitators have been trained.

159. In Karamoja, whilst not affected by the LRA war, drought and clan-based insecurity have combined to impede household food security. Food aid had been used for many years as the standard response to perceived shocks in Karamoja. This response mechanism took on a vast scale in 2009, (with General Food Distribution (GFD) of over one million people). DG ECHO thus tasked FAO to conduct a number of livelihood studies and assessments in Karamoja. FAO noted that the assessments had failed to consider pastoral incomes thus demonstrating limited technical understanding of pastoral livelihoods. *'No food security assessment in either the pastoral or agro-pastoral zones can be considered as meaningful which ignores the main income/livelihood source of the majority of the population. Studies which indicated that relief aid was necessary had not considered or attempted to calculate households' ability to purchase food from the sale of livestock'*.³¹

160. DG ECHO-funded FAO studies also raised the issue of confusing social protection cases with livelihood failure; *'There are a number of destitute people/households who cannot survive independently. This situation, as elsewhere in Uganda, needs to be addressed through social protection measures, whether State or community based, rather than by emergency relief'*. The review team concur with these findings.³²

161. The DG ECHO-funded FAO studies also raised the issue of perpetual food aid contradicting the ethos of *Do No Harm* in terms of producer and market incentives. DG ECHO is very much aware of a tendency to exaggerate food *needs* and has liaised and coordinated with DFID to question proposed large scale food distributions. DG ECHO technical staff reported that they had for some time felt that large-scale food interventions had been based on inappropriate or incomplete information. The studies have allowed a more in-depth understanding of the complexities in Karamoja which will ultimately allow for more appropriate programming.

Efficiency

162. FAO Emergency and Rehabilitation Coordination Unit (ERCU), in coordination with Ministries *and UN*, collaborated with NGOs, civil society organisations and community-based organisations to design DG *ECHO* livelihood interventions. DG ECHO was able to reach a larger number of

³¹ FAO *What to do about Karamoja - A food security analysis of Karamoja*.

³² Ibid.

beneficiaries and ensure tighter technical backstopping through its funding and coordination with FAO.

163. FAO work through NGOs and GoU government extension systems. This is an efficient and effective means of working. It facilitates NGO access to FAO technical expertise whilst simultaneously strengthening GoU agricultural extension services.

Effectiveness

164. Support of food aid through WFP during the camp years appeared to be critical to the survival of IDPs. The nature of the camps demanded full provision of relief supplies, although the context was difficult and dangerous. Farmer Field Schools are an effective transition tool. They have capacity-building components and effectively prepare rural communities to initiate and rebuild livelihoods. Seed fairs are also effective means of facilitating access to trusted and appropriate seed-deficit households whilst concurrently injecting cash into the community.

165. Farmers interviewed during the evaluation advised that FFS facilitate the sharing of information, problems and solutions and resource exchanges. FFS networks have strengthened knowledge and best practice, and facilitated linkages with micro credit projects, and technical backstopping to boost agricultural production. Returnee youths advised that the FFS system had been particularly useful in capacitating their knowledge of improved techniques and also enabling them to learn from their elders. Farmers also advised that groups enable useful mechanisms for accessing and interacting with additional agencies.

166. Food security assessments in the post-camp environment require in-depth understanding of pastoral and agricultural livelihoods. DG ECHO's support to FAO's HEA and complementary studies have allowed for a more sophisticated understanding of livelihood issues by relief and development partners. To complement these studies DG ECHO's support to FAO's Integrated Food Security Phase Classification (IPC) will effectively strengthen capacity to assess the impact of a shocks and drought on livelihoods. DG ECHO support has further helped develop the IPC as an analytical tool to improve food security analysis. (The IPC is an analytical framework that assists users to generate analysis in a structured and systematic manner and enable them to classify a given area according to a severity scale using common indicators). The IPC uses all available information including classic early warning and conflict indicators. It analyses the accumulated body of early warning indicators and their relation to the designation of warning stages. This will ultimately enable improved response strategies and decision making in both the short and long run. DG ECHO also funded the Uganda National IPC Analysis Workshop under the auspices of the FSAL cluster through the FAO Emergency Coordination Unit in Uganda.

167. DG ECHO-funded FAO studies highlighted the need for *appropriate* livelihood support programmes. FAO use empirical evidence to demonstrate that Karamoja has two different rainfall distributions. The assessments highlighted the minimal impact of drought on pastures as compared to its devastating impact on agriculture, thus highlighting the appropriateness of pastoral-based livelihoods. The study was described as '*formidable*' in highlighting appropriate livelihood needs in the Karamoja region. Donors concur that it has allowed for more effective programming and greater coherence in the understanding of underlying causes of vulnerability in the region. In addition *the study has assisted both DG ECHO and the EU Delegation to better articulate a short-, medium- and long-term strategy.*

168. Outputs included a report which detailed Household Economy Approach (HEA) livelihood profiles of livelihood zones of Karamoja and a means of future predictive modelling ('outcome analysis') of shocks. It also included complementary reports on analysing current livelihood support

strategies; short- to medium-term livelihood development strategies; specific contingency plans at district and sub-regional level for short-term livelihood protection interventions for 2010 in the event of most likely shocks; and plans for consolidation of information gathering and sharing systems, agreed by major stakeholders. In conjunction with the study, both DG ECHO and DFID have pushed WFP to use evidence to justify blanket food distributions in the region.

169. With FAO also working with development donors (again through NGOs in some instances), FAO has knowledge of the technical capacity (and approach) of INGOs, and enables FAO to ensure partners incorporate both relief skills and a longer term development focus. This is far more effective in the long run as it does not require any reorientation processes between relief agencies leaving and development agencies arriving.

Coordination

170. FAO coordination at national level involves collaboration with the OPM and with Ministry of Agriculture, Animal Industry and Fishery (MAAIF). Strong linkages with relevant line ministries, other UN agencies, NGOs, CBOs and civil society organisations assist FAO to reach core objectives of building knowledge and skills of GoU extension workers, farmers and other stakeholders.

171. DG ECHO livelihood interventions were designed by FAO's Emergency and Rehabilitation Coordination Unit (ERCU), in coordination with Ministries and UN, collaborating with NGOs, civil society organisations and community-based organisations. DG ECHO's selection of FAO as a key partner in the food security and livelihoods sector allows for a degree of coherency among DG ECHO partners.

Impact

172. Seed fairs have enabled farmers to select the right quantity of seed, at acceptable quality and in appropriate quantities for the individual household labour and resource base. Over 145 metric tonnes of seeds have been redistributed from 1716 seed surplus farmers to 9,966 seed deficit households.

173. Approximately USD 233,896,000 was generated by seed fairs and injected into the emerging rural economy. Approximately 14,410 acres (5,764 hectares) were subsequently planted with 145 metric tonnes of seed. Total production approximated 882 metric tonnes of grain. Over one hundred acres (40.6 hectares) were also planted with mosaic tolerant cassava varieties, and a further 53.2 acres (21.3 hectares) were planted with Orange Fleshed Sweet Potato for multiplication. The drought tolerant cassava combined with seed fair cultivation strengthens household food security for more risk adverse farmers whilst providing potentially lucrative cash cropping opportunities for the business-minded.

174. Training has resulted in changes in cultivation practises including planting and intercropping in lines, (leguminous with complementary crops) and changes in post-harvest handling. An interesting impact of cultivation training has been the adoption of weeding by men. Where traditional seed broadcasting is still practised, men refuse to participate in weeding but where crops are sown using modern techniques (lines), men consider weeding as part of their role. Farmers advised yields are higher (due to spacing), with fewer losses in the harvesting process. Improved drying techniques are constrained by lack of plastic sheeting on which to dry their produce. Farmers are keen to explore marketing.

175. The impact of seed fairs was somewhat weakened by the 2009 drought. Whilst seed fairs significantly boosted household access to seed in 2009, (over 145 metric tonnes of seed), the subsequent 2009 drought wiped out much production and thus reduced potential gains. Lack of

seed remains a constraining factor. Impact, however, is seen to be a long-term notion from both the community and evaluators' perspective. Thus, during focus group discussions, one farmer noted, "Without the seed fair, we would still be living on nothing".

176. DG ECHO's support to FAO's HEA and complementary studies in Karamoja have allowed for a more sophisticated understanding of pastoral livelihood issues by relief and development partners. The HEA and complementary studies have thus assisted both DG ECHO and the EU delegation to better articulate short-, medium- and long-term strategies. The studies have established baselines which will provide quantitative data that feed into the IPC analysis.

177. Equally important to having sound livelihoods-based analysis such as the HEA is the capacity to assess the impact of a shocks and droughts on livelihoods. In Karamoja, DG ECHO's support to FAO's IPC will significantly strengthen understanding of the impact of shocks and drought in particular.

178. DG ECHO-funded FAO studies and assessments have assisted both DG ECHO and the EU Delegation to better articulate a short-, medium- and long-term strategy.

Sustainability and LRRD

179. DG ECHO's livelihood programmes demonstrate good LRRD components with EU Delegation programme. DG ECHO programmes complement longer-term EU Delegation, ALREP and KALIP programmes and demonstrate a coherent approach. Whilst this is due, in part, to the fact that the EU Delegation CSP has a core focus rural development, DG ECHO's early dialogue with the Delegation was crucial in ascertaining a coherent approach. The shared analysis of development challenges has resulted in the emergence of a coherent transition strategy with complementary mechanisms for the capacity building of both GoU and Civil Society counterparts. Farmer Field Schools are a good example of how LRRD can be operationalised, with an initial focus on production only in camps developing into longer trainings covering the entire crop cycle under the ALREP programme. This is a good example of linking relief systems to development, though coverage of the returning population is still less than half of the affected population.

180. Livelihoods programmes face a number of advantages over other sectors in a transitional context. Livelihood initiatives began prior to the resettlement process, with land being cleared prior to the movement of the entire household. Livelihood processes utilise their own momentum via markets; and evolve of their own accord, if rains allow. Furthermore, inputs such as seed can in some instances be facilitated from within communities through seed fairs. The structural dependence on GoU is less apparent. Seed fairs and FFS will continue to have a long-term impact on farmers as seeds stemming from the seed fairs are still being used today. Knowledge learned from the FFS will also continue to be used.

4. STRATEGIC ASSESSMENT OF DG ECHO'S LRRD ACTIONS

4.1 Summary of decisions

181. DG ECHO has shown its commitment to LRRD in all Uganda-related decision documents since 2006. The Global Plan of 2006 aimed to 'build a strategy with Delegation and partners for effective LRRD'; in 2007 'LRRD is at the forefront of the Strategy for Uganda' and there was a move to 'phase out and actively prepare for phase out and transfer its health programme to development sector'; €20 million was earmarked by the EC to link in and substitute for DG ECHO (through the Northern Uganda Rehabilitation Programme (NUREP)) 2008 'LRRD continues to gain momentum...EC re-focusing on LRRD through NUREP, Water Facility and 10th EDF'. There was also acknowledgement of the challenges of LRRD in health but the decision states 'vital sectors like health remain the most

appropriate for LRRD'. By 2009 LRRD 'remains an important challenge in the context of Uganda, with humanitarian and transition interventions co-existing'. The 2010 Global Plan reiterates the same principles.

182. DG ECHO focus in 2006 was both sectorally and geographically appropriate to the situation and based on needs assessment. Approximately 45% of funds from the €15 million Global Plan were given for WASH activities in camps with a further 22% on health. Protection targeted locations where the return process had started (including International Committee of the Red Cross (ICRC) activities, which accounted for almost 15% and 10% of funding of food security in Gulu). Coordination through OCHA was about 8%. The Ad Hoc and Food Aid budgets supported these global plans appropriately (see funding table).

183. In 2007, the situation in camps stabilised and direct service delivery remained the primary intervention; on the whole, in 2008/9 the same partners were further funded although there was more evidence of multi-sectoral funding than in 2006, reflecting the changing situation of return. ACF and GOAL were both funded for WASH *and* food security projects; AVSI, Cooperazione Internazionale (Coopi), and Concern were funded for health and WASH. OCHA continued to receive funding, showing DG ECHO's commitment to coordination, as well as protection activities under NRC, UNICEF and ICRC. Proportions between sectors were not significantly different to 2006.

184. The key change came in 2010, both in funding, and in partners. The budget was significantly lower (€6m) and demonstrated a preference for partners with a longer-term perspective such as NRC, whilst scaling down funding for emergency-focused agencies such as ACF and GOAL. In addition, significantly more funding was allocated to UNHCR for the reintegration of EVIs. In 2010, almost half of DG ECHO funds supported the reintegration of EVIs (€2.8m out of €6m).³³ Funding to support this is considered appropriate and based on sound needs analysis.

185. The reduction in funds was appropriate, given the significant progress in return and the start up of activities in development programmes. It was also geographically appropriate, and was the result of a 2009 mapping exercise that DG ECHO encouraged partners to carry out in health, WASH and education to identify critical gaps that would deter return.

4.2 Policies and Principles

186. The 2001 EU Communication on Linking Relief to Rehabilitation and Development defined LRRD as the transition between the provision of emergency relief aid and the implementation of development assistance. The implementation of this was based on an Addendum to the Country Strategy Paper, elaborating work programmes, as soon as DG ECHO intervenes in a country. This was not done in the case of Uganda.

187. In 2007 the Communication Towards a Consensus on Humanitarian Aid commits the EU to linking emergency aid, rehabilitation and long-term development, and stressed that the EU should promote a more coherent, consistent and comprehensive approach to humanitarian aid. In addition DG ECHO has shown full commitment to the cluster approach that was one of the key elements in humanitarian reform agenda which seeks to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership. This agenda places the Early Recovery cluster as one of nine humanitarian response activities (and two service areas).

³³ This was co-shared by DFID resulting in a 100% funding for UNHCR (as against 44% funding of the CAP) This was the highest amount given since the first tranche in Nov 2006 1.5m; 2m in 2008; 1.4m in 2009 and likely to be 2m in 2011.

188. These policies and principles shed light on the traditionally “grey area” that DG ECHO is haunted by in identifying how far is too far; and what constitutes the end of an emergency. Put another way, how can DG ECHO exit responsibly? DG ECHO could further define its internal guidelines on Early Recovery, a role well suited to the new appointee in DG ECHO's Operational Policies Unit whose focus is LRRD, Fragile States and Early Recovery and using the valuable lessons from northern Uganda.

4.2.1 Findings: DG ECHO's Approach to LRRD in Northern Uganda

189. DG ECHO has consistently shown an impressive amount of flexibility in terms of funding for northern Uganda which has contributed positively to an Early Recovery environment that provides a foundation for development programmes (staff housing at health centres (AVSI in Gulu); transitional classrooms in return areas (NRC Gulu and Pader)). Five of the 11 partners visited are predominantly development agencies with two (AVSI and FAO) that receive Delegation funds either before or at the same time as DG ECHO funds. AVSI, for example, has received consecutive funding from either the EU or DG ECHO for more than 10 years.

DG ECHO/Delegation

190. Northern Uganda highlights both the extents and the limits of current implementation of Commission-wide LRRD. DG ECHO's livelihood programmes demonstrate good LRRD components with the EU Delegation programme. DG ECHO programmes complement longer-term EU Delegation, ALREP and KALIP programmes and demonstrate a coherent approach. Whilst this is due, in part, to the fact that the EU Delegation's CSPs have a core focus on rural development, DG ECHO's early dialogue with them was crucial in ascertaining a coherent approach. Operationalising LRRD where DG ECHO's main sectors are not focal sectors in the CSPs of the EU Delegation remains problematic.

191. ALREP and KALIP provide a good representation of what can be achieved within DG ECHO-EU Delegation LRRD attempts; but also highlight the limitations. Where the sectors of interest match (for example, rural development with food security/livelihoods) the transition becomes straightforward, but outside of these mutual interest sectors, the current institutional constraints outweigh the LRRD imperative. Budget lines are central within the EU Delegation, sector specialism is agreed during the Country Strategy Paper formulation, and this is unlikely to be influenced by DG ECHO highlighting transition needs. The Water Facility, for example, is a global mechanism of the EC, but it cannot be geographically earmarked to address specific WASH sector transition issues in northern Uganda.

192. Even in examples of a well-planned LRRD strategy, many factors remain beyond control of DG ECHO. Development funding is far more susceptible to delays; whilst budgetary support may be less effective in reaching community-level institutions (such as VHTs). It is noted that capacity building is dependent on political will to carry out programmes (ALREP got the green light to start in February 2011 after many months of delays – both bureaucratic and linked to GoU, whilst KALIP has also faced months of delays – again bureaucratic but also linked with growing disagreement with GoU over pastoral issues in Karamoja).

LRRD outside the Delegation

193. Formal coordination with non-EU Delegation donors is less evident. For example, EVIs and other remaining gaps could have been systematically incorporated into a plethora of long-term development programmes had time allowed for more formal procedures and interactions between DG ECHO and development donors. There were a few key meetings that would have greatly benefited from a presence of DG ECHO; the Health Partners monthly Development meeting in Kampala; and the relatively new Development Donors meeting in Gulu. The evaluation team

attended the latter meeting, and USAID commented that the team's presence would be useful to focus DG ECHO on transition issues. Clearly, DG ECHO is not a development donor and its role is not to focus exclusively on advocacy for LRRD issues, however, the presence of DG ECHO in this final year could play a key advocacy role for health and WASH issues particularly.

Implementing Partners

194. The mandates of many of DG ECHO's partners enabled them to focus on longer-term and broader perspectives throughout encampment and resettlement, making them the main vehicle for transition. AVSI and NRC were both able to address key sectoral weaknesses (for example, GoU staff absenteeism) through the construction of staff housing for health and teaching staff. Both were complemented by funding from other donors. The longer-term perspectives of many DG ECHO partners helped to ensure that sound needs assessments were carried out, as well as good integration of district- and community-level counterparts. Further assistance to these partners in terms of future funding possibilities for NGOs could strengthen this.

Coordination and the Cluster System

195. The United Nations Country Team (UNCT) in northern Uganda attempted to use the newly developed Durable Solutions framework for defining Early Recovery. Uganda was once again a pilot, with very little guidance available on how to implement this on a practical level. What constitutes 'adequate in terms of living standards'? Should it be national standards; the standard that IDPS were used to in the camps; or better than what was there before? This combined with the political drive to move from relief to development, and the lack of a forum such as an Early Recovery cluster resulted in little progress being made.

Early Recovery Minimum Standards

196. In this context, the TA in northern Uganda made a considered and well-conceptualised attempt at formulating key indicators in order to exit responsibly from northern Uganda. This was based on a mapping exercise in WASH at parish level; and mapping of education and health facilities across the affected Districts; in order to assess the minimum acceptable standards that returnees should have in order to prevent renewed displacement. From this exercise, DG ECHO determined that access to a functional health centre within 10km; one safe water point for 1,200 persons per parish; and primary school access were the indicators on which the final funds would be allocated. The new formulation of the Global Plan with country-specific Humanitarian Implementation Programmes (HIPs) is the perfect vehicle for ensuring equity across programmes, which would be enhanced by country-specific exit strategies. The RSO, as the key institutional memory, can then better ensure lesson learning.

EVI and Protection

197. EVIs are widely considered a product of relief camps due to the breakdown of the traditional social support fabric. The reintegration of EVIs who had remained dependent for 20 years on external aid agencies posed a massive challenge. From 2009, DG ECHO focused on EVI reintegration programmes. The evaluation found reintegration programmes to be well-designed and targeted. It is expected that some approaches supported by DG ECHO may develop into longer-term sustainable social institutions. The evaluation noted that the 2010 strategy of UNHCR to utilise local and faith based local NGOs/CBOs as an effective approach for ensuring greater sustainability.

198. UNHCR has successfully facilitated linkages between their EVI caseloads and long-term development programmes such as NUSAF II. Given that the pilot project is over, and NUSAF II has begun, it is too late to be able to modify the actual programme, but several groups assisted by UNHCR will be eligible for NUSAF II funds. Impact will need to be assessed at the end of this year but as a minimum it provides a powerful monitoring role at grass roots.

Sectors' performance during transition

199. DG ECHO has significantly contributed to health facility rehabilitation and health service delivery. It has improved both access to, and quality of, health services and safe water and sanitation. WASH and health services have had to start over again in their provision of services in the post-resettlement environment because facilities and services had been concentrated in camps. Where infrastructure is missing, resettlement results in geographically dispersed mini-emergencies for health and WASH with access and service provision indicators inevitably (initially) declining. Unlike other sectors, WASH and particularly health sectors remain overwhelmingly dependent upon GoU in terms of the need for service support for staffing and drugs supply. Addressing the complex issue of capacity building is both an ambitious and long-term endeavour, which by its nature within the short funding cycle of DG ECHO will always face limitations.

200. Programme design provides a good opportunity for DG ECHO to phase out of the nutrition sector as it seeks to capacity-build local authorities to integrate management of acute malnutrition whilst concurrently working on prevention issues through the IYCF component. This is a good example of LRRD.

201. In summary, improving livelihoods can be achieved without donors or GoU to some extent kick-started by businessmen. For example, since trade to South Sudan has increased, commodities in the north practically equate to prices in Kampala. Health, water and education are, however, reliant on GoU and donors; they require manpower, consumables and as such are much more at risk from non-accountable governments or a dip in donor funds.

202. As development funding comes largely through the OPM, a key weakness in all transitioning sectors has been the 'distance' between those managing these programmes and the north. This gap has been identified and DFID will fund an adviser to support a new role in the north for OPM to monitor the on the ground progress of the PRDP. Together with the new position under the RC's office, a lead UNDP adviser will support this structure.

5. CONCLUSIONS

203. The evaluation concurs with the current phase-out plan for DG ECHO in Uganda by the end of December 2011. After this time, the RSO Nairobi will monitor the situation in northern Uganda. Visits are already scheduled by the technical experts. A new post in the RSO will ensure there is the capacity to continue to have an oversight and if required a surge capacity to deal with any new small displacements linked to South Sudan. DG ECHO can activate appropriate funding instruments if new disease outbreaks threaten return areas following the RSO assessment of needs. Funding for 2011 is agreed at €3 million, the majority to UNHCR for EVI reintegration. This is considered appropriate and should enable the majority of EVIs to return home and see the closure of the remaining camps.

204. In order to provide guidance on the critical issue of timing for transition; more work needs to be done on developing exit strategies. The following conclusions and recommendations are divided into both operational and strategic dimensions. Whilst all of these are based on the direct experience of the evaluation team in Uganda, some of these could also be considered for other situations where DG ECHO is facing similar issues around the development of exit strategies. The Panis Working Group is developing a model to generate entry and exit strategies for food assistance based on ideas from the RSO Nairobi. This would include the need to develop indicators as part of a coherent approach towards exit strategy. This could be further developed and adapted to consider other types of emergency such as that of displacement in northern Uganda. DG ECHO has initiated a non-exhaustive list of operational and sector-specific indicators particular to northern Uganda. This is the start of a process that should be extrapolated to initiate Global Exit Standards (similarly to

SPHERE, such standards could act as a guide). In addition to the sector indicators, the exit strategy would need to look at:

- the situation and contextual analysis (this would include considering unmet needs; what Government and development funds are available; what partners own state of transition is; state of infrastructure in key sectors; security and access etc.);
- key issues for incorporating within CSP framework where sectors overlap;
- a set of activities to address significant sectors outside the Commission (dialogue with key development donors, an advocacy strategy to highlight gaps to development donors (attendance of development donors partner meetings would assist advocacy); and
- a dissemination plan for exit strategy with timelines and partner guidance on future/other funding.

5.1 Operational conclusions

C1. Overall, the relevance and appropriateness of DG ECHO-funded interventions has been very good with an appropriate focus on multi-sectoral programmes which was highly appropriate to needs. Effectiveness has been adequate although compromised in the health sector by the high staff turnover specifically and the challenge of capacity building generally, while efficiency has been particularly good in the WASH and livelihoods interventions. The quality of DG ECHO-funded interventions has been generally high due to appropriate project selection during displacement *and* resettlement. The focus on rehabilitation of *existing* institutions and infrastructure rather than the creation of *new* ones is an effective strategy with the sum being greater than its parts in some instances.

C2. Partners were generally well-targeted with broader mandates enabling them to capacity-build partners – including GoU and civil society – throughout both the relief and rehabilitation processes, thus facilitating a smoother transition process.

C3. DG ECHO has significantly contributed to health facility rehabilitation and health service delivery. It has improved both access to, and quality of, health services and safe water and sanitation. Essential social services have been made available within easy reach in the communities of return. This has motivated people for example EVIs to return home. Nevertheless, significant numbers of people continue to be underserved and improving and sustaining coverage presents a major and ongoing challenge. Ultimately this is a challenge for GoU and its long-term development partners.

C4. Technology alien to village community life; for example, motorised water schemes, may not be sustainable beyond IDP camp life. This is because the vast majority of the population have no experience of paying for water or maintaining water infrastructure, as is required by the normal or routine Government development guidelines.

C5. Rainwater harvesting was not incorporated in housing infrastructure developed in the health and education sector. Where groundwater supply is low (for example eastern Kitgum), this seems to be a lost opportunity, which could have enabled people and institutions to have water.

C6. All the institutional sanitation structures (latrines) were not designed to cater for persons with physical disabilities. As many were plastic cubicles, they cannot in any way be replicated upon resettlement.

C7. The evaluation found EVI reintegration programmes to be well-designed and targeted. It is expected that some approaches supported by DG ECHO *may* develop into longer-term sustainable social institutions.

In the absence of strong clusters systems, or in the absence of an Early Recovery cluster, DG ECHO should endorse its northern Uganda strategy to facilitate Early Recovery (i.e. identify and attain minimum exit standards). In the context of Uganda, it was clear that GoU and UNDP were not supportive of an Early Recovery concept or cluster. There are some advantages in not bringing in an Early Recovery cluster. Existing sectors and clusters are aware of gaps and priorities. DG ECHO's pertinent choice of partners (in northern Uganda), continues to ensure that partners have both mandate *and* technical capacity to evolve from relief to rehabilitation. Most work through local institutions (government or civil society). Assuming that protracted emergencies favour DG ECHO working with such partners, transition can evolve equally efficiently in the absence of an additional cluster. Guidance from DG ECHO in the form of 'exit indicators' provides focus and clarity in such circumstances.

C8. DG ECHO's programmes demonstrate good LRRD components with the DG DEVCO programme in the sector of core focus of the CSP. DG ECHO livelihood programmes thus complement longer-term DG DEVCO programmes (ALREP and KALIP³⁴) and demonstrate a coherent approach.

C9. Simple systematic guidance for partners is missing, in terms of partners not knowing which donor to turn to for future development-focused sector funding. This could take the form of a roundtable meeting with DG ECHO and the EU Delegation to explain opportunities for funding. Member States could be invited to this to present their funding opportunities.

C10. Whilst marketing is considered to be a developmental activity and ineligible for DG ECHO funding, many market operations such as destocking or measures to re-establish prices within a *normal* range, are crucial food security tools. As such, they can be legitimately classified as humanitarian activities.

C11. Food security assessments frequently overestimate food needs. This is a common problem faced by not only DG ECHO but by all donors. In the *post*-camp environment, a sound understanding of pastoral and agricultural processes is essential for ensuring that food security assessments fully understand the impact of shocks on food security. FAO's IPC demonstrates a more comprehensive and sophisticated understanding of livelihood issues than other methodologies.

C12. There is a continuing need for comprehensive livelihood-based analysis, including adequate baseline surveying, as a pre-condition for food security analysis, which in turn can inform better response analyses.

C13. Local faith-based organisations and CBOs have a recognised role in northern Uganda encompassing the capacity to cross-reference donor supported EVI programmes with traditional social support structures and institutions.

³⁴ The objective of the Karamoja Livelihoods Programme is to promote *development as an incentive to peace* in the region by supporting livelihoods, including agro-pastoral production and alternative income generation opportunities for the people of Karamoja. The programme purpose (specific objective) is to protect and enhance incomes and food security of the agro-pastoral communities and support them in building up their productive asset base.

5.2 Strategic conclusions

C1. Policies and principles already exist: The policies and principles already exist within the European Union which define very clearly the extent and limit to which DG ECHO should move within the traditionally grey area of Early Recovery. Both its internal and external policies allow DG ECHO to better define its role in Early Recovery and northern Uganda provides a rich basis for this work.

C2. LRRD with the EU Delegation is limited to sectors that overlap between the CSP and DG ECHO. Health and WASH may often fall outside of this. Whilst recognising the limits of its mandate and in-country presence, DG ECHO should consider LRRD outside these confines and seek ways to influence longer-term health and WASH programmes. Similarly EVI gaps in development programming could have been ameliorated with structured DG ECHO engagement. This could have been done by ensuring more formal engagement with development donors and, for example, the incorporation of EVIs into NUSAF II. As a humanitarian donor, DG ECHO has a strong comparative advantage in knowledge of gaps and weaknesses in the transition process and could significantly help in the analysis and design of longer-term programmes if time allowed for more formal linkages with other donors (for example, through raising their awareness of gaps such as EVIs, mental health and disability). DG ECHO may also have a comparative advantage in facilitating the incorporation of community-level gaps into longer-term development programmes.

C3. Many programmes reviewed during the field visit shared similar characteristics that have strengthened their effectiveness over the transition period. These approaches should be encouraged as part of future DG ECHO exit strategies in other contexts and include a focus on capacity building and avoidance of parallel structures through working with local institutions and partners.

C4. Capacity building is extremely challenging within a short-term funding cycle and has proved the most challenging in the health sectors due to high staff turnover and the water sector due to two decades of dependency and free water.

Capacity building remains a major challenge particularly where there is a high staff turnover or junior staff gap-filling with higher senior positions turnover. To quote WHO, 'you have to train over and over and over and over again; then you start again'. As effective capacity building requires prolonged support, DG ECHO's role as far as possible should be to continue to encourage INGOs to partner with local NGOs/CBOs.

C5. There is a gap in funding instruments that target Early Recovery/transition which combine the 'service delivery' approach of the humanitarian phase with the Government-led budget support modality of development.

C6. Development funding is unpredictable. Despite the large number of development programmes focused on the north, the timeliness of funding support is frequently unreliable. Many of the development programmes start at the macro level, building support within institutions and departments, whereas impact on the ground takes time.

C7. Livelihoods outside camps are more complex than relief activities. Agencies that conduct food security assessments should be able to demonstrate a comparative advantage in their technical understanding of pastoral or agricultural livelihoods and processes.

It is damaging to confuse social protection issues with failed livelihoods. Food needs predictions appear to have been bias in favour of food aid (in camps and in Karamoja). Continuous food aid contradicts the ethos of Do No Harm in terms of livelihoods, producer and market incentives.

C8. Despite having no Early Recovery protocols, DG ECHO and partners made a significant attempt to develop standards for key sectors of operation, i.e. WASH and Health. The identification and ascertainment of the Early Recovery standards enabled a responsible exit, with DG ECHO assuring that minimum standards had been met.

5.3 Operational recommendations

R1. DG ECHO's primary tool for decision making in Uganda is a needs-based approach. This policy is sound and should continue to be the primary tool.

R2. Choice of partners is critical to smooth transition; DG ECHO should aim to support those partners with mandate to capacity-build local counterparts (GoU and/or Civil Society) as early as possible in the transition phase; this is a lesson which DG ECHO could also consider in other similar contexts.

R3. Whilst recognising DG ECHO's limitations as a humanitarian donor, greater emphasis should be placed on advocating to donors and GoU about the importance of increasing focus on Health and WASH services in return areas. Whilst DG ECHO is active in Uganda the TA should consider attending the Development Partners Health meeting specifically for this purpose.

R4. Technology alien to village community life will not survive. Maintenance issues of alien technology systems are problematic. Decommissioning motorised water schemes (as communities will not maintain them) and utilising dismantled parts (tanks and generators) in schools and hospitals is seen to be an effective exit strategy for such components.

Whilst it is acknowledged that users in camps cannot pay, maintenance on non-motorised water schemes should be incorporated into protracted emergencies to ensure continued functionality of such facilities.

R5. Future DG ECHO programmes should ensure community infrastructure rehabilitation incorporates rainwater harvesting to harness its advantage of being an environmental friendly technology that brings water "closer to the people". Workmanship in terms of fixing gutters is crucial and is often the weakest (albeit most important) link.

R6. Infrastructure designs (especially for sanitation facilities) for PWDs should be included in the DG ECHO crosscutting considerations.

R7. In the absence of 'cluster' data, DG ECHO should encourage partners to collaborate to gather the necessary data to enable programmes to target effectively such as exemplified by the NRC comprehensive school assessment.

R8. Ensure early dialogue with the EU Delegation in focal sectors of the CSP given that dialogue and coherent approaches, even during protracted emergency phase, will facilitate and ease transition; this lesson may be applicable in other contexts outside of Uganda facing similar transitions.

R9. DG ECHO should provide sector-specific guidance to its partners to facilitate future development-focused programming. This could include more robust communication to partners about the Delegation and DG ECHO strategy of transition including timelines, funding opportunities, priorities and the need to exit. This could be in the form of guidelines or roundtables but the key is to have inputs from both ends of the LRRD spectrum, i.e. both relief and development.

R10. In drought-prone regions such as Karamoja, market interventions should be considered as a humanitarian response and placed upon a list of potential DG ECHO activities in arid and semi-arid land (ASAL) areas.³⁵

R11. Food Security assessments might be more accurate if *triangulated* with technical assistance from a more technically-orientated third party (NGO/ FAO). A sound understanding of pastoral and agricultural livelihood processes and a solid livelihood-based analysis and baseline is a pre-requisite for food security analysis and better response analysis. It is recommended that DG ECHO support the FAO IPC as an analytical framework in the event of drought to ascertain an understanding of its significance in relation to food security.

R12. Partnering of INGOs with such organisations earlier in the relief phase would help capacitate traditional EVI support systems earlier on in protracted emergencies.

5.4 Strategic recommendations

R1. DG ECHO should focus on institutionalising responsible exit. Early Recovery or Minimum Exit Standards could provide clarity and facilitate smoother exit. It would also allow for greater transparency and clarity (both for DG ECHO and for partner organisations in the field) where host governments are non-compliant. These recommendations could apply both to Uganda and other contexts.

R2. DG ECHO should advocate for modifications to existing funding mechanisms to enable the more systematic implementation of the Communication on LRRD (2001). In-house LRRD is currently constrained by lack of appropriate funding instruments resulting in limited ability to maximise linkages; this is not a situation limited to the Ugandan context.

R3. DG ECHO should consider formalising the thinking and practice developed in Kampala during the transition phase in northern Uganda into a 'model' exit strategy to be applied in other operations where DG ECHO is considering a phase out. Based on a defined exit strategy, DG ECHO should allocate resources accordingly.

R4. DG ECHO should continue to support partners with the mandate to capacity-build local counterparts (GoU and/or Civil Society). In spite of the relatively short time period remaining, activities such as INGOs partnering with local CBO/LNGOs with an emphasis on mentoring and capacity building can foster good practice and encourage collaboration and as far as possible should continue to be supported.

R5. DG ECHO should lead the way in funding up to attainment of Early Recovery or Minimum Exit Standards. This would provide greater clarity in status quo for partners, host government and development agencies

³⁵ Mid-Term Evaluation of DG ECHO's RDD in the GHA – Final Report.

R6. The DG ECHO mandate does not justify extending its presence as a result of the risks in development. However, the presence of the RSO with surge and specialist capacity to monitor the situation is an adequate safeguard for exiting, as long as the overall trend in transition towards a 'normal' development continues to be maintained.

R7. Compared to other donors, DG ECHO has a strong comparative advantage in knowledge of gaps and vulnerabilities across all sectors. As such DG ECHO should consider LRRD outside the confines of the Delegation by increased dialogue and advocacy with development donors and bilaterally with Member States.

R8. DG ECHO could choose to align the DG ECHO sectors clarified under the Single Form Guidelines to those of the humanitarian reform. This would result not only in an Early Recovery sector but also an Education sector.

R9. Ensure appropriate technical capacity for assessment missions. Particularly in relation to drought, DG ECHO should continue to draw on the FAO IPC specialist capacity to produce food security analyses when required.