

EVALUATION OF THE EUROPEAN UNION EXTERNAL ACTION

FINAL REPORT

COMBINED EVALUATION OF THE EU'S HUMANITARIAN INTERVENTIONS IN THE SAHEL AND IN THE FOOD ASSISTANCE AND NUTRITION SECTORS 2016-2020

MAIN REPORT

November 2022

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Prepared by: Sofia Esteves, Rocío Naranjo Sandalio, Vittorio Furci, Melanie Dubuis, Cristina González Monsalve,
María Rosales, Janne Fillet, Eugenia Mule

Checked by: Petra van Nierop

Contact information:

European Commission
Directorate-General for European Civil Protection and Humanitarian Aid Operations – DG ECHO
Unit ECHO.E.2 Programming, Control and Reporting
Email: ECHO-EVAL@ec.europa.eu
B-1049 Brussels, Belgium

European Civil Protection and Humanitarian Aid Operations:

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Table of Contents

ACKNOWLEDGEMENTS	iii
List of acronyms and abbreviations	iv
ABSTRACT	v
1 INTRODUCTION	1
1.1 Purpose of the evaluation	1
1.2 Scope of the evaluation.....	1
Part A. evaluation of the EU’s humanitarian interventions in the Sahel, 2016-2020	2
2 EVALUATION QUESTIONS.....	3
3 METHOD/PROCESS	4
3.1 Methodology	4
3.2 Limitations – robustness of findings	6
4 OVERVIEW OF THE CONTEXT	8
4.1 Context and rationale.....	8
4.2 Global humanitarian aid to Sahel.....	27
4.3 DG ECHO response in Sahel	29
5 ANSWERS TO THE EVALUATION QUESTIONS.....	34
5.1 Relevance	34
5.2 Coherence	58
5.3 EU added value.....	77
5.4 Effectiveness	81
5.5 Efficiency	98
6 CONCLUSIONS	114
7 RECOMMENDATIONS.....	118
Part B. Evaluation of the EU’s humanitarian interventions in the food assistance and nutrition sectors, 2016-2020.....	122
8 EVALUATION QUESTIONS.....	123
9 METHOD/PROCESS	124
9.1 Methodology	124
9.2 Limitations – robustness of findings	125
10 OVERVIEW OF THE CONTEXT	127
10.1 Overview of the humanitarian needs	127
10.2 Overview of global humanitarian aid	134
10.3 Overview of DG ECHO humanitarian aid in the FSL and nutrition sectors	136
11 ANSWERS TO THE EVALUATION QUESTIONS.....	142
11.1 Relevance	142
11.2 Coherence	162
11.3 Effectiveness	168
11.4 Efficiency	189
11.5 Sustainability	195
12 CONCLUSIONS	207
13 RECOMMENDATIONS.....	211

ANNEXES

Annex 1. List of documents reviewed

Annex 2. List of Stakeholders consulted

Annex 3. Survey Results

Annex 4. Field Report

Annex 5. Portfolio Analysis

Annex 6. Examples of modifications requests granted by DG ECHO

Annex 7. Mapping of most vulnerable groups, most acute humanitarian needs and main elements of DG ECHO’s response at regional and country level

Annex 8. Mapping of DG ECHO policies against the Sahel HIPs

Annex 9. Terms of Reference

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LIST OF ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim	IDPs	Internally displaced persons
BSFP	Blanket Supplementary Feeding Programme	IHL	International humanitarian law
CaLP	Cash Learning Partnership	IOM	International Organization for Migration
CHW	Community Health Workers	IPC	Integrated Food Security Phase Classification
CMAM	Community Management of Acute Malnutrition	JC	Judgement criteria
DRC	Danish Refugee Council	LRRD	Linking relief, rehabilitation, and development
DRR	Disaster risk reduction	MAM	Moderate acute malnutrition
ESSN	Emergency Social Safety Net	MPCT	Multi-purpose cash transfers
EDF	European Development Fund	MUAC	Mid-Upper Arm Circumference
EIE	Education in emergency	NRC	Norwegian Refugee Council
ERNE	Enhanced Responses to Nutrition Emergencies	NGOs	Non-governmental organisation
EQ	Evaluation questions	OCHA	UN Office for the Coordination of Humanitarian Affairs
EWS	Early warning systems	RRMs	Rapid response mechanisms
FAC	Food Assistance Convention	SAM	Severe acute malnutrition
FPI	Foreign Policy Instrument	SDGs	Sustainable Development Goals
FSL	Food Security and Livelihoods	TCTR	Total cost to transfer ratio
GAM	Global acute malnutrition	TFCs	Therapeutic Feeding Centres
HDI	Human Development Index	ToC	Theory of Change
HFA	Humanitarian food assistance	ToR	Terms of Reference
HFA & N	Humanitarian food assistance & nutrition	UNHCR	United Nations High Commissioner for Refugees
HIP	Humanitarian Implementation Plan	UNICEF	United Nations Children's Fund
ICRC	International Committee of the Red Cross	WASH	Water, Sanitation and Hygiene
IFRC	International Federation of the Red Cross and Red Crescent	WFP	World Food Programme

ABSTRACT

This is the Final Report for the combined evaluation of the European Union's humanitarian interventions in the Sahel and in the food assistance and nutrition sectors in 2016-2020. The evaluation uses a mixed-methods approach and concludes that: the interventions in the Sahel were relevant, coherent, added value, effective and efficient; and the food assistance and nutrition interventions were relevant, coherent, effective and efficient.

The strategic recommendations for the response to the Sahel are that DG ECHO should: (1) progressively complete the implementation of its exit strategy in Mauritania, (2) adopt a more regional approach to address common issues in Central Sahel, (3) further enhance the centrality of protection, (4) draw on lessons learned from responding to a rapidly changing humanitarian context in the Sahel, and (5) consider increasing its share of multi-year funding.

The strategic recommendations for the response to food insecurity and malnutrition are that DG ECHO should: (1) further explore opportunities to respond in anticipation of / earlier and quicker to crises, (2) further promote and adopt a multi-sectoral approach, (3) strengthen supply chains, (4) promote livelihoods and resilience-building approaches in the context of the triple Nexus, and (5) consider revising its Food Assistance Policy and the Nutrition Policy.

1 INTRODUCTION

1.1 *Purpose of the evaluation*

This is the Final Report for the combined evaluation of the European Union (EU) humanitarian interventions in the Sahel and in the food assistance and nutrition sectors 2016-2020. The evaluation was launched by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) in October 2021. The work was undertaken by ICF, with inputs from experts in the fields of humanitarian assistance and evaluation.

The purpose of this assignment was twofold: to assess the EU's humanitarian interventions in five Sahel countries – Mauritania, Mali, Burkina Faso, Niger and Nigeria (Part A); and to assess the EU's humanitarian interventions globally, in the fields of food assistance and nutrition (Part B).

Expected results of the evaluation included:

- Part A: A retrospective assessment of DG ECHO's interventions in the five Sahel countries and a maximum of five retrospective strategic recommendations to inform its future interventions in those Sahel countries;
- Part B: A retrospective assessment of DG ECHO's interventions in the fields of humanitarian food assistance and nutrition (HFA & N) and a maximum of five prospective strategic recommendations in support of its global work in the area of HFA & N.

1.2 *Scope of the evaluation*

The retrospective assessment of DG ECHO's interventions in the five Sahel countries in 2016-2020 covered the evaluation criteria of relevance, coherence, EU added value, effectiveness, and efficiency, and focused on two thematic areas, (i) multi-sector approach and (ii) humanitarian access.

The retrospective assessment of DG ECHO's interventions in the fields of HFA & N globally in 2016-2020 covered the evaluation criteria of relevance, coherence, effectiveness, efficiency, and sustainability, and focused on two thematic areas, (i) DG ECHO's use of cash and other transfer modalities and (ii) integrated approach to food insecurity and malnutrition.

Part A. evaluation of the EU's humanitarian interventions in the Sahel, 2016-2020

2 EVALUATION QUESTIONS

The evaluation was designed to respond to a specific set of evaluation questions, as articulated in the Terms of Reference (ToR) and finetuned at inception phase:

Relevance

- **EQ1.** To what extent was a clear and context-adapted strategy designed and applied by DG ECHO in the Sahel region?
- **EQ2.** To what extent did the design (including geographical and household targeting) and implementation of EU-funded actions take into account the needs of the most vulnerable population, in line with respective sectoral policies and priorities?

Coherence

- **EQ3.** To what extent was DG ECHO's response in the Sahel aligned with its mandate and its policies?
- **EQ4.** In the context of the Triple Nexus, to what extent did DG ECHO contribute to the coordination with development and peace actions, and the development of a common strategic vision? (Link with EQ7)

EU added value

- **EQ5.** What was the EU added value of DG ECHO's actions in the region during the evaluation period generally and compared to Member States individual responses?

Effectiveness

- **EQ6.** To what extent were DG ECHO's specific objectives for the region and countries achieved? What concrete results were achieved during the period under evaluation?
- **EQ7.** To what extent did DG ECHO's actions contribute to building resilience among the targeted populations? What could be further done (enabling factors, tools, mechanisms, change in strategy, etc.) to strengthen links to interventions of development actors? (Link with EQ4)

Efficiency

- **EQ8.** To what extent was the size of the budget allocated by DG ECHO to the region and countries appropriate and proportionate to what the actions were set out to achieve?
- **EQ9.** To what extent did DG ECHO achieve cost-effectiveness in its Sahel response? What factors affected the cost-effectiveness of the response and to what extent?

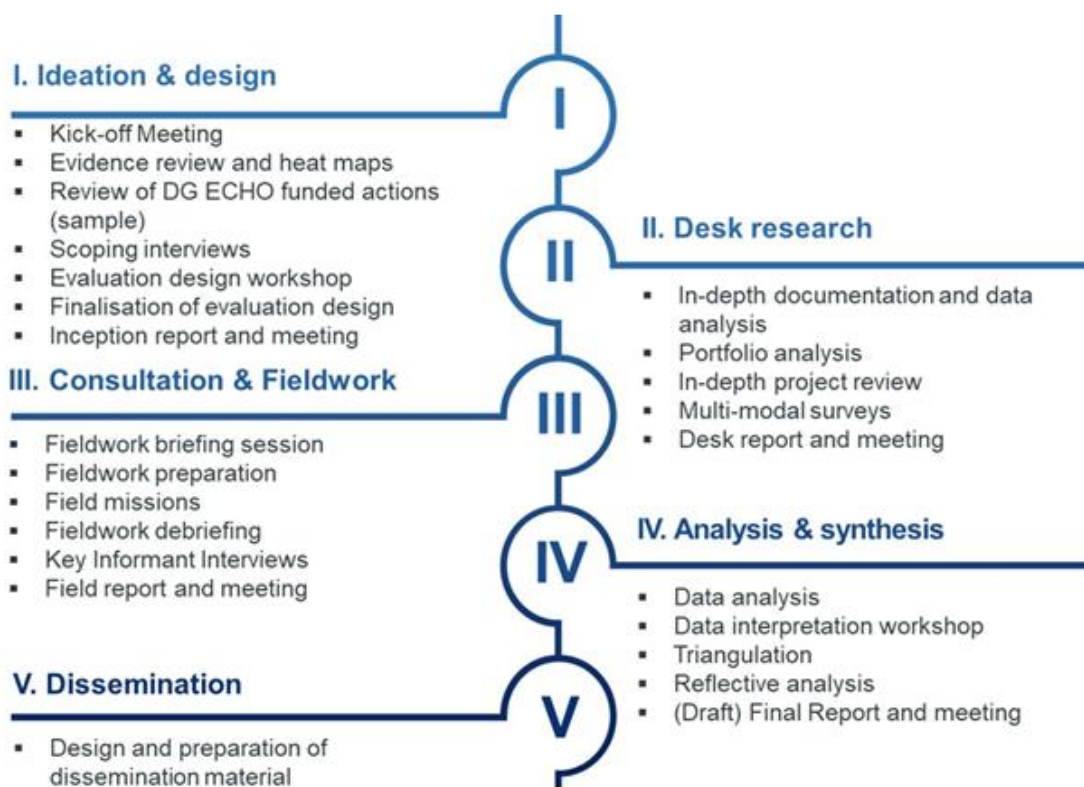
3 METHOD/PROCESS

3.1 Methodology

A variety of research tools and sources of information were used to build a rich and comprehensive evidence base for this evaluation, covering a wide range of stakeholders (see Figure 1).

For Part A of the evaluation, the evaluation team reviewed approximately 85 documents and documentation (SingleForm and FichOps) for 50 actions. ICF conducted a survey of DG ECHO framework partners operating in the Sahel region (46 responses), undertook 44 key informant interviews (KIIs), and conducted project site visits and field missions in Burkina Faso, Mali and Niger.

Figure 1. Overview of methodology



3.1.1 Documentation and database review

The evaluation team reviewed a range of primary and secondary sources of evidence. Most of the documents were publicly available online, while others were provided by DG ECHO. The documents were classified into several categories:

- **DG ECHO documentation:** Six Humanitarian Implementation plans (HIPs) and their annexes were reviewed, as well as policy documents and thematic policy guidelines, mission reports, past evaluations, and other internal documents;
- **Project documentation:** 50 SingleForms, as well as DG ECHO internal appraisals (FichOp);
- **DG ECHO's HOPE/EVA databases;**
- **Other publicly available documents:** publicly available documents were reviewed to capture information gathered by third parties on the context and themes.

Overall, the quality of the documentation and datasets was **high**.

3.1.2 Survey

As part of the desk phase, a survey in English and French gathered information from DG ECHO framework partners operating in the Sahel. Table 1 presents the steps undertaken in the organisation and administration of the surveys, together with an analysis of the quality of the data collected.

Table 1. Survey of DG ECHO partners in Sahel

Survey to framework partners in Sahel	
Survey period	5 April 2022 - 24 May 2022
Distribution method	Individualised organisation emails to partners sent by ICF, based on a list of contacts within partner organisations provided by DG ECHO
Number of responses	46
Response rate	Not possible to calculate a robust response rate as a snowballing approach was used to identify potential respondents. In some cases, teams provided a collective response to the survey instead of one for each individual member
Survey analysis	The survey was analysed quantitatively using descriptive statistics. Cross tabulations were generated with ICF survey software (Qualtrics). ICF conducted data cleaning on these outputs and created graphs and tables to present the findings. For open-ended questions, all responses were collated and analysed qualitatively
Quality of the data and limitations	High quality – the number of responses was reasonable and there was a mixture of responses from international non-governmental organisations (NGOs) (72%), UN system (13%), and International Red Cross and Red Crescent (13%).

3.1.3 Consultation and fieldwork

Consultation started from day one of the evaluation, with a workshop with DG ECHO staff to discuss the Theory of Change (ToC), followed by nine scoping interviews with DG ECHO headquarters (HQ) and field staff, as well as one interview with a framework partner and another with an implementing partner.

A second round of key informant interviews (KIIs) was undertaken as part of the consultation & fieldwork phase, with a total of 44 stakeholders. Table 2 presents an overview of the stakeholders consulted (see Annex 2).

Table 2. Key Informant Interviews (KIIs)

Stakeholder category	Organisation	Number
DG ECHO	DG ECHO HQ	5
DG ECHO field	DG ECHO Field	9
Framework partner	Action Contre la Faim (ACF), ACTED, CARE, Red Cross, Food and Agriculture Organization of the United Nations (FAO), International Committee of the Red Cross (ICRC), IRC, Norwegian Refugee Council (NRC), Oxfam	15
Implementing partner	ALIMA	1
UN Agency	UN Office for the Coordination of Humanitarian Affairs (OCHA)	2
International Research Institute	International Food Policy Research Institute (IFPRI)	1
Other humanitarian actors	<i>Welthungerhilfe</i>	1 (Written reply)
Member State/ third country donors	AICS Bill and Melinda Gates Foundation	2 (of which 1 written reply)
Other European Union institutions	European External Action Service (EEAS), Service for Foreign Policy Instruments (FPI), Directorate-General for International Partnerships (DG INTPA)	8

A third round of interviews with stakeholders, including national authorities and community leaders, was undertaken as part of the field missions in three countries (Burkina Faso, Niger, Mali) in the context of two case studies:

- Multi-sectoral response
- Humanitarian access

In addition, seven focus groups were conducted in all three countries visited, which gathered the views of beneficiaries.

Overall, the quality of the data collected via consultations was **medium-high**, as the overall response rate was reasonable, and a range of different stakeholder groups were consulted. One limitation was the fact that the response rate from certain stakeholder groups was low (particularly research institutes, Member State/third country donors, and other humanitarian actors), which limited their representation in the consultations.

3.2 Limitations – robustness of findings

Complementary research methods were used to enhance the reliability and validity of the data collected and to provide the basis for cross-verification, corroboration and triangulation of the results. The vested interests of different stakeholder groups were taken into account to address potential bias and to ensure objectivity.

Based on the review of the methods and tools, the evaluation results are judged to be valid, as most were confirmed by multiple sources of evidence. However, as with any evaluation, there were limitations to the methodologies and research tools applied.

4 OVERVIEW OF THE CONTEXT

4.1 Context and rationale

The following sub-sections provide a country-level analysis of the political and socioeconomic factors shaping the emerging humanitarian challenges and needs in Burkina Faso, Mali, Mauritania, Niger and Nigeria between 2016 and 2020.

4.1.1 Burkina Faso

Burkina Faso's political landscape between 2016-2020 was shaped by the resignation of President Blaise Compaoré in October 2014¹. Between 2015 and 2022, Roch Marc Christian Kaboré served as President, until he was deposed during the country's recent coup d'état².

Burkina Faso's security has deteriorated significantly in recent years, with violent conflict spreading across the northern, central and eastern regions of the country³. In December 2018, the government declared a state of emergency in 14 of its 45 provinces, which was extended and maintained throughout 2020⁴. Political instability hindered the government's capacity to effectively respond to humanitarian needs driven by conflict, weather-related disasters, climate vulnerability, and food insecurity.

In 2018, more than one-third (34%) of Burkina Faso's 20 million people lived below the income poverty line of USD 1.90 per day⁵. In 2020, the country ranked 182nd out of 189 countries for the United Nations Development Programme (UNDP) Human Development Index (HDI), calculated based on indicators of life expectancy, education, and per capita income indicators⁶.

Table 3 presents Burkina Faso's overall INFORM risk index score⁷ from 2016-2020 and highlights the number and percentage of people directly affected by crisis. The risk score was calculated based on indicators measuring hazards and peoples' exposure, vulnerability, and the resources available to help people to cope⁸.

Table 3. Burkina Faso: risk indicators, 2016-2020

Risk indicators	2016	2017	2018	2019	2020
INFORM risk index score (out of 10)	5.4	5.5	5.1	4.9	6.4
Total country population (millions)	17.5	18.1	18.6	19.7	20.3
Population directly affected by crisis (millions)	3.0	N/A	0.8	1.5	2.9
% of population directly affected by crisis	17%	N/A	4%	8%	14%

Source: Inform reports 2017-2021, available [here](#). DG ECHO Central and Western Africa HIPs 2017, 2018, 2019 and 2021.

¹ Bertelsmann Stiftung, *Burkina Faso: Country Report*, 2020, available [here](#).

² Ibid.

³ Food Security Information Network, *Global Report on Food Crisis: Joint analysis for better decisions*, 2020, available [here](#).

⁴ European Commission, *Burkina Faso Factsheet*, DG ECHO, 2022, available [here](#).

⁵ World Bank Open Data, *Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population) – Burkina Faso*, 2022, available [here](#).

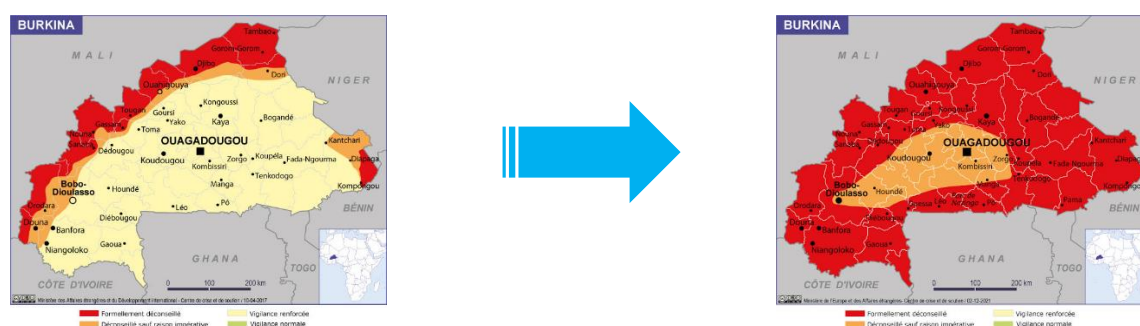
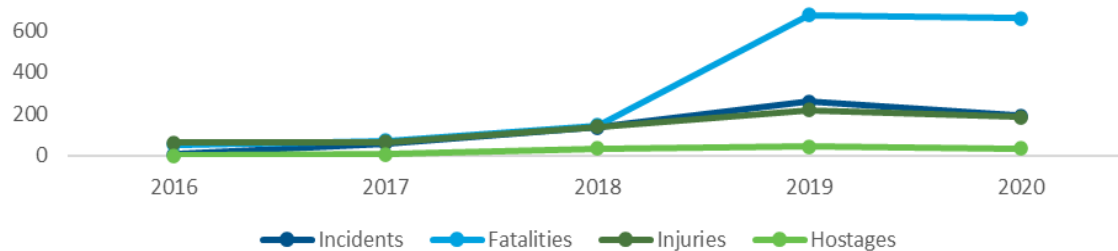
⁶ UNDP, Human Development Index, 2022, available [here](#).

⁷ INFORM risk index score assesses the extent to which a country is at risk from humanitarian crises and disasters that could overwhelm national response capacity. It covers three dimensions - hazards and exposure, vulnerability, and lack of coping capacity. The higher the score the higher the risk.

⁸ Inform, *Inform Report 2021: Shared evidence for managing crises and disasters*, 2021, available [here](#).

Between 2016-2020, Burkina Faso witnessed a **sharp increase in terrorist attacks** directed at the civilian population⁹, peaking in 2019, when the largest increase in deaths from terrorism internationally occurred in the country, largely due to the rise of the extremist groups Jamaat Nusrat al-Islam wal Muslimin (JNIM) and the Burkina Faso branch of Ansar al Islam¹⁰. Figure 2 presents the number of fatalities caused as a result of terrorism, showing a growth from 53 in 2016 to 658 in 2020¹¹. This period also witnessed a rise in incidents, injuries and hostage-taking.

Figure 2. Burkina Faso: number of terrorism related incidents, fatalities, injuries and hostage-taking, 2016-2020



Source: Institute for Economics and Peace, Global Terrorism Index, available [here](#).

Similarly, the economic cost of violence in Burkina Faso grew dramatically between 2016 and 2020, from 5% to 14% of the country's overall Gross Domestic Product (GDP)¹². In 2020, Burkina Faso ranked 22nd out of 163 countries for highest economic cost of violence as % of GDP¹³.

Table 4. Burkina Faso: economic cost of violence, 2016-2020

Cost of violence indicators	2016	2017	2018	2019	2020
Economic cost of violence (millions, PPP)	1,837	725	1,894	2,654	6,278
Economic cost of violence (as % of GDP)	5%	2%	5%	7%	14%
Global rank for economic cost of violence as % of GDP (out of 163)	132	161	107	69	22

Source: Institute for Economics and Peace, Global Peace Index reports 2017-2021. Available [here](#).

⁹ United States (US) Department of State, *Country reports on terrorism 2020: Burkina Faso*, 2020, available [here](#).

¹⁰ Institute for Economics and Peace, *Global Terrorism Index 2020: Measuring the impact of terrorism*, 2020, available [here](#).

¹¹ Institute for Economics and Peace, Global Terrorism Index, available [here](#).

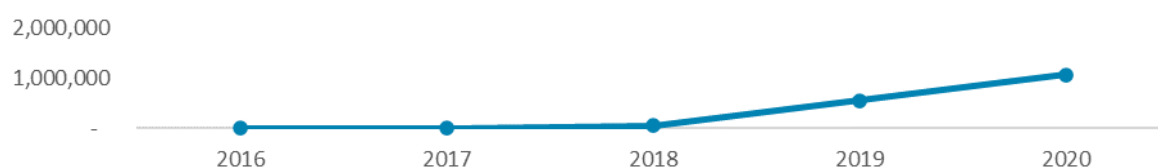
¹² Institute for Economics and Peace, *Global Peace Index reports 2017-2021*, available [here](#).

¹³ Ibid.

Insecurity caused by conflict has had significant adverse effects on the well-being of vulnerable people in the country¹⁴. Prior to the **school closures** during the COVID-19 pandemic, over 2,500 schools were already closed in Burkina Faso due to insecurity, depriving over 330,000 students of access to education¹⁵.

Conflict has also resulted in **large-scale internal displacement** in recent years. The number of people internally displaced as a result of conflict and violence rose from 700 in 2016 to over 1 million in 2020¹⁶. In 2020, over 20,000 refugees sought asylum in the country, placing additional strains on vulnerable host communities¹⁷.

Figure 3. Burkina Faso: numbers of people internally displaced by conflict and violence, 2016-2020



Source Internal Displacement Monitoring Centre, Burkina Faso, 2022, available [here](#).

According to the Government's Council for Emergency Relief and Rehabilitation (CONASUR), an estimated 50,000 people annually are affected by floods and seasonal rains¹⁸. **Weather-related disasters** have led to significant displacement in Burkina Faso. Table 5 shows that in 2020, countrywide flooding due to rainy season resulted in the displacement of 20,000 people¹⁹.

Table 5. Burkina Faso: weather-related disasters and resulting displacement, 2016-2020

Date	Weather event	Region/city	Number of people displaced
2017	Flooding	Southwest, east Region	4,500
2017	Flash flooding	Soum, Yagha, Namentenga	2,900
2017	Flash flooding	Oudalan	850
2018	Flooding	Six provinces	550
2018	Storm	Sanmatenga	390
2018	Flooding	Bam	3,000
2018	Flooding	Yatenga	1,230
2020	Flooding (rainy season)	Countrywide	20,000

Source: Internal Displacement Monitoring Centre, Burkina Faso, 2022, available [here](#).

Climate degradation and weather-related disasters have contributed to **acute food insecurity** in Burkina Faso. Figure 5 shows that in 2019, the population of acutely food insecure people in

¹⁴ World Bank, *Burkina Faso Country Overview*, 2022, available [here](#).

¹⁵ UN OCHA, *Burkina Faso Humanitarian snapshot*, 2020, available [here](#).

¹⁶ Internal Displacement Monitoring Centre, *Burkina Faso*, 2022, available [here](#).

¹⁷ Ibid.

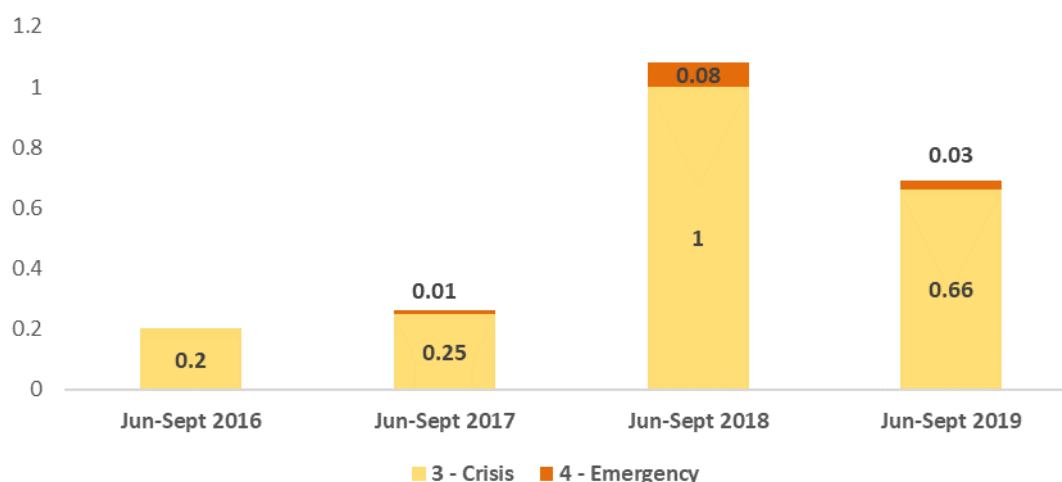
¹⁸ Ibid.

¹⁹ Ibid.

Integrated Phase Classification/Cadre Harmonisé (IPC/CH) Phase 2²⁰ or above (stressed, crisis, emergency, catastrophe) was nearly five million (approx. one-quarter of the population)²¹.

Malnutrition remained a key concern in 2020, with over 465,000 children under the age of five malnourished, 133,100 of whom were affected by severe acute malnutrition (SAM)²².

Figure 4. Burkina Faso: numbers of people (millions) in IPC/CH Phase 3 or above, 2016-2019



Source: World Food Programme, Global Report on Food Crises, 2016 and 2020, available [here](#).

Other important humanitarian needs include access to **health** and **basic water, sanitation and hygiene (WASH) services**. Table 6 shows that the number of physicians per 1,000 people was about 5% of the world average, life expectancy at birth was 10 years lower than the world average, less than half of the total population used at least basic drinking water and sanitation services, and less than one-quarter used at least basic sanitation services²³.

Table 6. Burkina Faso: selected health and WASH indicators, 2016-2020

Health and WASH indicators	2016	2017	2018	2019	2020
Health indicators					
Current health expenditure per capita (current USD) ²⁴	41	45	40	42	..
Physicians (per 1,000 people) ²⁵	0.0645	0.0847	0.0853	0.094	..
Life expectancy at birth, total (years) ²⁶	60	61	61	62	62
Prevalence of stunting, height for age (% of children under five)	28.3	27.4	26.7	26.1	25.5

²⁰ A five-phase scale that describes the severity of food emergencies. ICP/CH phase 1: minimal severity; ICP/CH phase 2: stressed, ICP/CH phase 3: crisis, ICP/CH phase 4: emergency and ICP/CH phase 5: famine.

²¹ World Food Programme, *Global Report on Food Crises*, 2020, available [here](#)

²² Ibid.

²³ World Health Organization (WHO) and United Nations Children's Fund (UNICEF), *JMP Global Database: WASH data*, 2022, available [here](#).

²⁴ World average 1,122 (latest data 2019). World Bank database available [here](#).

²⁵ World average 1.76 (latest data 2017). World Bank database available [here](#).

²⁶ World average 72.9 years (latest data 2020). World Bank database available [here](#).

Heath and WASH indicators	2016	2017	2018	2019	2020
Prevalence of severe wasting, weight for height (% of children under five)	1.4	1.9	1.7	1	0.7
WASH Indicators					
Proportion of population using at least basic drinking water services	49.5%	49.0%	48.4%	47.8%	47.2%
Proportion of population using at least basic sanitation services	20.2%	20.6%	21.0%	21.3%	21.7%

Source: World Bank, WHO and UNICEF, World Bank database, 2022, available [here](#); JMP Global Database: WASH data, available [here](#).

The complex humanitarian and security crisis experienced in Burkina Faso was further intensified by the emergence of the **COVID-19 pandemic**. September 2020 witnessed the closure of 95 health facilities in six regions due to insecurity²⁷. The COVID-19 response was hindered by the fragile health system, limited capacity to provide emergency health services, and the lack of administrative data to effectively monitor the spread of the virus²⁸.

4.1.2 Mali

Within the past decade, Mali witnessed three military coups – 2012, 2018, and 2020 – highlighting the significant political tensions shaping conditions in the country²⁹. In 2015, the Malian government brought together two coalitions of armed groups, the Coordination of Azawad Movements (CMA) and the Platform of Movements, to sign the 'Agreement for Peace and Reconciliation in Mali Resulting from the Algiers Process'³⁰. The mediation team was led by the Algerian government and comprised the EU, the African Union, the UN Stabilisation Mission in Mali (MINUSMA), and the Economic Community of West African States (ECOWAS)³¹. While the agreement aimed to restore peace in the country, its implementation remained a challenge due to the deteriorating security situation³². Independent observers have noted the government's failure to implement the pillars of the agreement, in particular to take action on (i) socioeconomic and cultural development (Pillar 4), and (ii) reconciliation, justice, and humanitarian issues (Pillar 5)³³.

Table 7 presents Mali's INFORM risk index score between 2016 and 2020 and highlights the number and percentage of people directly affected by crisis.

Table 7. Mali: risk indicators, 2016-2020

Risk indicators	2016	2017	2018	2019	2020
INFORM risk index score (out of 10)	6.1	6.1	6.3	6.4	6.3
Total country population (millions)	17.1	17.6	18.9	19.1	19.7

²⁷ WHO, 'WHO provides a guiding light for Burkina Faso's COVID-19 pandemic response', 2020, available [here](#).

²⁸ Ibid.

²⁹ Bertelsmann Stiftung, *Mali: Country Report*, 2020, available [here](#).

³⁰ International Crisis Group, *Mali's Algiers Peace Agreement, Five Years On*, 2020, available [here](#).

³¹ Bertelsmann Stiftung, *Mali: Country Report*, 2020, available [here](#).

³² The Carter Centre, *Report of the Independent Observer*, 2020, available [here](#).

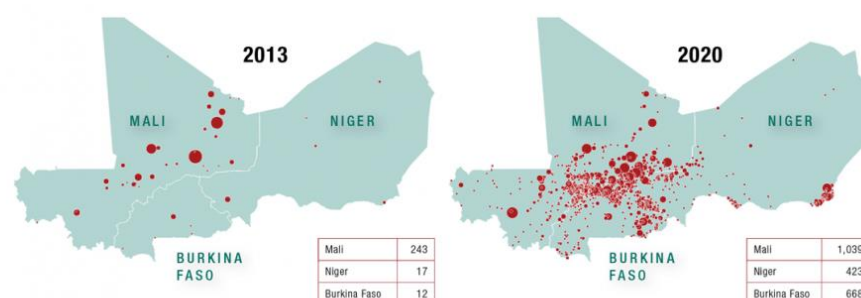
³³ Ibid.

Risk indicators	2016	2017	2018	2019	2020
Population directly affected by crisis (millions)	3.1	3.7	5.2	3.9	6.8
% of population directly affected by crisis	17.7%	21.0%	27.5%	20.4%	34.6%

Source: Inform reports 2017-2021, available [here](#). DG ECHO Central and Western Africa HIPs 2017, 2018, 2019 and 2021.

The period between 2016 and 2020 was marked by **heightened insecurity and attacks by Non-State Armed Group (NSAG)**³⁴. In 2019, Mali and Burkina Faso were among the five countries worst-affected by terrorism-related deaths³⁵.

Figure 5. Evolution of conflict in the Sahel



Source: Crisis Group, *A Course Correction for the Sahel Stabilisation Strategy*, Armed Conflict Event Data Project (ACLED), available [here](#).

Figure 7 shows that terrorism-related fatalities in Mali rose from 139 in 2016 to nearly 400 in 2020³⁶. Several attacks against civilians, human rights violations and abuses were also registered throughout the evaluation period. In 2019 alone, at least 456 civilians were killed and hundreds wounded in dozens of attacks allegedly by ethnic militias and armed Islamist groups in central Mali, including massacres in Ogossagou (152 casualties)³⁷. MINUSMA reported hundreds of cases of human rights violations and abuses, several of which were perpetrated by national forces and armed groups: in 2020 alone, there were 483 human rights violations and abuses allegedly perpetrated by national forces (29), judicial authorities (50), signatory and compliant armed groups (74), community-based armed groups and militias (157), and violent extremist groups (173)³⁸.

³⁴ Institute for Economics and Peace, *Global Terrorism Index Report 2020: Measuring the impact of terrorism*, 2020, available [here](#).

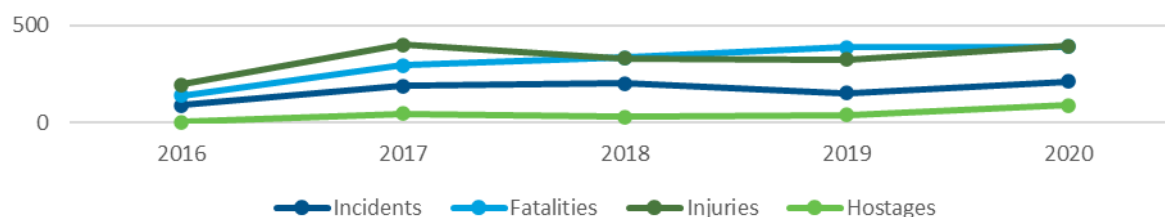
³⁵ Ibid.

³⁶ Institute for Economics and Peace, *Global Terrorism Index*, available [here](#).

³⁷ Human Rights Watch, *How Much More Blood Must Be Spilled?, Atrocities Against Civilians in Central Mali*, 2019, available [here](#).

³⁸ UN Security Council, *Situation in Mali*, Report of the Secretary General, 2020, available [here](#).

Figure 6. Mali: number of terrorism-related incidents, fatalities, injuries and hostage-taking, 2016-2020



Source Institute for Economics and Peace, Global Terrorism Index, available [here](#).

At local level, the extremist organisations Islamic State in the Greater Sahara (ISGS), Jama'at Nusrat Al Islam Wal Muslimin (JNIM), and Front de Libération du Macina (FLM)³⁹ exacerbated **communal violence** between Fulani pastoral communities and Bambara and Dogon farming communities⁴⁰.

Overall, the economic cost of violence in Mali rose during the evaluation period from USD 5 million to nearly USD 8 million⁴¹. In 2020, the economic cost of violence was equivalent to 16% of Mali's gross domestic product (GDP)⁴².

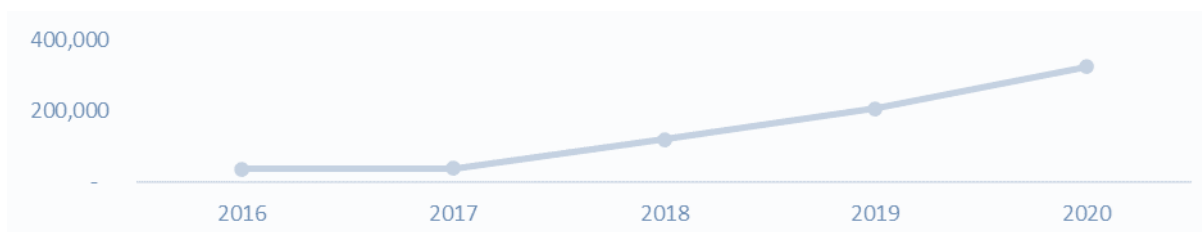
Table 8. Mali: economic cost of violence, 2016-2020

Cost of violence indicators	2016	2017	2018	2019	2020
Economic cost of violence (millions, PPP)	5,025	4,485	6,214	6,576	7,894
Economic cost of violence (as % of GDP)	13%	12%	15%	14%	16%
Global rank for economic cost of violence as % of GDP (out of 163)	38	41	17	17	17

Source Institute for Economics and Peace, Global Peace Index reports 2017-2021, available [here](#).

Conflict had a significant impact on displacement: between 2016 and 2020, the total number of people internally displaced as a result of conflict and violence increased from 37,000 to 326,000⁴³, while over 160,000 Malian refugees had already fled the country for camps in Burkina Faso, Mauritania, and Niger in 2012⁴⁴. The number of refugees seeking asylum in Mali rose from approx. 17,000 to over 47,000⁴⁵.

Figure 7. Mali: numbers of people internally displaced by conflict and violence, 2016-2020



³⁹ Ibid.

⁴⁰ Africa Centre for Strategic Studies, *Mitigating Farmer-Herder Violence in Mali*, 2019, available [here](#).

⁴¹ Institute for Economics and Peace, *Global Peace Index reports 2017-2021*, available [here](#).

⁴² Ibid.

⁴³ Internal Displacement Monitoring Centre, *Mali*, 2022, available [here](#).

⁴⁴ Doctors Without Borders, *International aid remains insufficient for 160,000 Malian refugees*, 2012, available [here](#).

⁴⁵ World Bank Open Data, *Refugee population by country or territory of asylum*, 2022, available [here](#).

Source: Internal Displacement Monitoring Centre, Mali, 2022, available [here](#).

Sahel countries are projected to experience temperature increases at a rate 1.5 times faster than the global average⁴⁶. Climate-related hazards including floods, droughts caused by erratic rainfall, and crop pests, are key drivers of internal displacement in Mali⁴⁷. In 2020 alone, there were over 7,000 displacements in the country as a result of weather-related disasters⁴⁸.

Table 9. Mali: weather-related disasters and resulting displacements, 2016-2020

Date	Weather event	Region/city	Number of people displaced
2017	Flooding	Six regions	6,800
2018	Flooding	Countrywide	19,000
2019	Storm	Tombouctou	170
2019	Flooding	Kidal	170
2019	Flooding	Koulikoro, Timbuktu, Kidal, Mopti, Menaka	4,600
2019	Flooding	San Cercle	1,100
2019	Flooding	Bamako	650
2020	Flooding	Macina	1,200
2020	Flooding	Gao, Mopti, Macina, Sikasso	6,200

Source Internal Displacement Monitoring Centre, Mali, 2022, available [here](#).

The compounding effects of climate-related hazards and conflict have exacerbated **food insecurity** in recent years. Figure 9 shows that the numbers of people in IPC/CH Phase 2 or above (stressed, crisis, emergency, catastrophe) increased from approx. 2.5 million in 2016 to over 3.5 million in 2020⁴⁹. In 2020, over 400,000 children under five years of age were acutely malnourished, over 166,000 of whom were affected by SAM⁵⁰. Nearly half of the deaths of children under five in Mali can be attributed to undernutrition⁵¹.

⁴⁶ European Commission, DG ECHO Humanitarian Implementation Plan (HIP) West Africa, 2020.

⁴⁷ World Bank, Climate Change Knowledge Portal: Mali, 2022, available [here](#).

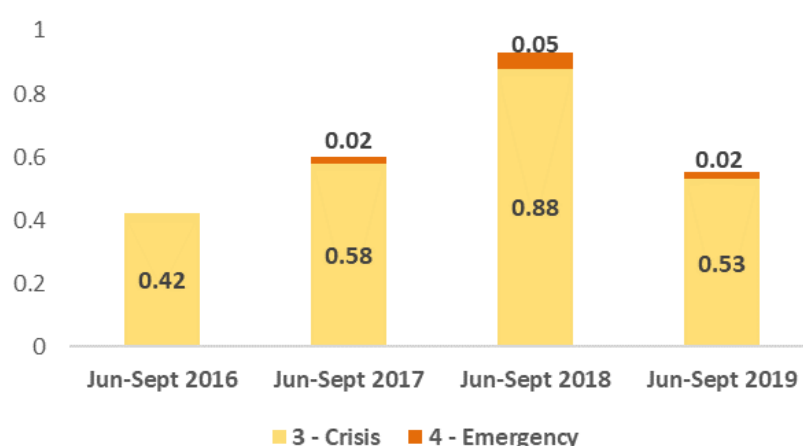
⁴⁸ Internal Displacement Monitoring Centre, Mali, 2022, available [here](#).

⁴⁹ World Food Programme, *Global Report on Food Crises*, 2020, available [here](#).

⁵⁰ Ibid.

⁵¹ UNICEF, *Mali: Nutrition Overview*, 2022, available [here](#).

Figure 8. Mali: numbers of people (millions) in IPC/CH Phase 3 or above, 2016-2019



Source: World Food Programme, Global Report on Food Crises, 2020, available [here](#).

Other important humanitarian needs include access to **health** and **basic WASH services**. Table 10 shows that the number of physicians per 1,000 people was about 7.5% of the world average, life expectancy at birth was 12 years lower than the world average, and while access to at least basic drinking water services improved between 2016 and 2020, access to basic sanitation and hygiene services remains a key humanitarian need⁵².

Table 10. Mali: selected health and WASH indicators, 2016-2020

Health and WASH indicators	2016	2017	2018	2019	2020
Health indicators					
Current health expenditure per capita (current USD) ⁵³	29	30	33	34	..
Physicians (per 1,000 people) ⁵⁴	0.1395	..	0.1286	..	..
Life expectancy at birth, total (years) ⁵⁵	58	58	59	59	60
Prevalence of stunting, height for age (% of children under five)	28.4	27.7	27	26.3	25.7
Prevalence of severe wasting, weight for height (% of children under five)	2.2	2.5	2.6	2	1.4
WASH indicators					
Proportion of population using at least basic drinking water services	76.0%	77.7%	79.3%	80.9%	82.5%
Proportion of population using at least basic sanitation services	21.6%	22.6%	23.5%	24.5%	25.5%

⁵² WHO and UNICEF, JMP Global Database: WASH data, 2022, available [here](#).

⁵³ World average 1122 (latest data 2019). World Bank database available [here](#).

⁵⁴ World average 1.76 (latest data 2017). World Bank database available [here](#).

⁵⁵ World average 72.9 years (latest data 2020). World Bank database available [here](#).

Health and WASH indicators	2016	2017	2018	2019	2020
Proportion of population using at least basic hygiene services	16.5%	16.6%	16.7%	16.9%	17.0%

Source: World Bank, WHO and UNICEF, World Bank database, 2022, available [here](#); JMP Global Database: WASH data, available [here](#).

Humanitarian needs were exacerbated by the **COVID-19 pandemic**. Since the emergence of COVID-19, there have been approximately 31,000 confirmed cases, and roughly 700 deaths in Mali⁵⁶. The pandemic had significant adverse effects on access to education, access to healthcare, and overall economic stability. COVID-19-related school closures affected four million children in the country⁵⁷. Much of the poverty reduction progress achieved in Mali in the last decade was reversed by the COVID-19 pandemic⁵⁸. While the poverty rate fell from 45.4% to 41.9% between 2011-2020, the trend reversed at the end of 2020, and in 2021 the national poverty rate was projected to rise to 44.4%, pushing 375,000 people below the extreme poverty line^{59,60}.

4.1.3 Mauritania

Mauritania has been recognised for its success in **preventing the heightened violent extremism** experienced in neighbouring countries⁶¹. Despite regional threats, Mauritania did not suffer terrorist attacks on its soil between 2016 and 2020 (with the last attack occurring in 2011)⁶². In 2020, Mauritania assumed the Presidency of the **G5 Sahel** regional organisation⁶³. The joint forces combine troops from five countries (Mauritania, Burkina Faso, Chad, Niger, Mali) and are deployed to other Sahel countries experiencing extremism⁶⁴. The initiative illustrates regional willingness to counter the prevailing security threat⁶⁵.

Table 11 presents Mauritania's INFORM risk index score between 2016 and 2020 and highlights the number and percentage of people affected by crisis.

Table 11. Mauritania: risk indicators, 2016-2020

Risk indicators	2016	2017	2018	2019	2020
INFORM risk index score (out of 10)	5.7	5.7	5.9	5.9	5.4
Total country population (millions)	3.9	4.2	4.3	4.4	4.5
Population directly affected by crisis (millions)	1.09	1.20	0.83	0.69	0.73
% of population directly affected by crisis	28%	29%	19%	16%	16%

Source: Inform reports, 2017-2021, available [here](#). DG ECHO Central and Western Africa HIPs 2017, 2018, 2019 and 2020.

⁵⁶ UN Data Portal, COVID-19 Data Portal, 2022, available [here](#).

⁵⁷ Ibid.

⁵⁸ World Bank, *Mali Economic Update: Protecting the vulnerable during the recovery*, 2021, available [here](#).

⁵⁹ Ibid.

⁶⁰ UN Data Portal, 2022, available [here](#).

⁶¹ US Department of State, *Country reports on terrorism 2020: Mauritania*, 2020, available [here](#).

⁶² Institute for Security Studies, *How has Mauritania managed to stave off terror attacks?*, 2019, available [here](#).

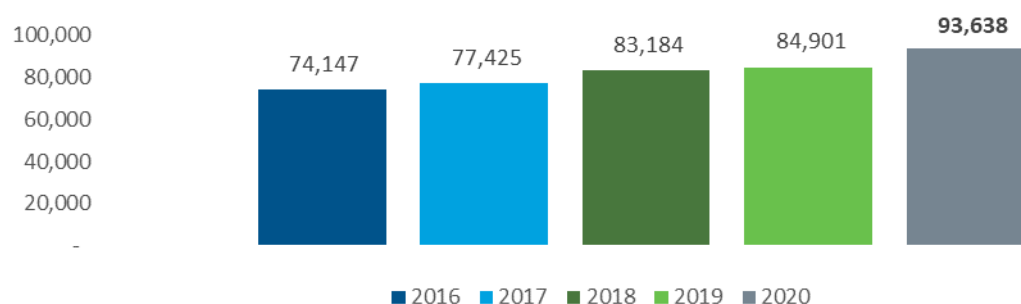
⁶³ European Parliament, *The G5 Sahel and the European Union: The challenges of security cooperation with a regional grouping*, 2020, available [here](#).

⁶⁴ Ibid.

⁶⁵ Interpol, *G5 Sahel*, 2022, available [here](#).

The refugee population **seeking asylum in Mauritania** grew steadily between 2016 and 2020. Figure 10 shows that the country hosted over 93,000 refugees, an increase of almost 20,000 since 2016⁶⁶. In 2020, Mauritania hosted 63,000 refugees from neighbouring Mali alone⁶⁷.

Figure 9. Refugee population in Mauritania, 2016-2020

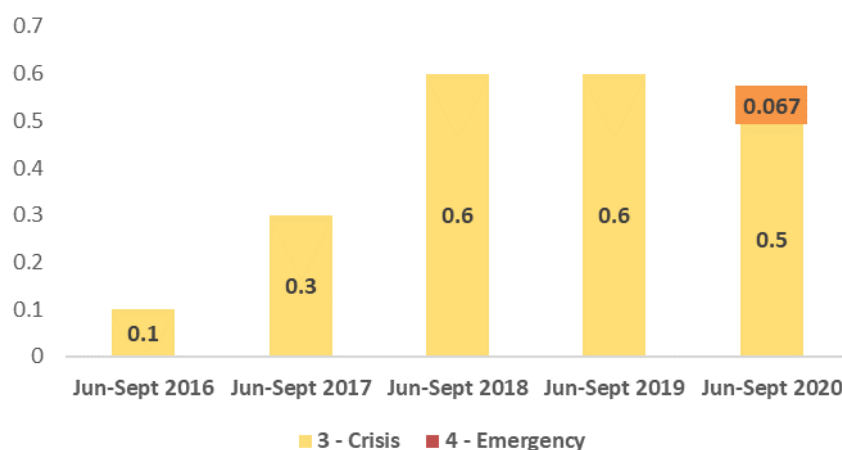


Source: World Bank Open Data, Refugee population by country of asylum: Mauritania, 2022, available [here](#).

By 2021, nearly 70,000 refugees were hosted in the south-east Bassikounou area, where the Mbera refugee camp is located⁶⁸. Nearly 27,000 refugees were children of school age (5-17 years) in need of educational assistance⁶⁹. Approximately 5,000 had specific needs, including older people at risk (1,954), women at risk (1,443), people with disabilities (683), and children at risk (307)⁷⁰. This highlights the tailored humanitarian assistance required to meet the needs of the most vulnerable populations dwelling in already precarious environments.

In recent years, Mauritania witnessed recurring cycles of drought and exceptionally long lean seasons, resulting in the degradation of land and natural resources⁷¹. The compounded effects of climate-related shocks and the large refugee population have heightened **food insecurity**. Figure 11 shows that the population of food insecure people in Mauritania (stressed, crisis or worse) rose from 16% to 43% between 2016 and 2019⁷².

Figure 10. Mauritania: numbers of people (millions) in IPC/CH Phase 3 or above, 2016-2020



Source: Food Security Information Network: Global Reports on Food Crisis (2016-2021).

⁶⁶ World Bank Open Data, Refugee Population by country or territory of asylum – Mauritania, 2022, available [here](#).

⁶⁷ Global Detention Project, *Mauritania overview*, 2020, available [here](#).

⁶⁸ United Nations Refugee Agency (UNHCR), Factsheet: Mauritania, 2021, available [here](#).

⁶⁹ Ibid.

⁷⁰ UNHCR, SO Bassikounou: Refugees registered, 2022, available [here](#).

⁷¹ World Food Programme, *Mauritania Annual Country Report*, 2020, available [here](#).

⁷² Food Security Information Network, *Global Reports on Food Crisis*, 2016-2021.

Other important humanitarian needs include access to **health** and **basic WASH services**. Table 12 shows that the number of physicians per 1,000 people was about 10% of the world average, life expectancy at birth was seven years lower than the world average, 71% of the population used at least basic drinking water services, and almost half of the population used at least basic sanitation services⁷³.

Table 12. Mauritania: selected health and WASH indicators, 2016-2020

Health and WASH indicators	2016	2017	2018	2019	2020
Health indicators					
Current health expenditure per capita (current USD) ⁷⁴	48	53	57	58	48
Physicians (per 1,000 people) ⁷⁵	..	0.1847	0.1865	..	..
Life expectancy at birth, total (years) ⁷⁶	64	64	65	65	65
Prevalence of stunting, height for age (% of children under five)	25.7	25.5	25.1	24.7	24.2
Prevalence of severe wasting, weight for height (% of children under five)	..	..	2.3	1.8	1
WASH indicators					
Proportion of population using at least basic drinking water services	68.8%	70.7%	71.0%	71.4%	71.7%
Proportion of population using at least basic sanitation services	45.9%	48.4%	48.9%	49.4%	49.8%

Source: World Bank, WHO and UNICEF, World Bank database, 2022, available [here](#); JMP Global Database: WASH data, available [here](#).

However, differences exist in access to WASH services between rural and urban populations in Mauritania. In 2020, while almost 90% of the urban population (55.3% of the total population⁷⁷) used at least basic drinking water services, only around 50% of the rural population had similar access⁷⁸.

4.1.4 Niger

Niger is the lowest-ranking country on the UNDP's Humanitarian Development Index (189/189) due to low health outcomes (life expectancy of 62 years), low expectancy for years of schooling (average 6.5 years), and high levels of multidimensional poverty (91% of the population)⁷⁹.

Table 13 presents Niger's INFORM risk index score between 2016 and 2020 and highlights the number and percentage of people directly affected by crisis.

⁷³ WHO and UNICEF, JMP Global Database: WASH data, 2022, available [here](#).

⁷⁴ World average 1122 (latest data 2019). World Bank database available [here](#).

⁷⁵ World average 1.76 (latest data 2017). World Bank database available [here](#).

⁷⁶ World average 72.9 years (latest data 2020). World Bank database available [here](#).

⁷⁷ World Development Indicators, Urban Population (% of total population), available [here](#).

⁷⁸ Ibid.

⁷⁹ UNDP, *Human Development Reports: Niger*, 2022, available [here](#).

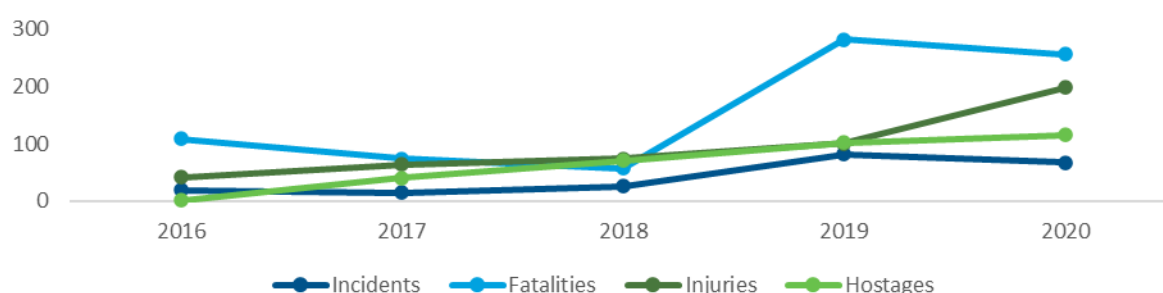
Table 13. Niger: risk indicators, 2016-2020

Risk indicators	2016	2017	2018	2019	2020
INFORM risk index score (out of 10)	7.3	7.4	6.9	6.6	7.3
Total country population (millions)	19.0	19.0	20.7	22.4	23.3
Population directly affected by crisis (millions)	5.10	5.00	2.30	2.30	3.70
% of population directly affected by crisis	27%	27%	11%	10%	16%

Source: Inform reports, 2017-2021, available [here](#). DG ECHO Central and Western Africa HIPs 2017, 2018, 2019 and 2021.

Unlike several countries in the Sahel region, Niger did not experience regime change between 2016 and 2020⁸⁰. Nevertheless, **escalating conflict** threatened the security and well-being of vulnerable populations in the country. Confrontations between Niger's armed forces and the terrorist organisation Boko Haram escalated, and the group remains a severe regional security threat⁸¹. Figure 12 shows that terrorism-related fatalities in Niger rose from 108 in 2016 to nearly 282 in 2019⁸².

Figure 11. Niger: number of terrorism-related incidents, fatalities, injuries and hostage-taking, 2016-2020



Source: Institute for Economics and Peace, Global Terrorism Index, available [here](#).

Overall, the **economic cost of violence** rose in Niger between 2016 and 2020, from USD 1.5 million to USD 2.2 million⁸³. In 2020, the economic cost of violence was equivalent to 7% of Niger's GDP⁸⁴.

Table 14. Niger: economic cost of violence, 2016-2020

Cost of violence indicators	2016	2017	2018	2019	2020
Economic cost of violence (millions, PPP)	1,574	580	1,944	1,962	2,216
Economic cost of violence (as % of GDP)	8%	7%	8%	8%	7%

⁸⁰ Bertelsmann Stiftung, *BTI 2020 Country Report: Niger*, 2020, available [here](#).

⁸¹ Ibid.

⁸² Institute for Economics and Peace, Global Terrorism Index, available [here](#).

⁸³ Institute for Economics and Peace, *Global Peace Index reports*, 2017-2021, available [here](#).

⁸⁴ Ibid.

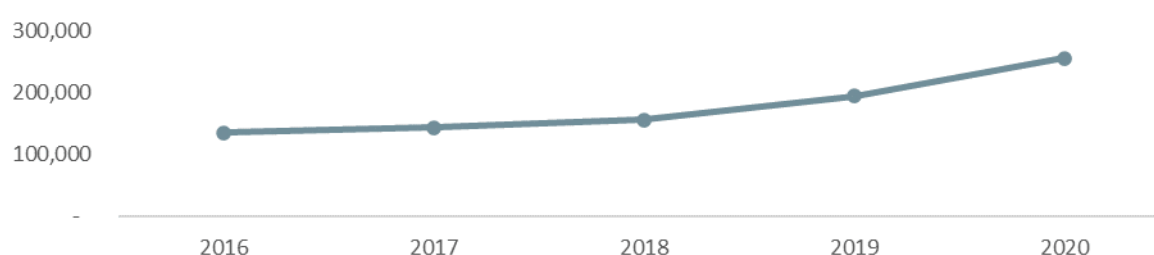
Cost of violence indicators	2016	2017	2018	2019	2020
Global rank for economic cost of violence as % of GDP (out of 163)	85	79	56	48	64

Source Institute for Economics and Peace, Global Peace Index reports, 2017-2021, available [here](#).

Violence has also had significant impacts on **access to education** in Niger. Due to armed conflict, over 700 schools were closed or non-operational in 2021, affecting around 73,000 students⁸⁵.

The escalation of violence in Niger contributed to an **increase in internal displacement** resulting from conflict. Figure 13 shows that the number of people internally displaced by conflict and violence rose from 136,000 to 257,000 between 2016 and 2020⁸⁶. The refugee population seeking asylum in Niger also rose significantly, from 166,000 to over 233,000 during this period⁸⁷.

Figure 12. Niger: numbers of people internally displaced by conflict and violence, 2016-2020



Source: Internal Displacement Monitoring Centre, Niger, 2022, available [here](#).

Climate-related shocks and **weather-related disasters** have contributed to large-scale displacement in recent years. The number of new cases of internal displacement associated with disasters increased from 46,000 in 2016 to 276,000 in 2020⁸⁸.

Table 15. Niger: weather-related disasters and resulting displacements, 2016-2020

Date	Weather event	Region/ city	Number of people displaced
2017	Flash flooding	Niamey and Tillabéri	2,300
2017	Flooding	Niamey	1,200
2017	Flood (rainy season)	Countrywide	185,000
2018	Floods	Seven states	40,000
2019	Flooding	Country wide	121,000
2020	Flooding	Diffa	9,100
2020	Flooding (rainy season)	Country wide (7 regions)	267,000

Source: Internal Displacement Monitoring Centre, Niger, 2022, available [here](#).

⁸⁵ European Commission, DG ECHO Niger Factsheet, 2022, available [here](#).

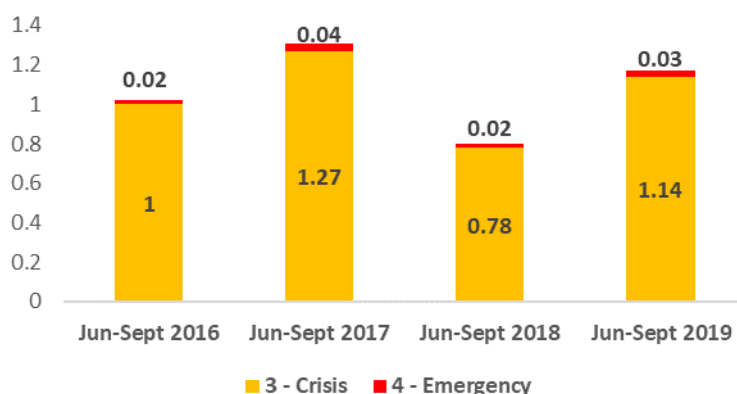
⁸⁶ Internal Displacement Monitoring Centre, Niger, 2022, available [here](#).

⁸⁷ Ibid.

⁸⁸ Ibid.

Niger is one of the Sahel countries affected by conflict and resource scarcity in the **Lack Chad Basin**⁸⁹. The effects of weather-related shocks and the impacts of hosting large refugee and internally displaced persons (IDP) communities places additional strains on the population's access to **food and nutrition**. Between December 2016 and December 2019, the population of food insecure people in IPC/CH Phase 2 or above (stressed, crisis, emergency, catastrophe) rose from 2.8 million to 5.9 million⁹⁰. In 2020, 1.2 million children under the age of five were acutely malnourished and nearly 400,000 were affected by SAM⁹¹.

Figure 13. Niger: numbers of people (millions) in IPC/CH Phase 3 or above, 2016-2019



Source: World Food Programme, *Global Report on Food Crises, 2020*, available [here](#).

Other important humanitarian needs include access to **health** and **basic WASH services**. Table 16 shows that the number of physicians per 1,000 people was about 2.5% of the world average, life expectancy at birth was 10 years lower than world average, less than half of the total population in Niger used at least basic drinking water services, and almost three-quarters practised open defecation⁹².

Table 16. Niger: selected health and WASH indicators, 2016-2020

Health and WASH indicators	2016	2017	2018	2019	2020
Health indicators					
Current health expenditure per capita (current USD) ⁹³	23	29	30	31	23
Physicians (per 1,000 people) ⁹⁴	0.0433	..	..	..	..
Life expectancy at birth, total (years) ⁹⁵	61	61	62	62	62
Prevalence of stunting, height for age (% of children under five)	47.1	47	46.9	46.8	46.7

⁸⁹ Adelphi, *Shoring up stability: Addressing climate and fragility risks in the Lack Chad Region*, 2019, available [here](#).

⁹⁰ World Food Programme, *Global Report on Food Crises, 2020*, available [here](#).

⁹¹ Ibid.

⁹² WHO and UNICEF, JMP Global Database: WASH data, 2022, available [here](#).

⁹³ World average 1122 (latest data 2019). *World Bank database available here*.

⁹⁴ World average 1.76 (latest data 2017). *World Bank database available here*.

⁹⁵ World average 72.9 years (latest data 2020). *World Bank database available here*.

Health and WASH indicators	2016	2017	2018	2019	2020
Prevalence of severe wasting, weight for height (% of children under five)	2.1	..	3	2.4	2.5
WASH indicators					
Proportion of population using at least basic drinking water services	45.8	46.1	46.4	46.7	46.9
Proportion of population practising open defecation (sanitation)	71.0	70.3	69.6	68.9	68.1

Source: World Bank, WHO and UNICEF, World Bank database, 2022, available [here](#); JMP Global Database: WASH data, available [here](#).

In 2021, Niger faced a cholera outbreak, with **roughly** 5,600 cases and 166 deaths, mainly in the Maradi region⁹⁶. While no new cases have been reported since December 2021, the outbreak highlights the need to improve access to healthcare and WASH services⁹⁷.

4.1.5 Nigeria

In 2020, **Nigeria** witnessed its most severe recession in two decades. It was particularly vulnerable to the economic disruption caused by the COVID-19 pandemic, due to the decline in oil prices, which accounted for 80% of Nigeria's exports and half of government revenue⁹⁸. In 2020, Nigeria ranked 161st on the UNDP's HDI, the second highest of the five Sahel countries, after Mauritania⁹⁹. Table 17 presents Nigeria's INFORM risk index score between 2016 and 2020 and highlights the number and percentage of people directly affected by crisis.

Table 17. Nigeria: risk indicators, 2016-2020

Risk indicators	2016	2017	2018	2019	2020
INFORM risk index score (out of 10)	6.3	6.3	6.6		6.5
Total country population (millions)	182.2	193.4	198.0		201.0
Population directly affected by crisis (millions)	8.5	8.5	7.7	7.1	10.6
% of population directly affected by crisis	4.7%	4.4%	4%		5.3%

Source: Inform reports, 2017-2021, available [here](#). DG ECHO Central and Western Africa HIPs 2017, 2018, 2019 and 2021.

Violent extremism from Boko Haram heightened against civilians and government and security forces in the Northeast of Nigeria during this period¹⁰⁰. Figure 15 shows that terrorism-related fatalities in Nigeria rose from 500 in 2016 to over 800 in 2020¹⁰¹.

⁹⁶ UN OCHA Relief Web, *Niger: Cholera Outbreak August 2021*, 2021, available [here](#).

⁹⁷ Ibid.

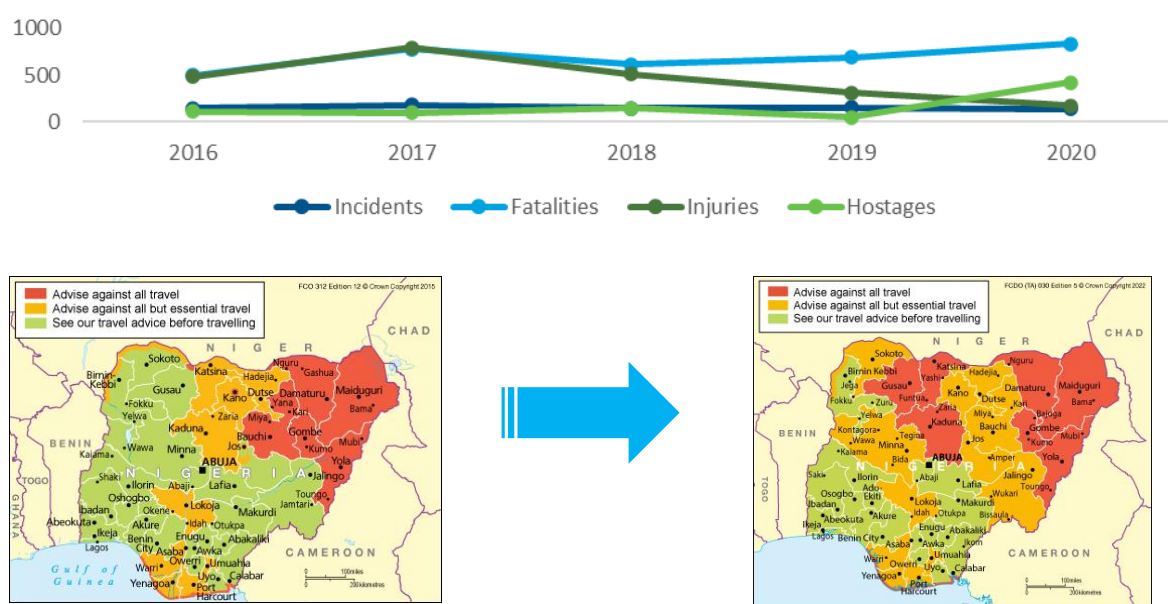
⁹⁸ World Bank, *Nigeria Country Overview*, 2022, available [here](#).

⁹⁹ UNDP, Human Development Index, 2022, available [here](#).

¹⁰⁰ Bertelsmann Stiftung, *BTI 2020 Country Report: Nigeria*, 2020, available [here](#).

¹⁰¹ Institute for Economics and Peace, Global Terrorism Index, available [here](#).

Figure 14. Nigeria: number of terrorism-related incidents, fatalities, injuries and hostage-taking, 2016-2020



Source: Institute for Economics and Peace, Global Terrorism Index, available [here](#).

Similar to Mali, Nigeria witnessed similar tensions between pastoralists and farmers, with estimates suggesting that up to 60,000 people were killed in clashes since 2001¹⁰². Overall, the **economic cost of violence** in Nigeria rose from USD 109.5 million to USD 119 million between 2016 and 2020¹⁰³. In 2020, the economic cost of violence was equivalent to 11% of Nigeria's GDP¹⁰⁴.

Table 18. Nigeria: economic cost of violence, 2016-2020

Cost of violence indicators	2016	2017	2018	2019	2020
Economic cost of violence (millions, PPP)	109,508	121,195	81,856	99,069	119,018
Economic cost of violence (as % of GDP)	12%	11%	7%	8%	11%
Global rank for economic cost of violence as % of GDP (out of 163)	43	45	62	59	32

Source: Institute for Economics and Peace, Global Peace Index reports, 2017-2021, available [here](#).

IDP and refugee populations in Nigeria increased between 2016 and 2020, as a result of conflict and climate-related shocks. Figure 16 shows that between 2016 and a2020, the number of people displaced as a result of conflict grew from approx. 2 million to over 2.7 million¹⁰⁵.

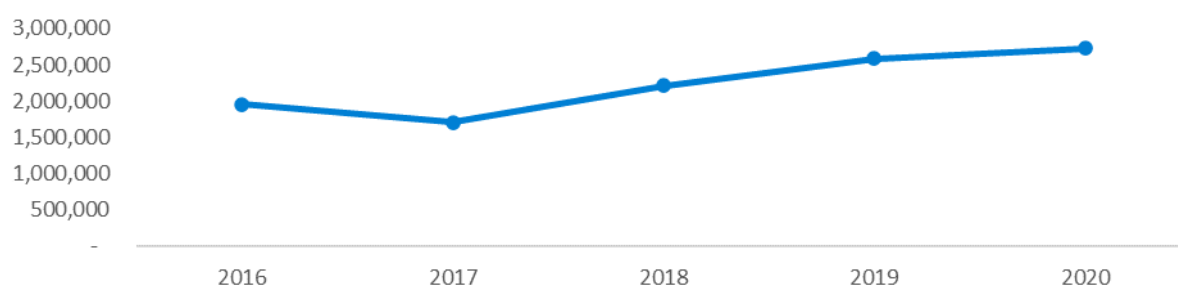
¹⁰² Institute for Economics and Peace, *Global Terrorism Index Report 2020: Measuring the Impact of Terrorism*, 2020, available [here](#).

¹⁰³ Institute for Economics and Peace, *Global Peace Index reports, 2017-2021*, available [here](#).

¹⁰⁴ Ibid.

¹⁰⁵ Internal Displacement Monitoring Centre, *Nigeria*, 2022, available [here](#).

Figure 15. Nigeria: numbers of people internally displaced by conflict and violence, 2016-2020



Source: Internal Displacement Monitoring Centre, Nigeria, 2022, available [here](#).

The number of new displacements associated with disasters grew from 78,000 to 279,000 between 2016 and 2020¹⁰⁶.

Table 19. Nigeria: largest weather-related disasters and resulting displacements, 2016-2020

Date	Weather event	Region/ city	Number of people displaced
2017	Floods	Benue	110,000
2018	Floods	12 states	600,000
2019	Floods (rainy season)	Adamawa	86,000
2020	Floods	Niger state	64,000

Source: Internal Displacement Monitoring Centre, Nigeria, 2022, available [here](#).

Like Niger, Nigeria borders Lake Chad and has been deeply affected by the protracted crisis in the Basin. In Northeast Nigeria alone, the conflict had claimed 35,000 lives by 2019¹⁰⁷. The United Nations Higher Commissioner for Refugees (UNHCR) reports that nearly 300,000 Nigerian refugees were living in Chad, Cameroon and Niger in 2020¹⁰⁸.

In 2017, the population of **food insecure people** in IPC/CH Phases 2-4 or above (stressed, crisis, emergency) peaked at 29.3 million (June-August)¹⁰⁹. In 2020, 7% of children under five years old in Nigeria were acutely malnourished, and 1.5% were affected by SAM¹¹⁰.

¹⁰⁶ Ibid.

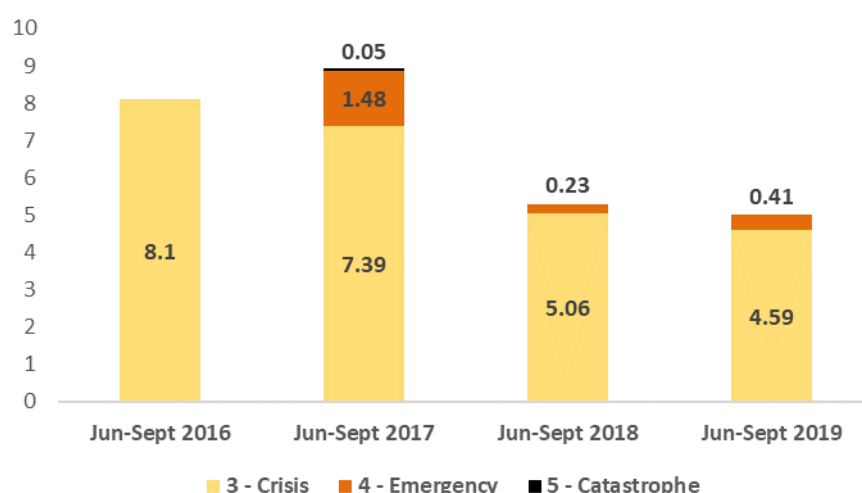
¹⁰⁷ Adelphi, *Shoring up stability: Addressing climate and fragility risks in the Lack Chad Region*, 2019, available [here](#).

¹⁰⁸ Médecins Sans Frontières (MSF), *Over 10 million people heavily dependent on aid for survival*, 2022, available [here](#).

¹⁰⁹ World Food Programme, *Global Report on Food Crises*, 2020, available [here](#).

¹¹⁰ Ibid.

Figure 16. Nigeria: numbers of people (millions) in IPC/CH Phase 3 or above, 2016-2019



Source: World Food Programme, *Global Report on Food Crises, 2020*, available [here](#)

Other important humanitarian needs include access to **health** and **basic WASH services**. Table 20 shows that the number of physicians per 1,000 people was about 22% of the world average, life expectancy at birth was 17 years lower than the world average, 56% of the total population used basic drinking water services in 2020, while close to 12% used basic sanitation services, and one-third used basic hygiene services¹¹¹.

Table 20. Nigeria: selected health and WASH indicators, 2016-2020

Health and WASH indicators	2016	2017	2018	2019	2020
Health indicators					
Current health expenditure per capita (current USD) ¹¹²	79	74	67	71	79
Physicians (per 1,000 people) ¹¹³	0.4494	..	0.3806	..	..
Life expectancy at birth, total (years) ¹¹⁴	54	54	54	55	55
Prevalence of stunting, height for age (% of children under five)	36.7	36.5	36.1	35.7	35.3
Prevalence of severe wasting, weight for height (% of children under five)	2.9	..	1.8	..	1.4
WASH indicators					
Proportion of population using basic drinking water services	50.3%	51.7%	53.1%	54.5%	55.9%

¹¹¹ WHO and UNICEF, JMP Global Database: WASH data, 2022, available [here](#).

¹¹² World average 1122 (latest data 2019). World Bank database available [here](#).

¹¹³ World average 1.76 (latest data 2017). World Bank database available [here](#).

¹¹⁴ World average 72.9 years (latest data 2020). World Bank database available [here](#).

Health and WASH indicators	2016	2017	2018	2019	2020
Proportion of population using basic sanitation services	11.0%	11.3%	11.6%	11.9%	12.2%
Proportion of population using basic hygiene services	32.7%	32.8%	32.9%	33.1%	33.2%

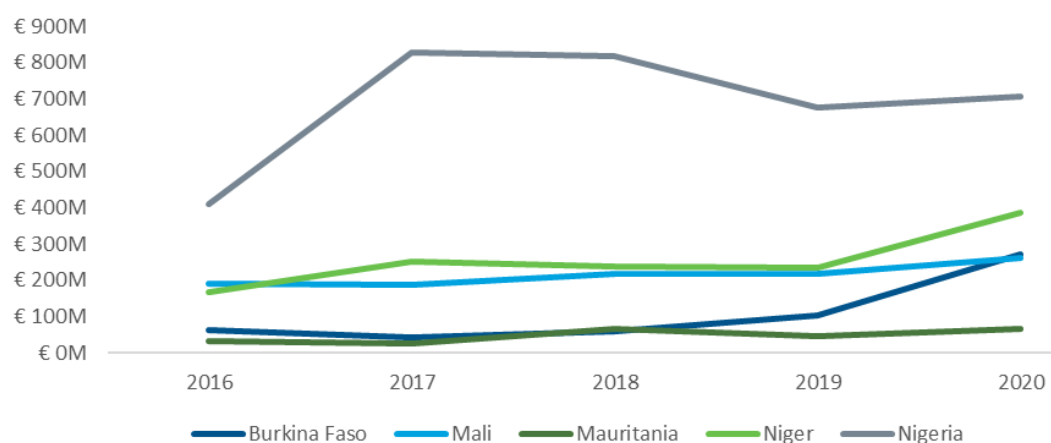
Source: World Bank, WHO and UNICEF, World Bank database, 2022, available [here](#); JMP Global Database: WASH data, available [here](#).

In 2018, Nigeria's WASH sector was declared by the government to be in a state of emergency, as tens of millions of people were living without access to basic drinking water¹¹⁵. The global pandemic further highlighted the need to improve access to WASH services in Nigeria to halt the spread of COVID-19 and other infectious diseases¹¹⁶.

4.2 Global humanitarian aid to Sahel

Between 2016 and 2020, the total humanitarian aid funding to Sahel (as reported to UN OCHA FTS) almost doubled, reaching EUR 1.5 billion (see Figure 17). Similarly, the humanitarian aid per capita in the region was about 75% higher in 2020 than in 2016. Of the five Sahelian countries, Nigeria consistently received the largest share of the funds, but the lowest funding per capita throughout most of the period. The funding per capita in Burkina Faso saw the biggest increase, as the funds per capita in 2020 were almost six times their value in 2017 (the lowest point in the period) and about four times their value in 2016.

Figure 17. Evolution of total humanitarian aid funding to Sahel, by country, 2016-2020 (EUR million)

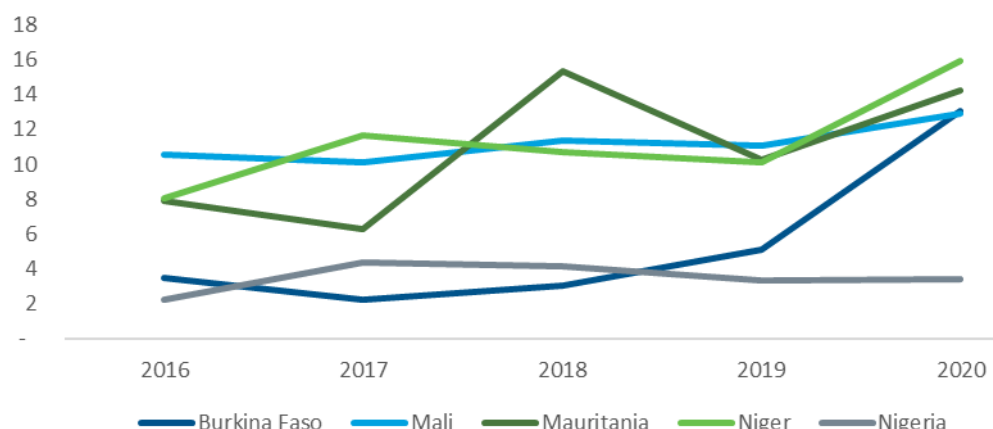


Source: ICF, based on UN OCHA FTS, 2016-2020.

¹¹⁵ World Bank, *Nigeria: Ensuring Water, Sanitation and Hygiene for All*, 2021, available [here](#).

¹¹⁶ WaterAid, *Nigeria: COVID-19*, 2022, available [here](#).

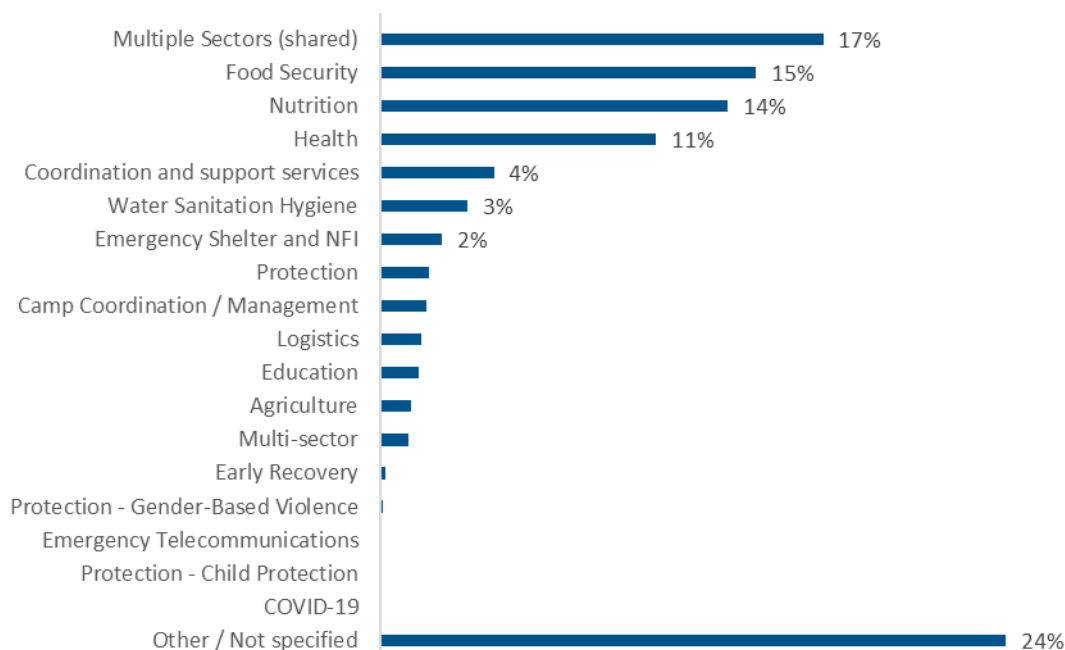
Figure 18. Evolution of humanitarian aid funding per capita to Sahel, by country, 2016-2020 (EUR million)



Source: ICF, based on UN OCHA FTS, 2016-2020.

The sectors that received most funds were food security, followed closely by nutrition and health. A significant share of funding (17%) was assigned to multi-sector interventions (see Figure 19).

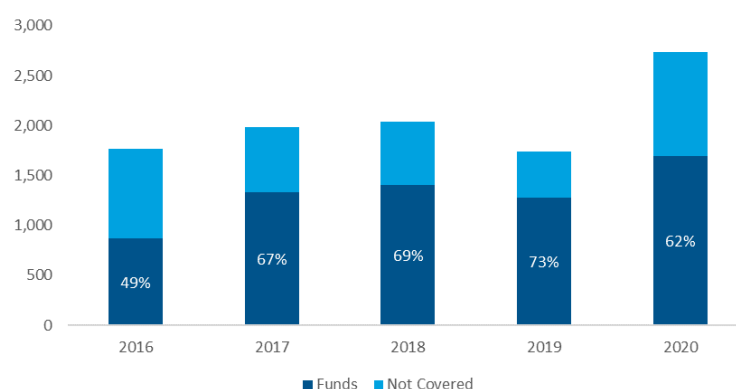
Figure 19. Total humanitarian aid funding to Sahel, by sector, 2016-2020 (%)



Source: ICF, based on UN OCHA FTS, 2016-2020.

Based on the OCHA financial tracking system, the coverage of the registered appeals in the region grew consistently from 2016 until 2019, then receded to 62% in 2020 (lowest value since 2016). The most-funded sectors were food security, followed by nutrition and health. However, no data are available for one-quarter of the funds, and 17% of the funds were allocated to multiple sectors.

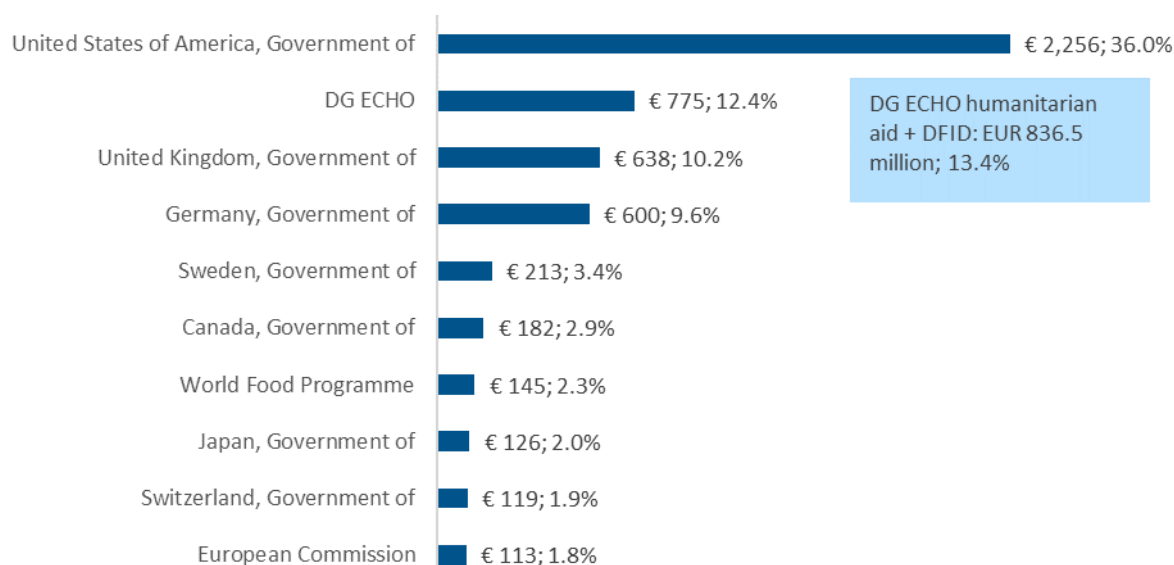
Figure 20. Evolution of total humanitarian aid appeals and funding to Sahel, 2016-2020 (EUR million)



Source: ICF, based on UN OCHA FTS, 2016-2020.

The main donors to the Sahel in 2016-2020 were the government of the US (36%), DG ECHO (13%) and the government of the United Kingdom (UK) (10%), as shown in Figure 21. Overall, DG ECHO contributed to covering around 7.5% of the total registered appeals, while the total bilateral contributions of all Member States amounted to more than 12.5%¹¹⁷.

Figure 21. Main humanitarian aid donors in Sahel, 2016-2020 (EUR million)



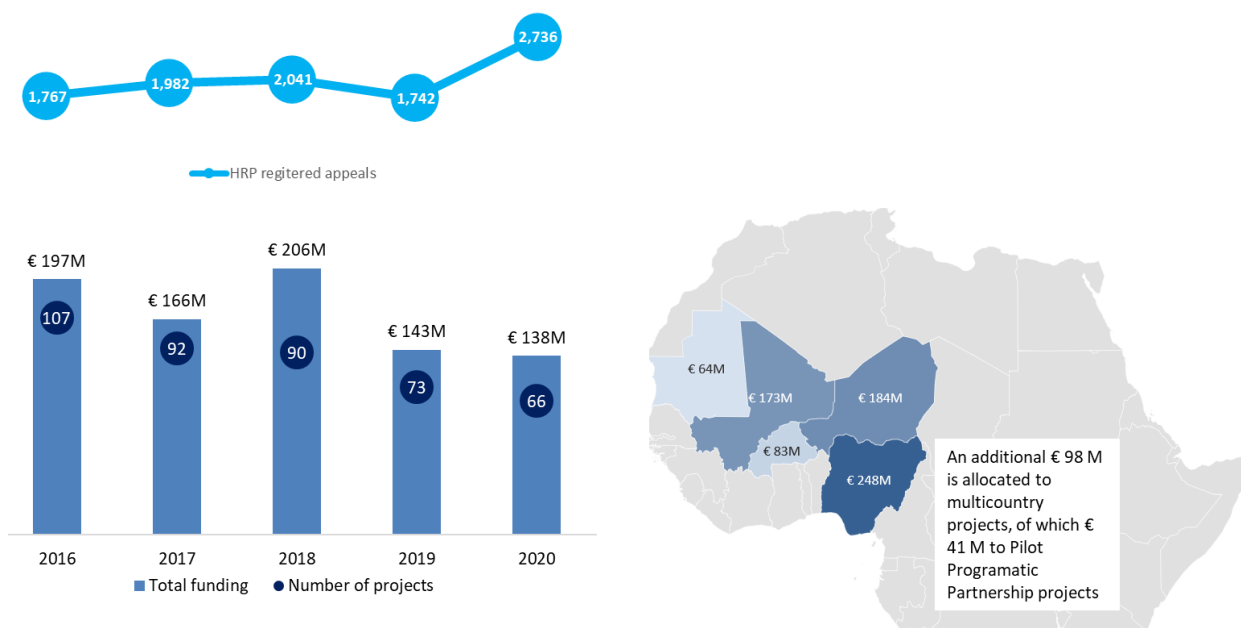
Source: ICF, based on UN OCHA FTS, 2016-2020.

4.3 DG ECHO response in Sahel

In the evaluation period, DG ECHO's operational priorities in the Sahel were detailed in the following HIPs: West Africa HIP 2016, West Africa HIP 2017, West Africa HIP 2018, West Africa HIP 2019, West Africa HIP 2020 and Central Africa HIP 2020 (Nigeria).

¹¹⁷ UN OCHA FTS, 2016-2020. Data are available for the 18 Member States that donated most to the Sahel between 2016 and 2020 (DE, SE, DK, FR, BE, IT, NL, LU, IE, ES, FI, AT, CZ, HU, EE, LT, RO, MT).

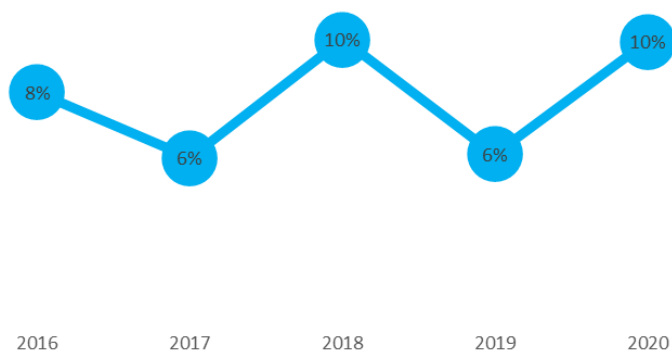
Figure 22. DG ECHO funding and number of projects in the Sahel region, 2016-2020



Source: ICF, based on HOPE database, 2016-2020.

From 2016 to 2020, DG ECHO funded 428 humanitarian projects in the Sahel region, to a total amount of EUR 850 million. The number of projects and the level of funding both decreased over the evaluation period (see Figure 22). However, the share of DG ECHO funding to the region presented some fluctuations and no clear trends, increasing from 8% in 2016 to 10% in 2020.

Figure 23. Share of DG ECHO funding to the Sahel region, 2016-2020

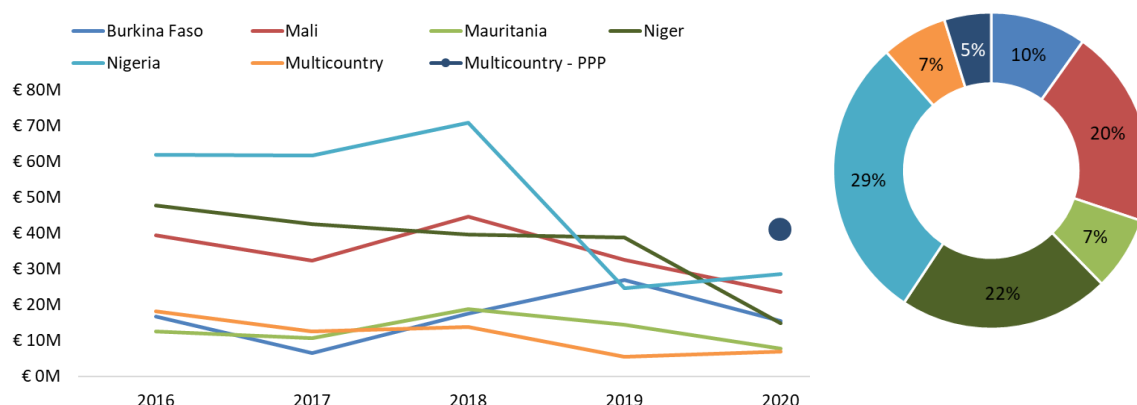


Source: ICF, based on HOPE database, 2016-2020.

Figure 24 shows that Nigeria received most funding (EUR 248 million), but this reduced in 2019 and 2020. Niger received EUR 184 million over the evaluation period, followed by Mali, with EUR 173 million. Burkina Faso and Mauritania were allocated EUR 83 million and EUR 64 million, respectively. The total funding allocated to multi-country projects amounted to EUR 57 million. In addition, a new Pilot Programmatic Partnership (PPP) approach was initiated in 2020, funding four

projects in the region. Three fell within the HIP of West Africa (for a total amount of EUR 41 million, of which about 66% was allocated to the Sahel)^{118,119}.

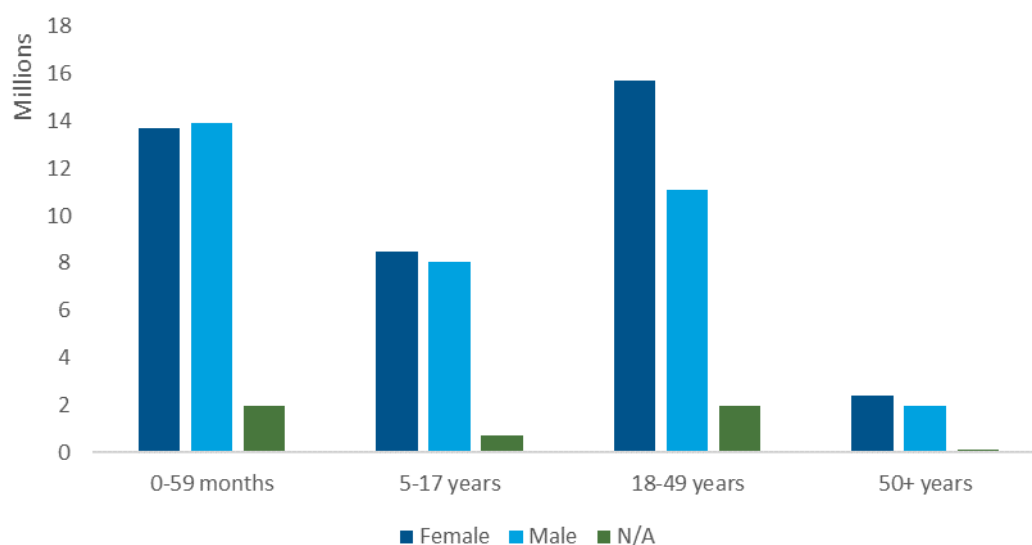
Figure 24. Evolution of DG ECHO funding in the Sahel region, by country



Source: ICF, based on HOPE database, 2016-2020.

In total, DG ECHO-funded projects in Sahel reached around 107 million beneficiaries, both men and women, across all age groups (see Figure 25).

Figure 25. Number of beneficiaries reached by DG ECHO-funded projects in Sahel, by beneficiary type, 2016-2020



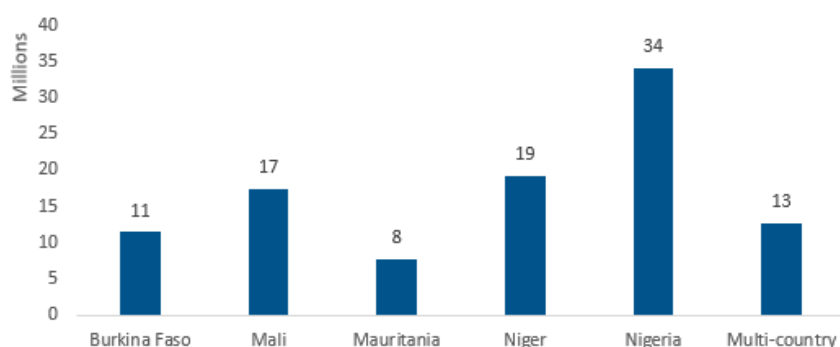
Source: ICF, based on HOPE database, 2016-2020.

Figure 26 shows that Nigeria had the highest number of beneficiaries, followed by Niger and Mali.

¹¹⁸ Some multi-country projects and all PPP projects included other countries in addition to the five countries covered by the Sahel evaluation. This limitation is particularly pertinent in 2020, when EUR 22 million (47% of the funding allocated to multi-country projects in that year, and 22% of the total allocated to multi-country projects in the evaluation period) was allocated to a single project that covered Niger and many other countries outside the scope of this evaluation: Democratic Republic of Congo, Ethiopia, Republic of South Sudan, Sudan.

¹¹⁹ The fourth project funded under DG ECHO/SYR/BUD/2020/91000 and thus not part of the portfolio of actions in scope of this evaluation.

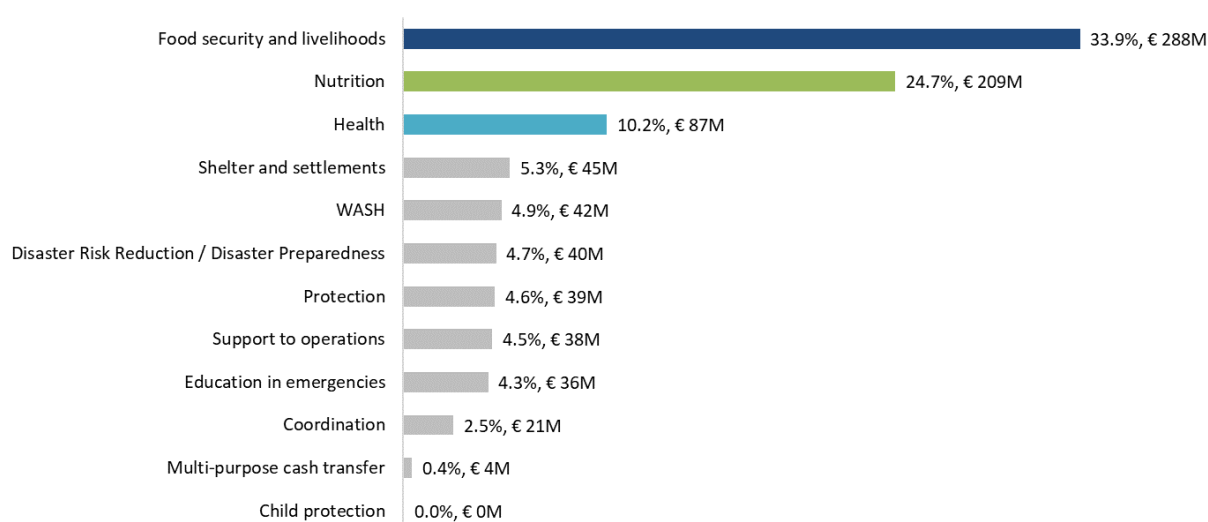
Figure 26. Number of beneficiaries reached by DG ECHO projects in Sahel, by country, 2016-2020



Source: ICF, based on HOPE database, 2016-2020.

Figure 28 shows that the food security and livelihoods (FSL), nutrition and health sectors were allocated 69% of DG ECHO's total funding in the Sahel region, representing a total amount of EUR 583 million.

Figure 27. DG ECHO funding allocated to the Sahel region, by sector, 2016-2020



Source: ICF, based on HOPE database, 2016-2020.

Table 21 presents the distribution of funding by sector and country. In all countries, the FSL sector receiving most funding, while multi-country projects primarily received funding for activities related to nutrition and education in emergency (EiE).

Table 21. DG ECHO funding allocated to each country, by sector, 2016-2020 (EUR million)

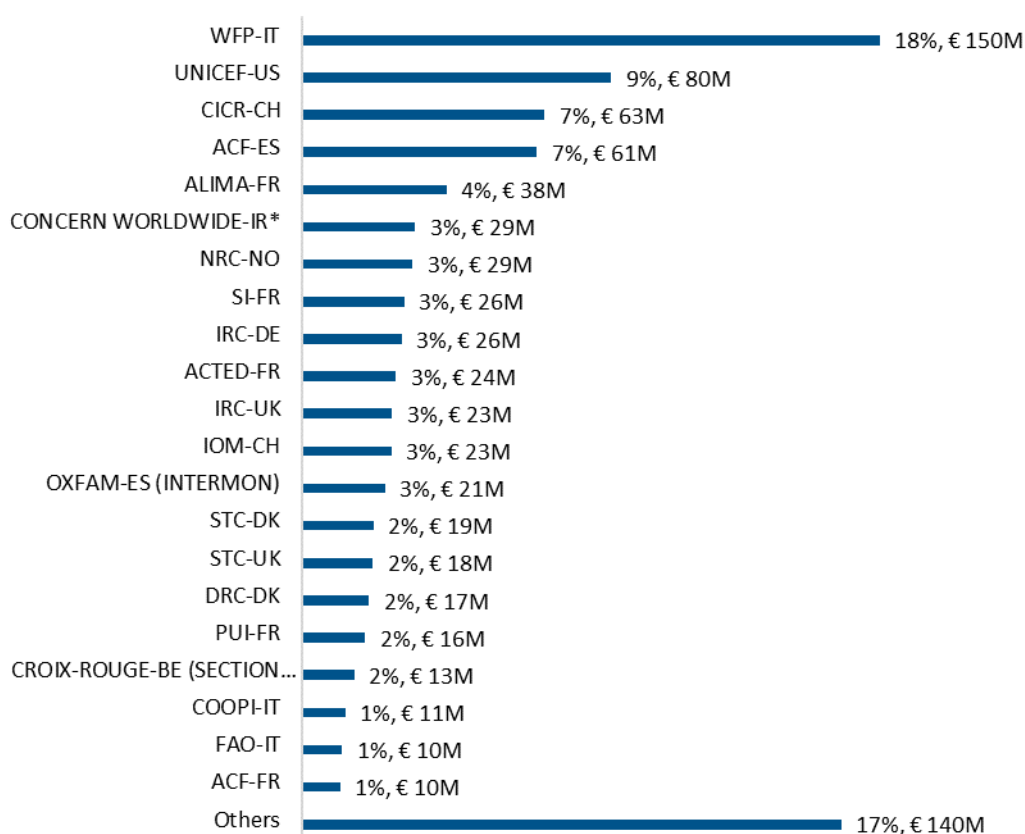
	Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi-country	All
FSL	34	48	28	66	105	6	288
Nutrition	18	36	18	50	20	68	209
Health	7	47	4	12	17	1	87
Shelter and settlements	5	0	0	20	19	0	45

	Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi- country	All
WASH	4	1	2	10	25	0	42
Disaster risk reduction/ Disaster preparedness	6	18	4	5	2	3	40
Protection	3	2	1	8	24	0	39
Support to operations	2	4	2	6	22	1	38
EiE	3	6	3	2	4	19	36
Coordination	1	7	2	3	8	0	21
Multi-purpose cash transfer (MPCT)	0	3	0	1	1	0	4

Source: ICF, based on HOPE database, 2016-2020.

Fifty-eight humanitarian aid organisations partnered with DG ECHO in the Sahel region. The World Food Programme (WFP) was DG ECHO's main partner, allocated EUR 150 million (18%) to fund 49 projects. UNICEF received EUR 80 million and implemented 22 projects (see Figure 28).

Figure 28. DG ECHO main partners in the Sahel region



Source: ICF, based on HOPE database, 2016-2020.

Note: *EUR 22 million of the EUR 29 million was allocated to a single project that covered Niger and many other countries outside the scope of this evaluation.

5 ANSWERS TO THE EVALUATION QUESTIONS

This section presents the findings of the evaluation, based on the different sources of information (see Section 3). Each evaluation question starts with a summary of key findings per judgement criterion, as well as an assessment of the strength of evidence, using a colour-code system, as described below.

Ranking of evidence	
Strong	<p>High quality body of evidence, large or medium in size, highly or moderately consistent, and contextually relevant.</p> <ul style="list-style-type: none"> • Quality – evidence includes high-quality studies and evaluations and/or good quality soft data • Size – large or medium • Consistency – similar messages emerge from different pieces of evidence. There may be some areas of dissonance/divergence
Medium	<p>Moderate quality studies, medium-sized evidence body, moderate level of consistency. Studies may or may not be contextually relevant</p> <ul style="list-style-type: none"> • Quality – good quality soft data • Size – medium • Consistency – similar messages emerge from different pieces of evidence. There may be some areas of dissonance/divergence
Weak	<p>The evidence is limited to a single source of questionable quality (e.g. there is an obvious risk of bias) or is mainly anecdotal in nature, or there are many sources of evidence but the information is highly contradictory and it is not possible to distinguish their quality</p>

5.1 Relevance

EQ1. To what extent was a clear and context-adapted strategy designed and applied by DG ECHO in the Sahel region?

Table 22. EQ1: Key conclusions

Judgement criteria	S	Key conclusions
<p>JC 1.1 DG ECHO's response was appropriately tailored to individual country contexts and needs, while taking account of interlinkages and commonalities across the region</p> <p>JC 1.2 DG ECHO adapted its approach and response to evolving humanitarian situation and needs during the evaluation period</p>		<p>At strategic level:</p> <ul style="list-style-type: none"> • HIPs adequately identified the most urgent humanitarian needs in the Sahel • DG ECHO's response was generally adequately tailored to (changing) contextual circumstances and in-country needs and specificities. Its introduction/scale-up of new activities (e.g. RRM, EiE, protection) was found to be appropriate to address emerging needs in Central Sahel. However, the operationalisation of these changes was faster in some countries (e.g. Mali) than in others (e.g. Burkina Faso), mostly due to different levels of framework partners' pre-existing knowledge and capacity to operate in conflict contexts

	<ul style="list-style-type: none"> • Evidence confirmed the relevance of DG ECHO's response in Nigeria (particularly in the Northeast). The adequacy of its response in Mauritania was also confirmed, although several stakeholders consulted stated that DG ECHO's phase-out could have started earlier • From 2017 onwards, DG ECHO adopted a more country-focused strategy in the Sahel, but the existence of regional commonalities was taken into consideration when designing its response (e.g. identifying three common response pillars in the region, funding multi-country projects, nutrition transition strategy, AGIR initiative). Some stakeholders considered that DG ECHO could have adopted a more regional approach <p>At operational level:</p> <ul style="list-style-type: none"> • DG ECHO was seen by framework partners as a very flexible donor, which allowed them to adapt (scale-up) their actions to respond to evolving needs (e.g. through modification requests, bilateral dialogue, the use of crisis modifiers and the funding provided to RRM's) • Despite existing flexibility, some framework partners took some time to adapt to the changing humanitarian context in the Sahel (e.g. shifting to a multi-sectoral response in Central Sahel, increased access constraints), mostly due to lack of capacity/expertise in some sectors. DG ECHO's support was crucial to adjust to these changes
<p>JC 1.3 Share of DG ECHO funding allocated to different Sahel countries and sectors was proportionate to relative needs, capacities, and other donor support in the region</p>	<p>Note: To streamline the report, JC 1.3 was merged with JC 8.1 and 8.2 and addressed in EQ8.</p>

In the Sahel region, DG ECHO designed and applied a strategy that was generally well adapted to the existing (changing) context.

DG ECHO's response in the Sahel

There was no formally articulated regional HIP(s) underpinning DG ECHO's response in the Sahel countries covered by this evaluation. Its response in the region was primarily articulated in the West Africa HIPs (2016-2020) as well as the Central Africa HIP (for Nigeria in 2020) (hereafter 'the relevant HIPs' or 'the HIPs'). The West Africa HIPs, despite focusing mostly on the five Sahel countries, also included other countries outside the scope of this evaluation¹²⁰. Similarly, the

¹²⁰ Benin, Côte d'Ivoire, Guinea Conakry, Guinea Bissau, Gambia, Ghana, Liberia, Senegal, Sierra Leone, Togo under the West Africa HIP.

Central Africa HIP covered Nigeria together with Central African Republic, Cameroon and Chad, which are not in the scope of this evaluation.

Overall, DG ECHO's response in the Sahel was appropriately tailored to individual country contexts and needs and reflected changes in the humanitarian situation over the evaluation period. Regional commonalities were also taken into consideration in the design and implementation of the response, at least to some extent (JC 1.1, JC 1.2).

Evidence collected shows that DG ECHO HIPs adequately identified the most urgent humanitarian needs in the Sahel (sectors, target populations, etc.). The relevant HIPs – including their technical annexes (TAs) – provided an **overview of common challenges and needs across the region** (e.g. types of crises, evolution of the security situation, political developments, number of people in need of humanitarian assistance, number of people affected by the most acute needs), as well as an **overview of the most acute humanitarian needs and relevant contextual factors in each of the Sahel countries**. Except for the 2016 West Africa HIP, which contained very limited information on in-country humanitarian needs, the subsequent HIPs (2017-2020¹²¹) provided specific information on the context underpinning humanitarian responses in the different countries, as well as a detailed description of the people in need of humanitarian assistance¹²² and the most acute humanitarian needs. This analysis was based on, *inter alia*, data from DG ECHO's Integrated Analysis Framework (IAF) and internationally recognised vulnerability indices (INFORM risk index, INFORM crisis index, HDI, CH) and data collected from DG ECHO field staff. In the process of designing the HIPs, DG ECHO held consultations with its main framework partners in the region to gather information about existing humanitarian needs and regional challenges (see Annex 7 for an overview of most acute needs at country level as identified in the HIPs).

Evidence from the stakeholder consultation confirmed that DG ECHO HIPs correctly identified the most urgent humanitarian needs over the evaluation period¹²³. For example, with the worsening conflict in Central Sahel, DG ECHO HIPs identified increasing protection needs, as well as needs related to EiE due to the closure of schools in the affected areas. Needs related to the outbreak of epidemics (e.g. cholera) and changes in foods needs associated with the lean season and sudden prices inflation (e.g. in Niger in 2017) were also adequately identified in the HIPs. However, two framework partners noted that even though the 2019 West Africa HIP and the 2020 Central Africa HIP recognised the violence between herders and farmers in Northwest Nigeria and existing malnutrition rates in the area as growing concerns, DG ECHO needs assessments did not sufficiently reflect the evolution (worsening) of humanitarian needs in that part of the country. Two framework partners also mentioned that the HIPs should have better reflected the needs of host communities, as well as acute needs outside conflict-affected areas.

The HIPs and TAs provided **detailed and clear information on both the overall DG ECHO's envisaged response in the region and specific priorities at country level**¹²⁴ (including geographical priorities, sectoral priorities, and a description of the main target beneficiaries). The framework partners generally considered that the orientations provided in the HIPs were adequate and allowed them to design a contextualised response¹²⁵.

¹²¹ Including the Central Africa HIP for Nigeria.

¹²² For example, forcibly displaced people and people affected by ongoing conflicts, children suffering from SAM, people affected by food crises, populations affected by natural hazards and epidemics.

¹²³ KIIs (eight DG ECHO staff, nine partners, one other), Survey of partners (48% agreed and 41% somewhat agreed that the HIPs correctly identified the most urgent humanitarian needs, N=46).

¹²⁴ Except for the West Africa HIP 2016, which does not include a detail description of DG ECHO's priorities per country but, rather, an overview of the main priorities for its response in the region.

¹²⁵ KIIs (four partners).

DG ECHO's priorities in the region largely corresponded to the most acute needs identified in the HIPs for each of the Sahel countries. Its response was also **largely aligned with the Humanitarian Response Plans (HRPs)**¹²⁶. Most of the framework partners surveyed (85%) agreed or somewhat agreed that DG ECHO response was well adapted to priority needs¹²⁷. Evidence from the desk review and stakeholder consultation also shows that **country-level specificities (and regional commonalities, to some extent) were adequately considered in DG ECHO's response** in the Sahel. Most of the framework partners surveyed agreed or somewhat agreed that the DG ECHO response was sufficiently tailored to contextual circumstances (87%)¹²⁸ and country-level specificities (87%)¹²⁹. This was also confirmed by the stakeholders interviewed, who mostly agreed that DG ECHO's strategy was well-adapted to individual country contexts overall¹³⁰. The evidence also shows that DG ECHO adequately **adapted its approach and response to the evolving humanitarian situation and needs** (e.g. adapting its annual priorities, HIP modifications, funding provided to RRM)s¹³¹. More examples on how DG ECHO accounted for the specific (changing) country contexts and needs, as well as common regional challenges, in its response in the Sahel are described below.

Central Sahel crisis (i.e. Mali, Burkina Faso and Niger)

The humanitarian situation in Central Sahel radically changed in the second half of the evaluation period (see Section 4.1). The end of 2017 and beginning of 2018 marked a major shift in the expansion of the Malian conflict to neighbouring Burkina Faso and Niger, leading to a growing number of displacements. In response to those changes, DG ECHO adapted its approach from strengthening resilience to food and nutrition crises to primarily responding to the multi-sectoral needs of conflict-affected populations¹³². This change in strategy included adding/scaling-up new sectors, such as protection, EiE and enhancing/prioritising the support to RRM)s.

Rapid Response Mechanisms (RRMs)

An RRM is based on a humanitarian monitoring system, assessments and multi-sector responses to the populations most seriously affected by a shock. It intends to provide an initial response, with a clear timetable, when the scale of the emergency is such that the sectors do not have the capacity to react immediately or are not present and there is a credible risk of loss of life to those affected.

The RRM is triggered in the event of a sudden and non-cyclical acute crisis, after analysis of the context and prioritisation of needs. The RRM mechanism can only be deployed in the event of:

- Natural disaster characterised by the abnormal intensity of the event (flood, mudslide, earthquake, drought, etc.);
- Population displacement following a conflict, after analysis of the context and impact on vulnerability.

Over the evaluation period, the RRM was mainly activated to respond to displacements linked to conflict (first three months of displacement). The sectors covered under the RRM)s varied across countries and over time (see case study on multi-sectoral response).

¹²⁶ Desk review; survey of partners (41% agreed and 41 % somewhat agreed that DG ECHO aligned its support with the HRP developed in the country, N= 46).

¹²⁷ Survey of partners (46% agreed, 39% somewhat agreed, 2% somewhat disagreed, 2% disagreed, N=46).

¹²⁸ Survey of partners (33% agreed, 54% somewhat agreed, N=46).

¹²⁹ Survey of partners (37% agreed and 50% somewhat agreed, N=46).

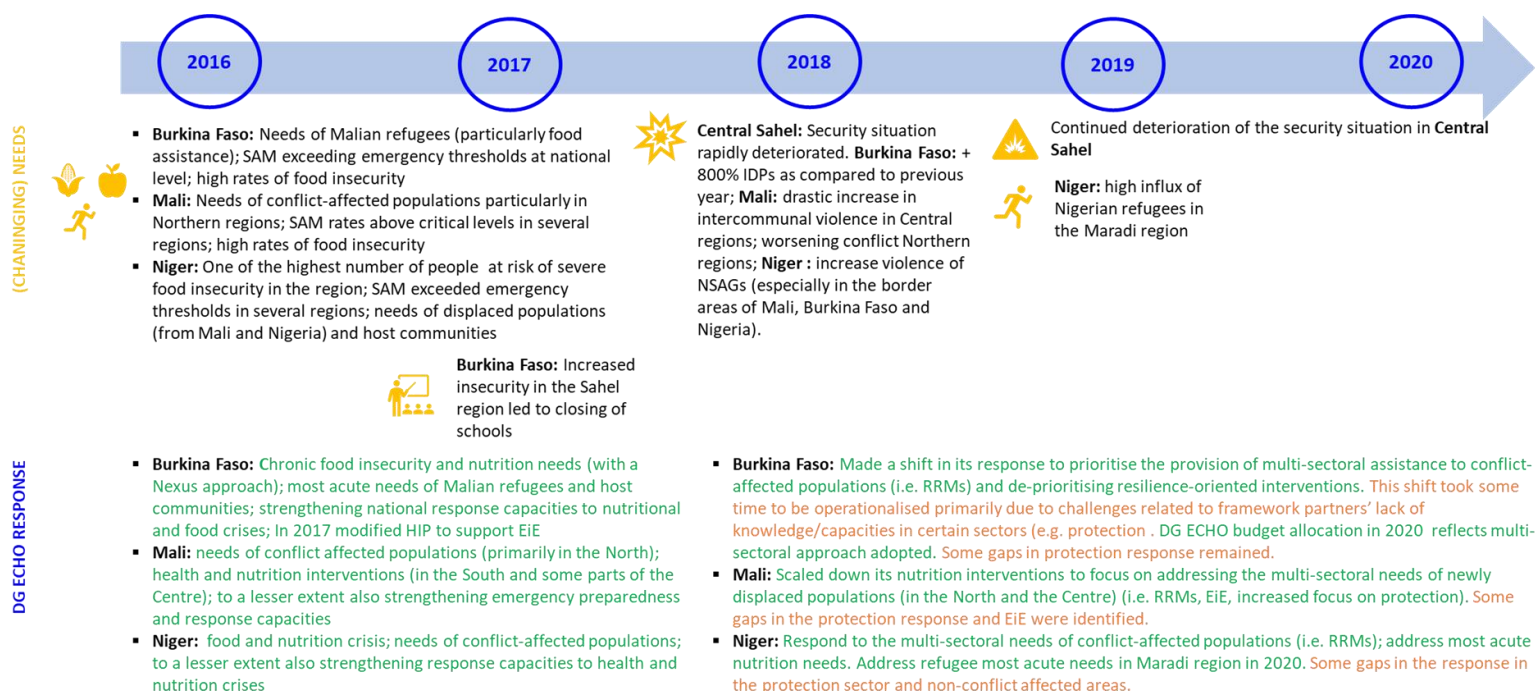
¹³⁰ KIIs (nine DG ECHO staff, three other, four partners).

¹³¹ KIIs (eight DG ECHO staff, six partners, one other); survey of partners (30% agreed and 41 % somewhat agreed that DG ECHO showed sufficient flexibility in adapting its approach and response to the evolving situation and needs, N= 46); case study on multi-sectoral response.

¹³² Desk review; case study on multi-sectoral response.

Figure 30 provides an overview of some of the main changes in the humanitarian context in Central Sahel and some examples of how DG ECHO adapted its response to those changes.

Figure 29. Main changes in the humanitarian context in Central Sahel and examples of DG ECHO response



Source: ICF, based on desk review, KIIs, portfolio analysis, case studies.

Findings from the case study on multi-sectoral response confirmed the adequacy of the multi-sectoral approach in the Central Sahel to better respond to the needs of displaced populations (food assistance, health, education, protection, WASH, shelter). Most of the framework partners who responded to the survey agreed or somewhat agreed (74%) that the introduction or scaling-up of new activities (e.g. RRM, EiE, protection) was appropriate to address strategic and emerging needs¹³³. The operationalisation of this shift in strategy was quicker in some countries (e.g. Mali) than others (e.g. Burkina Faso), largely linked to different levels of pre-existing capacity and knowledge among framework partners to operate in a conflict context (see below).

Data collected show some shortcomings in DG ECHO's response in Central Sahel¹³⁴:

- Although DG ECHO progressively integrated protection in its response to the Central Sahel (e.g. requiring protection mainstreaming, integration protection with other sectors and funding stand-alone protection actions), the case study on multi-sectoral response and stakeholder consultation showed that this process was rather slow (particularly in Burkina Faso and Niger) and the focus on protection remained insufficient over the evaluation period.
- The funding available for Central Sahel was insufficient, forcing the prioritisation of certain sectors (e.g. food security, health) over others (e.g. shelter, protection, WASH) (see EQ8).
- There was a gap in covering the needs of displaced populations after the provision of assistance under the RRM (provided only within the first three months of displacement) finished. After the aid provided under the RRM elapsed, displaced populations were still in need of urgent assistance. While in some cases, the WFP and FAO provided assistance for

¹³³ Survey of partners (39% agreed, 35 % somewhat agreed, 13% somewhat disagreed and 7% disagreed), N=46).

¹³⁴ KIIs; case study on multi-sectoral response.

an additional six months, in most cases, there was no follow-up system in place to ensure that displaced populations continued to receive assistance to cover their most basic needs¹³⁵.

Niger

At the level of the individual countries, evidence collected suggests that DG ECHO's response in **Niger** was generally well adapted to the context and existing needs¹³⁶. That response focused on: 1) responding to the food and nutrition crisis (e.g. management and treatment of SAM, support to national health authorities on malnutrition and food needs of vulnerable populations); 2) addressing the needs of conflict-affected populations (e.g. Nigerian refugees, IDPs, Malian refugees, host communities); and 3) to a lesser extent, strengthening response capacity (primarily to health and nutrition crises) in high-risk areas. In terms of geographical coverage, DG ECHO's response focused mainly on the border areas with Mali, Burkina Faso and Nigeria in the regions of Diffa, Tahoua and Tillabéri¹³⁷.

From 2016-2020, the food and nutrition sectors in Niger received the highest share of DG ECHO budget (36% and 27% respectively). Over that period, the country had one of the highest number of people at risk of severe food insecurity in the region (especially during the lean season) and SAM exceeded emergency thresholds in several regions of the country.¹³⁸ The food and nutrition sectors were also the sectors with the highest amount of funding needs identified in the HRPs.

Since 2018, the humanitarian situation in Niger considerably deteriorated due to the worsening of the conflict in Mali and increase violence of NSAGs (especially in the border areas of Mali, Burkina Faso, and Nigeria). In response to this change in the humanitarian context, DG ECHO shifted its priorities in Niger to respond to the new emergencies. This included scaling up its response to the multi-sectoral needs of conflict-affected populations (especially in the Tahoua and Tillabéri regions) – including through the funding of RRM – and decreasing its support to resilience interventions aiming to address more structural needs. For example, the share of budget allocated to nutrition interventions considerably decreased over the evaluation period (from 30% of the total budget in 2016 to 13% in 2020).¹³⁹ Up to 2018, the priority was supporting early recovery for conflict-affected populations in regions where linking relief, rehabilitation and development (LRRD) opportunities were demonstrated (e.g. Diffa). After 2019, those types of activities were de-prioritised to focus on the urgent needs of recently displaced populations. These changes were accompanied by stronger cooperation with and involvement of DG INTPA, which took on some of DG ECHO's interventions) (see EQ4). From 2019 onwards, the HIPs also emphasised that funded actions must include protection mainstreaming and strategies to improve humanitarian access. In response to a high influx of Nigerian refugees in the Maradi region in 2019¹⁴⁰, DG ECHO also prioritised the provision of assistance in that region.

¹³⁵ KIIs (three partners, one other, one DG ECHO staff); sase study on multi-sectoral response; survey of partners (one respondent).

¹³⁶ Desk review; KIIs (one DG ECHO staff, one other, two partners); case study on multi-sectoral response.

¹³⁷ Desk review; KIIs.

¹³⁸ West Africa HIPs 2016-2020.

¹³⁹ Over the evaluation period, some nutrition interventions were also integrated into the framework partners' primary healthcare response package.

¹⁴⁰ West Africa HIP 2020: 'New influx of refugees was recorded in 2019 in Maradi region where 60,000 people fled violence from the neighbouring Zamfara and Sokoto States in Northern Nigeria.'

Despite the overall relevance of DG ECHO's response in Niger, some gaps were identified. Two framework partners consulted stated that DG ECHO's response did not pay sufficient attention to acute needs in non-conflict affected areas of the country (e.g. in peri-urban areas hosting people affected by conflict). In connection to this, one framework partner interviewed mentioned that the reduction of the nutrition budget was very abrupt and prompted the loss of some work that had been done in the nutrition sector in previous years.

Examples of HIPs modifications to adapt to changes in needs in Niger

- (2016) Improve humanitarian access to some areas affected by Boko Haram conflict allowed to carry out needs assessments in places previously inaccessible which revealed massive humanitarian needs of the affected populations. Additional budget was added to the HIP to reinforce the humanitarian response to the consequences of the Boko Haram crisis.
- (2016) Increase budget for food assistance and nutrition due to a deterioration of the food and nutrition situation in Niger
- (2017) Increased budget to respond to impacts of the worsening of crises Northeast Nigeria in Niger (i.e. need to support enhanced emergency response capacity to respond to basic needs of conflict-affected populations, promoting livelihoods support as well to enhance coordination)
- (2018) To respond to a Cholera outbreak in 3 regions in Niger together with a surge in acute undernutrition and food needs created by floods, additional budget was added to the HIP.
- (2019) 2019 saw a rapid deterioration of the humanitarian situation in Burkina Faso, Mali and Niger. The expansion of the armed conflicts affected new regions and led to increased forced displacement. Additional budget was added to the HIP to reinforce DG ECHO's response in the following sectors: RRM, health and nutrition, humanitarian access, civil-military coordination and FA.
- (2020) Budget was increased to address specific needs arising from the COVID-19 pandemic

Burkina Faso

The evidence suggests that DG ECHO's response in **Burkina Faso** was generally well adapted to the country context and (changing) needs¹⁴¹. The volatility of the humanitarian situation meant that the regions prioritised by DG ECHO changed during the evaluation period to reflect changes in needs, but primarily included the Sahel region, North, Boucle du Mouhoun, Centre-East, East, and Centre-North.

Until 2018, DG ECHO's response primarily focused on addressing chronic food insecurity and nutrition needs (e.g. enhancing management and prevention of SAM) with a Nexus approach. To a lesser extent, it also addressed the most acute needs of Malian refugees and host communities near the border area with Mali, and strengthened national response capacities to nutritional and food crises, was also included in DG ECHO's response.¹⁴² After 2018, due to the worsening of the security situation in the country and a sharp increase in the number of IDPs (+ 800% in 2018 as compared to the previous year)¹⁴³, the response shifted to prioritising multi-sectoral assistance to conflict-affected populations (health and nutrition, food assistance, protection, EiE, shelter, WASH) de-prioritising resilience-building and nutrition interventions (the share of budget allocated to nutrition interventions sharply decreased, from 51% in 2016 to 1% in 2020)¹⁴⁴. This shift also included enhanced collaboration with DG INTPA, with a view to its taking over some of the DG ECHO-funded interventions (see EQ4). The support to RRM to address the multi-sectoral needs of newly displaced populations as well as maintaining/enhancing humanitarian access also became high priorities for DG ECHO. This change in strategy was deemed as relevant by

¹⁴¹ Desk review; KIIs (two DG ECHO staff, two partners); case study on multi-sectoral response.

¹⁴² KIIs; case study on multi-sectoral response; desk review.

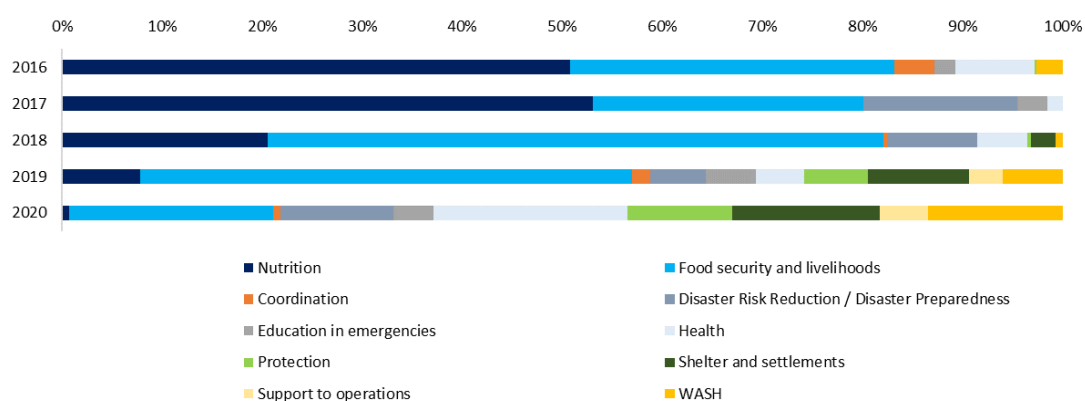
¹⁴³ 4,900 in 2017, compared to 47,000 in 2018. By the end of 2020, there were 1.1 million IDPs in Burkina Faso (Internal Displacement Monitoring Centre, available at: <https://www.internal-displacement.org/countries/burkina-faso>).

¹⁴⁴ During the evaluation period, some nutrition interventions were integrated into the framework partners' primary healthcare response package.

stakeholders¹⁴⁵ It was also in line with the evolution of funding appeals under the HRP: in 2016, they identified the main funding needs in the food and nutrition sectors and to cover refugees' needs; in 2019, the highest share of funding needs was identified in relation to conflict and insecurity.

This shift to a multi-sectoral response took some time to be operationalised in Burkina Faso primarily due to challenges related to framework partners' lack of knowledge/capacity in certain sectors (e.g. protection). Some framework partners were operating in predefined geographical zones, which complicated the adaptation to changes in needs when the conflict expanded to new areas¹⁴⁶. The sectoral distribution of DG ECHO funding over the evaluation period shows that the shift to a multi-sectoral response took some time to be reflected in the budget allocation, but was eventually achieved (see Figure 30).

Figure 30. Share of funding allocated, by sector, 2016-2020



Source: ICF, based on HOPE database.

Examples of HIPs modifications to adapt to changes in needs in Burkina Faso

- (2016) Increase budget for food assistance and nutrition due to a deterioration of the food and nutrition situation in the country
- (2017) Increased insecurity in the Sahel region of Burkina Faso led to a massive closure of schools. In response to this, budget was added to the HIP to support EiE in the affected areas.
- (2018) Burkina Faso faced a new food and nutrition crisis in 2018 linked to an early agro-pastoral lean season and affecting particularly the Southern regions. Budget for food assistance and nutrition was increased. Budget was also increase to scale up the response to the acute food and nutrition needs for the most vulnerable populations affected by the agro-pastoral crisis.
- (2019) 2019 saw a rapid deterioration of the humanitarian situation in Burkina Faso, Mali and Niger. The expansion of the armed conflicts affected new regions and led to increased forced displacement. Additional budget was added to the HIP to reinforce DG ECHO's response in the following sectors: RRM, health and nutrition, humanitarian access, civil-military coordination and FA.
- (2020) Budget was increased to address specific needs arising from the COVID-19 pandemic

Mali

In **Mali**, DG ECHO's priorities over the evaluation period included: 1) addressing the needs of conflict-affected populations (through the support of RRM, health and nutrition, protection and EiE); 2) responding to food and nutrition crises (e.g. managing SAM and covering the food needs of the most vulnerable households at the most critical time); and 3) to a lesser extent, strengthening emergency preparedness and response capacity in high-risk areas. The evidence

¹⁴⁵ KIIs; case study on multi-sectoral response.

¹⁴⁶ KIIs; case study on multi-sectoral response.

suggests that, overall, DG ECHO's response in Mali was adequately adapted to the country context and needs¹⁴⁷.

Before 2018, DG ECHO's response to the needs of conflict-affected populations primarily focused on the North, where the most acute needs were found. However, given the dramatic increase in intercommunal violence in Central Mali from mid-2018, DG ECHO adapted its response to also prioritise the provision of assistance to conflict-affected populations in those parts of the country¹⁴⁸.

In 2017, in Southern Mali and in parts of the centre where the health system was functional, DG ECHO focused on integrating national protocols supporting acute malnutrition into health services (with a view to initiating an exit strategy). However, the worsening of the conflict and the security situation in the North and the Centre since 2018 saw DG ECHO considerably scale-down its interventions in the nutrition sector (the share of budget allocated to nutrition interventions decreased sharply, from 34% in 2016 to 9% in 2020)¹⁴⁹ to focus its response on addressing the multi-sectoral needs of newly displaced populations¹⁵⁰. That reduced focus on nutrition was in parallel with reinforced cooperation and stronger involvement of DG INTPA (see EQ4). DG ECHO increased its focus on addressing the multi-sectoral needs of newly displaced populations, including more support to RRM – particularly in the area of the Mali-Niger-Burkina Faso border – and to EiE in areas where education services were interrupted by the conflict¹⁵¹. Following discussions with partners and an assessment of needs, EiE was included under the RRM. However, while the share of budget allocated to EiE in 2019 was more than double the share allocated in 2016, no EiE actions were funded in 2020.

The HRP highlighted protection as one of the main sectors with funding needs in Mali between 2016 and 2020. DG ECHO made efforts to strengthen the protection response in the country (e.g. encouraging framework partners to carry out protection assessments, exploiting synergies with other relevant sectors, including protection under the RRM, and funding standalone protection projects). However, the evidence suggests that the coverage of protection needs in Mali remained insufficient¹⁵².

Examples of HIPs modifications to adapt to changes in needs in Mali

- (2016) Increase budget for food assistance and nutrition due to a deterioration of the food and nutrition situation
- (2017) Due to the worsening of the humanitarian crises in Mali, the budget was increased twice to address existing humanitarian needs especially food needs before the lean season, EiE in conflict-affected areas, health, and nutrition as well as to support RRM to address the needs of new displaced populations
- (2018) To scale up the response to the acute food and nutrition needs for the most vulnerable populations affected by the agro-pastoral crisis
- (2019) 2019 saw a rapid deterioration of the humanitarian situation in Burkina Faso, Mali and Niger. The expansion of the armed conflicts affected new regions and led to increased forced displacement. Additional budget was added to the HIP to reinforce DG ECHO's response in the following sectors: RRM, health and nutrition, humanitarian access, civil-military coordination and FA.
- (2020) Budget was increased to address specific needs arising from the COVID-19 pandemic

¹⁴⁷ Desk review; KIIs (three DG ECHO staff, one partner); case study on multi-sectoral response.

¹⁴⁸ Desk review; KIIs.

¹⁴⁹ Over the evaluation period, some nutrition interventions were also integrated into the framework partners' primary healthcare response package.

¹⁵⁰ KIIs; analysis of HIPs.

¹⁵¹ West Africa HIPs 2016-2020.

¹⁵² Case study on multi-sectoral response; portfolio analysis (DG ECHO funding to protection actions represented only 1% of the total funding to Mali over the evaluation period).

Nigeria

Providing protection and life-saving emergency assistance (e.g. food assistance, nutrition, WASH, health, protection) to conflict-affected populations in the Northeast (i.e. Borno, Adamawa and Yobe states) was DG ECHO's main priority in Nigeria over the evaluation period. Priority was given to inaccessible areas and populations facing difficulties in accessing basic services and humanitarian assistance due to limited freedom of movement¹⁵³. Stakeholders consulted¹⁵⁴ confirmed the relevance of DG ECHO's response in the Northeast, which is considered to be one of the 10 most severe humanitarian crises in the world¹⁵⁵. In terms of sectoral coverage, most DG ECHO funding (42%) over the evaluation period went to FSL interventions, in line with the most urgent humanitarian needs identified in the HRP and in the HIPs¹⁵⁶.

The security situation in some areas in the Northeast changed dramatically during the evaluation period. Between 2016 and early 2018, security improved as the government regained some territory in the Borno state and established control over new areas. This scenario allowed DG ECHO to fund actions in the context of the Nexus (i.e. early recovery and reconstruction) in the Borno state (e.g. under the Borno package)¹⁵⁷. However, towards the end of 2018 (beginning of 2019), NSAGs regained control over some areas of the Borno state, shrinking the humanitarian space and impeding the delivery of Nexus projects and humanitarian aid. Accordingly, DG ECHO changed its response in the Borno state to prioritise addressing the most acute needs in hard-to-reach areas and de-prioritising Nexus interventions. Since 2018, in the face of increased access challenges¹⁵⁸, it prioritised strengthening needs assessments, response, and monitoring mechanisms in inaccessible areas in Northeast states, as well as enhancing humanitarian access (e.g. supporting humanitarian hubs). Given the volatile situation in Northeast Nigeria, DG ECHO encouraged its partners to integrate adequate flexibility to meet new significant needs (e.g. newly accessible populations, new arrivals) in their proposals, and funded RRM to enable a timely response to emerging needs¹⁵⁹.

In 2020, due to the worsening of intercommunal conflict in Northwest Nigeria and the associated increase in humanitarian needs, DG ECHO started funding some limited actions in that region¹⁶⁰. Two framework partners interviewed highlighted that DG ECHO's response in Nigeria did not

Examples of HIPs modifications to adapt to (ad-hoc) changes in needs in Nigeria

- (2016) Improve humanitarian access to some areas affected by Boko Haram conflict allowed to carry out needs assessments in places previously inaccessible which revealed massive humanitarian needs of the affected populations. Additional budget was added to the HIP to reinforce the humanitarian response to the consequences of the Boko Haram crisis.
- (2017) Increased budget to respond to the worsening of crises in the Northeast (i.e. need to support enhanced emergency response capacity to respond to basic needs of conflict-affected populations, promoting livelihoods support as well to enhance coordination)
- (2018) Increased budget to respond to increased needs and new displacements in the Northeast
- (2020) Budget was increased to address specific needs arising from the COVID-19 pandemic

¹⁵³ Desk review; KIIs.

¹⁵⁴ KIIs (one DG ECHO staff, three partners).

¹⁵⁵ OCHA, Northeast Nigeria, Humanitarian dashboard-situation overview.

¹⁵⁶ Food insecurity reached emergency levels (IPC phase 4 and 5) over the evaluation period (particularly in the Northeast).

¹⁵⁷ See <https://reliefweb.int/report/nigeria/eu-announces-143-million-support-package-crisis-north-east-nigeria>.

¹⁵⁸ Assessment Capacities Project (ACAPS) noted that in 2019, humanitarian access in Nigeria (especially in the northeast) was 'with very high constraints' (https://www.acaps.org/sites/acaps/files/products/files/20191031_acaps_humanitarian_access_overview_october_2019.pdf).

¹⁵⁹ Desk review; project mapping; KIIs.

¹⁶⁰ KIIs (one DG ECHO staff).

respond adequately to changes in needs in the Northwest, leaving significant acute need unaddressed (e.g. SAM, multi-sectoral needs of IDPs)¹⁶¹.

Mauritania

The humanitarian situation in Mauritania remained relatively stable. DG ECHO's response focused on: 1) covering the immediate basic needs of Malian refugees and vulnerable host populations (e.g. food, nutrition, protection, shelter, EiE), and 2) responding to food and nutrition crisis in the country (e.g. provision of food assistance to the most food insecure during the most critical time of the year, prevention of SAM, enhancing national capacity to manage SAM)¹⁶². This was in line with the main needs identified in the HRP (i.e. multi-sectoral needs of refugees and food needs) and with the most urgent needs identified in the HIPs. In 2018, there was a steep increase in the number of people food insecure in Mauritania (+91% compared to 2017) due to the poor rainy season in 2017 affecting pasture and food production, thus food security needs were the main humanitarian needs identified in the HRP that year. Accordingly, DG ECHO increased the budget allocated to FSL interventions in 2018 and 2019¹⁶³.

From 2019 onwards, DG ECHO prioritised actions with sustainability strategies or with a Nexus approach (in view of a phase out from the country), as needs in the country had become more structural and less acute. In fact, the HRP did not include any appeals for Mauritania in 2019 and 2020. Some stakeholders stated that this transition towards development interventions in Mauritania should have started a bit earlier¹⁶⁴, as needs in the country were very structural and , considering the limited funding available, DG ECHO could better use its resources for other crisis facing more urgent needs (see also JC 3.1).

Examples of HIPs modifications to adapt to (ad-hoc) changes in needs in Mauritania

- **(2018)** Mauritania faced a new food and nutrition crisis in 2018 linked to an early agro-pastoral lean season and affecting particularly the Southern regions. Budget for food assistance and nutrition was increased.

Regional commonalities

Until 2016, DG ECHO had a strong regional strategy in the Sahel, with little attention given to individual country contexts in the HIPs and TAs. From 2017 onwards, it adopted a more country-focused strategy, while still considering the cross-border and regional dimensions of some of the crises (Central Sahel crises) and the existence of commonalities across the region (food and nutrition crises). Apart from the priorities identified at country level, in the HIPs, DG ECHO also identified three main overarching priorities that were common to the region namely: providing assistance to conflict-affected populations; addressing food and nutrition crises; and strengthening preparedness and capacity to respond to emergencies in high-risk areas (see Annex 7). Some examples of how DG ECHO took into consideration these common regional challenges in its response in the Sahel included:

- **DG ECHO's Nutrition Transition Strategy:** based on its Sahel Strategy 2007-2015, which aimed to expand coverage of quality SAM treatment to address excess of mortality of

¹⁶¹ Two Framework partners interviews; desk research (<https://www.unicef.org/media/78061/file/2020-HAC-Nigeria-revised-2.26.pdf>); <https://www.crisisgroup.org/africa/west-africa/nigeria/288-violence-nigerias-north-west-rolling-back-mayhem>

¹⁶² Desk review; KIIs.

¹⁶³ 41% of the total budget to the country in 2018 and 49% in 2019, compared to 35% in 2017.

¹⁶⁴ KIIs (one DG ECHO staff, one other).

children under five, in 2016, DG ECHO approved a Nutrition Transition Strategy to adapt its nutrition response in the region to the new humanitarian context (i.e. permanent nutrition crisis and an increase in the need for humanitarian assistance due to conflict and associated displacement)¹⁶⁵. The Strategy established common priorities for the nutrition sector in the region.

- **AGIR:** DG ECHO contributed to the AGIR initiative to enhance resilience to the recurring food and nutrition crises in the Sahel and West Africa (see EQ4)¹⁶⁶.
- **The possibility to fund multi-country actions where they added value**¹⁶⁷: Activities to enhance the flexibility of the response, the coordination of RRM, and the establishment of cross-border humanitarian monitoring mechanisms in the Central Sahel were one of the main DG ECHO priorities for multi-country actions over the evaluation period. As the Sahel region faced some common economic and climate challenges that translated into food and nutrition crises, multi-country actions aiming to respond to food and nutrition crises¹⁶⁸ in the region (i.e. Burkina Faso, Mali, Mauritania, Niger) were eligible for funding. Other issues that DG ECHO considered suitable for multi-country actions included the provision of support services for humanitarian operations¹⁶⁹, as well as coordination and, where relevant, disaster risk reduction (DRR) (primarily related to the need to enhance epidemic analysis, preparedness, and response capacity). The implementation of multi-country actions in response to the Nigerian crisis was not specifically considered a priority in the relevant HIPs. The portfolio analysis shows that over the evaluation period, multi-country actions (excluding PPPs) represented around 7% of the total budget to the region¹⁷⁰. The data show the added value of the multi-country actions to address common needs in the region¹⁷¹. UNICEF multi-country nutrition actions funded during the evaluation period were seen as a particularly good example of the added value of these types of actions (e.g. establishment of a regional hub that facilitated the movement of nutritional inputs from one country to another)¹⁷².

Nevertheless, **stakeholders were divided as to whether DG ECHO should have adopted a more regional approach to its response in the Sahel**. Most stakeholders believed that DG ECHO's strategy adequately balanced individual country specificities and regional commonalities. In their view, the situation in the Sahel required both, taking into consideration common regional challenges, while also establishing priorities at country level, in view of the differences in the types of crises/dynamic of the crises in the Sahel countries¹⁷³. On the other hand, one framework partner interviewed and a majority of the framework partners surveyed (65%)¹⁷⁴ believed that DG ECHO should have adopted a more regional response (e.g. by funding regional RRM, allowing for a more flexible multi-country approach).

In selecting actions for funding, one of DG ECHO's assessment criteria was the relevance of the proposal (including compliance with the priorities identified in the HIPs). Findings from the portfolio analysis suggest that actions that received funding from DG ECHO scored high on the relevance criterion (an average of 1.89) (see Table 23).

¹⁶⁵ Desk review.

¹⁶⁶ DG ECHO, AGIR (the Global Alliance for Resilience Initiative), available at: https://civil-protection-humanitarian-aid.ec.europa.eu/agir-global-alliance-resilience-initiative_en

¹⁶⁷ Quality, speed, coverage of needs and flexibility of response.

¹⁶⁸ Particularly in relation to the prevention and management of SAM, coordination, analysis and logistics.

¹⁶⁹ Security management, information exchange, etc.

¹⁷⁰ Niger (targeted by 10 multi-country actions), Burkina Faso (eight) and Mali (seven), Mauritania (five).

¹⁷¹ KIIs; portfolio analysis (multi-country actions received the highest mark for relevance).

¹⁷² KIIs (three DG ECHO staff).

¹⁷³ KIIs (six DG ECHO staff, one other, four partners).

¹⁷⁴ Survey of partners (28% agreed, 37% somewhat agreed, N=46).

Table 23. Average relevance mark, by country and at regional level

Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi-country	All
1.83	1.94	1.85	1.93	1.82	2	1.89

Source: ICF, based on HOPE database.

Note: Scale from 0-2, with 0 the lowest mark and 2 the highest.

At operational level, DG ECHO also showed high flexibility in accompanying its framework partners in the process of adapting their responses to changes in needs. Framework partners consulted saw DG ECHO as a very flexible donor that listens to its partners and allows for flexibility to modify their funded actions to respond to changes in the humanitarian situation¹⁷⁵. Regular dialogue between DG ECHO and its framework partners allowed them to better respond to changes in needs on the ground¹⁷⁶.

DG ECHO increased its support to **RRMs**, which allowed for responses to urgent needs where new displacements arose. However, in the case study on multi-sectoral response, several stakeholders consulted highlighted some limitations in the flexibility of the RRM in Central Sahel, as framework partners were bound to specific geographical areas and did not operate outside those (e.g. due to lack of capacity, logistical constraints etc.).

To allow framework partners to respond as quickly as possible to new emergency situations, the DG ECHO HIPs covering the Sahel countries encouraged framework partners to include **crisis modifiers** as specific results in their action proposals¹⁷⁷. Crisis modifiers allowed framework partners to flexibly mobilise resources from their ongoing actions, so that they could swiftly respond to new emerging shocks in their areas of operation or in other areas where they had capacity to respond. The activation of the crisis modifiers was reported to be very easy and fast, requiring only an email notification to DG ECHO¹⁷⁸. The case study on multi-sectoral response and the stakeholder consultation found that the use of crisis modifiers allowed for more flexibility in implementing funded actions. However, crisis modifiers could only be used for changes in the geographical location of the action (not changes in sector coverage, target beneficiaries, activity etc.), thus they did not allow full flexibility to respond to changes in needs¹⁷⁹.

To respond to changes in needs and the humanitarian context, framework partners could also submit **modification requests** to make changes to their funded actions. 58% of the actions mapped as part of the project mapping submitted modification requests – that were accepted by DG ECHO – to adapt the action to changes in needs or the humanitarian context. Annex 6 provides some examples of how modification requests allowed framework partners to respond to changes in needs.

The survey results show that a majority of framework partners (65%) scaled-up one or several components of their funded actions to respond to increasing humanitarian needs (see Figure 31). The main component scaled-up to meet emergent needs was the **multi-sectoral response to IDPs/refugees** (e.g. to cover needs in newly accessible areas in Nigeria, reinforce RRM, address COVID-19 related needs). Other components that were scaled-up included: **nutrition** (e.g. expansion of activities to provide SAM care in newly accessible areas); **FSL** (e.g. strengthening resilience where possible, increase access to food through cash transfer); **protection** (e.g.

¹⁷⁵ KIIs (six partners); survey of partners (two respondents).

¹⁷⁶ KIIs (three partners).

¹⁷⁷ Crisis modifiers are added as a specific result in the Single Form, with a budget of EUR 0.

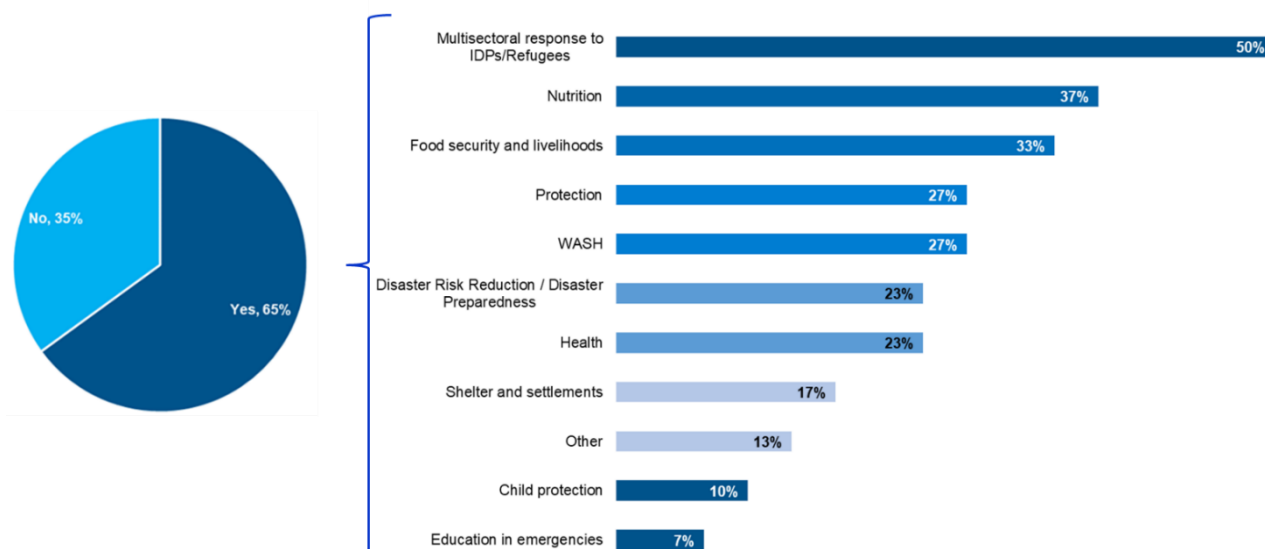
¹⁷⁸ Case study on multi-sectoral response.

¹⁷⁹ Case study on multi-sectoral response.

provision of psycho-social support, enhance protection of conflict-affected populations); and **WASH** (e.g. add WASH to RRM, address urgent WASH needs in newly accessible areas).

Figure 31. Did your action(s) include any component which was scaled-up as a response to increasing humanitarian needs? If yes, which component of your action was scaled-up?

Source: ICF, Survey of framework partners, N=46, N=30.



Despite the fact that framework partners showed some flexibility in adapting to changes in needs, the 2018 **shift towards a multi-sectoral response in Central Sahel** – due to the worsening conflict and security situation – proved challenging initially (especially in Burkina Faso and to some extent Mali and Niger). This was largely because framework partners operating in the region in 2018 were very specialised in food and nutrition assistance, and sometimes lacked expertise in other sectors (e.g. protection). In Burkina Faso, shifting from providing assistance in protracted crises to acute humanitarian crises took time, as framework partners had to adapt their ways of working (e.g. logistics, security procedures) and build their capacity (e.g. training, recruiting new staff)¹⁸⁰. In Mali, the extension of the conflict to the centre of the country required framework partners to expand their response to areas where they were not previously present. Nevertheless, the shift to a multi-sectoral response in Mali was smoother than in other countries (e.g. Burkina Faso, Niger) as both DG ECHO and its framework partners were operating in a conflict setting since 2013¹⁸¹. Framework partners consulted for case study on multi-sectoral response reported that exchanges with DG ECHO and the support at proposal stage and during the monitoring visits was key to effecting those changes. For example, in some cases at the beginning of the shift to a multi-sectoral response, DG ECHO funded some support costs (e.g. security equipment, training etc) to help its framework partners to develop their capacity to respond to the new humanitarian context¹⁸².

In addition to the above, over the evaluation period, **increased access constraints in the Sahel** (i.e. Mali, Burkina Faso, Niger and Nigeria), required framework partners to adapt their responses and modus operandi. Evidence collected shows that DG ECHO played a key role in advocating for humanitarian access¹⁸³ and accompanying framework partners in adapting their responses to the new humanitarian context. For example, in Nigeria, DG ECHO's support was key for the establishment and functionality of the humanitarian hubs. DG ECHO's support to UNHAS was also

¹⁸⁰ KIIs (three DG ECHO staff); case study on multi-sectoral response.

¹⁸¹ KIIs (two DG ECHO staff); case study on multi-sectoral response.

¹⁸² KIIs (one DG ECHO staff); case study on humanitarian access.

¹⁸³ Survey of partners (37% agreed, 37% somewhat agreed that that DG ECHO played a key role in advocating for humanitarian access and space, N=46); case study on humanitarian access.

very relevant to allow framework partners to deliver aid in remote fragile areas in Mali, Burkina Faso, and Nigeria.¹⁸⁴ DG ECHO was also one of the key donors of the International NGO Safety Organisation (INSO), which played a key role in enhancing framework partners' capacity to operate in highly insecure contexts (e.g. through security training and risk assessment). In Mali for example, DG ECHO funding contributed to the opening of new INSO offices. In Burkina Faso, DG ECHO's contributions were seen as key for the arrival of INSO in the country, whose support was crucial to provide framework partners with incident tracking, risk assessment, crisis management support, and safety and security training¹⁸⁵.

*EQ2. To what extent did the design (including geographical and household targeting) and implementation of EU-funded actions take into account the needs of the most vulnerable population in line with respective sectorial policies and priorities?*¹⁸⁶

Table 24. EQ2: Key conclusions

Judgement criteria	S	Key conclusions
JC 2.1 Actions selected for DG ECHO funding were based on a robust needs assessment, clearly identifying the most vulnerable groups and their needs		<ul style="list-style-type: none"> • Actions selected for funding were based on needs assessments that – notwithstanding different levels of quality – were adequate to identify the needs of the most vulnerable groups • The needs assessments prepared by the framework partners typically combined the results from internal assessment exercises (using a wide range of data collection tools), with secondary sources and/or findings from needs assessments undertaken by other humanitarian organisations and/or data gathered from previous implemented actions. Most of the funded actions reviewed used participatory approaches that involved beneficiaries and local communities in identifying needs • Several factors hampered the quality of framework partners' needs assessments and/or negatively impacted their capacity to undertake such assessments (e.g. security and access challenges, resource constraints, tendency to remain in the same geographical zone, lack of technical expertise in some sectors). The evaluation also found examples of mitigation measures adopted by framework partners to overcome those challenges
JC 2.2 Beneficiary targeting and selection criteria /processes are set out in project documents		<ul style="list-style-type: none"> • Beneficiary targeting and selection criteria/processes were set out in DG ECHO-funded actions. Most framework partners used vulnerability criteria for selecting beneficiaries • Affected communities participated in the targeting process in most DG ECHO-funded actions. In a number of cases, the targeting processes also included consultations with regional/local authorities (LGA

¹⁸⁴ Case study on humanitarian access; desk review.

¹⁸⁵ Case study on humanitarian access.

¹⁸⁶ See EQ3 for analysis of alignment of DG ECHO's response with the relevant sectorial policies and priorities.

		<p>officers, relevant educational authorities, health authorities etc.) and local leaders</p> <ul style="list-style-type: none"> Although targeting criteria used by framework partners were generally adequate to identify the most vulnerable groups, their quality/adequacy varied and depending on the sector and the country where framework partners operated. The evaluation found some quality issues in the targeting criteria/processes used in some of the Sahel countries and/or by some framework partners (e.g. using status instead of vulnerability, local/government pressure in the targeting process, lack of data at country/regional level) Insecurity, access constraints, and the dynamic of displacement complicated the targeting process in some cases
JC 2.3 The partners implementing DG ECHO-funded actions have a good understanding of the local humanitarian situation and needs		<ul style="list-style-type: none"> The framework partners generally had a good understanding of the humanitarian context in the countries where they implemented DG ECHO-funded actions, although the level of knowledge varied. Some gaps were identified in relation to expertise and capacity of some framework partners in some sectors (e.g. protection)
JC 2.4 Activities implemented by DG ECHO-funded actions addressed the needs of the most vulnerable		<ul style="list-style-type: none"> Overall, DG ECHO-funded actions were designed and implemented to address the needs of the most vulnerable. It paid considerable attention to how actions were designed and implemented (e.g. needs assessment, targeting, logic framework) to address the needs of the most vulnerable populations (both at proposal stage and during monitoring visits) DG ECHO-funded actions generally targeted the most vulnerable groups. Around 40% of the actions reviewed in the project mapping specifically targeted certain groups of vulnerabilities. More than half of the beneficiaries of DG ECHO-funded actions were children, while women and girls represented half of the beneficiaries Most DG ECHO-funded actions in the Sahel integrated gender and age considerations to some extent A great majority of framework partners took into consideration the differentiated needs of IDPs, refugees, returnees and host communities. Local populations and IDPs were the main target groups of DG ECHO-funded actions over the evaluation period (92% and 68% of actions, respectively)

Evidence collected shows that, overall, DG ECHO funded actions were designed and implemented taking into account the needs of the most vulnerable populations (through

consultations with the affected communities, ex-ante needs assessments, targeting criteria based on vulnerability, etc.).

Framework partners generally had a good understanding of the humanitarian context in the countries where they implemented DG ECHO-funded actions, although the level of knowledge varied across partners (JC 2.3). One of DG ECHO's assessment criteria for selecting actions for funding was the capacity and expertise of framework partners. The portfolio analysis shows that, on average, the framework partners implementing funded actions in the Sahel scored high or medium-high for capacity and expertise (see Table 25).

Table 25. Average capacity and expertise mark, per country

Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi-country	Sahel Region
1.75	2.0	1.76	1.85	1.5	2	1.8

Source: ICF, based on HOPE database, N=147.

Note: Scale from 0-2, with 0 the lowest mark and 2 the highest.

DG ECHO staff interviewed generally agreed that even though the level of knowledge and expertise varied across the framework partners, they typically had a good understanding of the humanitarian needs in the country (areas) where they operated¹⁸⁷. However, the data collected shows some gaps in the sectoral expertise and capacity of some the framework partners active in the region. For example, a lack of expertise in protection was found in Mali, Burkina Faso and Niger¹⁸⁸. This stemmed from the fact that before the worsening of the conflict situation in Central Sahel in 2018, the framework partners in Niger and Burkina Faso, in particular, were largely specialised in food and nutrition assistance and lacked knowledge and expertise in other sectors (see EQ1)¹⁸⁹.

Evidence collected suggests that actions selected for funding were based on needs assessments that, notwithstanding different levels of quality, were adequate to identify the needs of the most vulnerable groups (JC 2.1). The majority of the framework partners surveyed (76%) stated that the design and implementation of their funded actions fully/largely took into account the results of robust needs assessments of the most vulnerable groups (in particular, women, children, elderly and people with disabilities)¹⁹⁰. All actions mapped through the project mapping and the case studies were based on ex-ante (recent) needs assessments, although the level of detail provided by framework partners on the results of needs assessments in the Single Form varied from one action to another. In most cases, the needs assessments combined results from internal assessment exercises carried out by the framework partners themselves, complemented by secondary sources and/or findings from needs assessments undertaken by other humanitarian organisations and/or data gathered from previous implemented actions. Only one of the actions mapped exclusively relied on secondary sources for the needs assessment (due to delays in carrying out the planned assessment before the start of the action), while another provided only very general information on needs assessment, without specifying the methodology used.

The framework partners used a **wide range of primary and secondary data collection tools** to identify the most vulnerable groups and assess their needs. The types of assessments and methodologies varied by sector of intervention, but typically included: multi-sectoral needs

¹⁸⁷ KIIs (seven DG ECHO staff).

¹⁸⁸ KIIs (two DG ECHO staff); case study on multi-sectoral response.

¹⁸⁹ KII; case study on multi-sectoral response.

¹⁹⁰ Survey of partners (33% fully agreed, 43% largely agreed, 13% agreed to some extent, 2% agreed to a limited extent, N=46).

assessments; rapid multi-sectoral and sector specific needs assessments (including in the framework of RRM); household surveys; household economy analysis (HEA); food security assessments; nutritional surveys using SMART methods and SQUEAC-type surveys; results from the CH; conflict and security assessments; protection assessments; population vulnerability surveys; market assessments; diagnosis of the capacity of health and education structures; sentinel site surveys; access analysis (SLEAC survey); data from consultations with other humanitarian actors and local NGOs; and data from direct field observations.

Most of the funded actions reviewed (35 out of 50 actions mapped) used **participatory approaches** that involved beneficiaries and local communities in identifying needs and setting targeting criteria (community and informal discussions with local leaders and religious leaders, KIIs, surveys, focus groups, transect walks, etc.) (see JC 2.2). However, evidence from the case study on multi-sectoral responses suggests that the tools used to consult beneficiaries did not always allow them to fully express their views (e.g. closed questions only). Nevertheless, the stakeholders reported that the quality of consultations with beneficiaries improved over the evaluation period (although further improvements are needed).

The needs identified in the DG ECHO-funded actions reviewed largely corresponded to those identified in the relevant HIPs. DG ECHO staff consulted generally agreed that although the quality of the needs assessments varied depending on the framework partner, they were generally adequate to identify the needs of the most vulnerable groups. It also reported that where the needs assessment section of the Single Form was of low quality¹⁹¹, engagement with the framework partners (e.g. during the selection of proposal, bilateral dialogue, monitoring visits) made it clear that the needs were well analysed and understood, but not adequately reported in the Single Form.¹⁹² DG ECHO encouraged its partners to improve the quality of their needs assessments¹⁹³ (e.g. pushing them to carry out needs assessments in hard-to-reach areas, encouraging them to reflect any challenges to the humanitarian principles in their needs assessments etc.).

Several factors were identified that hampered the quality of framework partners' needs assessments and/or negatively impacted their capacity to undertake such assessments:

- **Security issues and a lack of access to populations in need** to carry out needs assessments were one of the main challenges faced by framework partners over the evaluation period, and especially after the worsening of the security situation in Central Sahel and Nigeria.¹⁹⁴
- **Resource constraints** (financial and human resources) to undertake needs assessments. In some cases, framework partners did not have enough funding or staff to undertake nationwide assessments or surveys at scale¹⁹⁵.
- Partners showed a **tendency to remain in their comfort zone** and did not carry out needs assessments in new areas as conflicts expanded and/or needs evolved (e.g. Burkina Faso, Mali, Mauritania)¹⁹⁶.
- **Lack of technical expertise in certain sectors**, especially after the worsening of the conflict in Central Sahel (in 2018). Some framework partners had field staff with a 'development mindset' and it took them some time to adapt their expertise to the new reality on the

¹⁹¹ KIIs (two DG ECHO staff); case study on multi-sectoral response.

¹⁹² Case study on multi-sectoral response.

¹⁹³ KIIs (three DG ECHO staff).

¹⁹⁴ KIIs (five DG ECHO staff, four partners); case studies on multi-sectoral response and humanitarian access; survey of partners; desk review; project mapping.

¹⁹⁵ KIIs (three DG ECHO staff).

¹⁹⁶ KIIs (three DG ECHO staff).

ground¹⁹⁷. For example, in the context of the multi-sectoral needs assessments undertaken in the framework of RRM in Mali, Burkina Faso and Niger, the lack of framework partners' expertise in some sectors led to some needs remaining unidentified (e.g. education, protection)¹⁹⁸.

- There is some anecdotal evidence that the **highly politicised context** in some of the Sahel countries (e.g. Nigeria) may have influenced what a few framework partners reported in the needs assessment section of the Single Form (e.g. information on the root causes of some needs)¹⁹⁹.

Evidence collected²⁰⁰ also provided examples of the types of **mitigation measures** adopted by the framework partners to overcome these challenges, particularly access challenges (see box) (see EQ6).

Examples of mitigation measures adopted by framework partners to overcome existing challenges in carrying out needs assessments

- After the worsening of the security situation in **Nigeria** in 2019, some framework partners (e.g. ALIMA, ACF) started to work through local authorities and local actors to undertake needs assessments outside garrison towns. For example, ACF staff were unable to access areas outside Damasak town in Mobbar. Instead, they worked with LGA to carry out needs assessments and relied on seconded staff from the Ministry of Health to complete household data collection and conduct focus groups to complete the assessment in those areas. Some framework partners also used proxy indicators to carry out needs assessments in inaccessible areas.
- In 2016, the WFP in **Nigeria** started to use remote food security, nutrition and market-related assessments as part of their needs assessments (e.g. mobile Vulnerability Analysis and Mapping (mVAM))²⁰¹, which allowed them to carry out needs assessments in hard-to-reach areas without putting WFP staff at risk.²⁰²
- In **Niger**, in 2020, the Danish Refugee Council (DRC) took part in Project 21²⁰³, a joint pilot project with the UNHCR in Central Sahel that aimed to harmonise protection needs assessments and allow monitoring of the protection situation in remote areas where humanitarian access was compromised.
- In **Burkina Faso**, the Red Cross worked with provincial committees and Red Cross volunteers in the country to carry out needs assessments and monitor the security situation.
- As part of multi-sectoral needs assessments, DG ECHO supported its partners to conduct **joint needs assessments** that brought together framework partners with different levels of capacity and expertise and enhanced access to hard-to-reach areas (e.g. through RRM).

Beneficiary targeting, and selection criteria/processes were set out in DG ECHO-funded actions (JC 2.2). However, the level of detail provided in the Single Forms on the type of targeting criteria/processes used as well as the quality/adequacy of the targeting varied from one action to another.

¹⁹⁷ KIIs (three DG ECHO staff); case study on multi-sectoral response.

¹⁹⁸ Case study on multi-sectoral response.

¹⁹⁹ KIIs (one DG ECHO staff, one partner).

²⁰⁰ KIIs; case study on humanitarian access; desk review; project mapping.

²⁰¹ WFP, Nigeria - mVAM Monitoring, available at: <https://www.wfp.org/publications/nigeria-mvam-monitoring>

²⁰² KIIs (one DG ECHO staff).

²⁰³ See: <https://www.humanitarianresponse.info/en/operations/west-and-central-africa/project-21>

Even though the specific type of **targeting and selection criteria** used in the funded actions varied by sector, the evidence shows that most framework partners used **vulnerability criteria** to select beneficiaries²⁰⁴. The project mapping and survey results suggest that funded actions generally relied on up-to-date and reliable geographical targeting criteria (e.g. CH, SMART surveys) to identify the most vulnerable populations²⁰⁵. Some of the most common household (individual) targeting criteria used in some of the sectors covered by DG ECHO-funded actions over the evaluation period included²⁰⁶:

- **FSL:** Household economy analysis (HEA) methodology; livelihood criteria (especially FCS and CSI); socioeconomic criteria; vulnerability as a result of displacement and destruction of livelihoods; competences and motivation (livelihood activities only);
- **EiE:** Age; status of schooling (out-of-school children status (OOSC)); vulnerability to abuse and protection risks; risk of dropping out of school; household vulnerability; safety of children in school;
- **Nutrition:** Age (primarily children under five); pregnant or lactating women (PLW); specific nutrition indicators/status (e.g. MUAC, Weight-for-Length (W/L), presence of nutritional oedema; level of exposure to the risk of malnutrition);
- **Protection:** Individual and household protection risks (e.g. risk of becoming victims of abuse, violence, and exploitation);
- **Health:** Morbidity and age;
- **WASH:** level of WASH service coverage according to SPHERE standards²⁰⁷; access to drinking water, measured in litres per capita per day (lcd); quality of water (e.g. level of salinity);
- **Shelter:** Household vulnerability criteria (e.g. households without shelter or with shelter in poor condition; households including PLW; single-parent households with children; households with the presence of a person with a disability; households with elderly people; status, stability, and security of the site);
- **RRM:** targeting based on status (i.e. IDPs/refugees displaced within the last three months).

The targeting processes used in the funded actions varied from action to action and depending on the sector of intervention. For example, in the nutrition sector, targeting of beneficiaries was primarily through passive screening, using triage procedures in all the health structures, and/or through active door-to-door/community screening. In several cases, beneficiaries of nutrition actions were also identified during awareness-raising activities and via mobile clinics²⁰⁸. In the protection sector, for instance, framework partners typically used protection monitoring assessments or focal points trained in protection issues to identify beneficiaries.

Affected communities participated in the targeting process in most DG ECHO-funded actions²⁰⁹.

The project mapping shows that, in some cases, vulnerability criteria were jointly defined by the partner and the affected community (e.g. through consultations, focus groups). Around 25% of the actions reviewed in the project mapping relied on the establishment of community committees/councils to identify the targeted (geographical) areas and (individual) beneficiaries.

²⁰⁴ Project mapping; survey of partners (85% of framework partners used vulnerability indicators to select direct beneficiaries, N=46); KIIs.

²⁰⁵ Survey of partners (51% fully agreed, 44% largely agreed, 3% agreed to a limited extent, N=46).

²⁰⁶ Project mapping; KIIs.

²⁰⁷ See <https://spherestandards.org/>

²⁰⁸ Project mapping.

²⁰⁹ Survey of partners (80% used results of community consultations in targeting, N=46), 78% of the funded actions reviewed as part of the project mapping (N=50) included affected communities in the targeting process.

Additionally, a number of cases used targeting processes that included consultations with regional/local authorities and local leaders²¹⁰.

The quality of targeting was assessed by DG ECHO at proposal stage (and during monitoring visits). Actions selected for funding thus generally contained targeting criteria that were considered adequate to identify the most vulnerable populations²¹¹. However, the quality and adequacy of targeting criteria varied, depending on the partner, the sector, and the country of activity²¹². The evaluation found some quality issues in the targeting criteria/processes used in some of the Sahel countries and/or by some framework partners, including:

- **Use of status instead of vulnerability as a targeting criterion**²¹³. While the use of displacement status (i.e. recently displaced IDPs/refugees) as a targeting criterion was considered adequate under the RRM²¹⁴, following the first three months of displacement, framework partners were required to target based on vulnerability and no longer on the basis of status after the first RRM assistance. For example, DG ECHO staff consulted reported that some framework partners often used displacement status as a targeting criterion beyond actions implemented in the framework of RRM²¹⁵. These issues were regularly discussed and the partners were encouraged to use vulnerability criteria. Similarly in Mauritania, in the Mbera camp, DG ECHO held discussions with the framework partners and added a requirement to the HIPs to use vulnerability criteria for targeting in the camp²¹⁶.
- Some partners faced **difficulties in ensuring the quality of the targeting process due to government and/or local pressure** at field level²¹⁷. In Burkina Faso, framework partners had to rely on the list of IDPs provided by the authorities. In Niger, framework partners faced pressure from the government to exclude populations who had returned to the Diffa region from areas considered 'safe' by the authorities. In other cases, the lists of beneficiaries provided by the local committees were inflated and included individuals who should not have been targeted. Some of the mitigation measures adopted by framework partners to overcome these challenges included rotating staff to limit their involvement with the community, advocacy strategies with the government to ensure targeting based on vulnerability, the adoption of new triangulation protocols and/or the implementation of verification processes (e.g. spot checks of household assessments to confirm vulnerabilities, using focal points to review and validate targeting criteria, establishment of feedback and complaint mechanisms in the action locations)²¹⁸.
- **Lack/incomplete data at regional or country level**²¹⁹ (e.g. lack of disaggregated data, non-systematisation of verification surveys to all categories of households, lack of nationwide surveys, incomplete data in social registries) also affected the quality of the targeting.

Similar to needs assessments, **access challenges and insecurity** were an obstacle for selecting beneficiaries²¹⁹ (especially from 2018 onwards). The figure below provides some examples of framework partners' strategies to enhance their access capacity (see EQ6). The very **dynamic of**

²¹⁰ Survey of partners (72% used results of local authorities/local leaders consultations in targeting, N=46), 26% of the funded actions reviewed as part of the project mapping (N=50) included affected communities in the targeting process.

²¹¹ KIIs (six DG ECHO staff); project mapping.

²¹² KIIs (seven DG ECHO staff).

²¹³ KIIs (three DG ECHO staff); project mapping.

²¹⁴ Case study on multi-sectoral response.

²¹⁵ 2019 and 2020 HIPs expressly states that the targeting of intervention in the Mbera camp should be done on the basis of vulnerability.

²¹⁶ KIIs (five DG ECHO staff, one partner); three survey respondents; case study on multi-sectoral response; one action reviewed through project mapping.

²¹⁷ Project mapping.

²¹⁸ KIIs (one DG ECHO staff); one survey respondent.

²¹⁹ KIIs (four DG ECHO staff, four partners); one survey respondent; case study on multi-sectoral response.

displacement and the fact that populations were constantly on the move also posed a challenge for targeting beneficiaries²²⁰.

Figure 32. Examples of framework partners' strategies to enhance access capacity



Source: ICF, based on KIIs, case study on humanitarian access.

Overall, DG ECHO-funded actions were designed and implemented to address the needs of the most vulnerable (JC 2.4). The survey responses suggest that a great majority of framework partners involved vulnerable groups (e.g. women, children, the elderly, people with disabilities) in the design of their actions (87%)²²¹, thus ensuring that their views were taken into consideration. The actions selected for funding were generally based on needs assessments that adequately identified the needs of the most vulnerable groups (JC 2.1) and used targeting criteria based on vulnerability (JC 2.2). Logical links between the identified needs and target groups and the planned activities and results were found in most DG ECHO-funded actions reviewed.

In reviewing proposals for actions, **DG ECHO paid close attention to how actions were designed and implemented (i.e. needs assessment, targeting, logic framework) to address the needs of the most vulnerable populations**²²². It worked closely with framework partners at proposal stage to make sure that actions were adequately designed to address needs of the most vulnerable. In addition, its field monitoring helped to check the implementation of actions, allowing actions to be (re)oriented to make sure they address the most acute needs of vulnerable groups²²³. The project mapping provided examples of cases where DG ECHO monitoring visits found that the targeting criteria and/or the design of the action led to certain needs not being addressed. In one of the actions reviewed²²⁴, it found that some of the most acute protection needs in Northeast Nigeria were not being addressed due to an excessive focus on vulnerability that overlooked protection needs (e.g. restriction of movement, detention). In another case, it found that the use of very wide geographical targeting in Burkina Faso had led to a dispersion of activities that did not provide good coverage of needs.

The project mapping and portfolio analysis show that DG ECHO-funded actions generally targeted the most vulnerable groups. Around 40% of the actions reviewed in the project mapping specifically targeted certain groups of vulnerabilities (i.e. infants and young children, children, PLW, and to a lesser extent, people with disabilities and the elderly). Women and children were

²²⁰ KIIs (one DG ECHO staff, one partner); two survey respondents.

²²¹ Survey of partners (26% fully agreed, 41% agreed to a large extent, 20% agreed to some extent, N=46).

²²² KIIs (seven DG ECHO staff, two partners).

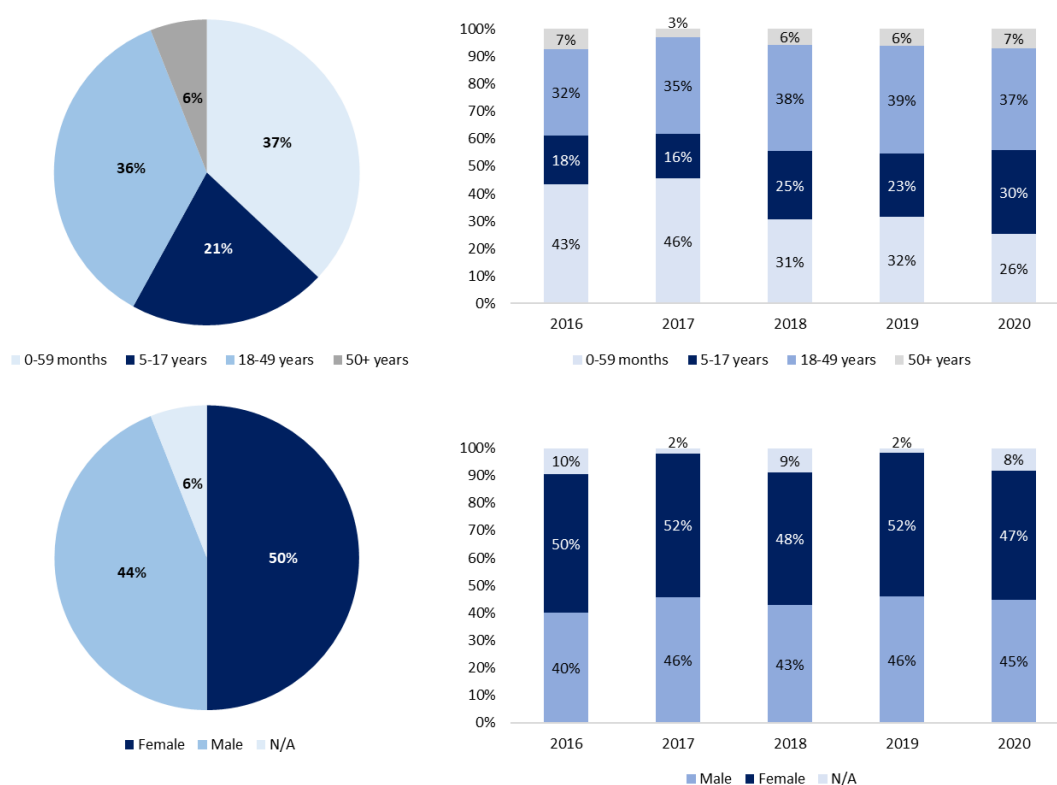
²²³ KIIs (seven DG ECHO staff).

²²⁴ Out of 50 actions reviewed.

among the most vulnerable groups in the Sahel²²⁵. During the evaluation period, SAM exceeded emergency thresholds in several regions in Burkina Faso, Mali, Mauritania, Niger and Nigeria, with children under five one of the most vulnerable groups in the region²²⁶. The portfolio analysis shows that **58% of the beneficiaries of DG ECHO-funded actions were children, and 37% were children under five**. In line with the evolution of DG ECHO's priorities in the region (i.e. the de-prioritisation of nutrition interventions in some areas in favour of a multi-sectoral response to address the needs of conflict-affected populations), the share of children under five benefitting from DG ECHO-funded actions decreased from 2018 onwards (as this group was one of the main target groups of DG ECHO nutrition interventions). The field visits undertaken as part of the case study on the multi-sectoral response suggested a lack of emphasis on adolescents in Central Sahel, despite their identification as a particularly vulnerable group (e.g. early marriage, youth recruitment by armed groups).

Women and girls represented half of the beneficiaries in DG ECHO-funded actions (see Figure 33). However, the case study on multi-sectoral response provided some evidence of a lack of tailored assistance for widowed people in Central Sahel, despite the considerable numbers of displaced women who had lost their husbands due to conflict.

Figure 33. Beneficiaries of DG ECHO-funded actions, by age and gender, 2016-2020



Source: ICF, based on HOPE database.

DG ECHO requires all of its partners to use the **Gender-Age Marker**²²⁷ to assess how strongly their actions integrate gender and age considerations. One framework partner consulted stated that

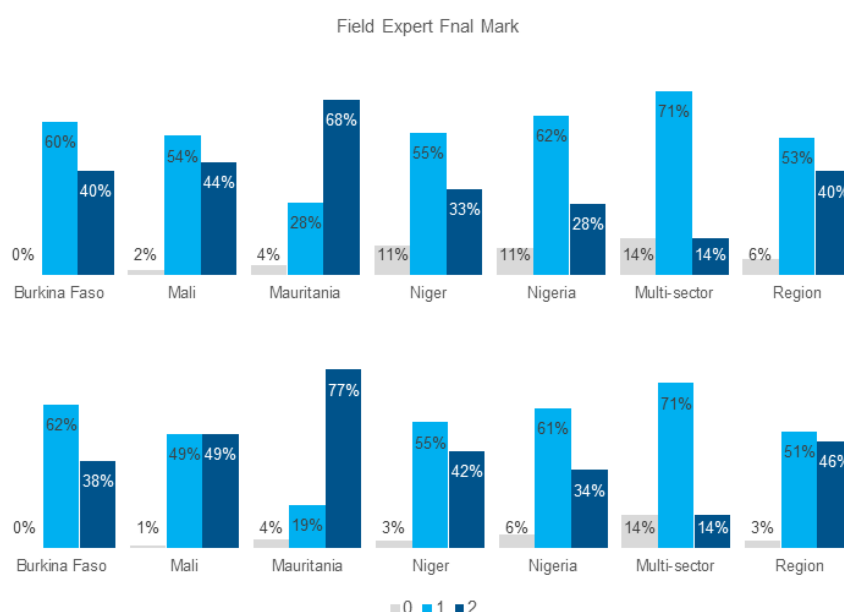
²²⁵ Spanish Agency for International Development Cooperation (AECID), *Humanitarian Strategy 2020-2021, The Sahel and Lake Chad Crisis*, available at: https://www.aecid.es/Centro-Documentacion/Documentos/Acci%C3%B3n%20Humanitaria/Estrategia-Humanitaria-2020-2021-Sahel-Lago-Chad-ENG_final.pdf

²²⁶ West Africa HIPs 2016-2020.

²²⁷ The European Commission's humanitarian Gender-Age Marker is a tool that assesses the extent to which each humanitarian action integrates gender and age considerations. The Gender-Age Marker is based on four criteria: gender

'the need to use the Gender-Age Marker is a very good push to focus on the most vulnerable'. The analysis of the Gender-Age Marker shows that **most DG ECHO-funded actions in the Sahel integrated gender and age considerations at least to some extent**. Very few actions 'barely integrated' gender and age considerations (see Figure 34). Nevertheless, the analysis of the Gender-Age Marker also shows significant differences in the extent to which gender and age considerations were adequately integrated in the design and implementation of DG ECHO-funded actions across the countries in the Sahel. For example, while most actions in Mauritania were found to be strongly gender-age sensitive, multi-country actions and actions implemented in Nigeria and Niger were the least gender-age sensitive and had the highest share of funded actions with poor integration of gender and age considerations.

Figure 34. Gender and age marks, by country and at regional level



Source: ICF, based on HOPE database; field expert, N=382 actions; desk officer N=369 actions.

Note: 0=the action barely integrates gender and age; 1=the action integrates gender and age to a certain extent; 2=the action strongly integrates gender and age.

The box below provides some examples of how framework partners integrated gender and age considerations in the design and implementation of some of the DG ECHO-funded actions in the Sahel.

Example 1: NRC - Recruitment of female staff and local facilitators to raise awareness of the importance of education among women and girls

In Mali, the education of girls and the participation of women in school management committees (CGS) was found to be a significant challenge, especially in conflict-affected areas.

In order to better reach girls, the home visits organised by NRC as part of its awareness-raising campaign were conducted by female staff and women community facilitators. These women served as role models with whom girls could identify and helped to persuade them of the value of remaining in school. Similarly, the use of female staff and facilitators helped in encouraging women to be part of CGS.

and age analysis /sex, age and disability disaggregated data (SADD), adapted assistance; prevention and mitigation of negative effects; and adequate participation.

Example 2: UNICEF – Gender-sensitive non-food items (NFIs) assistance

As a result of the needs expressed by women in areas targeted by UNICEF in Niger, the provision of NFI assistance included 'dignity kits' for women and girls for the management of menstrual hygiene (kettle, underwear, pieces of loincloth to be used as sanitary napkins, according to local custom) and 'baby kits' for pregnant women.

As the NFIs were distributed to heads of households – including women heads of household – in order to avoid the exclusion of women in polygamous houses, in those cases, each woman was considered as head of household and was registered on the list to receive assistance.

During the distribution of NFIs, people with specific needs (girls and boys heads of households, women heads of households, the elderly, and people with disabilities) received special assistance and were considered priorities for distribution.

The survey results suggest that when designing and implementing funded actions, the majority of framework partners (78%) took into consideration the differentiated needs of IDPs, refugees, returnees and host communities to some extent²²⁸. Displaced populations and host communities were identified as some of the most vulnerable groups in the Sahel (particularly with the worsening of conflicts)²²⁹. The portfolio analysis shows that **local populations and IDPs were the main target groups of DG ECHO-funded actions** over the evaluation period (92% and 68% of the actions, respectively). Refugees and returnees were targeted by 35% and 48% of the funded actions, respectively.

5.2 Coherence

EQ3. To what extent was DG ECHO's response in the Sahel aligned with its mandate and its policies?

Table 26. EQ3: Key conclusions

Judgement criteria	S	Key conclusions
JC3.1 DG ECHO's response in Sahel countries was in line with its mandate and the principles set out in the European Consensus on Humanitarian Aid		<ul style="list-style-type: none"> DG ECHO's response in the Sahel was aligned with its mandate DG ECHO's response in the Sahel was also in line with the principles set out in the European Consensus on Humanitarian Aid: <ul style="list-style-type: none"> DG ECHO contributed to enhancing the coherence and complementarity of the humanitarian response in the Sahel and was seen by stakeholders as a key promoter and proponent of a coordinated response. Although framework partners' coordination capacities varied, evidence collected suggests that they made efforts to ensure a coordinated response on the ground. Some challenges in ensuring a coordinated response in the Sahel were identified (e.g. coordination across

²²⁸ Survey of partners (24% fully agreed, 37% largely agreed, 17% agreed to some extent, 11% agreed to a limited extent, N= 46).

²²⁹ AECID, *Humanitarian Strategy, 2020-2021 The Sahel and Lake Chad Crisis*, available at: https://www.aecid.es/Centro-Documentacion/Documentos/Acci%C3%B3n%20Humanitaria/Estrategia-Humanitaria-2020-2021-Sahel-Lago-Chad-ENG_final.pdf

		<p>different sectors, coordination of RRM with other actions)</p> <ul style="list-style-type: none"> - DG ECHO played a key advocacy role in ensuring that military assets were only used as a last resort in the Sahel. However, challenges were identified in some countries (e.g. Nigeria, Niger, Mali)
JC3.2. DG ECHO-funded actions in the Sahel countries were aligned with fundamental humanitarian principles and respected IHL. Any challenges were proactively flagged and dealt with		<ul style="list-style-type: none"> • DG ECHO and its framework partners were committed to respecting and promoting the humanitarian principles, the 'do no harm' principle, and IHL • DG ECHO was very vocal in the Sahel in highlighting IHL violations and promoting compliance with the humanitarian principles • There was no evidence of any misalignment of the funded actions with the 'do no harm' principle, IHL, or the humanitarian principles. However, challenges in fully applying the humanitarian principles were identified in some contexts (e.g. Nigeria, Niger and Mali, in connection with the presence of the military and government restrictions)
JC3.3. DG ECHO's thematic and sectoral policies were taken into account in the design of Sahel HIPs, with deviations /inconsistencies clearly identified and justified		<ul style="list-style-type: none"> • DG ECHO's thematic and sectoral policies were adequately considered in the design of the Sahel HIPs. All HIPs stated that, in developing proposals and implementing DG ECHO-funded actions, framework partners should take into account DG ECHO's recommendations and sector-specific guidelines • The active involvement of DG ECHO thematic experts in the development of the HIPs was seen as key to ensuring that HIPs were in line with sectoral requirements and guidelines and that any deviations from DG ECHO thematic guidelines were justified
JC3.4 Activities implemented by DG ECHO-funded actions were aligned with relevant sectoral policies (WASH, shelter, health, protection, cash, etc.)		<ul style="list-style-type: none"> • DG ECHO-funded actions were generally aligned with the relevant DG ECHO thematic and sectoral policies • DG ECHO thematic/sectoral guidelines were taken into account in the design and implementation of funded actions, at least to some extent • When selecting proposals for funding, as well as during monitoring visits, DG ECHO looked at whether they were in line with its thematic/sectoral policies. The participation of DG ECHO thematic experts was seen as key to ensuring the alignment of funded actions with thematic/sectoral policies • Some misalignments were identified between funded actions and relevant thematic/sectoral policies (e.g. targeting criteria used, implementation modalities suggested). Those misalignments were however, adequately identified by DG ECHO and discussed with the concerned framework partners.

Evidence collected suggests that DG ECHO's response in the Sahel was aligned with its mandate and the European Consensus on Humanitarian Aid (the Consensus) as well as with DG ECHO thematic and sectoral policies.

The main principles and objectives of EU humanitarian aid are established in the European Aid Regulation (HAR)²³⁰ and the Consensus. As stated in the HAR, DG ECHO's mandate consists of providing needs-based humanitarian assistance to people experiencing human-induced and natural disasters, with particular attention to the most vulnerable populations²³¹. DG ECHO humanitarian aid activities also comprise short-term rehabilitation and reconstruction work (including promoting resilience), ensuring preparedness for risk and natural disasters (or comparable exceptional circumstances), and high-level policy work and advocacy for the respect of IHL²³².

DG ECHO's response in the Sahel was aligned with its mandate (JC 3.1)²³³. Over the evaluation period, its response focused on addressing the most urgent needs of vulnerable populations. In more protracted contexts (e.g. Mauritania, Burkina Faso before the worsening of the security situation in 2018, Diffa region in Niger), DG ECHO funded some interventions to enhance resilience to food and nutrition crises, with a view to handing over the provision of assistance to development actors or national authorities (see JC 1.1.). All relevant HIPs stated that resilience-building, early recovery and self-reliance interventions could only be funded within the remit of DG ECHO's humanitarian mandate.

However, a few stakeholders consulted suggested that, in some cases, DG ECHO was covering structural needs that could have been better addressed by development actors (e.g. in the nutrition sector).²³⁴ This was particularly the case in Mauritania, where existing needs were seen by these stakeholder as no longer "humanitarian" but structural, which could have been better addressed through longer-term programming. From 2018 onwards, there were no appeals under the HRP and DG ECHO was one of the few humanitarian donors left in the country. At the same time, stakeholders consulted also recognised that in most cases, the lack of development funding in the Sahel 'pushed' DG ECHO to fill a gap that was not being covered by other, perhaps more relevant, actors²³⁵, particularly in the nutrition sector. In 2016, DG ECHO undertook an internal exercise to revise and adapt its nutrition strategy in the Sahel to the evolving context and better align it with its mandate. That exercise confirmed that, in the Sahel, nutritional emergency benchmarks and thresholds were met,²³⁶ and local capacities were insufficient to meet existing needs which justified a humanitarian response while it is mainly linked to structural problems with conjectural peaks of severity. Recognising that the dependency of these services on humanitarian funding was problematic, DG ECHO revisited its funding role and position in this sector. As a result of that exercise, DG ECHO agreed on a "**nutrition transition strategy**" that would allow for a better re-focus on its humanitarian and DRR mandate, while continuing working concretely on an exit strategy and leaving more space for development actors to step in.²³⁷

DG ECHO started working for a transition from humanitarian aid to development in the food security and nutrition sectors in some countries (or regions within a given country) so as to focus

²³⁰ Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A31996R1257>

²³¹ DG ECHO, Humanitarian aid, available at: https://ec.europa.eu/echo/what/humanitarian-aid_en

²³² EU guidelines on the promotion of compliance with international humanitarian law, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=legisum:ah0004>.

²³³ KIIs (seven DG ECHO staff, five framework partners, three others); desk research.

²³⁴ KIIs (three DG ECHO staff, one framework partner, one other).

²³⁵ KIIs (three DG ECHO staff, one other).

²³⁶ GAM > 15% or 10%, aggravating factors, U5 mortality. In line with one of the entry criteria in the DG ECHO Nutrition Policy.

²³⁷ DG ECHO, *Sahel Strategy*, Scoping paper, October 2016 (internal only).

its response on the most urgent needs. Some examples of these efforts included: sensitising framework partners to the need for a transition strategy in some contexts; contributing to the development of a national food and nutrition social protection system in Niger (in cooperation with DG INTPA); contributing to the sectoral reform budget support intervention in Mali (in cooperation with the EU Delegation); collaborating with DG INTPA on the future phases of budget support in Burkina Faso (see EQ4). In Mauritania, in particular, DG ECHO decreased its funding to the country²³⁸ and, towards the end of the evaluation period, started implementing an exit strategy. This phase-out included regular conversations with framework partners on the need to transition to development interventions, as well as advocacy efforts towards development actors (including DG INTPA and the EU Delegation) and national authorities to step in and take over DG ECHO's activities in the country. One stakeholder consulted noted that 'DG ECHO's decision to progressively leave the Mbera camp in Mauritania pushed other actors to really think about the Nexus and a transition from humanitarian aid to development interventions'. Despite that, two stakeholders consulted stated that this transition towards development interventions in Mauritania could have started earlier²³⁹ and two others highlighted that further delaying DG ECHO's exit from the country could disincentivise the engagement of other (development) actors and/or the takeover by national authorities²⁴⁰.

DG ECHO's response was in line with the principles set out in the European Consensus on Humanitarian Aid, although some challenges were identified (JC 3.1).

The box below presents the main principles and commitments for the delivery of humanitarian aid under the Consensus. When providing operational guidance to framework partners, most of the HIPs made express reference to the importance of adhering to the principles established in the Consensus.

Main principles and commitments for the delivery of humanitarian aid under the Consensus²⁴¹

- Upholding and promoting the fundamental humanitarian principles of humanity, neutrality, impartiality, and independence and adhering to the "do no harm" principle;
- Respect for International Humanitarian Law (IHL);
- Commitment to the Good Humanitarian Donorship (GHD) Principles, including through the allocation of humanitarian funding in proportion to needs and on the basis of needs assessments;
- Ensuring coherence and complementarity in responding to crises, making the most effective use of the various instruments mobilised. This includes increasing EU support for the international humanitarian system to increase global capacity to respond to emergencies and avoid duplication of efforts;
- Reinforcing 'aid linkages' to enhance DRR and link relief to long-term development in order to ensure a smooth transition between different support tools helping victims to recover from an emergency;
- Integrating gender considerations into humanitarian aid;
- Using military assets in humanitarian situations only in exceptional circumstances and in line with relevant guidelines.

Commitment to the GHD Principles

The Consensus declares that the EU is committed to the GHD Principles, which include the timely allocation of funding in proportion to needs and on the basis of strong needs assessments. In

²³⁸ From EUR 13 million in 2016 to EUR 8 million in 2020.

²³⁹ KIIs (one DG ECHO staff, one other).

²⁴⁰ KIIs (one DG ECHO staff, one other).

²⁴¹ Chapters 2 and 3 of the Consensus.

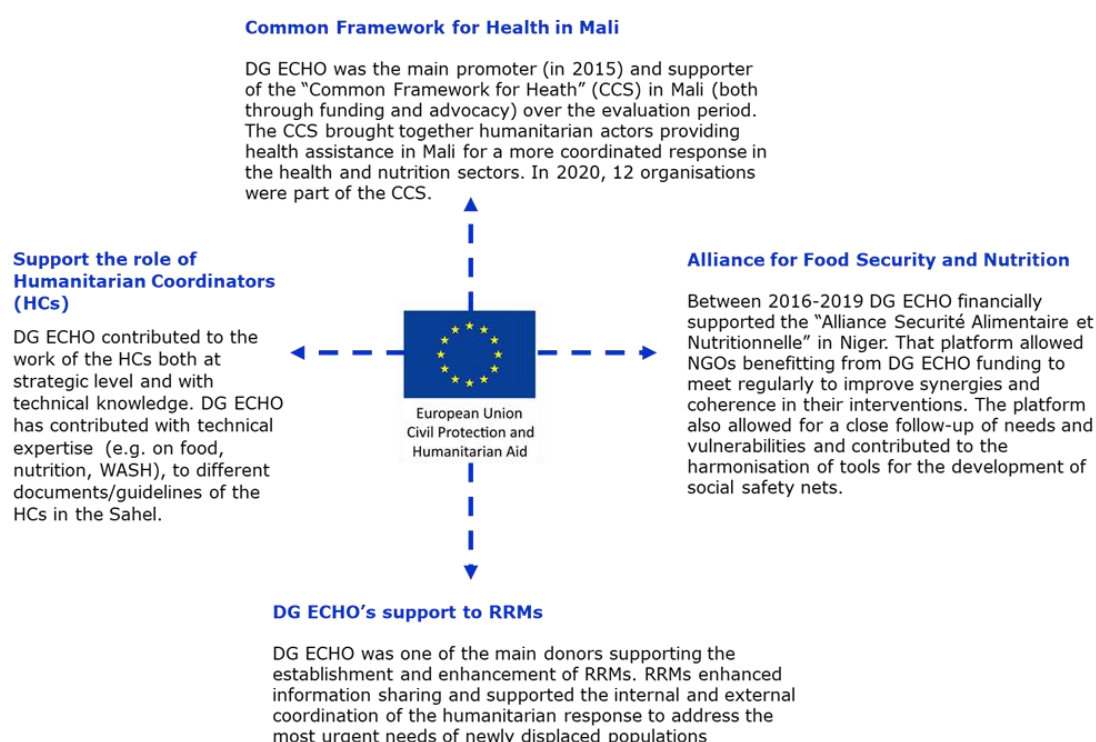
designing its response in the Sahel, DG ECHO and its framework partners considered the most acute needs of vulnerable populations, as identified through needs assessments (see JC 1.1). The extent to which the size of budget allocated for the Sahel and individual countries reflected existing needs – taking into consideration DG ECHO's funding constraints – is analysed under EQ8 (JC 8.1 and 8.2).

Ensuring coherence and complementarity in responding to crises

The evidence shows that over the evaluation period, **DG ECHO contributed to enhancing the coherence and complementarity of the humanitarian response in the Sahel**. It played a leading role in humanitarian coordination and was seen by stakeholders as a key promoter and propulsor of a coordinated response.

Over the evaluation period, DG ECHO strived to ensure coherence and complementarity in its response in the Sahel²⁴². A great majority of framework partners surveyed agreed or somewhat agreed that DG ECHO coordinated its response with relevant humanitarian donors (78%)²⁴³ and complemented the actions of other donors in the region (filled gaps and avoided overlaps) (74%)²⁴⁴. Findings from the stakeholder consultation and desk review showed that DG ECHO participated in the most relevant coordination structures (e.g. clusters, humanitarian country team (HCT) meetings, United Nations Humanitarian Air Service (UNHAS) Working Group, GHD group, CMCoord meetings) in all the Sahel countries. Between 2016 and 2020, DG ECHO provided EUR 21 million to actions that directly supported humanitarian coordination in the Sahel (including direct support provided to the cluster system). Figure 356 presents stakeholders' examples of coordination initiatives where DG ECHO's support was seen as instrumental by stakeholders consulted.

Figure 35. Examples of DG ECHO's contribution to coordination initiatives in the Sahel



Source: ICF, based on KIIs and Health Cluster Mali Bulletin, January-March 2019

²⁴² KIIs (five DG ECHO staff).

²⁴³ Survey of partners (37% agreed, 41% somewhat agreed, N=46).

²⁴⁴ Survey of partners (22% agreed, 52% somewhat agreed, N=46).

(https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/bulletin_du_clus_ter_sante_1st_quater_2019_draft.pdf).

At operational level, **DG ECHO placed great emphasis on ensuring that its framework partners coordinated their responses with all relevant actors.** All relevant HIPs encouraged framework partners to participate in clusters/sectors and in inter-cluster/sector coordination meetings, as well as to cooperate with regional/national/local authorities. This was confirmed by nearly all framework partners surveyed (94%) who agreed or somewhat agreed that DG ECHO encouraged them to cooperate and coordinate with relevant government institutions, humanitarian and development actors.²⁴⁵ Similarly, the HIPs encouraged framework partners to participate in joint planning (including joint needs assessments). Most framework partners surveyed agreed or somewhat agreed that DG ECHO played a key role in making sure that relevant humanitarian actors in the Sahel worked together to share their analysis of the humanitarian situation and needs (78%)²⁴⁶.

The extent to which proposed interventions would be implemented in coordination with other humanitarian actors/actions was one of DG ECHO's assessment criterion for selecting actions for funding. **Although coordination capacities varied between framework partners, evidence suggests that they all made efforts to ensure a coordinated response on the ground.** In all but four of the 50 actions mapped, framework partners were found by DG ECHO to have good coordination ability and readiness in the implementation of funded actions. In fact, all actions mapped showed some evidence of coordination and cooperation with other relevant actors (national/local authorities, local NGOs, other humanitarian actors and donors, etc.). In 96% of the actions mapped, framework partners participated in coordination meetings and platforms at different levels. Evidence of the framework partners' participation in cluster, sub-cluster and/or inter-cluster coordination meetings and working groups was found in 78% of the actions mapped.

The active involvement of a majority of DG ECHO framework partners in the cluster system was confirmed by the stakeholders interviewed and the case studies. Some of the framework partners implementing funded actions in the region were also the Agency leads (or co-leads) of some of the clusters. Framework partners also participated in meetings of the respective HCTs, in other coordination meetings organised by OCHA (e.g. inter-agency meetings, civil-military coordination (CMC) meetings, the Access Monitoring and Information System working group in Mali), as well as in other coordination forums (e.g. Forum of International NGOs (INGOs) in Mali and Nigeria, the Group of INGOs for Humanitarian Assistance in Burkina Faso). Evidence of coordination with national and local authorities through , for example through participation in national coordination platforms, consultation frameworks, regional and national networks on specific sectors, national working groups, or bilateral meetings and informal exchanges was also found in most cases. In 34 of the 50 actions mapped, framework partners participated in joint needs assessments or joint reporting exercises (with national authorities and/or other humanitarian actors).

Nevertheless, some **challenges were identified in ensuring a coordinated response in the Sahel**²⁴⁷:

- Coordination across different sectors was challenging in the framework of multi-sectoral responses (e.g. Mali, Burkina Faso, Niger). While coordination worked well under the funded RRM, framework partners implementing other multi-sectoral interventions in parallel did not always coordinate among themselves;
- There were some issues in coordinating responses under the funded RRM with other actions running in parallel (e.g. in the nutrition and health sectors) and with post-RRM interventions;

²⁴⁵ Survey of partners (46% agreed, 48% somewhat agreed, N=46).

²⁴⁶ Survey of partners (39% agreed, 39% somewhat agreed, N=46).

²⁴⁷ KIIs; case studies; survey of partners (open questions).

- Coordination was challenging in Niger in 2018 (due to the worsening of the security situation) because some clusters were not fully functional in some regions (e.g. Tillabéri, Tahoua, Diffa), although this improved over time;
- Coordination was challenging in Burkina Faso in 2018 (due to the worsening of the security situation) but improved towards the end of the evaluation period, especially after the operationalisation of the cluster system in 2019. Beneficiary lists were not shared among framework partners, clusters and other humanitarian actors, due to data protection and confidentiality, which posed some challenges in coordinating the response.

Reinforcing aid linkages and enhancing DRR

One of the pillars of DG ECHO's response in the Sahel was to strengthen preparedness to respond to emergencies in high-risk areas (see JC 1.1). Some of the activities prioritised for funding by DG ECHO included: strengthening monitoring and early warning capacities; supporting the development of contingency plans; strengthening capacity to respond to nutritional crises; and enhancing capacity to react to forced displacement or preparedness for increasingly recurring climatic shocks²⁴⁸. DG ECHO's funding allocated to DRR represented 5% of its total budget in the Sahel over the evaluation period. A majority of the framework partners surveyed (54%)²⁴⁹ agreed or somewhat agreed that DG ECHO's advocacy efforts fully explored opportunities for building resilience and mainstreaming DRR, although one-third believed that DG ECHO could have done more (34%)²⁵⁰. Evidence on the extent to which DG ECHO's actions contributed to enhancing resilience and reinforcing the links with development interventions is discussed under EQ4 and EQ7.

Integrating gender considerations into humanitarian aid

DG ECHO requires its partners to use the Gender-Age Marker to assess how strongly the funded actions integrate gender and age considerations (see JC 2.4). Results from the Gender-Age Marker show that most of the funded actions in the Sahel integrated gender and age considerations at least to some extent²⁵¹ (see EQ1).

Using military assets as a last resort

Principle of last resort

According to the UN Inter-Agency Standing Committee (IASC) Guidelines on the use of armed escorts²⁵², the principle of last resort means that military assets can only be used 'where no other option is available to facilitate access and the timely delivery of humanitarian supplies, protection, and personnel required to meet critical humanitarian needs. All other options to reduce risks and ensure timely aid delivery are exhaustively explored and determined not viable'. The guidelines also state that 'a decision to request or accept the use of armed escorts must be made by humanitarian organisations, not political or military authorities, and based solely on humanitarian criteria'.

²⁴⁸ West Africa HIPs 2016-2020; Central Africa HIP 2020.

²⁴⁹ Survey (8% agreed, 46% somewhat agreed, N= 86).

²⁵⁰ Survey of partners (26% somewhat disagreed, 8% disagreed, N=46).

²⁵¹ 40% of the proposals were marked '2' by the field expert (n=382) and 46% were ranked '2' by the desk officer (N=369).

²⁵² IASC, *Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys*, available at: <https://www.unocha.org/sites/dms/Documents/Armed%20Escort%20Guidelines%20-%20Final.pdf>

The Consensus also lays down that, in humanitarian interventions, **military assets shall only be used in exceptional circumstances and in compliance with relevant guidelines.**²⁵³ The Sahel HIPs expressly state that armed escorts can only be considered as a last resort and subject to an in-depth analysis of: 1) its need; 2) its modalities for guaranteeing the support and protection of the affected populations; and 3) its neutrality to ensure the protection of the entire humanitarian community. All relevant HIPs (except for the 2016 West Africa HIP) also emphasise the importance of understanding and complying with civil-military coordination guidelines and best practices when implementing funded actions in the Sahel.

The stakeholder consultations and the case study on humanitarian access show that **DG ECHO played a key advocacy role in ensuring that military assets were only used as a last resort in the Sahel.** For example, DG ECHO encouraged its partners to take part in civil-military coordination structures, disseminated civil-military coordination guidelines, supported training provided by OCHA and directly funded OCHA civil-military coordination function. In Mali, DG ECHO was the co-lead of civil-military coordination cells and in Burkina Faso it played an instrumental role in promoting more structured civil-coordination mechanisms. In Niger, DG ECHO was very vocal in advocating for the ending of the obligation to use armed escorts and in Nigeria, DG ECHO's advocacy efforts were key for the establishment of the humanitarian hubs and for a stronger role of OCHA in ensuring civil-military coordination.²⁵⁴

Despite the above, a few stakeholders interviewed highlighted some **challenges in ensuring that military assets were only used as a last resort.** For example, in some areas in Northeast Nigeria (particularly after 2019), humanitarian actors were only allowed to provide humanitarian assistance in garrison towns controlled by the military, thus physically linked to military structures²⁵⁵. Operating outside these garrison towns in those areas and negotiating with NSAGs was forbidden in the country. DG ECHO and its framework partners undertook intense advocacy efforts towards the government to promote the humanitarian principles and IHL and to be able to negotiate access to NSAGS. These advocacy efforts led to the establishment of humanitarian hubs in the Borno state²⁵⁶ from where humanitarian actors could operate independently of the military and better coordinate the humanitarian response there.

In **Niger**, the government imposed the mandatory use of armed escorts to deliver assistance in certain regions of the country (e.g. Tillabéri²⁵⁷)²⁵⁸. Anecdotal evidence suggests that while some framework partners (especially NGOs) refused to use armed escorts and actively explored alternatives to this imposition (i.e. humanitarian negotiations and advocacy and eventually even the suspension of operations) other framework partners (i.e. some UN partners), accepted the armed escorts²⁵⁹ without fully exploring other options. Thanks to DG ECHO and framework

²⁵³ Ibid.

²⁵⁴ KIIs; case study on humanitarian access.

²⁵⁵ KIIs (two DG ECHO staff, two framework partners); desk research (Humanitarian Outcomes, available at:

<https://www.humanitarianoutcomes.org/projects/core/northeast-nigeria>; Human Rights Watch, Nigeria: Army Restrictions Stifling Aid Efforts, available at: <https://www.hrw.org/news/2020/03/04/nigeria-army-restrictions-stifling-aid-efforts>; ACAPS, *Crisis insight, Humanitarian access overview*, October 2019, available at: https://www.acaps.org/sites/acaps/files/products/files/20191031_acaps_humanitarian_access_overview_october_2019.pdf).

²⁵⁶ International Organization for Migration (IOM), *New humanitarian hubs set to serve millions in Northeastern Nigeria*, 2016, available at: <https://www.iom.int/news/new-humanitarian-hubs-set-serve-millions-northeastern-nigeria>

²⁵⁷ Some attempts to impose the use of armed escort were made in Diffa in 2019 but were lifted later that year. Since 2 September 2020, military escorts have been required nationwide.

²⁵⁸ KIIs (three DG ECHO staff); Ministerial Round Table on the Central Sahel on addressing humanitarian challenges from a long-term perspective, humanitarian access and civil-military coordination: reaffirming respect for humanitarian principles and humanitarian space and strengthening civil-military coordination, available at: <https://www.unocha.org/sites/unocha/files/201019%20Niger%20T3%20final%20English%20Version.pdf>

²⁵⁹ KIIs (two DG ECHO staff).

partners' advocacy efforts to respect the principle of "last resort", in 2021, the Government of Niger allowed for more flexibility in the use of military escorts.²⁶⁰

In **Mali**, there were some cases where the UN stabilisation mission MINUSMA²⁶¹ was present in areas where humanitarian actors were operating, creating some challenges in differentiating humanitarian actors from the military (especially for UN framework partners)²⁶². DG ECHO advocated for a clear differentiation between humanitarian and military actors, and for MINUSMA not to be present in sectors/areas where it was not needed (e.g. at health facilities)²⁶³.

Upholding and promoting the humanitarian principles, the 'do no harm' principle and respect for IHL

DG ECHO and its framework partners were committed to respecting and promoting the humanitarian principles, the 'do no harm' principle, and IHL. However, some difficulties in complying with the humanitarian principles were identified in some of the Sahel countries (JC 3.2).

Compliance with the international humanitarian principles of humanity, neutrality, impartiality and independence, as well as with the 'do no harm' principle and IHL, are at the core of the EU humanitarian response. All HIPs stated that DG ECHO-funded actions must respect IHL and encourage framework partners to advocate for its respect. Similarly, all HIPs stated that DG ECHO-funded actions must always be implemented in full respect of the humanitarian principles and the 'do no harm' principle. The geographical distribution of its funding (e.g. Northeast Nigeria, North and Central of Mali, border regions in Niger, Sahel region in Burkina Faso) show that DG ECHO put the principle of humanity at the centre of its response, prioritising the provision of aid to the most vulnerable populations in hard-to-reach areas. Over the evaluation period, DG ECHO was also very vocal in the Sahel when it came to highlighting IHL violations and promoting compliance with the humanitarian principles (see also JC 3.1). For example, it was one of the main promoters (together with Germany, Denmark and OCHA) of the Ministerial Round Table on the Central Sahel²⁶⁴, which discussed key issues related to humanitarian access and the respect for humanitarian principles. A majority of framework partners surveyed (74%) agreed or somewhat agreed that DG ECHO played a key role in advocating for humanitarian access and space²⁶⁵. This was confirmed by the case study on humanitarian access, which showed DG ECHO's proactive attitude in advocating for humanitarian access while promoting a principled approach.

At operational level, there was no evidence of any misalignment of the funded actions with the 'do no harm' principle, IHL, or the humanitarian principles. In 20 of the 50 actions mapped, framework partners made express reference to the action being implemented in full compliance with the humanitarian principles. In all actions reviewed as part of the project mapping DG ECHO found that framework partners adequately complied with the humanitarian principles in the implementation of the action.

Nevertheless, the stakeholder consultation and case studies provided some evidence of **challenges in fully applying the humanitarian principles** in some contexts²⁶⁶. The 2020 West Africa HIP, for example, highlighted a high risk of instrumentalisation of humanitarian aid, leading

²⁶⁰ KIIs (one DG ECHO staff).

²⁶¹ MINUSMA, available at: <https://minusma.unmissions.org/en>

²⁶² KIIs (two DG ECHO staff); case study on humanitarian access.

²⁶³ KIIs (two DG ECHO staff).

²⁶⁴ See: <https://www.unocha.org/centralsahel2020> and

<https://www.unocha.org/sites/unocha/files/201019%20Niger%20T3%20final%20English%20Version.pdf>

²⁶⁵ Survey of partners (37% agreed, 37% somewhat agreed, N= 46).

²⁶⁶ Four framework partners surveyed stated that in implementing their actions they could not apply some of the humanitarian principles (neutrality (four), impartiality (three), humanity (three), independence (three)). No information was provided on how this issue was addressed.

to a potential misperception about the independence and neutrality of humanitarian action/actors by the affected populations. In some areas of Northeast **Nigeria**, framework partners were forced to operate in garrison towns controlled by the military and were prevented from operating in NSAG-controlled areas, as providing aid in those areas was criminalised by anti-terrorism legislation in the country. This created a risk of being associated with the government (NSAGs declared humanitarians a legitimate target) and some challenges in applying the humanitarian principles of neutrality and independence²⁶⁷. DG ECHO and its framework partners remained very active in advocating for a separation between military and humanitarian actors, the creation of humanitarian hubs, and an end to the prohibition to negotiate with NSAGs.

The imposition of armed escorts on humanitarian missions in the Tillabéri region in **Niger** was also identified as a challenge for the implementation of the humanitarian principles, as framework partners accepting these escorts were at risk of being associated with one of the parties to the conflict²⁶⁸. In **Mali**, the presence of MINUSMA and the fact that the HC was also the Deputy Special Representative within MINUSMA, and the Resident Coordinator, created some challenges for framework partners²⁶⁹. DG ECHO strongly called for clear separation between military actors and humanitarians in the country and advocated for a principled response. Moreover, two stakeholders consulted mentioned that the fact that some framework partners in the Sahel were also involved in peace and stabilisation projects sometimes blurred their humanitarian identity and challenged the perception of their neutrality²⁷⁰. This was also recognised as a risk in the 2020 West Africa HIP, which stated that 'the focus on stabilisation in some areas may jeopardise humanitarian space and access'.

DG ECHO's thematic and sector policies (nutrition, health, food assistance, WASH, protection, EiE, cash, gender and DRR) were adequately taken into account in the design of the Sahel HIPs (JC 3.3). All HIPs reviewed stated that, in developing proposals and implementing DG ECHO-funded actions, framework partners should take into account DG ECHO's recommendations and sector-specific guidelines. A link to the relevant thematic/sectoral policies was included in all HIPs, either as part of the TAs or as a separate thematic policy annex (2019 and 2020 HIPs). DG ECHO staff interviewed agreed that the Sahel HIPs adequately accounted for its thematic and sectoral policies²⁷¹. The fact that DG ECHO thematic experts were actively involved in the development of the HIPs was seen as crucial to ensuring that the HIPs were in line with sectoral requirements and guidelines and that any deviations from DG ECHO thematic guidelines were justified²⁷².

The review of the relevant HIPs against the main DG ECHO policies yielded some examples of how they took into consideration/referred to the main DG ECHO thematic policies (see Annex 8). Only a few minor deviations from the thematic guidelines were identified. For example, in two cases,²⁷³ DG ECHO expressly stated in the HIPs that MPCTs were the preferred transfer modality to respond to the needs of conflict-affected populations, without providing any further justification or rationale for the choice. This position reflected global developments at technical and operational level on the use of cash over the evaluation period (including commitments under the Grand Bargain²⁷⁴) and is in line with the new DG ECHO Policy on Cash, approved in 2022. The 2017 HIP stated that DG ECHO could fund actions targeting educational activities for people older than

²⁶⁷ KIIs (one DG ECHO staff, two framework partners).

²⁶⁸ KIIs (two DG ECHO staff).

²⁶⁹ KIIs (two DG ECHO staff).

²⁷⁰ KIIs (two DG ECHO staff).

²⁷¹ KIIs (five DG ECHO staff).

²⁷² KIIs (two DG ECHO staff).

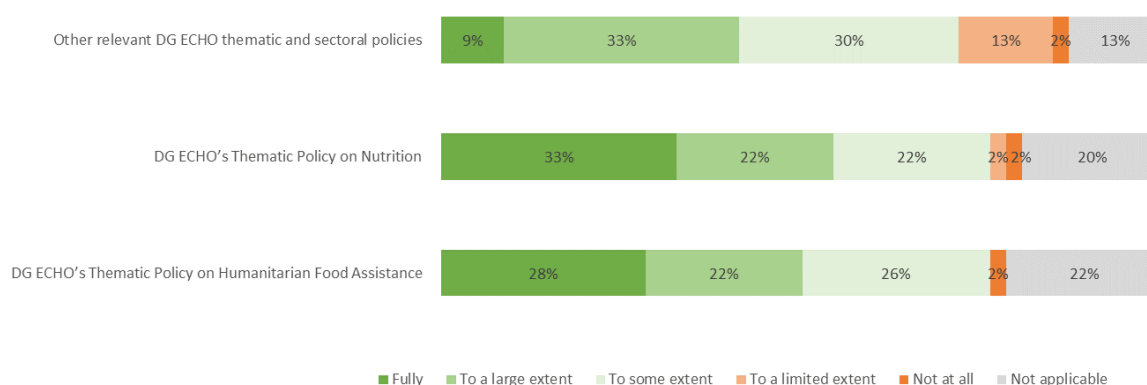
²⁷³ Responses in Mauritania in the West Africa HIP 2020 and Burkina Faso in West Africa HIP 2017.

²⁷⁴ At international level, several major humanitarian donors and aid organisations, including DG ECHO, agreed the Grand Bargain during the World Humanitarian Summit in May 2016. This agreement aims to improve the delivery of humanitarian aid by making it more effective and efficient (see <https://interagencystandingcommittee.org/about-the-grand-bargain>).

18 and professional training, which was out of the scope of DG ECHO's support to EiE, as per the EiE Policy Document (which is however more recent as it was only approved in 2019). The 2018 and 2019 West Africa HIPs allowed for the provision of funding to vocational training for child victims of violence, exploitation, discrimination, abuse and negligence, but in the context of protection actions and as long as the interventions did not compete with formal educational opportunities.

DG ECHO-funded actions were generally aligned with the relevant DG ECHO thematic and sectoral policies (JC 3.4). Framework partners interviewed stated that they were aware of DG ECHO thematic and sectoral policies (i.e. nutrition, health, food assistance, WASH, protection, EiE, cash, gender and DRR).²⁷⁵ While only a few of the actions mapped expressly referred to DG ECHO thematic/sectoral policies in the Single Form, the survey results suggest that a great majority of framework partners considered DG ECHO thematic and sectoral policies in the design and implementation of their actions, at least to some extent (see Figure 36).

Figure 36. Extent to which the design and implementation of funded action(s) took into account DG ECHO thematic and sectoral policies



Source: Survey of partners, N=46.

When selecting proposals for funding as well as throughout the monitoring of funded actions, DG ECHO looks at whether those are in line with its thematic/sectoral policies. However, the level of detail provided on this assessment in the FichOps greatly varied from action to action. Evidence of DG ECHO's positive assessment of the alignment of the funded actions with the relevant DG ECHO's thematic/sectoral policies was found in 54% of the actions mapped. The stakeholder consultation also found that funded actions were generally aligned with DG ECHO thematic and sectoral policies²⁷⁶.

DG ECHO thematic experts were heavily involved in the analysis of proposals, which is seen by stakeholders as key to ensuring that the funded actions were aligned with its thematic and sectoral guidelines. Similarly, the participation of DG ECHO thematic experts in monitoring visits also helped to ensure that the alignment with relevant policies continued during implementation of the actions²⁷⁷. Any misalignments identified were discussed with the partners and support was provided to bring the action back in line with the relevant policies.²⁷⁸ The project mapping provided a few examples of misalignments of the funded actions with its thematic/sectoral policies, with DG ECHO deciding not to fund the proposed activities or requesting framework partners to adapt their activities to comply with the relevant sectoral policies. For example, in one of the actions implemented in Nigeria, DG ECHO found that the provision of independent protection assistance (IPA) based on specific and extreme vulnerabilities was not in line with its

²⁷⁵ KIIs (five framework partners aware, one framework partner unaware).

²⁷⁶ KIIs (seven DG ECHO staff, four framework partners).

²⁷⁷ KIIs (three DG ECHO staff).

²⁷⁸ KIIs (three DG ECHO staff, two framework partners).

protection policy. In another case, DG ECHO noted that the proposed blanket supplementary feeding for moderate acute malnutrition (MAM) among children and PLW was not in line with its nutrition policy and asked the framework partner to remove that activity from the proposed action. In one of the modification requests submitted, DG ECHO requested that the framework partner delete the provision of protection through e-vouchers to align with DG ECHO protection policy, which considers cash and vouchers part of a wider and more comprehensive response.

Four framework partners who responded to the survey stated that they could not implement some of the DG ECHO sectoral/thematic policies in their funded actions²⁷⁹. Some issues were identified in aligning targeting criteria under the funded actions with DG ECHO requirements (e.g. using status instead of vulnerability in cases where DG ECHO guidelines do not allow for this) (see JC 2.1). This issue was identified by DG ECHO and discussed with the affected partners, which were regularly encouraged to follow DG ECHO guidelines. One DG ECHO staff consulted also stated that, in some cases, funded actions were not fully aligned with DG ECHO policies but were based on a strategic decision (e.g. gaining access and enhancing acceptance, or achieving protection outcomes).

EQ4. In the context of the Triple Nexus, to what extent did DG ECHO contribute to the coordination with development and peace actions, and the development of a common strategic vision?

This question looks at how DG ECHO contributed to the coordination of the overall response in the region through development and peace actions. EQ7 focuses on analysing the extent to which DG ECHO-funded actions contributed to enhancing resilience.

Table 27. EQ4: Key conclusions

Judgement criteria	S	Key conclusions
JC 4.1 Where feasible, DG ECHO took steps to promote the Triple Nexus approach (while respecting humanitarian principles)		<ul style="list-style-type: none"> Throughout the evaluation period, DG ECHO promoted the Nexus approach at both strategic/policy and operational level. In close collaboration with DG INTPA and EEAS, it planned country specific approaches to tackle emergencies and contribute to strengthening national capacity for crisis management and public service delivery While there was good communication at HQ and field level between DG ECHO, DG INTPA and EEAS, the different programmatic cycles of humanitarian and development actors represented a barrier for implementation of the Nexus at operational level Efforts were invested in a joint operationalisation of the Nexus. For example, in Mali, DG ECHO was integrated into the design of the EU joint programming with all Member States, providing an opportunity to bring a humanitarian perspective to issues relevant to the Nexus (e.g. conflict sensitivity) Implementation of the peace element of the Nexus was hampered by the security situation in most of the Sahel countries
JC 4.2 DG ECHO took into consideration the triple Nexus when		<ul style="list-style-type: none"> DG ECHO regularly assessed exit strategies and marked the resilience level of each action already at proposal stage While the large majority of actions implemented throughout the evaluation period included measures to build local and/or

²⁷⁹ No further information on challenges was provided.

selecting actions in the Sahel		national capacity, as well as advocacy activities, in some Sahel countries the overall sustainability of DG ECHO-funded projects was limited, particularly due to the prioritisation of life-saving activities (see Effectiveness question)
JC 4.3 DG ECHO's response in the Sahel made a contribution to achieving a well-coordinated response, firstly at EU level, and secondly with other donors		<ul style="list-style-type: none"> Throughout the evaluation period, DG ECHO systematically promoted coordination and collaboration with other Commission services (e.g. DG INTPA, EEAS) and other humanitarian and development donors to address the needs of those affected by conflicts. It also implemented/supported a series of initiatives to jointly tackle specific crises in Sahel countries (e.g. Sahel Alliance, Sahel Task Force, AGIR, Borno package in Nigeria, joint approach with DG INTPA in Niger's Diffa region) At regional and country level, there was regular coordination with other donors, particularly those funding DG ECHO implementing partners (e.g. WFP, UNICEF), which supported UN agencies in jointly identifying priorities and needs Field coordination happened regularly in most of the actions, particularly with national/local authorities and/or development actors and programmes, through technical working groups (e.g. inter-agency and/or inter-sector working groups), humanitarian country team (HCT) meetings, national and regional cluster meetings and forums

In the context of the Triple Nexus, DG ECHO actively contributed to the coordination of efforts with governmental and development actors at planning and operational level, and promoted cooperation mechanisms to develop a common strategic vision. Despite these efforts, the implementation of the peace component of the Nexus was heavily obstructed by the security situation in the region.

Building on the Linking Relief, Rehabilitation and Development (LRRD) Communication in 1996 (which departed from the previously rather linear approach to the linkages between humanitarian and development assistance), over the past 10 years the EU has sought to implement the Nexus approach by developing an extensive policy framework²⁸⁰ and promoting the link between humanitarian and development actions at geographical and sectoral level (JC 4.1)²⁸¹. A specific example of DG ECHO's promotion of the Nexus approach in the Sahel region was its involvement in **AGIR**, which aims to build resilience to the recurrent food and nutrition crises that affect the countries of the Sahel and West Africa²⁸², and particularly to achieve the 'Zero Hunger' goal through:

- Restoring, strengthening and securing livelihoods and improving social protection for the most vulnerable communities and households;

²⁸⁰ European Centre for Development Policy Management, *Connecting the pieces of the puzzle: the EU's implementation of the humanitarian-development-peace nexus*, 2021, available at <https://ecdpm.org/wp-content/uploads/Connecting-Pieces-Puzzle-EU-Implementation-Humanitarian-Development-Peace-Nexus-ECDPM-Discussion-Paper-301-2021.pdf>

²⁸¹ Communication from the Commission to the European Parliament and the Council, The EU Approach to Resilience-Learning from Food Crises, 2012, in which the Commission recognised that strengthening resilience lies at the interface of humanitarian and development assistance, and establishes that in countries that face recurring crises, increasing resilience will be a central aim of EU external assistance; Communication from the Commission to the European Parliament and the Council on the EU's humanitarian action, 2021, which committed the EU to step up its work to link humanitarian relief with development and peacebuilding, recognising that humanitarian aid is not designed as a long-term solution to the needs of people impacted by crises.

²⁸² See https://ec.europa.eu/echo/agir-global-alliance-resilience-initiative_en

- Strengthening nutrition in vulnerable households;
- Sustainably strengthening agricultural and food productivity and incomes of vulnerable households and improving their access to food;
- Strengthening governance for food and nutritional security.

At strategic and operational level, the HIPs showed the intention to **prioritise actions with sustainability strategies or with a Nexus approach**, as well as **close collaboration with DG INTPA and other humanitarian and development donors to address the needs of those affected by conflict**.²⁸³ To this end, between 2016 and 2020 DG ECHO, in collaboration with development donors, developed country specific initiatives to promote the Nexus in the Sahel. In **Niger** (HIP 2018), DG ECHO and DG INTPA developed a joint approach (total envelope: EUR 15 million) to address the needs of the population affected by the conflict in the Diffa region, which faced continuous violence and saw over 240,000 people forcibly displaced and unable to access sufficient food, water, shelter and basic services. The joint approach aimed to enhance complementarities and improve their response over a 36-month period, while keeping sufficient flexibility to address evolving needs. DG INTPA and DG ECHO also jointly contributed to building up the national food and nutrition social protection system. The majority of the actions²⁸⁴ focused on the provision of assistance in the Diffa region of Niger, while the interviews confirmed the key role played by DG ECHO in advocating for the implementation of the Nexus in Niger²⁸⁵. For example, DG ECHO advocated for the introduction of a dedicated budget line to address the treatment of malnourished children through the budget support mechanism to the national health sector implemented by the EU Delegation (EUR 7.5 million). This encouraged the government to purchase further nutritional items and to recruit human resources under the budget line. DG ECHO is also a member and actively participated in the High-Level Technical Committee on the Nexus created by the government in Niger (*Comité technique tripartite sur le nexus urgence-développement*, CTTNUD)²⁸⁶. Nevertheless, stakeholders agreed that there is a need for more cooperation between DG ECHO and development actors to better plan and implement the Nexus in Niger.

In **Mali** (HIP 2020), DG ECHO collaborated with the EU Delegation on a sectoral reform budget support intervention. Changes included the introduction of a nutrition-specific indicator, developed with DG ECHO's support, the inclusion of Ready-to-Use Therapeutic Food (RUTF) under the essential prescription drug list (minimal package provided in health centres), and a budgetary commitment of the government to cover them under the national budget. Since 2016, DG ECHO and the EU Delegation have supported the KEY Programme, which strengthens resilience to food and nutritional insecurity in the northern and central regions of Mali (Mopti, Gao, Timbuktu, Kidal, Ménaka). The programme was developed as part of the common intervention framework on an integrated and multi-sectoral approach. It was defined by the EU Delegation and DG ECHO and articulated around the four pillars of the Country Resilience Priorities adopted by Mali in October 2015 as part of AGIR²⁸⁷. In terms of advocacy efforts, DG ECHO was integrated into the design of the EU joint programming with all Member States, providing an opportunity to bring a humanitarian perspective to issues relevant to the Nexus (e.g. conflict sensitivity)²⁸⁸.

In **Nigeria**, DG ECHO and DG INTPA developed the Borno Package, a joint approach that combined short and medium-term outcomes to tackle one of the worst humanitarian crises in the country's history, with over five million people in need of urgent food assistance in 2017. A large proportion of the Borno population had little or no access to clean water, sanitation, shelter, education,

²⁸³ HIPs 2016, 2017, 2018, 2019, 2020.

²⁸⁴ Project mapping (8 out of 11 actions).

²⁸⁵ KIIs (three DG ECHO field office, three partners in Niger).

²⁸⁶ KIIs (one DG ECHO field office, one partners in Niger).

²⁸⁷ KEY Programme, Final evaluation report, 2020.

²⁸⁸ KIIs (DG ECHO field office, HQ).

primary healthcare (60% of health infrastructure was destroyed or damaged), and was food insecure. There was an estimated 1.7 million IDPs, the majority of whom were living in and around the urban area of Maiduguri, the state capital of Borno. The funding package of EUR 143 million aimed to assist approximately 1.3 million IDPs and affected communities in and around the Borno State, bringing the total EU support for the crisis in Nigeria's Borno State to EUR 224.5 million in 2017. While addressing urgent needs of the beneficiaries, the strategy also aimed to strengthen public administration and financial management systems in the Borno State, as to improve sustainable public service delivery, crisis management and coordination of related donor activities. In 2018, a EUR 30 million Yobe Package was designed and included in the West Africa HIP 2019 to support livelihood and social protection activities in the Yobe state. However, since 2018, the security situation in Borno State has posed significant challenges to the delivery of aid (see box below), chiefly through access issues. The majority of actions did not fully achieve their objectives and did not present any evidence of capacity-building activities, with opportunities related to the Nexus limited to Maiduguri alone²⁸⁹.

Examples of challenges for DG ECHO partners in Borno and Yobe States

- WFP was unable to reach Baga, Jere, Kaga, Kukawa and Nganzai where access remained restricted since late 2018;
- ACF suffered an attack that led to aid diversion of goods in transit and suspended all activities in April 2021 due to repeated attacks in Damasak by non-state armed groups (NSAGs). Also, the increased presence of organised armed groups on the Yobe-Damasak axis affected the smooth movement of humanitarian cargo;
- Access to some communities with urgent humanitarian needs was completely impossible. For example, Madagali LGA in Adamawa state as well as some areas in LGAs of Borno remained inaccessible to humanitarian actors (DRC);
- Rapid trends and movements of IDPs and returning population (IOM), IDP population in Duwari relocated to other places (ChristianAid);
- All the three project locations (Dikwa, Pulka and Gwoza) were hard to reach deep field locations. Especially in Pulka, there was an absence of a humanitarian hub and UNHAS helicopter flights were not frequent. Also, humanitarian aid workers started to be targeted by the AOGs (Plan International).

In **Burkina Faso**, DG ECHO planned to increase coordination and collaboration with DG INTPA (HIP 2020), including on the future phases of budget support and other operations in fragile areas of the country. The HIP included specific objectives for the Nexus in Burkina Faso in food assistance, nutrition and forced displacement. Examples of results were reported by DG ECHO partners, particularly on the role of DG ECHO in advocating with development donors for the funding of nutrition actions that could not be funded through the humanitarian budget. One DG ECHO partner (UNHCR) supported the national Council for Emergency Relief and Rehabilitation (CONASUR) on the enrolment of IDPs, which was considered by DG ECHO as a strong means of strengthening the country's capacity to respond to emergencies²⁹⁰. DG ECHO also supported the transition of some key activities in the health and nutrition sectors to the national government, notably the implementation of SMART surveys to assess and manage malnutrition, as well as a programme for no healthcare charges for children under five years and PLW²⁹¹.

However, some **challenges were experienced in the implementation of the Nexus** across the Region were also encountered. While there was good communication at HQ and field level

²⁸⁹ KIIs (DG ECHO field office, HQ); project mapping (8 out of 10 actions).

²⁹⁰ Project mapping; KIIs (one DG ECHO partner).

²⁹¹ KIIs (one DG ECHO field office).

between DG ECHO, DG INTPA and EEAS (see JC 4.3), the different programmatic cycles of humanitarian and development actors represented a barrier to the implementation of the Nexus at operational level²⁹². In particular, there was a programmatic misalignment between the DG ECHO's one-year humanitarian programming and the typical timeframe of development programming (4+ years), which made it difficult to ensure that the response between the DG ECHO and other EU development donors was fully complementary. Stakeholders reported that efforts were needed from both sides to increase funding flexibility: DG ECHO could consider more windows for flexible funding (e.g. through crisis modifiers; RRM going beyond the constraints of annual programming), while DG INTPA/EEAS could develop an instrument to allow them to better implement the Nexus in different contexts, particularly in emergency situations as these still may occur even when there are good opportunities to develop the Nexus.²⁹³ One example of good practice was the collaboration in the **Mbera camp (Mauritania)**, where DG ECHO had better access to the camp than DG INTPA (for security reasons) and shared situational data (e.g. total number of refugees, total number of people in need) with DG INTPA for programming. Tripartite meetings were also organised between DG ECHO, DG INTPA and UNHCR on how to link humanitarian activities implemented with DG ECHO funding with future DG INTPA interventions and the role that UNHCR could play²⁹⁴.

Throughout the evaluation period, implementation of the **peace component of the Nexus** was severely hampered by the security situation in most of the Sahel countries. The proliferation of conflict and armed groups made the tri-border region of Burkina Faso, Mali and Niger one of the most insecure hotspots in the Sahel, triggering increasing constraints to humanitarian access in the region and making advocacy for peace increasingly challenging, particularly after 2018. Due to the humanitarian principles of neutrality and impartiality, several humanitarian actors did not wish to be associated with security forces, precluding access to remote areas and those affected by conflict (see case study on humanitarian access). This is also confirmed by the results of the survey, with only half of respondents (54%) agreeing that DG ECHO's humanitarian response in the Sahel promoted synergies with peace initiatives in the region (see Figure 37). Nevertheless, DG ECHO's role in CMC in Mali was reported as an example of good practice towards the implementation of the Nexus: DG ECHO facilitated the dissemination of guidelines on CMC, contributed to CMC meetings, supported awareness-raising activities on CMC and the coordination structure (OCHA) to ensure adequate funds for its critical position in this context.²⁹⁵

DG ECHO assessed exit strategies and marked the resilience level of each action at proposal stage (JC 4.2) (see EQ7). While there was insufficient evidence on the assessment of exit strategies performed by DG ECHO during the evaluation of proposals, data on resilience markers from the portfolio analysis show that the **large majority of actions** (326 of 427 actions analysed) **included measures to build local capacity** (beneficiaries and local institutions), and that **over half** (57%) **took opportunities to support long-term strategies to reduce humanitarian needs, underlying vulnerability and risks**²⁹⁶. Almost all actions analysed (49 of 50) involved local and/or national capacity-building activities, which mainly (38 of 50) targeted local and community level actors (e.g. community leaders, associations, teachers, community relays, religious leaders, healthcare workers, local NGOs), and to a lesser extent (15 actions) targeted national/regional authorities (e.g. government officials, ministries, military and security forces, justice actors). Table 28 presents an overview of the types of capacity-building activities implemented across the region and examples extracted from the project mapping. It shows 41 actions addressing training, workshops or transfer of skills to national and local actors, while a minority of actions provided

²⁹² KIIs (one DG ECHO field office, one DG ECHO partner, five others).

²⁹³ KIIs (one other).

²⁹⁴ KIIs (EEAS country office).

²⁹⁵ KIIs (one other); case study on humanitarian access.

²⁹⁶ ICF, based on HOPE data, N = 427.

data collection and assessments (vulnerability, malnutrition, etc.), technical support (IHL, data analysis, protection, etc.) and/or supported the creation of local structures (referral mechanisms, protection committees, etc.).

Table 28. Type of capacity-building activities

Type of capacity building activity	Number of actions	Examples
Training (teachers, adolescents, medical personnel, community leaders and relays, local authorities, etc.)	41	<p>Training and transfer of skills on:</p> <ul style="list-style-type: none"> • Gender sensitisation and gender-based violence • Protection • School-related training (school management, curriculum content and methodology, etc.) • IHL, humanitarian principles and human rights • RRM system and modalities • Health-related training (e.g. infant and young childcare feeding, management of malnutrition, hygiene) • Supply and delivery chain management • WASH-related training (water supply systems, water quality testing and monitoring, etc.) • Emergency and transitional shelter construction and repair • COVID-19 prevention
Data collection and assessments (vulnerability, malnutrition, etc.)	4	<ul style="list-style-type: none"> • Support to better understand increased vulnerability in food and nutrition linked to the COVID-19 pandemic • Support to strengthen SAM screening coverage of children under five years old and to enhance service delivery of SAM treatment • Tools and support for setting up food distribution, as well as data collection and processing • Strengthening national capacity in supply delivery chain, tracking and accountability • Support to coordination at national and sub-national level to improve response plan monitoring surveys
Technical support (IHL, data analysis, protection, etc.)	6	<ul style="list-style-type: none"> • Support for the integration of IHL into the training and operations of military and security forces • Statistical analysis of data and use of new technology to implement food security surveys • Ad hoc response plans, guidance notes, situation analyses (e.g. protection) • Support to the government and the nutrition cluster on the monitoring and evaluation of the screening activity through database collection, compilation and analysis
Creation of local structures (referral mechanisms,	3	<ul style="list-style-type: none"> • Support to local authorities to democratically set up CGS/CGC (decentralised school management bodies) • Formation of school-based management committees

Type of capacity building activity	Number of actions	Examples
protection committees, etc.)		<ul style="list-style-type: none"> Creation of community-based protection committees

Source: ICF, project mapping (50 actions), survey of partners.

Efforts were made by DG ECHO and the framework partners (within the context of funded actions) to coordinate responses with relevant actors (**JC 4.3**). DG ECHO systematically **promoted coordination and collaboration with other Commission services** (e.g. DG INTPA, EEAS) and other humanitarian and development donors to address the needs of those affected by conflict²⁹⁷. It also implemented/supported a series of initiatives to jointly tackle specific crises in Sahel countries (e.g. AGIR, Borno package in Nigeria, joint approach with DG INTPA in Niger's Diffa region) (see EQ7). In 2017, the EU became a member and key supporter of the Sahel Alliance, set up to improve the coordination of existing EU and Member State development cooperation in the region, in a faster and more interlinked way, through joint action. The initiative focused on rural development, agriculture and food security, job creation for young people, improving energy infrastructure, climate (especially energy access, green energy, and water), support for the return of basic services throughout the region (including through decentralisation) and strengthening good governance and security²⁹⁸. At the EEAS, a Sahel Task Force coordinated the work of the various relevant geographical and thematic EEAS departments and of DG INTPA, humanitarian aid (DG ECHO) and Migration and Home Affairs (DG HOME). The EU Counter-Terrorism Coordinator is also a member of this task force.²⁹⁹

At operational level, DG ECHO partners indicated that they regularly participated in coordination meetings at regional and/or field level, technical working groups (inter-agency and/or inter-sector working groups), HCT meetings, national and regional cluster meetings and forums³⁰⁰. They also reported that DG ECHO's requirements at proposal stage pushed them to develop early coordination strategies with other humanitarian and development actors³⁰¹. This was confirmed by the survey results and the analysis of project documentation. Nearly all survey respondents (94%) reported that DG ECHO encouraged their organisation to cooperate and coordinate with relevant government institutions, humanitarian and development actors, while the vast majority (80%) stated that DG ECHO encouraged them to explore synergies with other projects (see Figure 37). Over half of the actions analysed (33 of 50) show evidence of coordination with national/local authorities and/or with development actors and programmes, while 36 of 50 actions included elements of complementarity with peace-building and development initiatives. Of the sample analysed, only one action (in Burkina Faso) did not participate in any coordination mechanism.

²⁹⁷ HIPs 2016, 2017, 2018, 2019, 2020.

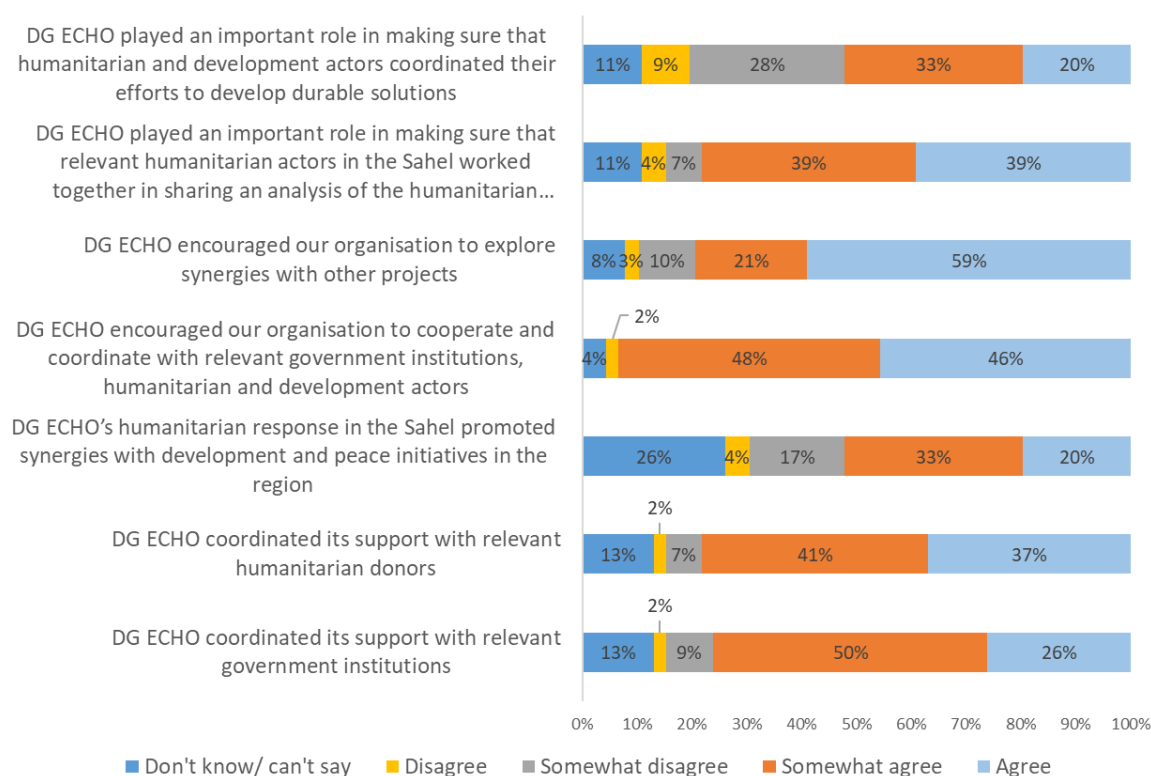
²⁹⁸ European Parliament, *Peace and security in 2020, Evaluating the EU approach to tackling the Sahel conflicts*, 2020, available at: [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/654173/EPRS_STU\(2020\)654173_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/654173/EPRS_STU(2020)654173_EN.pdf)

²⁹⁹ European Parliament, *Understanding the EU Strategy for the Sahel*, 2020, available at: [https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/652050/EPRS_BRI\(2020\)652050_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/652050/EPRS_BRI(2020)652050_EN.pdf)

³⁰⁰ KIIs (eight partners).

³⁰¹ KIIs (two partners).

Figure 37. Cooperation and coordination in the Sahel



Source: Survey of partners, N=46.

There is evidence of regular field level communication between DG ECHO and other Commission services (DG INTPA, EEAS) in most of the Sahel countries, as well as evidence that DG ECHO played a key advocacy role through its active coordination with other donors and national authorities³⁰². The vast majority of stakeholders reported that DG ECHO coordinated its support with relevant humanitarian donors (78%) and government institutions (76%). In Niger, for example, DG ECHO recently took a leading role in developing the humanitarian actors' position paper on the Return of Populations, advocating for the role of humanitarian actors³⁰³. In 2020, DG ECHO and OCHA (together with the governments of Denmark and Germany) organised a high-level humanitarian event to address humanitarian needs in Central Sahel (Mali, Niger, Burkina Faso) and secure funding for the humanitarian response in the region³⁰⁴. OCHA reported that DG ECHO was an important partner and catalyst for its work with other Member States and European Commission services.

³⁰² Through participation in donor coordination groups, HCT, etc. (KIIs: eight DG ECHO field offices, one regional office, one partner).

³⁰³ KIIs (one DG ECHO staff).

³⁰⁴ KIIs (one other); <https://www.unocha.org/centralsahel2020>

5.3 EU added value

EQ5. What was the EU added value of DG ECHO's actions in the region during the evaluation period generally and compared to Member States individual responses?

Table 1. EQ5: Key conclusions

Judgement criteria	S	Key conclusions
JC 5.1. DG ECHO funding and interventions add value to the interventions by individual Member States on a bilateral basis		<ul style="list-style-type: none"> The analysis of DG ECHO's funding in the context of global aid to the Sahel region confirms its position as a key donor in the region, which added value to the contributions of other donors, including Member States. In Burkina Faso and Mauritania, DG ECHO was the main donor for most of the evaluation period Most of the framework partners considered DG ECHO's scale of funding one of the main distinguishing features of its intervention in the Sahel region in comparison to other donors.
JC 5.2 There are identifiable elements of DG ECHO's added value in geographical coverage, perception and influence, gap filling (sectors, local areas and needs not covered by others), expertise and local presence, partnership network and overall approach		<ul style="list-style-type: none"> Evidence confirmed the added value of DG ECHO's interventions in the Sahel in a wide range of areas: <ul style="list-style-type: none"> - Its coordination role in the humanitarian response - Its wide geographical coverage (including hard-to-reach areas) compared to other donors - Its presence in the field and its technical expertise - Its key advocacy role in the Sahel region (particularly in promoting IHL, the humanitarian principles and humanitarian access) - Its flexibility compared to other donors - Its principled response, particularly its independence and impartiality compared to other donors
JC 5.3 A vast majority of DG ECHO-funded actions would either not have gone forward at all or only gone forward with changes in scope, timing, etc. without DG ECHO funding		<ul style="list-style-type: none"> Evidence suggests that a majority of funded actions would have either suffered changes in scope/scale or not have gone ahead without DG ECHO funding. Only a minority of framework partners believed that their actions would have gone ahead unchanged with funding from alternative source(s)

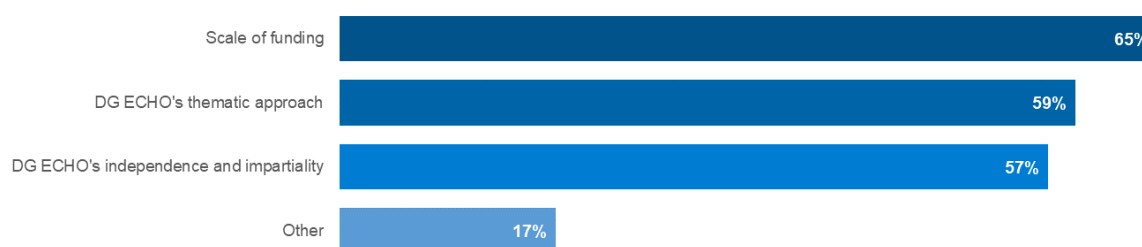
Over the evaluation period, the EU added value of DG ECHO's actions in the Sahel region was demonstrated in a number of fields.

The analysis of DG ECHO's funding in the context of the global aid to the Sahel region confirms its position as a key donor in the region, which added value to the contributions of other donors, including Member States (JC 5.1). Over the 2016-2020 period, DG ECHO funding represented 12% of the total humanitarian aid to the Sahel region, making it the second largest donor to the region. However, its contributions were significantly lower (about three times) than those of the of the first donor (the US)(see EQ8). There were some differences across the five countries and over the years:

- In Burkina Faso, DG ECHO was the main donor for most of the period, followed by the US and occasionally Germany. In 2020, the US ramped up its contribution significantly, relegating DG ECHO to second place, despite also increasing its funding. In addition to Germany, various other Member States (Denmark, Sweden, France, Italy, Belgium) also provided funds to the region, but their contributions were significantly lower and less constant than DG ECHO's.
- In Mauritania, DG ECHO was the main donor until 2020, when it moved to third place following the increase of funding by the US and the United Arab Emirates (UAE). With the exception of 2017, no individual Member State ranked as a top five donor, with individual contributions often less than 10% of those of DG ECHO.
- In Mali, DG ECHO was the second-largest donor throughout, behind the US. Until 2020, DG ECHO was the donor providing most funds to the nutrition and health sectors. With the exception of Germany, which was also one of the top three donors to Mali, the scale of individual Members States' contributions was comparatively smaller and less consistent than DG ECHO's
- In Niger, DG ECHO was the second-largest donor between 2016 and 2019, losing its position to Germany in 2020. Individual Member States had more prominent position as donors (in terms of funding), with Germany, Italy and France ranking among the top five donors in some of the years covered by the evaluation. Until 2019, DG ECHO was the main donor to the nutrition sector.
- In Nigeria, DG ECHO was often the fourth or fifth-largest donor, in spite of allocating significantly larger funds to this country than to the other four Sahel countries. The US was consistently the main donor to Niger. In 2016, 2019 and 2020, Germany's contribution was slightly higher than that of DG ECHO.

DG ECHO was the main donor to the nutrition and health sectors between 2016 and 2018 (see EQ8), and the main donor to the camp coordination/management sector between 2017 and 2020. The majority of partners surveyed indicated that DG ECHO's scale of funding was one of the distinguishing features of its intervention in the Sahel region, compared other donors (see Figure 38).

Figure 38. What were the specificities or distinguishing features of DG ECHO's intervention in the Sahel region vis-à-vis other donors' interventions in the Sahel?



Source: Survey of partners (N=46).

The evidence collected confirms the added value of DG ECHO's interventions in the Sahel in a wide range of areas, such as its coordination role, geographical coverage, technical expertise, advocacy role, flexibility and principled response (JC 5.2).

DG ECHO played a leading role in humanitarian coordination during the evaluation period. A majority of framework partners who responded to the survey agreed or somewhat agreed that DG ECHO played an important role in making sure that relevant humanitarian actors in the Sahel

worked together in sharing analysis of the humanitarian situation and needs (78%)³⁰⁵, as well as developing and sharing best practices with relevant actors (57%)³⁰⁶. Some stakeholders agreed that DG ECHO played a key role in coordinating the humanitarian response in the Sahel (e.g. through its support to the cluster system and HCTs)³⁰⁷. In the case study on humanitarian access, the framework partners specifically referred to DG ECHO's significant contribution to the work of the clusters and working groups in Burkina Faso and Mali, particularly in relation to designing access strategies and enhancing the coordinated approach in that context.³⁰⁸ DG ECHO's added value in coordinating the humanitarian response in Nigeria (especially through its supporting role in the HCT) was highlighted by two stakeholders³⁰⁹.

DG ECHO's geographical coverage in the Sahel was wider than the coverage of any individual Member State. Some Member States (Germany, France, Belgium, Italy, Sweden) provided bilateral assistance to some countries in the Sahel region, but their geographical coverage was more limited than that of DG ECHO. Over the evaluation period, DG ECHO emphasised delivering assistance to the most vulnerable populations in hard-to-reach areas and encouraged its framework partners to operate in remote fragile areas. The case studies highlighted the relevance of DG ECHO's role in supporting the delivery of humanitarian assistance in hard-to-reach areas (e.g. through the support provided to UNHAS, funding RRM, DG ECHO flights). Its wide geographical coverage was facilitated by its network of field offices in the Sahel and its regional office in Dakar.

DG ECHO's presence on the ground and technical expertise were considered by stakeholders as an added value of its interventions in the Sahel. DG ECHO has a network of field humanitarian staff that enables them to gather up-to-date information on the humanitarian situation and needs at regional and country level. In the implementation of funded actions, DG ECHO's humanitarian experts also support framework partners with their specific thematic/geographical expertise³¹⁰. Its field presence and humanitarian expertise were seen as essential during the transition from a relatively secure context to a conflict-filled environment in Burkina Faso. Its experience operating in conflict settings was also seen as an added value in responding to emerging needs following the worsening of the conflict and security situation in Mali. Framework partners greatly valued the technical expertise provided by DG ECHO on the ground in Mali and Burkina Faso, as well as the fact that DG ECHO field offices employed local staff with in-depth knowledge of the country, providing useful support to its partners. DG ECHO's thematic approach was highlighted by a majority of framework partners surveyed (59%)³¹¹ as a distinguishing feature of its response in the region vis-à-vis other donors' interventions (see Figure 38).

DG ECHO's advocacy efforts in the region were also seen as an added of DG ECHO's response in the Sahel. Compared to other donors in the region, DG ECHO put greater emphasis on advocacy, with around 70% of the mapped funded actions including advocacy activities. It also encouraged its framework partners to undertake advocacy efforts (e.g. to improve access to vulnerable populations)³¹². The desk review of some Member State donors' advocacy efforts (Italy, France, Austria, Germany, Italy, France, Hungary, Belgium, Sweden) showed that only Italy and France integrated advocacy as a cross-cutting component in their responses in the Sahel. The evidence

³⁰⁵ Survey of partners (39% agreed, 39% somewhat agreed, N=46).

³⁰⁶ Survey of partners (20% agreed, 37%, N=46).

³⁰⁷ KIIs (one Other, three partners).

³⁰⁸ Case study on humanitarian access.

³⁰⁹ KIIs (one DG ECHO staff, one partner).

³¹⁰ DG ECHO, Filed Network, available at: https://civil-protection-humanitarian-aid.ec.europa.eu/who/about-echo/field-network_en

³¹¹ Survey of partners, N=46.

³¹² West Africa HIPs 2016-2020.

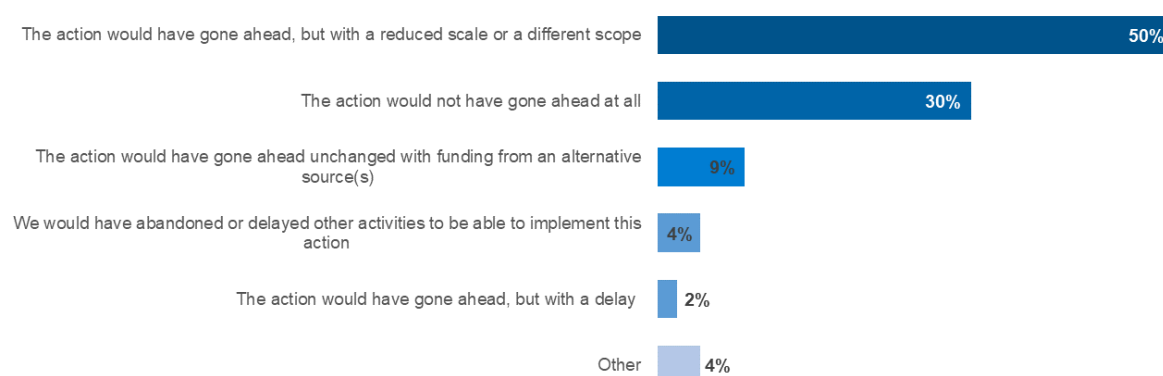
suggests that DG ECHO was a key actor in advocating for a principled response and respect for IHL in the Sahel³¹³. A great majority of framework partners surveyed (74%) agreed or somewhat agreed that DG ECHO played a key role in advocating for humanitarian access and space. DG ECHO was also considered to be a key advocate to end the mandatory use of armed escorts in Niger, as well as to ensure the separation between military and humanitarian actors in Nigeria.

Some stakeholders saw DG ECHO's flexibility (compared to other donors) as providing added value, particularly in light of the changing humanitarian context³¹⁴. DG ECHO framework partners generally considered that the regular dialogue with DG ECHO, and its flexibility, allowed them to better respond to changes in needs on the ground³¹⁵ (see EQ1).

In addition, **DG ECHO's principled response** was seen to add value. All HIPs stated that DG ECHO-funded actions must be implemented fully respecting the humanitarian principles and the 'do no harm' principle. Some DG ECHO staff consulted³¹⁶ highlighted its principled response and commitment to the humanitarian principles as an added value of its response in the Sahel, especially compared to some other donors who are sometimes more linked to political agendas. A majority of framework partners surveyed (57%)³¹⁷ identified DG ECHO's independence and impartiality as distinguishing features of its interventions in the Sahel region vis-à-vis other donors' interventions.

The evidence collected suggests that a majority of funded actions would either have suffered changes in scope/scale or not have gone ahead without DG ECHO funding (JC 5.3). Figure 39 shows a great majority of framework partners consulted through the survey agreeing that without DG ECHO funding, their actions would have gone ahead with a reduced scale or different scope (50%) or not gone ahead at all (30%). Two framework partners interviewed highlighted that without DG ECHO funding, they would have not been able to implement their actions or would have achieved less impact. Some stakeholders highlighted the importance of DG ECHO funding for the functioning of RRM in the region³¹⁸. Only a minority of framework partners (9%) considered that their actions would have gone ahead unchanged with funding from alternative source(s).

Figure 39. What would have been the likely consequence(s) for your action if your organisation had not received DG ECHO funding?



Source: Survey of partners (N=46).

³¹³ KIIs; case study on humanitarian access.

³¹⁴ KIIs (four DG ECHO, one partner); survey (three framework partners).

³¹⁵ KIIs (six partners).

³¹⁶ KIIs (five partners).

³¹⁷ Survey of partners, N=46.

³¹⁸ KIIs (three partners).

5.4 Effectiveness

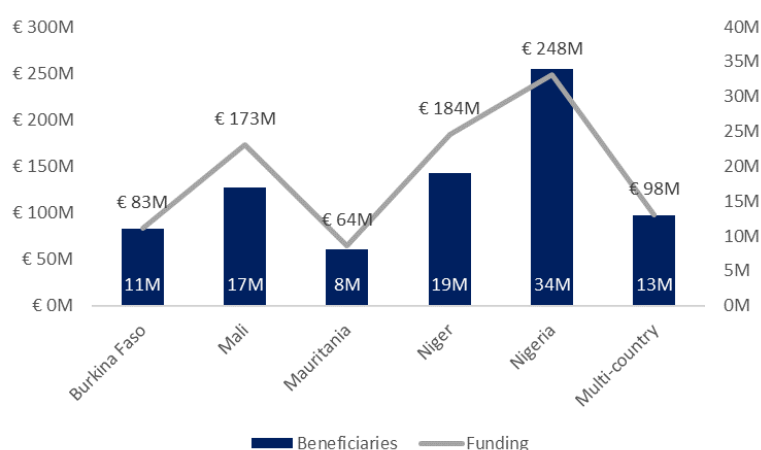
*EQ6. To what extent were DG ECHO's specific objectives for the region and countries achieved?
What concrete results were achieved during the period under evaluation?*

Table 29. EQ6: Key conclusions

Judgement criteria	S	Key conclusions
JC 6.1. DG ECHO actions in the Sahel were implemented as planned, with obstacles mitigated		<ul style="list-style-type: none"> While most of the activities could be implemented as planned and most actions reached their targets, they were often severely hindered by challenges on the ground, such as the challenging political and social context, the increased volatility and complexity of the crisis, and COVID-19 Most actions encountered obstacles and challenges in their implementation. The main obstacles to the achievement of results (outputs) and objectives (outcomes) included: security and access to areas/beneficiaries; COVID-19, staffing, logistics, lack of capacity of partners, insufficient funding Framework partners implemented several mitigation measures that supported implementation of activities but were not always sufficient in achieving the expected results and outcomes (see JC 6.2 and 6.3) as most of the challenges were linked to external factors, chiefly access, security and COVID-19
<p>JC 6.2 DG ECHO-funded actions in the Sahel contributed to the achievement of the set objectives for the region as a whole and for individual countries</p> <p>JC 6.3. Improvements in addressing the key humanitarian needs can be observed and objectively attributed to DG ECHO-funded actions (e.g. improved resilience, lives saved)</p>		<ul style="list-style-type: none"> Over the period 2016-2020, DG ECHO funded 428 humanitarian actions in the Sahel region, to a total amount of EUR 850 million reaching 102 million beneficiaries in the five Sahel countries, surpassing the initial target by 16% DG ECHO-funded actions in the Sahel were somewhat effective during the evaluation period, based on the analysis of KOI and KRI DG ECHO's interventions in the Sahel mainly contributed to improving coordination, strengthening capacity at all levels (partners, authorities, local staff, beneficiaries) and improving well-being Many results (e.g. improved access to food) did not continue once the support ceased DG ECHO was heavily invested in ensuring the funded actions yielded the desired results and objectives and contributed to the effectiveness of the actions through advocacy, support to operations, close monitoring, active coordination, support to RRM, and flexibility DG ECHO activities contributed to addressing the key humanitarian needs and its objectives of alleviating suffering and saving lives in the Sahel region, but the reach and impact of DG ECHO-funded actions is likely to have diminished over time

Over the period 2016-2020, DG ECHO funded 428 humanitarian actions in the Sahel region, to a total amount of EUR 850 million. Nigeria received the most funding (EUR 248 million) and reached the highest number of beneficiaries (34 million), followed by Niger, which received EUR 184 million over the evaluation period and reached 19 million beneficiaries. Mali was allocated EUR 173 million, which supported 17 million beneficiaries. Burkina Faso and Mauritania were allocated EUR 83 million (11 million beneficiaries) and EUR 64 million (8 million beneficiaries) (see Figure 40⁴¹).

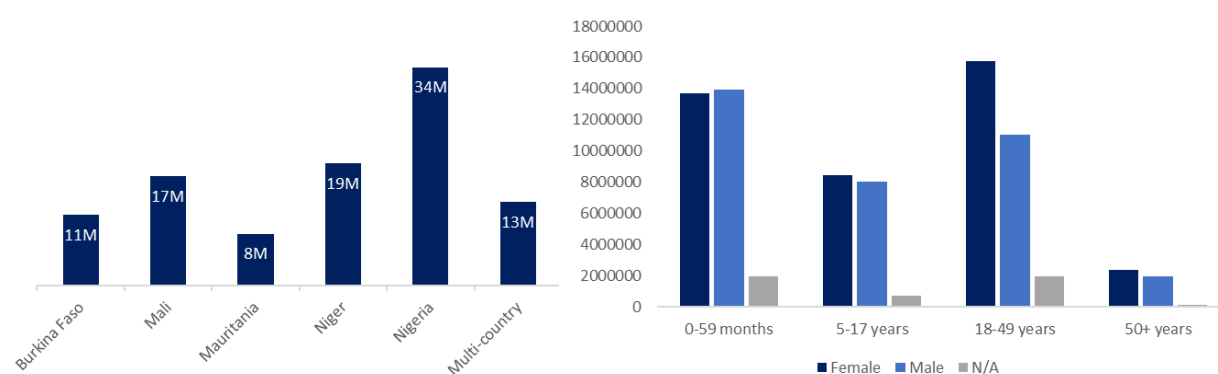
Figure 40. Funding and number of beneficiaries assisted, by country, 2016-2020



Source: ICF, based on HOPE database..

DG ECHO-funded actions reached 102 million beneficiaries³¹⁹ in the five Sahel countries, surpassing the initial target by 16%³²⁰. Funded actions mainly targeted local populations (92%, on average) and IDPs (68%), followed by returnees (48%) and refugees/asylum seekers (35%) (see Table 30). The majority of people in need reached were aged <5 years and between 18 and 49 years old.

Figure 41. Analysis of beneficiaries reached



Source: ICF, based on HOPE database.

Note: Beneficiaries per country N= 102,769,494; Beneficiaries per age group N=80,053,270.

³¹⁹ Based on HOPE database. The total number of people assisted will be less due to multiple counting of beneficiaries across actions.

³²⁰ ICF, based on HOPE database. Comparison of initial beneficiaries versus area of intervention beneficiaries.

Table 30. Beneficiary profile targeted by DG ECHO- funded projects in Sahel (% share of actions)

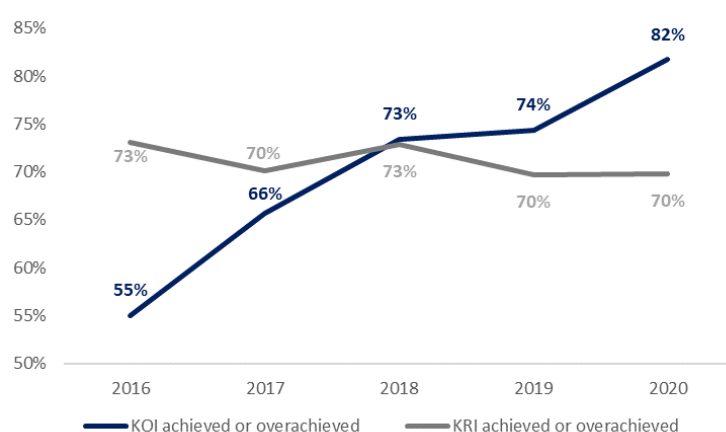
	2016	2017	2018	2019	2020
Local population	92%	92%	93%	91%	92%
Refugees/asylum seekers	22%	30%	36%	44%	45%
Returnees	48%	50%	49%	45%	46%
IDPs	58%	56%	64%	77%	86%
Others	54%	52%	54%	58%	51%

Source: ICF, based on HOPE database. N=419.

Overall, the evaluation found that DG ECHO-funded actions in the Sahel were effective to some extent, based on the analysis of Key Outcome Indicators (KOI) and Key Result Indicators (KRI)³²¹ covering actions with predefined indicators in DG ECHO guideline and system. The level of achievement of planned results (KRI), remained consistent over the evaluation period (70-73%), while the level of achievement of planned outcomes (KOI) increased over time, from 55% in 2016 to 82% in 2020, which could indicate increased effectiveness, or possibly the setting of less ambitious and more realistic targets (see Figure 423). Multi-country projects implemented during the evaluation period showed the highest levels of effectiveness (see Figure 434)³²². However, high levels of under-achievement were observed in Mali and in Burkina Faso. Multi-sectoral projects, particularly RRMS, were reported as most effective³²³.

However, the quality of the assistance was questioned by multiple stakeholders³²⁴ and minimum standards could not be met in several sectors (e.g. WASH, shelter, EiE, protection), according to the framework partners, DG ECHO and clusters, and as observed during the field visits. While the lack of quality appeared several times in the evidence, there is insufficient data to qualify or quantify the issue further.

Figure 42. Evolution of KRI and KOI achievement in the Sahel, 2016-2020



Source: ICF, based on HOPE database. N=419, KOI N=238 and KRI N=323.

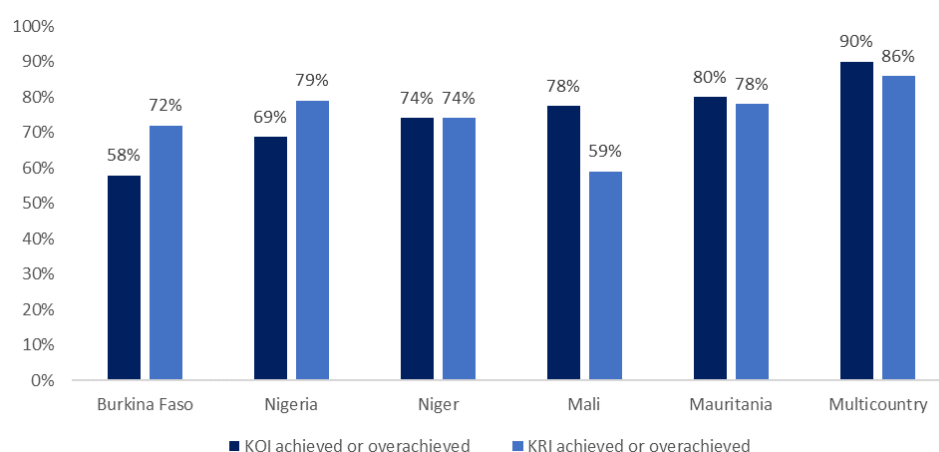
³²¹ It is difficult to form a full picture of DG ECHO's achievements in the region, as most projects used custom indicators. KRI and KOI are either sector-specific or bespoke to a particular action, rather than representative of the full picture.

³²² Average of 90% achievement rate based on KOI analysis.

³²³ KIIs; case studies.

³²⁴ KIIs; survey (open questions); case studies.

Figure 43. Share of targeted results achieved, by country, 2016-2020



Source: ICF, based on HOPE database. KOI N=238 and KRI N=323.

Figure 445 shows the level of achievement of the Sahel ToC, based on the evidence collected for this evaluation. Three text colours are used to show the degree of achievement of the different components:

- Red: elements that the ToC did not achieve;
- Orange: elements that the ToC partially achieved;
- Green: elements that the ToC achieved.

Figure 44. DG ECHO interventions in the Sahel, 2016-2020: achievement of ToC

Source: ICF.

While most of the activities, outputs and outcomes were overall effectively implemented/delivered, the funded actions were negatively impacted by challenges on the ground, including the difficult political and social context, the increased volatility and complexity of the crises, and COVID-19 in 2020. Implementation was further hindered by limited financial resources, lack of framework partner capacity in some sectors (e.g. protection) and lack of prevention/long-term activities (see Figure 44 for contextual factors and assumptions).

All framework partners that responded to the survey reported that all (50%) or most (50%) planned **activities** were implemented as planned, a finding that was supported by the KIIs. In addition, the evaluation found that activities supporting livelihoods, prevention of malnutrition, secondary health, and secondary education remained very limited. These were not considered priorities, as activities focused mainly on emergency responses to ongoing conflicts. The evaluation did not find evidence of operational research. In addition, the case study on multi-sectoral response reported a lack of assistance in terms of shelter, a lack of understanding of protection, a lack of capacity to implement protection activities, and a lack of protection activities embedded in assessment tools and funded projects. Accountability mechanisms were also found to be limited³²⁵.

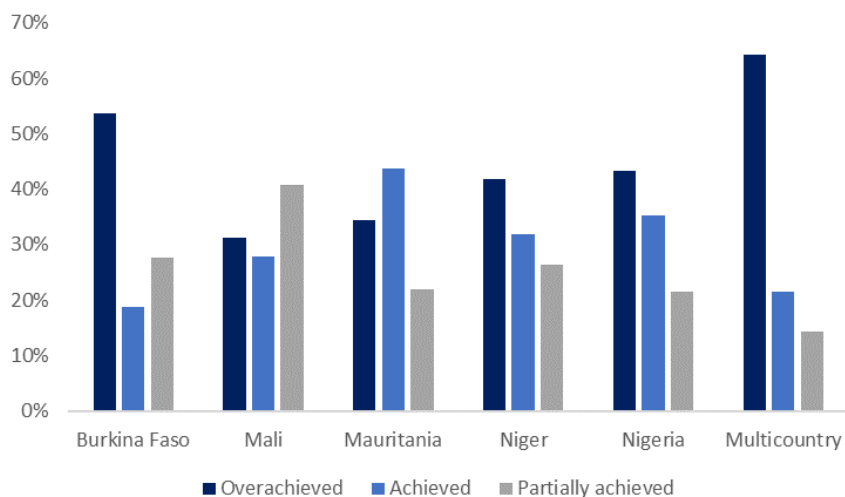
In terms of outputs and outcomes, the survey highlighted that most targets were met (46% met all targets) or exceeded (50% exceeded some or all targets). Of the 323 actions analysed, 71% achieved or overachieved their target and 28% partially achieved their target in terms of KRIs. Lower levels of achievement were reported in Mali (59% of targets fully achieved), followed by Burkina Faso (72%) and Niger (74%). The highest achievement rate was reported for multi-country projects (including PPP) (see Figure 45), for which most KRIs were significantly overachieved, suggesting that the targets were not ambitious enough. However, the data cannot be broken down into achievement rate per country to further understand the figures and differences between countries. Similarly, the analysis of KOI shows that of the 238 actions analysed, 70% achieved or overachieved their targets while 30% were partially achieved. Sectors with high levels of achievement based on KOI and KRI analysis included DRR, EiE and WASH, while lower levels of achievement were reported in health, nutrition, FSL and shelter (see Table 31).

The consultation with DG ECHO depicted a slightly different picture, with MPCT, FSL and nutrition actions being reported as high quality (due to the long-standing experience of partners in these sectors in the region). Protection, EiE and WASH faced some quality issues, with DG ECHO reporting limited impact due to the extent of the needs, which required considerable structural investments that could not come from DG ECHO financing. The case study on multi-sectoral response confirmed this finding³²⁶ and noted that the resources made available to operationalise the multi-sectoral approach were insufficient, forcing the prioritisation of certain sectors (e.g. food security, health) over others (e.g. shelter, protection, WASH). Beneficiaries therefore benefited from support covering some sectors, linked to the partners' presence, capacity, and funding lines, rather than holistic assistance.

³²⁵ Case study on multi-sectoral response (see Annex 4)

³²⁶ Ibid.

Figure 45. Level of achievement of targets, KRIs, by country



Source: ICF, based on HOPE database.

Table 31. Analysis of KOIs

Sector	Number of actions analysed	KOI	Average effectiveness (Achieved/Target)	Average expected impact	Average achieved impact
Nutrition	101	SAM recovery rate	106%	31%	33%
	47	Coverage of the nutrition programme	114%	32%	37%
	25	% of 6-23-month-old children in target population who receive a minimum acceptable diet (MAD)	68%	40%	27%
FSL	101	% of the target population with acceptable FCS	92%	47%	41%
	42	Average CSI score for the target population	107%	17%	17%
Health	9	Case fatality rate	85%	11%	10%
	3	Crude mortality rate (number of deaths/10,000p/day)	15%	2%	0%
WASH	37	% of target population with adequate WASH services and hygiene practices	114%	68%	75%
	4	% of target facilities (PHU, schools, markets) with basic WASH services functioning	177%	38%	60%
Shelter	20	% of target population living in safe and dignified shelters in secure settlements	117%	68%	74%
DRR	6	% reduction in the number of affected people (experienced, expected or modelled)	143%	40%	55%
EiE	14	% of school-aged boys and girls continuously accessing quality and protective learning opportunities relevant to the emergency	112%	52%	58%

Sector	Number of actions analysed	KOI	Average effectiveness (Achieved/Target)	Average expected impact	Average achieved impact
	2	% of targeted children who transition (1) into formal from non-formal education, or (2) into the next level of non-formal education, or (3) into the next academic year of formal education	167%	60%	100%
	1	% of targeted girls and boys remaining in education at the end of the action	118%	80%	94%

Source: ICF, based on HOPE database. N=238.

Note: For each KOI of each action, the final (achieved) value is compared to the initial target, the target to the baseline and the final (achieved) value to the baseline. The average for each KOI type was then calculated.

Overall, the evaluation found that DG ECHO interventions principally contributed to improved coordination, strengthened capacity at all levels (partners, authorities, local staff, beneficiaries) and improved beneficiary well-being (JC 6.2 and JC 6.3)³²⁷. Table 32 presents the main outcomes.

Table 32. Main achievements of DG ECHO interventions in the Sahel, 2016-2020

Partners	<ul style="list-style-type: none"> • Inclusion of the RRM in national coordination structures (Mali) • Increased capacity and sectoral coverage • Accelerated synergies and joint response • Increased understanding of protection • Improved access • Strengthened humanitarian coordination and information sharing • Capitalisation on lessons learned
Authorities	<ul style="list-style-type: none"> • Active participation of authorities and increased ownership • Strengthened governance (Mali, Burkina Faso) • Improved coordination and collaboration (particularly in health and education) • Increased capacity of authorities • Improved national response • Improved surveillance, data collection and sharing • Integration of nutrition within health structures and adoption of nutrition policies • Preparedness and control of epidemics
Local actors and structures	<ul style="list-style-type: none"> • Increased capacity of local staff • Increased capacity of local NGOs • Increased access to healthcare and quality of care

³²⁷ Document review, online survey, KIIs and case studies

**IDPs and communities
(while receiving
support)**

- Lives saved
- Increased capacity of communities through the participatory approaches taken (e.g. *Comité de veille*, identification and management of malnutrition cases by community members, creation of management committees in schools)
- Increased awareness of communities through sensitivity sessions (nutrition, protection, education, health)
- High beneficiary satisfaction with RRM assistance received
- Improved well-being and living conditions
- Increased school attendance
- Increased access to healthcare
- Reduced MAS
- Improved access to food and reduction of negative coping strategies (child work, begging)

Source: Case studies, KIIs, survey, literature mapping.

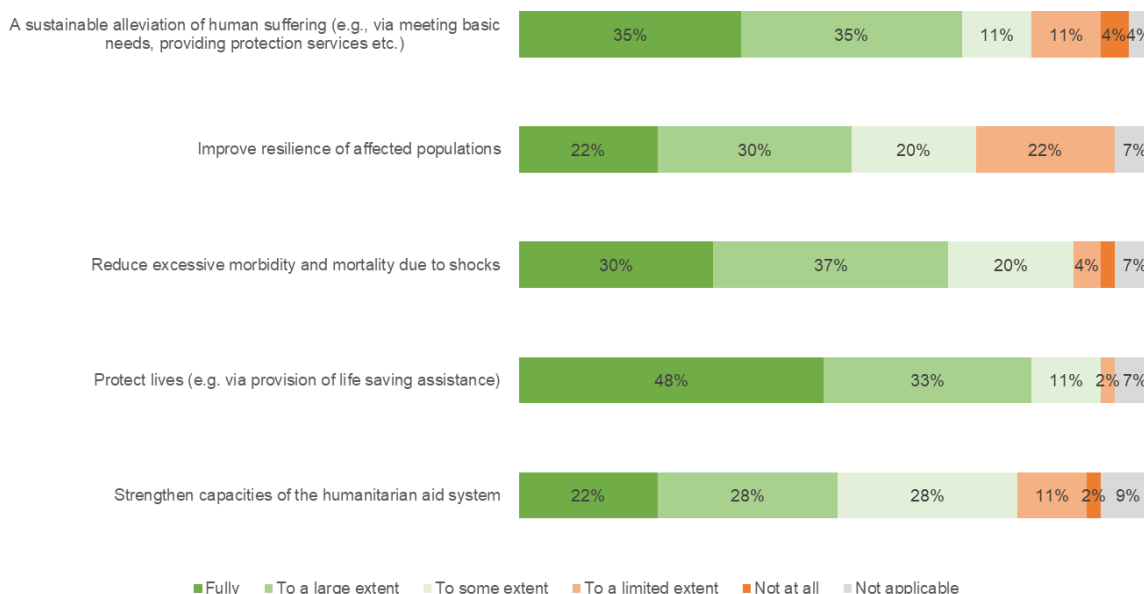
However, many of the outcomes achieved (e.g. improved access to food) did not last once the support ceased. Most of the activities funded, particularly the RRM, addressed the emergency needs of displaced populations and immediate needs of vulnerable households, thus by their nature were temporary. Efforts were made to include elements of resilience (see EQ7) through community-based approaches and capacity-building among authorities and local actors. This was seen as forming a basis to resilience-building, but without continued activities, results did not last. All of the beneficiaries consulted during the field mission to Mali and Burkina Faso³²⁸ reported that once the assistance stopped, their situation deteriorated rapidly (e.g. from eating three meals a day to just one, at most).

While the data available do not allow an assessment of the **impact** of DG ECHO interventions at regional and country level and to make attribution, the available evidence shows that **DG ECHO activities somewhat contributed to the desired impacts, in particular reducing child mortality, preventing a lost generation, addressing key humanitarian needs, and addressing key contextual issues (e.g. access) (JC 6.2 and JC 6.3).** The evidence also indicates that, in absolute terms, the impact was likely to have reduced over the evaluation period, due to the reduction in funding allocated to the region (-30%) and the reduction in the number of beneficiaries assisted (- 37%), but also as a result of the limitations in partners' capacity, quality of interventions, access issues, and the lack of sustainable results.

Interventions in the Sahel contributed to the objectives of alleviating suffering and saving lives in the region (JC 6.2 and JC 6.3). Most framework partners surveyed agreed that DG ECHO funded actions achieved the set objectives (see Figure 46). This was further supported by KIIs and the case studies.

³²⁸ Beneficiaries of RRM in Mali, Burkina Faso and Niger.

Figure 46. Extent to which framework partners surveyed achieved DG ECHO set objectives in the Sahel, 2016-2020



Source: Survey of partners, N=46.

A number of enabling factors used by framework partners to reach the targeted results and objectives were identified as part of the evaluation, including: knowledge and experience of the region, increased involvement of beneficiaries and local actors in design and implementation, increased use of community approaches, increased use of accountability mechanisms, increased awareness and acceptance of communities, increased capacity to negotiate access, strengthened coordination, close monitoring, choice of modality adapted to the context, government involvement and support, the use of multi-sectoral and integrated approaches (e.g. RRM), and working through local NGOs.

In addition, **DG ECHO was heavily invested in ensuring that the funded actions yielded the desired results and objectives and contributed to the effectiveness of the actions** through:

- **Advocacy:** much of the advocacy work was driven by field officers and was neither highly visible nor documented. The evaluation was only able to form a somewhat fragmented and incomplete picture of DG ECHO advocacy efforts. Nevertheless, the overall feedback from KIIs and the survey suggests that DG ECHO played a key role in terms of advocacy in supporting the successful implementation of actions.
- **Support to operations:** DG ECHO was instrumental in supporting operations through ECHO flight, direct funding to UNHAS, INSO and different clusters, and logistics (e.g. supply chain). For instance, in response to increasing access constraints and logistical challenges, as well as COVID-19 restrictions, DG ECHO funded ECHO flight and supported UNHAS in Mali between 2016 and 2020, and from 2019 in Burkina Faso. Stakeholders in Mali and Burkina Faso were unanimous that ECHO flight, UNHAS and INSO facilitated adaptation to the changing needs and access constraints.
- **Close monitoring:** DG ECHO was one of the few donors with a strong field presence, allowing it to actively monitor projects throughout the project cycle and support partners to implement the activities. During monitoring visits, DG ECHO shared observations and recommendations with partners to ensure that activities reached a certain level of quality, effectiveness, and efficiency (see EQ8).

- **Active coordination** (see EQ4): while the extent to which coordination was successful varied across the region, the evaluation found that DG ECHO played a key role in humanitarian coordination at field level, by creating synergies, working towards a multi-sectoral approach, and avoiding duplication.
- **Encouraging RRM**: the RRM was utilised as the main tool to respond to population displacements and operationalise the integrated multi-sectoral response in Central Sahel. The case study³²⁹ confirmed that the RRM enabled partners to effectively access and respond to the needs of displaced populations in the first phase of displacement (i.e. three months).
- **Flexibility**: stakeholders, particularly the framework partners, reported increased flexibility in DG ECHO's ways of working, stating that it became more open to discussion and innovations over time. The continuous revision of the HIP demonstrated its ability to adapt the strategy to reflect the evolving situation and needs. The possibility to submit modification requests and activate the crisis modifiers also contributed to DG ECHO's flexibility.
- **Field officers**: KIIs and case studies pointed to the important role of the field officers in the successful implementation of DG ECHO-funded actions and the achievement of DG ECHO objectives in each country.

However, most funded actions encountered obstacles and challenges during the implementation of activities (JC 6.1)³³⁰. In Nigeria, Burkina Faso and Mali, the majority of actions faced issues related to security and access as a result of conflict and rapidly deteriorating situations (see Section 2). In 2020, OCHA³³¹ reported that the increasingly militarised and politicised response in the Sahel constituted a major risk to humanitarian action, systematically hindering the principles of neutrality, independence, impartiality, and humanity. In Niger and Mauritania, challenges and obstacles to the implementation of actions largely related to the COVID-19 emergency and logistical issues (e.g. availability/condition of structures, materials). Mauritania was the only Sahel country where security and access were not perceived as issues, as the Mauritanian authorities successfully prevented the heightened violent extremism experienced in the neighbouring countries and remained in full control of its territory, facilitating DG ECHO's work³³². The most significant and commonly reported challenges to the successful implementation of the actions in the Sahel region included:

- **Security and access** [all countries except Mauritania]: the Sahel region was marked by growing insecurity resulting from conflict, which negatively impacted the safety of humanitarian actors, communities and community access to basic services, and framework partner access to beneficiaries. As of 2018, some activities were stopped or put on hold temporarily. The rainy season and natural disasters also affected access (see case study in Annex 4).
- **COVID-19** [all countries]: as a result of COVID-19, some administrative restrictions were put in place (e.g. curfew in Burkina Faso) and severe delays were experienced in the supply chain. It also led to the closure of schools and heightened the general fear about using health/nutrition services, increasing the rate of dropout.
- **Transport** [all countries except Mauritania]: the region is characterised by poor roads. With the expansion of the conflict, roads were no longer an option and alternative had to be sought (e.g. UNHAS, boat).
- **Infrastructures** [all countries except Mauritania]: partners could no longer rely on existing infrastructure (e.g. schools, health centres) and had to build their own capacity, requiring a change of mindset, operations, human resources, and logistics.
- **Staff** [all countries]: several partners reported difficulties and delays in recruiting staff due to a general shortage of qualified and experienced workers. High turnover was also reported.

³²⁹ Case study on multi-sectoral response.

³³⁰ Project mapping: 92% (50 projects).

³³¹ UNOCHA, *Humanitarian Programme Cycle 2018: Overview of humanitarian needs and requirements – Sahel crisis*.

³³² Scoping interviews.

- **Capacity of framework and implementing partners** [all countries]: partners lacked capacity in some sectors (e.g. protection, WASH), there was a lack of senior expertise and management at field level, and some partners experienced difficulties in adjusting to the evolution of the context (from resilience-building to emergency response), particularly in Burkina Faso and Niger. This negatively impacted the quality of the assistance provided.
- **Supply chain** [Mali, Burkina Faso, Nigeria]: there were procurement delays and a shortage of medicines and feeding supply due to COVID-19 and to the lack of access.
- **Multiple cycles of displacement** [all countries except Mauritania]: many IDPs experienced multiple cycles of displacement and partners had difficulties in tracing beneficiaries.
- **Funding and timeliness** [all countries]: funding was not sufficient to cover the needs, several partners reported they had to scale-down their activities or narrow the types of services provided. Delays were reported between the signature of the contract and disbursement, preventing the timely start of the action.
- **Coordination** [Niger, Burkina Faso]: the extent to which coordination worked varied. In Niger and Burkina Faso, the absence of strong and functioning humanitarian coordination reportedly affected joint responses and potential synergies and led to gaps in response.
- **Other factors** reported by some framework partners included: the limited duration of the actions, the impact of climate change (increasing numbers of natural disasters), the lack of reliable data for targeting and monitoring (e.g. for nutrition partners relying on government data), culture and religion (e.g. difficulties implementing lesbian, gay, bisexual and transgender (LGBT) activities in Mali), government restrictions (e.g. visa, kind and amount of supply that can be transported in Nigeria, absence of negotiation with armed groups in Burkina Faso and Nigeria) and pressure (e.g. use of military escorts in Nigeria and Mauritania).

These challenges negatively impacted the extent to which the interventions achieved their planned outputs and outcomes (see JC 6.2).

Framework partners implemented several mitigation measures which supported the implementation of the activities (JC6.1) but were not always sufficient in yielding expected results and outcomes (see JC6.2 and 6.3) as most of the challenges were linked to external factors (chiefly access, security and COVID-19). For instance, of the 45 closed actions mapped and analysed, 27 (62%) only partially achieved their expected results, despite the mitigation measures implemented. The case study on humanitarian access found that, overall, DG ECHO and framework partners managed to overcome the constraints affecting humanitarian access in Mali and Burkina Faso between 2016 and 2020, and that the access strategies and approaches put in place were relatively successful.

Table 33. Examples of mitigation measures applied by DG ECHO partners in the Sahel countries

Obstacle/ challenge	Mitigation measure	Countries
Security	<ul style="list-style-type: none"> • Pre-positioning of contingency supplies of jet fuel to ensure that humanitarian air services would not be interrupted • Reducing movement of humanitarian staff, including establishment of teleworking • Updating security plans, protocols and security checks • Supporting vendors to obtain military clearance to join military escorts 	<ul style="list-style-type: none"> • Nigeria • Burkina Faso • Mali • Niger

Obstacle/ challenge	Mitigation measure	Countries
	<ul style="list-style-type: none"> Updating preparedness measures and strengthening capacity for contextual analysis in order to better anticipate a change in security context Using INSO to gain real-time information Using planes and helicopters to avoid roads Relocating project activities 	
Access	<ul style="list-style-type: none"> Recruiting an access focal point Recruiting local staff and service providers Deploying local staff and volunteers to ensure presence on the ground Working with local NGOs Engaging with national and international military forces and the government Advocating towards authorities and communities Negotiating access through community leaders (Mali only) Using community-based approaches Using planes and helicopters 	<ul style="list-style-type: none"> Nigeria Mali Burkina Faso Niger
COVID-19 emergency	<ul style="list-style-type: none"> Increasing the number of distribution sites to avoid large gatherings; staggering distribution cycles Sensitisation of target population, including through community engagement and dissemination of messages via radio broadcasts Modifying the layout of food distribution sites to enable quick and efficient distribution of food and non-food items Reducing movement of humanitarian staff, including establishment of teleworking Strengthening hygiene measures and limiting contact within communities and health structures Establishing epidemiological surveillance systems 	<ul style="list-style-type: none"> Nigeria Niger Burkina Faso Mali Mauritania
Logistics and infrastructure	<ul style="list-style-type: none"> Using UNHAS/ECHO flights Using boats Creating parallel structures (e.g. schools, healthcare) Conducting feasibility studies 	<ul style="list-style-type: none"> Mali Niger Burkina Faso Nigeria
Staff	<ul style="list-style-type: none"> Recruiting and training staff members to counter staff turnover Deploying large teams to newly accessible areas 	<ul style="list-style-type: none"> Nigeria
Capacity of partners	<ul style="list-style-type: none"> Regular training Participating in thematic working groups Providing technical support (data analysis, reporting, protection) Creating new structures 	<ul style="list-style-type: none"> Mali Burkina Faso Niger

Obstacle/ challenge	Mitigation measure	Countries
	<ul style="list-style-type: none"> Strengthening collaboration and information exchange with other actors Increasing participation in humanitarian coordination 	
IDP movement	<ul style="list-style-type: none"> Positioning staff in strategic locations to monitor displacement Creating committees to list IDPs Distributing cards to displaced households with unique identification numbers 	<ul style="list-style-type: none"> Nigeria Burkina Faso Mali
Supply chain	<ul style="list-style-type: none"> Borrowing medicines from other suppliers (e.g. NGOs) to overcome delays with supply issues Local supply when possible Pre-positioning of stock 	<ul style="list-style-type: none"> Mali Burkina Faso
Funding and timeliness	<ul style="list-style-type: none"> Using technology to collect real-time data Developing agreements with suppliers to ensure that supplies arrive on time Using other sources of funding to complement activities 	<ul style="list-style-type: none"> Mauritania Niger
Coordination	<ul style="list-style-type: none"> Recruiting staff focusing on improving coordination Increasing participation in clusters 	<ul style="list-style-type: none"> Mali

Source: Project mapping (50 actions), case studies, KIs.

EQ7. To what extent did DG ECHO's actions contribute to building resilience among the targeted populations? What could be further done (enabling factors, tools, mechanisms, change in strategy, etc.) to strengthen links to interventions of development actors? (Link with EQ4)

Table 34. EQ7: Key conclusions

Judgement criteria	S	Key conclusions
<p>JC 7.1. DG ECHO-funded actions achieved concrete results in building resilience among the target populations</p> <p>JC 7.4 DG ECHO has struck the right balance between resilience-building and emergency response in different country contexts to DG ECHO-funded actions (e.g. improved resilience, lives saved)</p>		<ul style="list-style-type: none"> Throughout the evaluation period, DG ECHO encouraged framework partners active in the region to aim to strengthen the resilience of communities to the extent possible and support the foundations for recovery processes Most of the actions implemented included measures to build local capacity (beneficiaries and local institutions) and to support long-term strategies to reduce humanitarian needs, underlying vulnerability and risks With increasing armed conflict and related insecurity in the Sahel (particularly in Central Sahel and Nigeria), DG ECHO shifted its focus to responding to emergency needs, scaling-down the scope and funding of resilience programmes and encouraging partners to prioritise lifesaving activities over resilience Despite the stronger focus on emergency lifesaving actions, the capacity of national and local structures was supported by DG ECHO-funded projects,

		particularly in the field of nutrition, health, food assistance and livelihoods, WASH and education.
JC 7.2. Where feasible, partners have sought to establish links with development actors		<ul style="list-style-type: none"> • See JC 4.1 and JC 4.3
JC 7.3 DG ECHO has proactively coordinated its efforts with development actors		<ul style="list-style-type: none"> • Over the evaluation period, DG ECHO and its framework partners sought to coordinate their responses with relevant development actors, particularly through the promotion of coordination and collaboration with other Commission services (e.g. DG INTPA, EEAS)

Across the evaluation period, DG ECHO, within the remit of its humanitarian mandate, funded actions which, amongst other objectives, aimed to support resilience building, early recovery and self-reliance of conflict and shock affected populations. In the 2016-2020 HIPs, DG ECHO encouraged framework partners implementing interventions in all sectors to aim to strengthen the resilience of communities to the extent possible and support the foundations for recovery processes (JC 7.1)³³³. Over half of the framework partners surveyed (54%) agreed or somewhat agreed that DG ECHO's advocacy efforts fully explored opportunities for building resilience and mainstreaming DRR³³⁴. However, around one-third (34%) considered that DG ECHO could have done more to advocate for opportunities for building resilience and mainstreaming DRR.

As outlined in the EU Resilience Compendium and in the DG ECHO Resilience Marker guidelines, funded actions should develop and strengthen national/local capacity to respond or adapt to identified risks, by including training or asset components that help communities, national/local institutions and other local relevant actors (e.g. civil society, private sectors) to respond and/or adapt in a timely and effective way to hazards and threats (e.g. strengthen the capacity of local institutions and communities; use cash-for-work for protective structures; support a multi-sectoral analysis of needs and response). Those activities should be geared towards establishing legal provisions, protocols and resources that support response operations (e.g. establish arrangements, protocols and/or operating procedures and/or implement anticipatory or early actions; strengthen shock-responsive social protection systems; contribute to sector contingency plans; develop contingency plans; strengthen early warning systems (EWS), etc.)³³⁵.

The analysis of the Resilience Marker for the entire portfolio of funded actions across the evaluation period shows that **a large majority of actions (326 of 427 actions analysed) included measures to build local capacity** (beneficiaries and local institutions), with over half (57%) aiming to support long-term strategies to reduce humanitarian needs, underlying vulnerability and risks³³⁶. Table 35 presents the analysis of resilience marks attributed by DG ECHO, showing that funded actions in the Sahel region collectively received final marks between 1.42 (DG ECHO field experts' marks) and 1.49 (DG ECHO desk officers' marks), with the lowest average resilience mark attributed to actions implemented in Nigeria (1.15) and the highest to multi-country actions (1.75).

Table 35. Analysis of Resilience Markers, by country

	Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi-country	Total
Initial	1.98	1.87	1.94	1.76	2.00	1.82	1.86

³³³ HIPs 2016, 2017, 2018, 2019, 2020.

³³⁴ Survey of partners (8% agreed, 46% somewhat agreed).

³³⁵ DG ECHO, *Resilience Marker – General Guidelines*, 2022, available at:

https://ec.europa.eu/echo/files/policies/resilience/resilience_marker_guidance_en.pdf; European Commission, *EU Resilience Compendium - Saving lives and livelihoods*, available at:

https://ec.europa.eu/echo/files/policies/resilience/eu_resilience_compendium_en.pdf

³³⁶ ICF, based on HOPE database. N = 427.

		Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi-country	Total
Framework partners' mark	Final	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Field experts' mark	Initial	1.57	1.70	1.82	1.18	1.55	1.15	1.46
	Final	1.38	1.66	1.70	1.23	1.75	1.15	1.42
Desk officers' mark	Initial	1.67	1.68	1.98	1.31	1.73	1.23	1.55
	Final	1.40	1.64	1.76	1.40	1.57	1.25	1.49

Source: ICF, based on HOPE database. N = 427.

Over 60% of survey respondents indicated that DG ECHO-funded actions contributed to building community resilience³³⁷. This confirmed the findings of the project mapping exercise, which showed that of the 50 actions mapped, 30 contributed to enhancing the resilience of local populations and/or national/local authorities in the health sector (six actions), protection (six), education (five), WASH (four), food assistance and livelihoods (four), nutrition (four), shelter and settlements (three) and coordination (one)³³⁸. Nineteen (out of 50) actions analysed included resilience-building activities in response to forced displacement, and, while 13 actions focused on resilience-building activities to food and nutrition crises, only eight (four for food assistance and four for nutrition) showed evidence of those results in their project documentation³³⁹. Some resilience results stood out:

- In **Nigeria**, one action provided training on protection to 218 community-based protection committees and sensitised over 2,600 people through awareness-raising activities and protection information dissemination sessions. In addition, 660 state actors, local authority representatives and humanitarian responders were trained on protection mainstreaming (ECHO/-WF/BUD/2016/91050).
- In **Niger**, through the construction of transitional shelters and mobile emergency latrines on stabilised and subdivided sites, one action strengthened the resilience and the link to the development of the target population, particularly by involving community volunteers in the assembly of shelters and latrines and the purchasing of construction materials locally, which facilitated ownership of beneficiaries and helped to build local capacity (ECHO/-WF/BUD/2018/91023). Through the **RRM** and support for the national response plan to the COVID-19 pandemic, one action contributed to improve the resilience of populations by strengthening national alert and care systems (training health personnel, whistleblowers and community relays) and the mitigation of shocks suffered by populations affected by a crisis (ECHO/-WF/BUD/2019/91066).
- In **Mauritania**, one action provided education to children in crisis, which included a component of peace and hygiene education, contributing to strengthening resilience of future adults (ECHO/-WF/BUD/2017/91016).
- In **Mali**, one action contributed to the resilience of the national education system by reinforcing national education policies, building capacity in the management of schools and centres, and training teachers and facilitators to take charge of children's education, particularly children who are still out of school, including displaced children (ECHO/-

³³⁷ Survey of partners (61%).

³³⁸ Project mapping (50 actions).

³³⁹ Ibid.

WF/BUD/2018/91074). Notably, two actions with RRM components did not show any evidence of long-term resilience effects of the activities implemented.

- In **Burkina Faso**, one action strengthened the technical and material capacities of the local education system, the Association of Parents of Pupils and the Association of Educating Mothers. The coordination with community protection cells, children's clubs and hygiene clubs set up in schools also improved the education system in the longer term (ECHO/CHD/BUD/2016/91008).

However, 40% (20) of the projects mapped did not show any evidence of long-term resilience effects, chiefly concerning actions implemented after 2017. Despite the positive results and high resilience marks, many stakeholders reported that it was possible to strike a balance between emergency and resilience actions between 2016 and 2018, but **after 2018, DG ECHO shifted its focus to responding to emergency needs (see EQ1)³⁴⁰, scaling-down the scope and funding of resilience programmes and encouraging partners to prioritise life-saving activities over resilience,³⁴¹** particularly in light of the conflicts and worsening security situation in Central Sahel and Nigeria (JC 7.4). The framework partners considered that their DG ECHO-funded actions contributed to enhancing resilience only to some extent, due to DG ECHO's primary focus on lifesaving interventions³⁴². This was partially confirmed by the survey data, with just half of the framework partners reporting that DG ECHO applied the right balance between resilience-building and addressing emergency needs³⁴³.

As outlined in EQ 4 (see JC 4.1, JC 4.3), throughout the evaluation period DG ECHO and its framework partners sought to coordinate their responses with relevant development actors, particularly through the promotion of coordination and collaboration with other Commission services (e.g. DG INTPA, EEAS) and other humanitarian and development donors to address the needs of conflict-affected populations (**JC 7.2 and JC 7.3**). For example, in 2016, DG ECHO developed a **Nutrition Transition Strategy** for the Sahel region, which intended to facilitate the handover of some nutrition activities to development actors so as to ensure better use of humanitarian funding and leave more (supported) space for development actors to invest in structural problems³⁴⁴. Figure 47 shows that the Nutrition Transition Strategy foresaw specific ways to create/reinforce links with development interventions in the context of nutrition programmes.

Figure 47. Foreseen links with development actions in the context of nutrition interventions

2017- while preparing for a transition

- **Knowledge management** to better inform development and humanitarian actors about sustainable options and solutions, and to allow good quality advocacy.
- Promoting existing **funding instruments oriented towards the commonly identified objectives** of AGIR while exploring innovative funding streams (external revenues, trust funds, etc.)

From 2018 onwards- during the transition

- **Reinforcing and better structuring the political dialogue with development donors** (and with DG INTPA in particular) at all levels.
- **Strengthening the political dialogue with governments** together with development partners. At regional level, reinforcing DG ECHO presence and interlocution with the Food Crisis Prevention Network (RPCA), the Sahel club, and G5 secretariat to force political dialogues with countries.

Source: ICF, based on desk review.

³⁴⁰ KIIs (six DG ECHO field officers, two regional officers).

³⁴¹ KIIs (one DG ECHO regional officer).

³⁴² KIIs (four partners).

³⁴³ Survey of partners (52%).

³⁴⁴ DG ECHO, Nutrition Strategy in the Sahel, 2017.

5.5 Efficiency

EQ8. To what extent was the size of the budget allocated by DG ECHO to the region and countries appropriate and proportionate to what the actions were set out to achieve?

Table 36. EQ8: Key conclusions

Judgement criteria	S	Key conclusions
<p>JC 8.1. The size of budget allocated for the Sahel and individual countries reflected needs (within the overall DG ECHO funding constraint)</p> <p>JC8.2. In making strategic choices about the funding allocation to the region and individual countries, DG ECHO adequately balanced various considerations (needs, added value, political considerations, objectives, absorption capacity, etc.)</p>		<ul style="list-style-type: none"> The size of the budget allocated for the Sahel and individual countries reflected the needs to some extent, but was not in line with the evolution of those needs over the evaluation period. The needs increased, the funding requirements increased, other donors' contributions increased, but DG ECHO's funding decreased (-30% in absolute terms, -9% in relative terms) DG ECHO justified its budget allocations to the region and individual countries based on various considerations, including the internal budget allocated to the Sahel region overall, the humanitarian context and needs (e.g. presence of new or worsening conflict, unexpected crisis), the presence of other donors and the national and humanitarian response, the (un)availability of framework partners and difficult humanitarian access HIPs were reviewed and adapted on a regular basis to follow the evolution of the situation on the ground and provide additional funding to framework partners when needed. While the approach was based on sound assessment, the breakdown of funding per country lacked clarity and transparency Framework partners were able to revise their budgets to reflect existing needs, cover an increasing number of beneficiaries, and support relevant operation functions through modification requests and crisis modifiers

The size of the budget allocated for the Sahel and individual countries within the region reflected the needs to some extent, but was not in line with the evolution of the needs over the evaluation period (JC 8.1). DG ECHO allocated EUR 850 million to the Sahel region over the period 2016-2020, which represented 3% of its total funding worldwide during that time. A similar share of funding was allocated to the Sahel region based on OCHA data, 3% of the total Global Humanitarian Overview (GHO) funding was required for the Sahel region for 2016-2020³⁴⁵.

An analysis of humanitarian aid flows to the Sahel In 2026-2020 shows that **DG ECHO was the second-largest donor to the Sahel region**, contributing 10% of the total humanitarian aid, while the US contributed 36%³⁴⁶. Funding requirements based on appeal increased by 89% over the evaluation period, coverage of funding requirements by other donors increased over time, from 57% in 2016 to 73% in 2020³⁴⁷, while the relative contribution of DG ECHO to the region dropped significantly, from

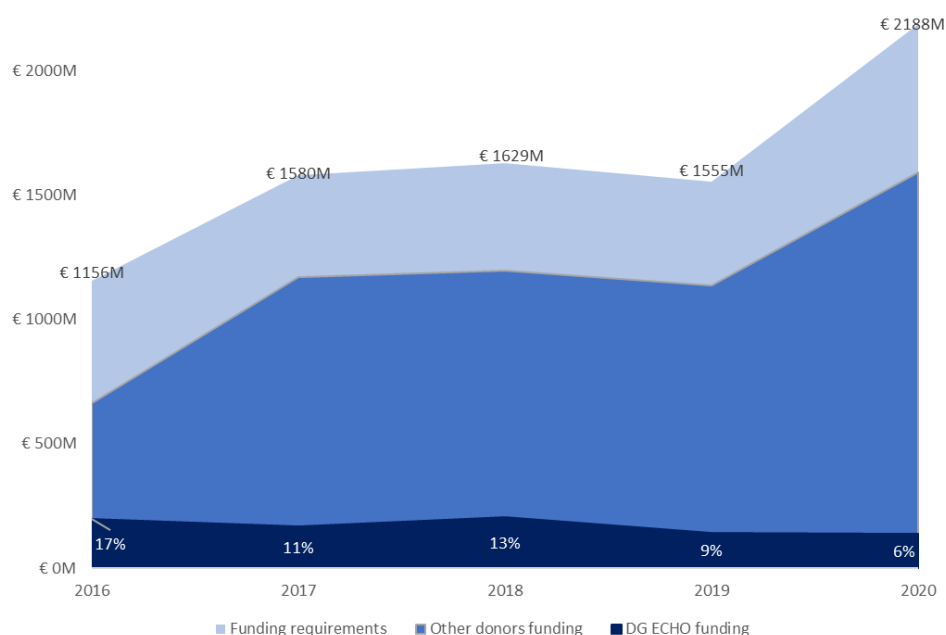
³⁴⁵ ICF, based on UN OCHA FTS, data extracted on 6 September 2022.

³⁴⁶ HOPE database for DG ECHO figures and OCHA FTS data for funding requirements, USD-EUR yearly average exchange rate used.

³⁴⁷ ICF, based on UN OCHA FTS, data extracted on 6 September 2022.

17% in 2016 to 6% in 2020³⁴⁸. In absolute terms, DG ECHO's humanitarian funding to the region decreased by around 30%³⁴⁹, while humanitarian aid from other donors to the Sahel increased by 139% during that same time (see Figure 489)³⁵⁰.

Figure 48. Humanitarian aid to Sahel, 2016-2020



Source: ICF, based on HOPE database and OCHA FTS data extracted on 23 September 2022 for funding requirements and other donors' figures, USD-EUR yearly average exchange rate used.

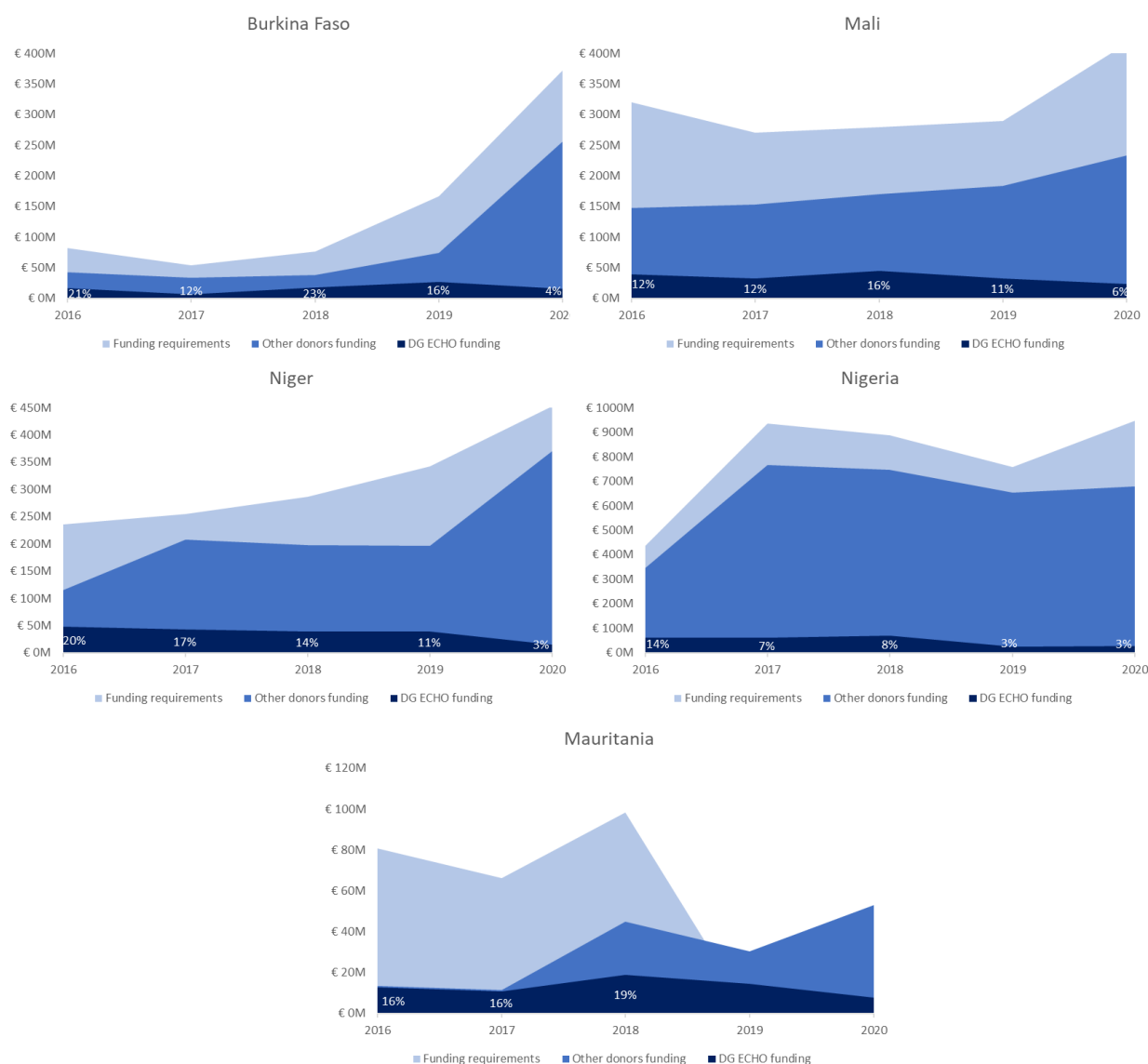
The countries most affected by crises (Nigeria, Mali, Niger) received the most funding from DG ECHO. Nigeria received the highest funding allocation (EUR 248 million), although this dropped in 2019 and again in 2020. Niger received EUR 184 million over the evaluation period, followed by Mali, at EUR 173 million. Burkina Faso and Mauritania received EUR 83 million and EUR 64 million, respectively. Figure 4950 shows that, to 2019, compared to global total aid to the Sahel, DG ECHO maintained or slightly decreased its relative contribution to three of the countries (Burkina Faso, Mali, Mauritania), but significantly reduced it for Nigeria and to some extent Niger. In 2020, as the contributions by other donors to Burkina Faso, Mali, Mauritania and Niger increased, DG ECHO's relative contributions dropped substantially.

³⁴⁸ ICF, based on HOPE/EVA databases.

³⁴⁹ Ibid.

³⁵⁰ ICF, based on UN OCHA FTS, data extracted on 6 September 2022.

Figure 49. Humanitarian aid requirement, by country, other donors' contributions and DG ECHO funding, 2016-2020



Source: ICF, based on HOPE database for DG ECHO figures and OCHA FTS data for funding requirements and other donors' figures, USD-EUR yearly average exchange rate used. % represents share of DG ECHO funding compared to total requirement.

In terms of sectoral allocations, DG ECHO funding was in line with the needs identified in the HIPs and with the country HRPs. A review of the relevant HIPs covering the Sahel shows that the most acute needs identified in the HIPs (see Annex 7) largely corresponded to the needs described in relevance (EQ1), as well as with the share of funding allocated per sector, with FSL, nutrition and health receiving most funding. When comparing the allocation of OCHA funding requirements per sector with DG ECHO allocation of funding, DG ECHO's allocation was, overall, in line with the HRP, with some variations by country, most notably in Mali (see Table 37)³⁵¹. This was confirmed in the KIIs, and 82% of framework partners surveyed agreed (41%) or somewhat agreed (41%) that DG ECHO aligned its support with the HRP developed in the country.

The discrepancies between DG ECHO allocation and the HRP are evident in several sectors. Table 37 highlights discrepancies higher than 5% in green (when DG ECHO's share of funding is higher than

³⁵¹ Analysis based on a comparison of the share of funding required in each sector based on OCHA FTS compared to the share of funding allocated to each sector based on HOPE data. Only sectors common to both databases were considered.

OCHA) and red (when DG ECHO share of funding is lower than OCHA). In Mali, the share of DG ECHO funding allocated to health and nutrition was substantially higher than in the HRP, while the share allocated to protection, WASH, protection and FSL was lower. In Niger, the share of funding allocated to nutrition was substantially higher until 2018, while the share of funding allocated to FSL was lower. In Burkina Faso and Nigeria, the allocation of DG ECHO funding corresponded closely to the HRP. The case study confirmed that DG ECHO's shift to a multi-sectoral approach to respond to population displacements was undertaken without any additional funding being made available, with the share of funding to FSL and nutrition decreasing over time to operationalise that multi-sectoral approach. DG ECHO's funding allocations consider other donors' funding (e.g. United States Agency for International Development (USAID), EUD) when selecting funded actions, in order to fill gaps in responses, explaining why the allocation was higher/lower for some sectors.

Table 37. Comparison of DG ECHO and HRP sectoral allocations

	Mali		Burkina Faso		Niger		Nigeria	
	HRP	DG ECHO	HRP	DG ECHO	HRP	DG ECHO	HRP	DG ECHO
EiE	10%	4%	4%	3%	3%	1%	5%	2%
Coordination and support to operations	4%	7%	10%	4%	5%	5%	7%	12%
DRR/disaster preparedness	3%	11%	2%	7%	3%	3%	6%	1%
Protection	13%	1%	4%	4%	5%	5%	9%	10%
WASH	10%	0%	9%	5%	9%	6%	7%	10%
Health	5%	27%	6%	8%	7%	6%	11%	7%
Shelter and settlements	3%	0%	4%	7%	7%	11%	7%	8%
Nutrition	16%	21%	20%	21%	18%	28%	10%	8%
FSL	38%	28%	41%	41%	44%	36%	37%	43%

Source: HOPE database & OCHA FTS data.

Overall, while a majority of framework partners (67%) found that the size of the budget allocated by DG ECHO was appropriate and proportionate to what the action(s) intended to achieve³⁵², feedback from stakeholder consultations³⁵³ highlighted that **the budget was not proportionate to the needs**, which were immense and increased substantially from 2018. DG ECHO explained that its overall budget constraints required the application of a very strict process to identify the most urgent needs and where it could add the greatest value³⁵⁴. The framework partners reported that the original budgets indicated in their proposals often had to be reduced, leading to a reduction of the number of beneficiaries covered and prioritisation of the activities implemented³⁵⁵. The case study also raised concerns about the lack of funding and additional funding to operationalise the integrated multi-sectoral approach taken by DG ECHO, which led to funding thinly spread across sectors and only partial coverage of people and needs³⁵⁶.

³⁵² Survey of partners, N=93.

³⁵³ KIIs (DG ECHO staff and partners).

³⁵⁴ KIIs (DG ECHO staff).

³⁵⁵ KIIs (partners).

³⁵⁶ Case study on multi-sectoral response.

Although it was acknowledged that DG ECHO alone could not cover all the needs, and that other donors helped to meet the demand for funding set out in the HRPs, the reduction in DG ECHO funding in the Sahel over time led to important needs remaining unaddressed.

DG ECHO justified the budget allocations to the region and individual countries based on various considerations (JC 8.2), including the overall internal budget available to the Sahel region, the humanitarian context and needs (e.g. presence of new or worsening conflicts, unexpected crises), the presence of other donors (through mapping) and the national and humanitarian response (e.g. through the INFORM index), the (un)availability of framework partners, and difficult humanitarian access³⁵⁷. HIPs were regularly reviewed and adapted in line with the evolution of the situation on the ground and provided additional support to framework partners when needed (see Table 38). 47% of framework partners surveyed agreed and 43% somewhat agreed that DG ECHO's response was well adapted to the priority needs³⁵⁸. However, some reported that the allocation of funding by country lacked clarity. The IAF was reported as a tool to identify needs but presented limitations, for instance it did not allow for a proper allocation of funding based on specific criteria/ranking system (see EQ1).

Table 38. Examples of how different considerations were taken into account in the budget allocation

Country	Consideration	Examples
Sahel Region	<ul style="list-style-type: none"> Political consideration Availability of internal budget Difficult humanitarian access Presence of other donors in the area New/worsening conflict Identified needs 	<ul style="list-style-type: none"> In 2016, following the political orientation provided by Commissioner Stylianides to scale-up DG ECHO's financial support to EiE to reach the global target of 4% and the additional contribution of EUR 26 million granted by the budgetary authorities, EUR 350,000 was added to the 2016 HIP from the operational reserve In 2017, an additional GBP 11 million was allocated to DG ECHO by the UK's Department for International Development (DFID). Of this, EUR 7.3 million was added by DG ECHO to the West Africa HIP to further support actions addressing uncovered needs stemming from the Lake Chad crisis in Niger and from nutrition insecurity in Mauritania, Mali, Niger, and at regional level In 2017, the multiplication of armed groups and the volatile security situation in Northern Mali and in the Lake Chad region, as well as the overall limited knowledge and respect of IHL, had a negative impact on the deployment of humanitarian actors and access to the population in conflict-affected areas In 2017, 2018 and 2019, the World Bank increased its commitments to the poorest people in the region by supporting the set-up of institutionalised social safety nets The 2018 HIP accounted for the fact that partners' capacity tends to be challenged in conflict settings. Accordingly, DG ECHO supported a considerable number of partners with the capacity to respond to sudden-onset forced displacement and food and nutrition crises. Partners' capacity in addressing containment of epidemics, flood response and natural disaster preparedness remained generally limited

³⁵⁷ 13 KIIs (DG ECHO staff and partners); case studies; analysis of HIPs.

³⁵⁸ Survey of partners, N=93.

Country	Consideration	Examples
		<ul style="list-style-type: none"> In 2019, there was a modification of the breakdown and internal allocation per country and per action. EUR 1 million was transferred from the Mali allocation for DRR and disaster preparedness to the allocation for Nigeria In 2020, DG ECHO allocated an initial amount of EUR 60 million to humanitarian interventions in West Africa, taking into account that (i) West African countries covered by this HIP are among the poorest in the world; (ii) the Sahel is projected to face temperature increases 1.5 times higher than the global average; (iii) the region is affected by major humanitarian crises such as the Sahel food and nutrition crisis and the armed conflicts in Mali and neighbouring countries. The 2020 HIP estimated that approximately 8.3 million people were in immediate need of humanitarian assistance in Burkina Faso, Mali, Mauritania and Niger
Multi-country	<ul style="list-style-type: none"> Availability of internal budget Changing objectives New/worsening conflict Unexpected crisis Identified needs 	<ul style="list-style-type: none"> 2016 saw a deterioration in the food and nutrition situation and EUR 9.5 million was allocated from the Operational Reserve to provide emergency food assistance and nutrition in Burkina Faso, Niger, Mali and Mauritania In 2016, in the countries affected by Boko Haram, an updated assessment of needs of population revealed additional emergency situations, EUR 10.5 million was added to the HIP to reinforce the humanitarian response in Nigeria and Niger In 2017, unspent externally assigned revenue was reallocated to meet new emergency needs in Burkina Faso and Mali In 2017, the crisis in Northeast Nigeria and its spill-over into neighbouring Niger led to an allocation of EUR 42 million from the Emergency Aid Reserve to step-up the humanitarian response in Nigeria (EUR 32 million) and Niger (EUR 10 million) In 2018, EUR 12 million was added to the HIP to scale-up the response to the acute food and nutrition needs for the most vulnerable populations affected by the agro-pastoral crisis in Mali and Burkina Faso In 2019, EUR 13 million was added to the HIP to address the deteriorating humanitarian situation in Burkina Faso, Mali and Niger
Burkina Faso	<ul style="list-style-type: none"> Changing objectives Unexpected crisis Identified needs 	<ul style="list-style-type: none"> In 2017, important funding gaps were identified in assistance (particularly food assistance) to Malian refugees in Burkina Faso and EUR 700,000 was allocated to the HIPs In 2020, to tackle the unexpected COVID-19 pandemic, EUR 14.5 million from the Emergency Aid Reserve was allocated to Burkina Faso
Niger	<ul style="list-style-type: none"> Availability of internal budget 	<ul style="list-style-type: none"> In 2017, Niger had an estimated total population of 19 million, 5.1 million (27%) of whom were directly affected by crisis, with a further 17 million (89.8%) indirectly affected.

Country	Consideration	Examples
	<ul style="list-style-type: none"> New/worsening conflict Unexpected crisis 	<p>The country's humanitarian outlook indicated that the situation was deteriorating, particularly in areas affected by Boko Haram violence. Accordingly, DG ECHO allocated a total amount of EUR 42 million, of which EUR 25 million addressed human-induced crisis and EUR 16.8 million addressed natural hazards</p> <ul style="list-style-type: none"> In 2018, a cholera outbreak in three regions in Niger led the Commission to reallocate EUR 174,635.17 from de-committed funds from the External Assigned Revenues from the DFID In 2018, the agro-pastoral crisis led to a shift of EUR 750,000 from the Natural Disaster specific objective to the Man-made Disaster specific objective
Nigeria	<ul style="list-style-type: none"> New/worsening conflict Identified needs 	<ul style="list-style-type: none"> EUR 10 million was allocated to scale-up the delivery of extra food and livelihood assistance in Northeast Nigeria to deal with the significant humanitarian consequences of the continuous attacks from Boko Haram in the region In 2019, 7.7 million people were affected by several crises, such as the Lake Chad crisis, food and nutrition crisis, inter-communal violence in the Middle Belt, Cameroonian refugees, natural hazards and epidemics. To address the needs of this population, DG ECHO initially allocated EUR 28 million
Mali	<ul style="list-style-type: none"> Availability of internal budget Presence of other donors in the area New/worsening conflict Unexpected crisis 	<ul style="list-style-type: none"> In 2017, Mali was identified as a forgotten humanitarian crisis, with its population facing increasing humanitarian needs while international support was decreasing. An additional EUR 1.8 million was allocated to address the increasing needs In 2017, due to the spreading insecurity caused by the presence of jihadist groups, EUR 2.3 million was reallocated from the Natural Disaster specific objective to the Man-made disaster specific objective In 2018, 3.7 million people (21% of the population) were directly affected by the crisis, while a further 13.4 million people (76.1%) were indirectly affected. DG ECHO allocated EUR 41.35 million to Mali, of which EUR 39.5 million went to the Human-induced Crisis specific objective, EUR 850,000 went to Natural Hazards, and EUR 1 million to Disaster Preparedness In 2020, to tackle the unexpected COVID-19 pandemic, EUR 1.3 million was allocated to Mali from the Emergency Aid Reserve
Mauritania	<ul style="list-style-type: none"> Availability of internal budget Identified needs 	<ul style="list-style-type: none"> In 2017, an important funding gap was identified in adequate delivery of food assistance. Additional funding of EUR 1 million was allocated

Country	Consideration	Examples
		<ul style="list-style-type: none"> In 2019, Mauritania was affected by a food and nutrition crisis, the Mali regional crisis, natural hazards, and epidemics. A total of 538,400 people were in need of food assistance, 68,000 children under five years of age suffered from SAM, and the country hosted 56,600 Malian refugees in the M'Bera camp. DG ECHO allocated an initial amount of EUR 11.15 million

At project level, framework partners were able to revise their budgets and adapt their interventions to reflect evolving needs, cover an increasing number of beneficiaries, and support relevant operations functions through top-ups, modification requests and crisis modifiers. Of the 50 actions reviewed³⁵⁹, 36 had a modification request submitted and approved. Of those, 23 actions included a modification of the budget due to external factors, such as unexpected crises (e.g. COVID-19) or the deterioration of existing crises (e.g. intensification of conflict) resulting in shifting needs and an increase of people in need of humanitarian assistance. However, the framework partners³⁶⁰ reported that modification requests were burdensome and time-consuming, while the crisis modifiers only allowed for limited changes, which had to be anticipated at proposal stage (see case study on Multi-sector Approach in Annex 4).

EQ9. To what extent did DG ECHO achieve cost-effectiveness in its Sahel response? What factors affected the cost-effectiveness of the response and to what extent?

Table 39. EQ9: Key conclusions

Judgement criteria	S	Key conclusions
JC 9.1. Actions funded by DG ECHO in the Sahel were cost-effective		<ul style="list-style-type: none"> The actions funded by DG ECHO in the Sahel appeared to be cost-effective overall, based on the analysis of the cost per beneficiary, alpha ratio, and initial versus final action costs. However, the available data did not allow a full assessment of efficiency Projects using cash were more efficient but it was not possible to use cash widely in the region as it was not adapted to the context (except in Mauritania)
JC 9.2. DG ECHO and framework partners took appropriate measures to ensure efficiency across the project cycle		<ul style="list-style-type: none"> DG ECHO encouraged approaches promoting cost-effectiveness and timeliness (integrated approaches, early warning systems, cash, RRM) Efficiency and cost-effectiveness of the interventions were systematically assessed by DG ECHO when selecting interventions and throughout the project cycle Framework partners took measures to ensure efficiency and timeliness in the design of the actions, but the most cost-effective approaches (e.g. cash) were not always selected for funding, as they were not

³⁵⁹ Project mapping (50 projects).

³⁶⁰ KIIs; case study on multi-sectoral response.

		necessarily adapted to the reality on the ground and could not always be implemented
JC 9.3. Factors impeding efficiency were appropriately addressed in a timely manner		<ul style="list-style-type: none"> • DG ECHO-funded actions encountered various obstacles with potential consequences for cost-effectiveness. The main constraints were the shrinking humanitarian space, growing insecurity, and COVID-19 (which had the greatest effect on cost-effectiveness) • Framework partners implemented mitigation measures to address obstacles appropriately and in a timely manner
JC 9.4 Timeliness of DG ECHO response		<ul style="list-style-type: none"> • DG ECHO encouraged approaches promoting timeliness (strengthening coordination, improving EWS, with a better link between adequate information and response mechanisms, promoting initiatives to improve access, needs assessment and response capacity) • Framework partners took measures to ensure timeliness in the design of the actions (local procurement, pre-positioning of stocks) • Framework partners were able to implement mitigation measures to address obstacles appropriately and in a timely manner • Use of the RRM to provide timely assistance to displaced populations

DG ECHO encouraged approaches promoting cost-effectiveness and timeliness (JC 9.2 and JC 9.4).

The analysis of the HIPs and TAs highlighted the importance of ensuring cost-effectiveness, stressing that 'All interventions should systematically take into account aspects of cost-effectiveness, efficiency, quality and innovation'³⁶¹. DG ECHO promoted integrated approaches, with the aim of maximising the impact, synergies and cost-effectiveness of the responses. It also required an analysis of the most adequate modality for transfer of resources, and encouraged the use of cash where feasible to optimise cost-effectiveness. Coordination with other actors was promoted, so as to improve cost-effectiveness (e.g. through harmonisation of tools and approaches). 87% of the framework partners surveyed agreed (59%) or somewhat agreed (28%) that DG ECHO encouraged their organisation to be more efficient³⁶².

DG ECHO's strategy, as described in the West Africa HIPs, referred to timeliness and approaches to ensure timeliness in the response to new emergencies, such as strengthening coordination, improving EWS (better link between adequate information and response mechanisms, with the ultimate goal of reducing the response time), and promoting initiatives to improve access, needs assessment and response capacity.

The use of RRM was encouraged, with particular emphasis on the need to improve both the cost-effectiveness and timeliness of the response. The HIP specified that, 'In an acute humanitarian crisis, priority will be given to the most effective responses in terms of efficiency and response time'³⁶³. The

³⁶¹ West Africa HIP 2017.

³⁶² Survey of partners, N=93.

³⁶³ West Africa HIP 2020.

case study found that DG ECHO support in Central Sahel, through the use of RRM, was adequate and timely³⁶⁴.

The efficiency and cost-effectiveness of the interventions were systematically assessed by DG ECHO when selecting interventions and throughout the project cycle (JC 9.2).

Cost-effectiveness/efficiency was one of the six criteria³⁶⁵ used by DG ECHO to assess proposals. The main cost-effectiveness considerations included cost per beneficiary, total cost to transfer ratio (TCTR), modalities of service delivery, potential synergies across actors, and selection of experienced partners with large capacity and proven ability to adapt³⁶⁶. Feedback from DG ECHO staff and framework partners confirmed the extensive work at proposal stage to assess cost-effectiveness³⁶⁷. However, there DG ECHO staff appeared to place varying importance on cost-effectiveness and its assessment. One DG ECHO staff member explained that although it had developed a methodology to assess cost-effectiveness, field officers lacked the necessary guidance and tools for appraisal (e.g. benchmark per sector and type of interventions).

Budget execution was monitored on an ongoing basis, with reporting at interim and final stages. In 76% of actions reviewed (38 of 50), there was documented evidence of DG ECHO considering economy, efficiency and/or cost-effectiveness when monitoring actions. This was confirmed through the KIIs³⁶⁸. For instance, in the context of an action implemented in 2018 in Nigeria, DG ECHO recommended that one of the partners reassess the scheduled interventions to better integrate the existing structures and propose more cost-efficient or cost-effective solutions. Similarly, in a monitoring visit to a 2019 action implemented in Niger, DG ECHO stressed that the intervention should strengthen the relationship between the resources and the activities to improve the cost-effectiveness ratio. In 10 of the 50 actions reviewed, a risk of underspending was identified during the interim phase, while a high level of expenditure at interim stage was reported in only one action³⁶⁹. For instance, the financial monitoring at interim stage of one of the 2019 activities in Burkina Faso noted a delay in the absorption of the budget due to the difficulties in accessing certain areas. Nevertheless, at final stage, 98% of the committed budget was used. By contrast, in a 2019 activity implemented in Nigeria, DG ECHO monitoring revealed that the underspending of funding was linked to long delays in recruiting the necessary personnel³⁷⁰.

Framework partners took measures to ensure efficiency and timeliness in the design of the actions, but the most cost-effective approaches were not always selected as they were not necessarily adapted to the reality on the ground (JC 9.2 and JC 9.5).

In 28 actions analysed³⁷¹, there was evidence that the framework partners considered costs and timeliness when designing the actions. This was confirmed through the KIIs. DG ECHO highlighted disparities across the partners in terms of efficiency, with some proposals having to be revised or rejected as they were not sufficiently cost-effective. Considerations of cost-effectiveness by framework partners included:

- Cost-effectiveness analysis of actions;
- Analysis of the most appropriate modality and use of cash, where feasible;
- Local procurement of food and materials;
- Pre-positioning of stocks and human resources (e.g. volunteers);
- Types of material used;
- Coordination with other actors and synergies with other framework partners;

³⁶⁴ Case study on humanitarian access.

³⁶⁵ Other criteria were: relevance; capacity and expertise; methodology and expertise; coordination and post-intervention elements; other aspects.

³⁶⁶ KIIs (DG ECHO staff); project mapping (50 projects).

³⁶⁷ KIIs (DG ECHO staff).

³⁶⁸ KIIs (DG ECHO staff, partners).

³⁶⁹ Project mapping (50 projects).

³⁷⁰ Project mapping (50 projects).

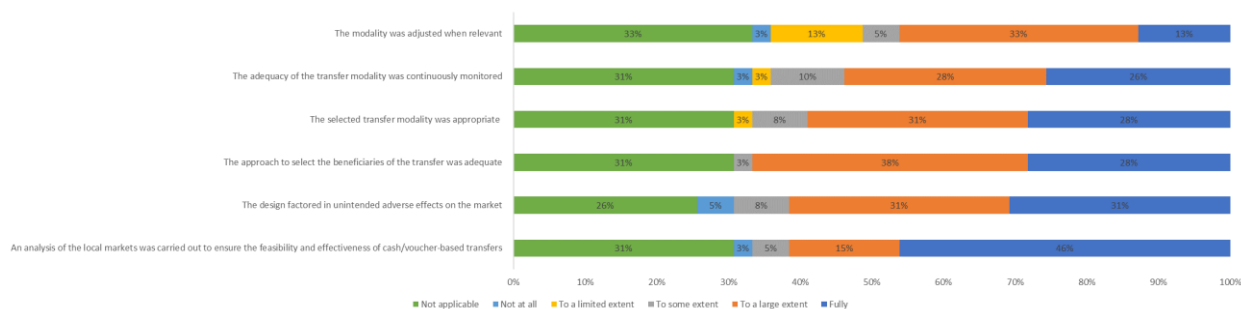
³⁷¹ Project mapping (50 projects).

- Use of community-based approach (e.g. MUAC screening);
- Use of technology (e.g. e-vouchers);
- Use of existing infrastructure (e.g. health centre) where feasible;
- Harmonisation of data collection and monitoring tools at regional level;
- Increasing the number of beneficiaries.

Feedback from the framework partners and DG ECHO pointed out that sometimes they did not choose the most cost-effective approach, as priority was given instead to ensuring the most timely response, to achieving a certain level of quality of the support provided, or to fully adapt a response to the specificities of the context.³⁷² **Cost-effectiveness was also negatively impacted by increased insecurity and lack of access, which led to additional implementation costs** (see JC 9.3).

With regard to the choice of modalities, the online survey responses emphasised that most framework partners conducted an analysis of modalities and local markets, factored in unintended adverse effects on the market, and that the transfer modality was continuously monitored and adapted when appropriate (Figure 50). In addition, most of the framework partners (80%) stated that they had used cash as a transfer modality. Half of the framework partners had also used in-kind assistance and/or vouchers. MPCT were used as a transfer modality in DG ECHO funded actions by 15% of the framework partners who responded to the survey.

Figure 50. Framework Partner survey – transfer modalities



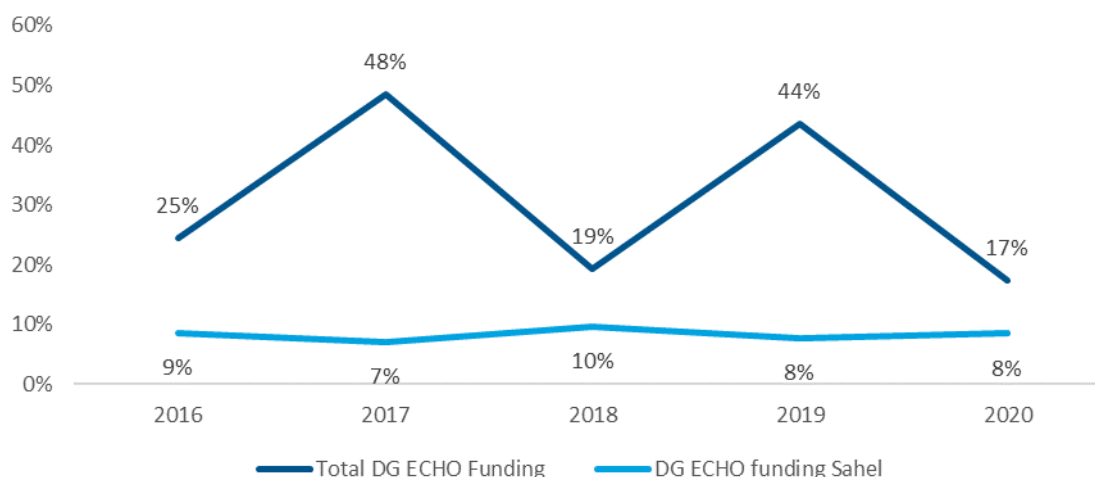
Source: Survey of partners, N=46.

The HOPE database shows that cash transfers were used to a far lesser extent in Sahel compared to overall DG ECHO funding in the period (see Figure 512). There were differences between countries, with cash being the most-used modality in Mauritania, in-kind in Niger and Nigeria, and vouchers in Burkina Faso and Mali (followed closely by in-kind and then cash) (see Figure 523). While cash is considered the most efficient modality, its use was not always feasible in the Sahel context due to acute conflict, lack of functional markets, inflation, insecurity and legislation (in Nigeria). One framework partner explained that the use of cash was not possible in Nigeria because the government was concerned about attacks on humanitarian convoys and the risk of money ending up in the hands of terrorists³⁷³.

³⁷² KIIs (DG ECHO staff, partners).

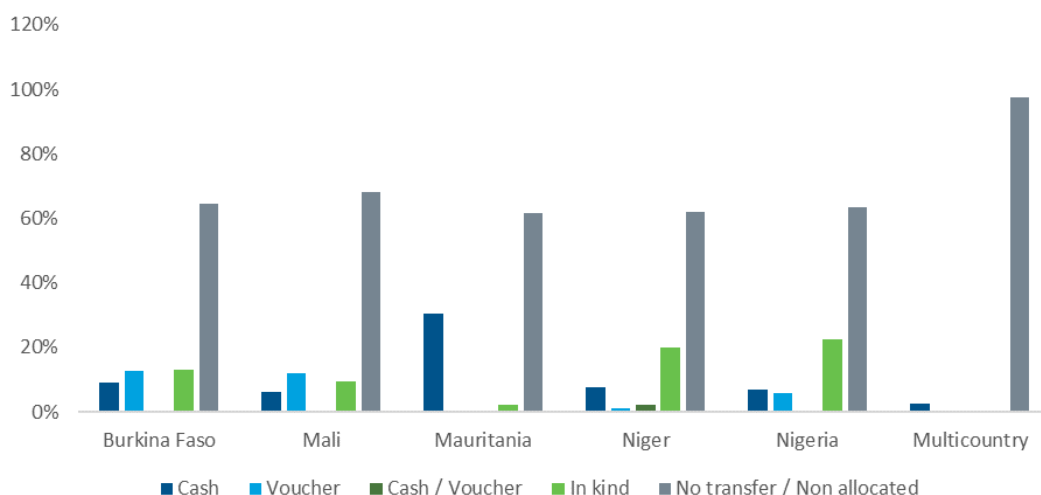
³⁷³ KIIs (partner in Nigeria).

Figure 51. Weight of cash transfers in DG ECHO funding, 2016-2020



Source: ICF, based on HOPE database.

Figure 52. Transfer modalities, by country, 2016-2020 (%)



Source: ICF, based on HOPE database.

The evaluation found that the actions funded by DG ECHO in the Sahel appeared to be cost-effective overall. However, the available data do not allow for a full assessment of efficiency (JC 9.1). Several indicators assessed cost-effectiveness, including DG ECHO proposal assessment grades, cost per beneficiary, and the alpha ratio. These indicators, triangulated with the data on effectiveness (i.e. most actions achieved their targets and effectiveness increased over time, EQ6), provided an indication of cost-effectiveness. This was further supported by the survey: 98% of framework partners surveyed agreed (48%) or somewhat agreed (50%) that the actions and activities carried out in the Sahel with DG ECHO's support were efficient and/or cost-effective. Cost-effectiveness/efficiency was one of the six criteria that DG ECHO used to assess proposals for interventions³⁷⁴. The available data on the assessment of the portfolio actions³⁷⁵ for 146 funded actions suggests that, overall, they were considered medium-high cost-effective by DG ECHO (average grade of 1.48), with actions in Mali and multi-country actions scoring highest, and actions in Niger and Mauritania scoring lowest (see Table 40).

³⁷⁴ Other criteria were: relevance; capacity and expertise; methodology and expertise; coordination and post-intervention elements; other aspects.

³⁷⁵ Data only available for 146 of the 428 actions in the portfolio.

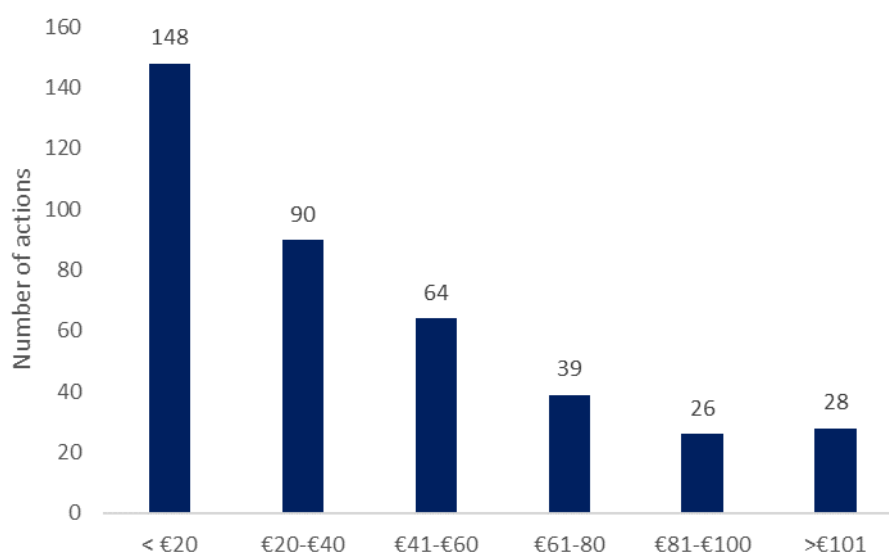
Table 40. DG ECHO's assessment of cost-effectiveness at proposal stage

Country	Assessment of cost-effectiveness/efficiency/transparency 0 – LOW, 1 - MEDIUM, 2 - HIGH	Number of actions
Burkina Faso	1.50	32
Mali	1.86	36
Mauritania	1.29	17
Niger	1.12	3
Nigeria	1.46	34
Multi-country	1.67	24
All	1.47	146

Source: ICF, based on HOPE database.

Looking at the cost per beneficiary for 394³⁷⁶ of the actions funded in the Sahel region during the evaluation period, most actions (60%) achieved a cost per beneficiary of EUR 40 or under, with the largest group of actions in the 'less than EUR 20' category (see Figure 534). The number of actions in each cost group generally decreased as costs increased. There was a slight increase in the number of actions in the highest category, likely due to the type of support provided, as some activities required higher costs (e.g. healthcare) or had a low number of beneficiaries (e.g. coordination activities).

Figure 53. Cost per beneficiary in the Sahel, 2016-2020



Source: ICF, based on HOPE database.

The average cost per beneficiary in the Sahel was EUR 43.13, with important variations in trends evident across countries and years. Overall, the costs per beneficiary increased between 2016 and 2020 for Mali, Nigeria and multi-country projects. However, the cost per beneficiary decreased in Burkina Faso and Mauritania. On average, multi-country actions had the lowest cost per beneficiary because UNICEF Sahel nutrition projects targeted 18.3 and 12.2 million beneficiaries across the region in 2016 and 2017, respectively. Next-lowest were actions implemented in Burkina Faso and

³⁷⁶ Outliers removed, including DG ECHO actions supporting INSO, UNHAS, OCHA coordination and three national DRR/disaster preparedness projects (HEA Sahel Project Phase VIII; Strengthening the capacities of the national scheme for emergency preparedness and response in risk areas in Burkina Faso; Strengthening multi-hazard disaster preparedness in Mauritania to build resilience among vulnerable populations), as they skewed the results.

Mali. Higher costs per beneficiary were found in Mauritania and Nigeria. These figures should be interpreted with caution, as many variables need to be considered when assessing the cost per beneficiary, the costs varied substantially between sectors and types of activities, and the reliability of the data cannot be verified. Rather, they should be taken as a gauge of scale and trends.

Table 41. Average cost per beneficiary, by country and year, 2016-2020

	Multi-country ³⁷⁷	Burkina Faso	Mali	Niger	Nigeria	Mauritania	Sahel Region
2016	6.11	41.12	36.05	35.46	39.35	48.37	38.29
2017	1.82	27.20	32.76	57.32	37.84	74.54	45.52
2018	16.78	33.64	36.40	41.80	67.71	62.85	47.40
2019	34.53	40.10	34.05	33.19	30.03	85.75	41.89
2020	49.29	21.08	41.36	35.70	91.57	37.37	43.37
Period 2016-2020	30.35	32.25	36.03	41.33	50.81	63.02	43.13

The analysis of the contracted versus the final DG ECHO contribution and project costs per beneficiary and per beneficiary/month shows signs of some efficiency, as both the final cost and contribution reported in the HOPE database were slightly lower than expected (see Table 42 and Table 43)³⁷⁸. One of the main reasons was that the number of beneficiaries covered by some actions increased without incurring a proportional increase in contribution and/or costs.

Table 42. Initial versus final action costs and DG ECHO contribution per beneficiary per month, 2016-2020 (%)

	2016	2017	2018	2019	2020	2016-2020
Variation contribution per beneficiary	-1%	1%	-1%	-1%	-5%	-1%
Variation contribution per beneficiary/month	-1%	1%	-1%	-1%	-5%	-1%
Variation costs per beneficiary	-10%	3%	-1%	-2%	1%	-1%
Variation costs per beneficiary/month	-10%	3%	-1%	-2%	-4%	-2%

Source: ICF, based on HOPE database.

Table 43. Initial versus final action costs and DG ECHO contribution per beneficiary per month, by country (%)

	Burkina Faso	Mali	Mauritania	Niger	Nigeria	Multi-country
Variation contribution per beneficiary	-2%	-2%	-2%	1%	-2%	-3%
Variation contribution per beneficiary/month	-2%	-2%	-2%	1%	-2%	-3%
Variation costs per beneficiary	2%	-2%	-6%	4%	-4%	2%
Variation costs per beneficiary/month	-1%	-4%	-7%	4%	-4%	-1%

Source: ICF, based on HOPE database.

³⁷⁷ Includes PPP.

³⁷⁸ This should be interpreted with caution as the number of beneficiaries was not consistently reported across funded actions and may be subject to inaccuracies and mistakes.

The alpha ratio indicates the share of the total costs that is directly transferred to the beneficiaries in the form of cash, vouchers or in-kind, compared to other costs incurred to implement the activities. The analysis of the alpha ratio for a sample of funded actions using cash assistance as a modality³⁷⁹ (Figure 54) shows that the alpha ratio was higher in Niger and Mali and lower in Burkina Faso and Mauritania, i.e. distribution costs were higher in the latter two countries and interventions were likely to be less efficient.

Figure 54. Alpha ratio per country, 2016-2020



Source: ICF, based on HOPE data for project in the FSL sector using cash, in-kind and vouchers, N=50.

DG ECHO-funded actions encountered various obstacles with potential consequences for cost-effectiveness (JC 9.3). The main constraints were the shrinking humanitarian space, growing insecurity, and COVID-19, which had the greatest effect on cost-effectiveness. DG ECHO absorbed some of the additional costs internally, covering , among others, procurement of security equipment, staff training, development of internal protocol, and carrying out risk assessments. Both DG ECHO and its partners reported that some framework partners struggled to bear the unforeseen costs that were not reflected in the financing decisions with the changing situation.³⁸⁰ Despite additional funding allocated in 2019, the extra costs incurred by access constraints were not considered in the strategic design of the HIP. It should be borne in mind that in general, partners' capacity is a prerequisite for funding and staff training costs were not considered eligible costs³⁸¹. However, the 2020 HIP acknowledged that insecurity increases the cost of delivery of humanitarian assistance due to the need for additional security management capacity and support services.

The framework partners implemented mitigation measures to appropriately address obstacles in a timely manner (JC9.3). The review of 50 actions showed that in 92% of funded actions, reported obstacles led to mitigation measures.³⁸² The main obstacles affecting cost-effectiveness included inflation, COVID-19, deterioration of security, and delays in implementation. Partners were able to adapt their operations through recruitment of additional staff, use of technologies, change of modalities, etc. Table 44 presents some examples identified through the project mapping. The list is not exhaustive, as mitigation measures were not always described in the project documentation, or were not always implemented.

³⁷⁹ An in-depth analysis of the budget was undertaken for a sample of projects to calculate the alpha ratio. To ensure comparability (i.e. similar activities, similar costs of implementation) and as cash is mostly used for food assistance, only actions in the FSL sectors were selected.

³⁸⁰ Case study on humanitarian access

³⁸¹ Analysis of HIPs.

³⁸² Project mapping (50 projects).

Table 44. Examples of factors impeding efficiency and examples of some mitigations measures implemented³⁸³

Country	Obstacles	Mitigation
Burkina Faso	<ul style="list-style-type: none"> • Delays in implementation • External factors impeding implementation of activities: COVID-19, deterioration of security situation • Inflation • Fraud 	<ul style="list-style-type: none"> • To address the deteriorating security situation, in 2019, the implementing partners relocated their activities to a safer area, updated their preparedness measures, and strengthened their capacity to anticipate threats • In an action implemented in 2020, to mitigate the risk of fraud and double counting IDPs, the framework partner distributed cards to displaced households with a unique identification number
Niger	<ul style="list-style-type: none"> • Gaps in humanitarian response • Delays in implementation • External factors impeding implementation of activities: COVID-19 	<ul style="list-style-type: none"> • In a 2017 action, alternative software was used by the implementing partner to account for the delays in the release of the PRIMERO/CPIMS system online
Nigeria	<ul style="list-style-type: none"> • External factors impeding implementation of activities: COVID-19, access restrictions • Delays in implementation 	<ul style="list-style-type: none"> • To swiftly mitigate COVID-19 risks, the implementing partner modified the layout of the distribution site to enable quicker and more efficient distribution of food and non-food items • Due to delays affecting implementation, the partner took a series of mitigating measures, including the recruitment of additional staff, setting up offices in relevant areas and deploying a procurement specialist • In 2019, the increasing insecurity in Northern Borno state caused delays in transporting supplies to field offices. To mitigate this obstacle, the implementing partner obtained clearance to join the military escorts and advocated for the logistics sector
Mali	<ul style="list-style-type: none"> • Delays in implementation • External factors impeding implementation of 	<ul style="list-style-type: none"> • Due to the epidemiological surveillance measures put in place prior to the implementation of the action, the partner was able to quickly mitigate the risks associated with the COVID-19 pandemic

³⁸³ The list is not exhaustive as in some cases mitigation measures were not described in the projects documentation or were not implemented.

Country	Obstacles	Mitigation
	activities: COVID-19, prevailing insecurity	<ul style="list-style-type: none"> Due to a series of clashes between armed groups and prevailing insecurity, local transport companies went on strike for several weeks in late 2016, refusing to transport goods into or out of Menaka. The implementing partner quickly changed its transfer modality in the areas concerned
Mauritania	<ul style="list-style-type: none"> External factors impeding implementation of activities: COVID-19, 	<ul style="list-style-type: none"> In a 2020 activity, the partner undertook rapid operational adjustments to prevent the spread of the COVID-19 virus in the camp, without impacting the achievement of planned results

6 CONCLUSIONS

This section includes the overall conclusions of the evaluation of the EU's humanitarian interventions in the Sahel, by evaluation criterion.

Relevance

DG ECHO's HIPs adequately identified the most urgent humanitarian needs in the Sahel (sectors, target populations, etc.) at both regional and country level (from 2017 onwards). DG ECHO's response in the region was generally well adapted to priority needs and adequately tailored to contextual circumstances and in-country needs and specificities (including changes in the humanitarian context and needs). In response to increased conflict and associated displacement in Central Sahel, DG ECHO adapted its approach from strengthening resilience to food and nutrition crises to primary responding to the multi-sectoral needs of conflict-affected populations. In this context, the introduction and/or scaling up of new activities (e.g. RRM, EiE, protection) to respond to changes in the humanitarian context was found to be appropriate to address emerging needs. Nevertheless, DG ECHO and its framework partners faced some challenges in adapting their responses to the new humanitarian context and the adaptation process was smoother in some countries (e.g. Mali) than others (e.g. Burkina Faso). The evaluation confirmed the relevance of DG ECHO's priorities and response in Nigeria (particularly in the Northeast), as well as the overall adequacy of its response in Mauritania (including preparation to phase-out). Although from 2017 onwards, DG ECHO adopted a more country-focused strategy in the Sahel, the existence of regional commonalities was also taken into consideration by DG ECHO when designing its response (e.g. identifying three common response pillars in the region, funding multi-country projects, nutrition transition strategy, AGIR initiative). Some stakeholders considered that DG ECHO could however have adopted a more regional approach in the Sahel.

At operational level, DG ECHO was seen by framework partners as a flexible donor that allowed them to adapt (and scale-up) their actions to evolving needs (e.g. through the support provided to RRM, the use of crisis modifiers, modification requests). Despite this flexibility, some framework partners required some time to adapt their interventions to the changing humanitarian context in the Sahel (e.g. shifting to a multi-sectoral response in Central Sahel and increased access constraints), mostly due to a lack of capacity/expertise in some sectors. DG ECHO's support at proposal stage and during the monitoring visits was crucial to adjusting to these changes.

Overall, DG ECHO-funded actions were designed and implemented taking into account the needs of the most vulnerable populations, and it invested substantial efforts in reviewing and monitoring to what extent and how actions were being designed and implemented (i.e. needs assessment,

targeting, logic framework) to address the needs of the most vulnerable populations. Framework partners generally had a good understanding of the humanitarian context in the countries where they implemented DG ECHO-funded actions, although the level of knowledge varied across partners and some gaps were identified in sectoral expertise and capacity. Actions selected for funding were based on needs assessments that, notwithstanding some quality differences, were adequate to identify the needs of the most vulnerable groups. Beneficiary targeting and selection criteria/processes were set out in DG ECHO-funded actions. Although the quality/adequacy of targeting criteria varied from one action to another, most framework partners used vulnerability criteria to select beneficiaries and consulted affected communities in the targeting process. Access constraints and insecurity posed some challenges for carrying out needs assessments and selecting beneficiaries in some of the Sahel countries.

Coherence

DG ECHO's response in the Sahel was aligned with its mandate as established in the European Aid Regulation (HAR). Although some challenges were identified, DG ECHO's response was also in line with the principles set out in the European Consensus on Humanitarian Aid:

- DG ECHO was a key promoter and propulsor of a coordinated response. Although coordination capacity varied between framework partners, they all made efforts to ensure a coordinated response on the ground.
- DG ECHO was committed to integrating gender considerations into humanitarian aid (e.g. by requiring its framework partners to use the Gender-Age Marker).
- DG ECHO played a key advocacy role in ensuring that military assets were only used as a last resort in the Sahel. However, challenges were identified in some countries.
- DG ECHO and its framework partners were committed to respecting and promoting the humanitarian principles, the 'do no harm' principle and IHL. However, challenges were identified in fully applying the humanitarian principles in some contexts (e.g. the principle of neutrality in some regions of Niger due to the imposition of armed escorts; the principles of neutrality and independence in some areas of Northeast Nigeria where framework partners were only allowed to operate in garrison towns).

DG ECHO's thematic and sectoral policies were adequately taken into account in the design of the Sahel HIPs. Funded actions were also generally aligned with the relevant thematic and sectoral policies, although some minor misalignments were identified by DG ECHO and discussed with the framework partners concerned. The involvement of DG ECHO's thematic experts in the development of the HIPs as well as in the selection of proposals and monitoring of funded actions was key to ensure alignment with the thematic policies.

In the context of the Triple Nexus, DG ECHO actively contributed to the coordination of efforts with governmental and development actors (including other Commission services and other donors) at planning and operational levels, and promoted cooperation mechanisms aimed at the development of a common strategic vision. However, some challenges to the implementation of the Nexus across the Region were encountered (i.e. high insecurity and conflict in some of the Sahel countries, different programmatic cycles of humanitarian and development actors). Despite DG ECHO's efforts, the implementation of the peace component of the nexus was heavily hindered by the security situation in the region. At operational level, most framework partners regularly participated in coordination meetings with national/ local authorities and/ or with development actors. DG ECHO regularly assessed and marked the resilience level of each action already at proposal stage. However, while most funded actions included measures to build local and/or national capacity, as well as advocacy activities, in some Sahel countries the overall sustainability of funded actions was limited due to the prioritisation of lifesaving activities.

EU added value

The EU added value of DG ECHO's actions in the Sahel region was demonstrated in a number of fields during the evaluation period. The analysis of DG ECHO's funding in the context of global aid to the

Sahel region confirmed its position as a key donor that added value to the contributions of other donors, including individual Member States. The framework partners considered DG ECHO's scale of funding to be a distinguishing feature of its intervention in the Sahel region in comparison to other donors. The evaluation also confirmed the added value of DG ECHO's interventions in several other areas, including:

- Its coordination role in the humanitarian response;
- Its wide geographical coverage (including hard-to-reach areas);
- Its key advocacy role in the Sahel region (particularly in promoting IHL, the humanitarian principles and humanitarian access);
- Its presence in the field and its technical expertise;
- Its flexibility compared to other donors, which allowed framework partners to adapt their responses to changes in needs;
- Its principled response – particularly its independence and impartiality – was also seen as an element of added value in its response as compared to other donors.

The evidence suggests that a majority of funded actions would either have suffered changes in scope/scale or not have gone ahead without DG ECHO funding. Only a minority of framework partners believed that their actions would have gone ahead unchanged with funding from alternative source(s).

Effectiveness

Between 2016 and 2020, DG ECHO funded 428 humanitarian actions in the Sahel region to a total amount of EUR 850 million and reaching 102 million beneficiaries, surpassing the initial target by 16%. Overall, DG ECHO-funded actions in the Sahel were effective to some extent, with multi-country and multi-sector projects being most effective.

While most of the activities, outputs and outcomes were generally effectively implemented/delivered and most targets were achieved, the funded actions were negatively impacted by challenges on the ground and most results did not last once the support ceased. The main obstacles to the achievement of the results (outputs) and objectives (outcomes) included: security and access to areas/beneficiaries, COVID-19, staffing, logistics, lack of capacity of partners, and insufficient funding. The mitigation measures implemented by framework partners were not always sufficient to yield expected results and outcomes, as most of the challenges were linked to external factors, notably access, security and COVID-19.

Nevertheless, DG ECHO's interventions led to positive results, particularly improved coordination, strengthened capacity at all levels (partners, authorities, local staff, beneficiaries), and improved beneficiary well-being. In addition, funded actions contributed to addressing key humanitarian needs and DG ECHO objectives of alleviating suffering and saving lives in the Sahel region over the period.

DG ECHO encouraged its framework partners to strengthen the resilience of communities and support the foundations for recovery processes, to the extent possible. Most of the actions implemented included measures to build local capacity (beneficiaries and local institutions) and support long-term strategies to reduce humanitarian needs, underlying vulnerabilities and risks. However, while some balance was struck between emergency and resilience actions between 2016 and 2018, after 2018 DG ECHO shifted its focus to responding to emergency needs, scaling-down the scope and funding to resilience programmes, and encouraging partners to prioritise lifesaving activities (particularly in light of the changing context and security situation in Central Sahel and Nigeria). Despite this change in strategy, the evaluation found some evidence of funded actions' contributions to building resilience among the targeted populations.

Throughout the evaluation period, DG ECHO and its framework partners sought to coordinate their responses with relevant development actors, particularly through the promotion of coordination and collaboration with other Commission services (e.g. DG INTPA, EEAS) and other humanitarian and development donors.

Efficiency

DG ECHO was the second-largest donor to the Sahel region, contributing 10% of the total humanitarian aid. It justified the budget allocations to the region and individual countries based on various considerations, including the overall internal budget available to the Sahel region, the humanitarian context and needs, the presence of other donors and the national and humanitarian response, the (un)availability of framework partners, and difficult humanitarian access. The size of the budget allocated for the Sahel and individual countries within the region reflected the needs to some extent, but was not in line with the evolution of those needs over the evaluation period. In fact, the needs increased, the funding requirements increased, and other donors' contribution increased, but DG ECHO's funding decreased by 30% in absolute terms and 9% in relative terms.

The actions funded by DG ECHO in the Sahel appeared to be cost-effective overall, based on the analysis of the cost per beneficiary, alpha ratio, and initial versus final action costs. However, the available data did not allow a full assessment of efficiency. DG ECHO encouraged approaches promoting cost-effectiveness and timeliness (integrated approaches, EWES, cash, RRM). The efficiency and cost-effectiveness of the interventions were systematically assessed by DG ECHO when selecting interventions and throughout the project cycle. In addition, framework partners took measures to ensure efficiency and timeliness in the design of the actions, but the most cost-effective approaches (e.g. cash) were not always selected for funding, as they were not necessarily adapted to the reality on the ground and could not always be implemented. DG ECHO-funded actions encountered various obstacles with potential consequences for cost-effectiveness, primarily the shrinking humanitarian space, growing insecurity, and COVID-19. However, the framework partners implemented mitigation measures to address obstacles appropriately and in a timely manner.

7 RECOMMENDATIONS

As per the ToR, this section presents five key strategic recommendations that emerged from the evaluation. Each recommendation is accompanied by a short overview of the context, the rationale, and a series of suggestions on its operation in practice.

1. DG ECHO should progressively complete the implementation of its exit strategy in Mauritania

Over the evaluation period, needs in Mauritania (both in the M'Bera camp and in the food and nutrition sectors) became less acute and more structural. Stakeholders suggested that those types of needs could be better addressed by development actors through longer-term programming. This suggests that the comparative advantage of having a humanitarian donor like DG ECHO in Mauritania has decreased over time. From 2018 onwards, there were no appeals under the HRP for Mauritania and DG ECHO was one of the few humanitarian donors that remained in the country.

Given the existing funding constraints, DG ECHO funding could be reallocated from Mauritania to other countries in the Sahel region where funding gaps were identified and acute needs remained unaddressed. A timely (progressive) exit from Mauritania could also reduce the risk of creating disincentives for the engagement of development actors and/or take-over by national authorities.

DG ECHO reduced its funding to Mauritania in recent years and, from 2019 onwards, prioritised funding actions with sustainability strategies or with a Nexus approach (in view of a phase-out from the country). As part of its exit strategy, it held regular dialogue with framework partners, local actors, development actors and national authorities to communicate its intention to phase-out and to promote a progressive transition from humanitarian aid to development interventions and/or a handover to national authorities. The evaluation confirmed the relevance of DG ECHO's decision to disengage from Mauritania.

It is recommended that DG ECHO progressively completes its exit strategy in Mauritania (following the results of an adequate surveillance of the humanitarian situation) and considers relocating part of the funding to other Sahel countries facing acute humanitarian crises. The 2023 HIP should explicitly state DG ECHO's intention to exit and any funding allocation should focus on implementing the exit strategy.

2. DG ECHO could adopt a more regional approach to address common issues in Central Sahel (Mali, Burkina Faso, Niger) where appropriate

The evaluation found that DG ECHO's response in the Sahel adequately considered country-level specificities and, to some extent, regional commonalities. Up to 2016, DG ECHO had a strong regional strategy in place in the Sahel, with little attention given to individual country contexts. From 2017 onwards, DG ECHO adopted a more country-focused strategy, while still considering the cross-border and regional dimensions of some of the crises (especially in Central Sahel).

A number of common issues affect Central Sahel (Mali, Burkina Faso, Niger), such as conflict and insecurity, displacement, and economic and climate challenges. Conflict and insecurity in Central Sahel have triggered population displacements in different directions across the three borders and often involved the presence of 'multi-country' conflict actors. These issues are not only cross-border in nature, but also have in common that they require a rapid, flexible and coordinated response. However, there are also significant differences in the type/dynamic of

the crises and in the socioeconomic and political contexts in each of the countries in Central Sahel.

On the basis of the above, DG ECHO could consider strengthening its regional approach to address some of the common issues affecting the Central Sahel region (e.g. needs arising from conflict, insecurity and associated displacement), while maintaining a country-specific strategy to respond to the differentiated in-country needs and contexts. This would require careful consideration of the issues/needs/sectors that could benefit from an enhanced regional approach, as well as the types of needs that could be better addressed through a country-specific response.

A more regional approach in Central Sahel could be adopted by emphasising existing regional commonalities and needs in the HIPs, encouraging framework partners to submit proposals for multi-country actions (where relevant), and scaling-up the funding provided to multi-country actions (where there is an added value).

To reinforce its regional approach in Central Sahel, DG ECHO should review and strengthen enabling structures that can contribute to implementing an enhanced regional response (e.g. regional monitoring systems, regional coordination mechanisms, partnerships with organisations with the capacity to implement multi-country actions).

3. DG ECHO should further enhance the centrality of protection in its response in the Sahel

Ensuring the protection of populations is a core objective of any humanitarian action. The Sahel HIPs covering the evaluation period recognised significant protection needs and risks faced by conflict-affected population in the region, such as sexual and gender-based violence, child recruitment, family separation, lack of freedom of movement, and forced relocation and return, among others.

In view of the worsening conflict and the security situation, DG ECHO increased its focus on protection, particularly in Central Sahel and Nigeria. For example, it required framework partners to include protection mainstreaming in their actions, prioritised the integration of protection with other sectors, and funded some standalone protection actions. However, the evaluation found that efforts remained insufficient to fully and effectively integrate protection considerations in the funded actions (e.g. lack of protection 'lens' embedded in assessment tools, weak protection impact on the ground) and that only a small share of DG ECHO funding (4.6%) was allocated to protection outcomes.

On the basis of the above, it is recommended that DG ECHO further enhances the centrality of protection in its response in the Sahel by adopting a comprehensive (and where possible regional, see recommendation 2) protection strategy, including:

- Strengthening protection mainstreaming throughout the implementation of all sectorial interventions, by monitoring that the DG ECHO protection mainstreaming Key Objective Indicator is appropriately and comprehensively reported against;
- Ensuring adequate integration of protection considerations and principles in all funded actions by further emphasising this requirement in the HIPs, requiring framework partner to apply protection-sensitive vulnerability targeting, and giving greater attention to these aspects at proposal stage and during monitoring visits;
- Scaling-up funding to targeted protection actions (either standalone or integrated with other sectors) in compliance with the DG ECHO Humanitarian Protection Policy.

4. DG ECHO should draw on lessons learned from responding to a rapidly changing humanitarian context in the Sahel to better adapt its future responses

The humanitarian situation in the Sahel remained highly volatile (particularly in Central Sahel but also in Nigeria) during the evaluation period. In some countries, DG ECHO had to move from a resilience-oriented response to food and nutrition crises in relatively stable contexts, to responding to the emergency needs of conflict-affected populations in highly insecure contexts, in a very short timeframe.

The evaluation found that DG ECHO showed flexibility in adapting its response to the changing humanitarian context and in supporting its framework partners to adapt to those changes. However, some obstacles/challenges in responding to rapidly changing humanitarian needs remained and, in some cases, delayed the adaptation of the response. Key obstacles included the lack of capacity and expertise of framework partners present in the region and in some of the (newly) prioritised sectors, and the fact that crisis modifiers only allowed for changes to the geographical location of funded actions. Even though modification requests could be submitted to introduce changes in for example the sectoral coverage or targeted beneficiaries, these were lengthy to process. While RRM allowed for flexibility to respond to the most acute needs of newly displaced populations, they could only do so within the first three months of displacement.

On the basis of the above, and in order to improve its responses to future crises where quick adaptations are required, DG ECHO should consider:

- Expanding the scope of **crisis modifiers** to allow for changes not only in the geographical location of the actions but also in sectoral coverage, target beneficiaries, activity etc. to allow for more flexibility to respond to changes in needs;
- Better linking the support provided under **RRMs** with post-RRM interventions to ensure that acute needs continue to be addressed beyond the first few months of displacement. In order to ensure a comprehensive and coherent response, activities funded under RRM could be better linked with other actions implemented in parallel;
- In certain circumstances, where framework partners are asked to rapidly adapt their responses to a changing context (e.g. changes in the security situation), DG ECHO should consider funding some support costs (e.g. security equipment, training) to help partners to **develop their capacity** to respond to the new humanitarian contexts;
- Increasing the share of **non-earmarked funding** in some contexts and for some partners to enhance the flexibility of the response, as highlighted in the Grand Bargain³⁸⁴. DG ECHO should identify situations where the benefits of increased flexibility outweigh the potential risks of lower accountability by the partner and the capacity of DG ECHO to monitor the use of its funds.

5. DG ECHO should consider increasing its share of multi-year funding where appropriate

Countries (or specific regions within a country) in the Sahel suffer from recurring food crises – often aggravated during the lean season – and chronic malnutrition. In contexts and/or sectors where humanitarian needs are protracted or recurring, the short duration of funding (typically 12-18 months) limits opportunities to contribute to enhancing the resilience of targeted

³⁸⁴ See <https://interagencystandingcommittee.org/Quality-funding>

populations, plan for an exit strategy, and maximise existing opportunities to work towards a Nexus approach (framework partners, given the lack of predictability of funding, concentrate solely or mostly on addressing immediate needs rather than planning ahead).

In view of the above, DG ECHO should consider increasing its share of multi-year funding to better respond to protracted and recurring crises in the Sahel. Providing multi-year funding could enhance the possibility for framework partners to contribute to strengthening resilience and enhancing the links with development interventions in the context of the funded actions. Multi-year funding could also reduce administrative costs (linked to the need to submit, review and approve a new action proposal) and allow for better planning of interventions (through increased funding predictability).

Increasing the share of multi-year funding may require some adjustments to DG ECHO internal procedures, as it currently cannot make multi-annual commitments to actions, given its annual funding cycle. Lessons could be drawn from the current PPPs, which include multi-year funding and the possibility to use new financing modalities.

Part B. Evaluation of the EU's humanitarian interventions in the food assistance and nutrition sectors, 2016-2020

8 EVALUATION QUESTIONS

The evaluation was designed to respond to the following set of evaluation questions, as articulated in the ToR and finetuned during the inception phase:

Relevance

- **EQ1.** To what extent do the objectives and design of DG ECHO's humanitarian food assistance and nutrition (HFA & N) programming and interventions respond to the needs and priorities of the beneficiaries (especially those of the most vulnerable) while considering relevant contextual factors (in line with DG ECHO guidelines)?
- **EQ2.** To what extent have the approaches chosen to address acute food insecurity and acute malnutrition been adapted to the types of crises, availability of resources and other contextual factors, while protecting or strengthening existing capacities to meet own food needs, when feasible?

Coherence

- **EQ3.** To what extent were DG ECHO's HFA & N programming and interventions designed and implemented to ensure an adequate level of integration and complementarity between each other, and with other programmes and interventions (regional, national, EU, international) in the same sectors and in other relevant sectors (such as WASH, health or protection, livelihoods, education)?

Effectiveness

- **EQ4.** To what extent did DG ECHO-funded interventions deliver their expected outputs in a timely manner and with the necessary quality?
- **EQ5.** To what extent did DG ECHO's HFA & N programmes contribute to improving food security and nutritional status among the beneficiaries and contribute to saving and preserving life, protecting livelihoods, and increase of resilience?

Efficiency

- **EQ6.** To what extent were DG ECHO-funded interventions cost-effective and the scaling-up of actions implemented when feasible?

Sustainability

- **EQ7.** To what extent did DG ECHO's advocacy and funding ensure sustainability and adherence to the do-no-harm principle?

9 METHOD/PROCESS

9.1 Methodology

A variety of research tools and sources of information were used to build a rich and comprehensive evidence base, covering a wide range of stakeholders (see Figure 1).

For Part B of the evaluation, the team reviewed approximately 185 documents and documentation (SingleForm and FichOps) for 50 actions. ICF also conducted a survey of DG ECHO framework partners operating in the FSL and nutrition sectors (86 responses). It also undertook 44 KIIs and conducted project site visits and field missions in Bangladesh, Niger and South Sudan.

9.1.1 Documentation and database review

As part of the desk review, the evaluation team examined a range of primary and secondary sources of evidence. The majority of documents were publicly available online and some were provided by DG ECHO. The documents reviewed were classified into several categories:

- **DG ECHO documentation:** over 90 HIPs and their annexes were reviewed, as well as policy documents and thematic policy guidelines, mission reports, past evaluations and other internal documents;
- **Project documentation:** 50 SingleForms, as well as DG ECHO internal appraisals (FichOp);
- **HOPE/EVA databases;**
- **Other publicly available documents** were reviewed to capture information gathered by third parties on the context and themes. Outlooks, evaluation of interventions by partners, and research papers providing insights were particularly relevant.

Overall, the quality of the documentation and databases considered was high.

9.1.2 Survey

As part of the desk phase, a survey was conducted in English and French to gather information from DG ECHO framework partners operating in the FSL and nutrition sectors globally. Table 145 presents the steps in the organisation and administration of the surveys, and an analysis of the quality of the data collected.

Table 45. Survey of DG ECHO partners in FSL and nutrition sectors

Survey of framework partners in FSL and nutrition sectors	
Survey period	5 April 2022 – 24 May 2022
Distribution method	Individualised organisation emails to partners sent by ICF, based on a list of contacts within partner organisations provided by DG ECHO
Number of responses	86
Response rate	Not possible to calculate a robust response rate as a snowballing approach was used to identify potential respondents. In some cases, teams provided a collective response to the survey instead of one for each member
Survey analysis	The survey was analysed quantitatively using descriptive statistics. Cross tabulations were generated with ICF survey software (Qualtrics). ICF cleaned the data and generated graphs and tables to present the findings. For open-ended questions, all responses were collated and analysed qualitatively
Quality of the data and limitations	High quality – the number of responses was reasonable and there was a mixture of responses from INGOs (70%), UN system (16%) and the international Red Cross and Red Crescent (9%).

9.1.3 Consultation and fieldwork

Consultation started from day one of the evaluation, with a workshop with DG ECHO staff to discuss the ToC, followed by nine scoping interviews with DG ECHO HQ and field staff, one interview with a framework partner, and another with an implementing partner.

A second round of KIIs was undertaken as part of the consultation & fieldwork phase, with a total of 61 interviews, or 44 stakeholders consulted per evaluation component (including three written responses to the interview questionnaire)³⁸⁵. Table 2 presents an overview of the stakeholders consulted (see Annex 2).

Table 46. Key Informant Interviews (KIIs)

Stakeholder category	Organisation	Number
DG ECHO	ECHO HQ	4
DG ECHO field	ECHO Field	9 (1 written reply)
Framework partner	ACF, ACTED, CARE, Concern Worldwide, Red Cross Belgium, FAO, IRC, NRC, Oxfam, UNICEF	18
Implementing partner	ALIMA	1
UN Agency	UN OCHA	1
International Research Institute	IFPRI	1
Third-country donors	Bill and Melinda Gates Foundation	1
Other EU institutions	EEAS, FPI, DG INTPA	9

A third round of interviews was undertaken as part of the field missions organised and conducted in person in three countries (Bangladesh, Niger, South Sudan) in the context of two case studies:

- DG ECHO's use of cash and other transfer modalities;
- Integrated approach to food insecurity and malnutrition.

Eleven focus groups were conducted to gather the views of beneficiaries in the three countries visited.

Overall, the quality of the data collected through consultations was **medium-high**, as the overall response rate was reasonable, and different stakeholder groups were consulted. The response rate from certain stakeholder groups was low (particularly research institutes, Member State/third country donors, and other humanitarian actors), which limited the representation of their views.

9.2 Limitations – robustness of findings

Complementary research methods were used to enhance the reliability and validity of the data collected and to provide the basis for cross-verification, corroboration and triangulation of the results. The vested interests of different stakeholder groups were taken into account in order to address potential bias and ensure objectivity.

³⁸⁵ Some interviews covered both components.

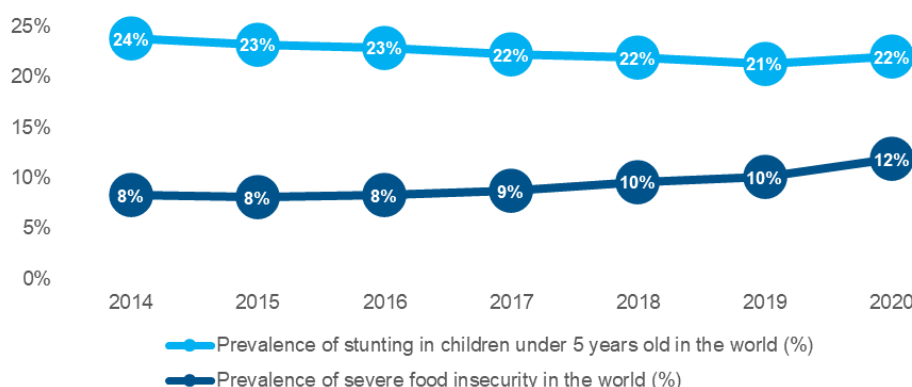
Overall, based on the review of the methods and tools presented above, it is considered that the evaluation results are considered valid, as they were mostly confirmed by multiple sources of evidence. However, as with any evaluation, there were limitations to the methodologies and research tools applied, as described above.

10 OVERVIEW OF THE CONTEXT

10.1 Overview of the humanitarian needs

Worldwide, the prevalence of severe food insecurity continued to increase slightly every year between 2016 and 2019, then rose significantly in 2020 due to the outbreak of the COVID-19 pandemic. At the same time, there was a steady decrease in the prevalence of stunting in children under five years old in the world. However, that trend reversed in 2019, and increased from 21.3% to 22% in 2020.

Figure 55. Prevalence of severe food insecurity and stunting in children under five years old, worldwide, 2014-2020



Source: ICF, based on data in 2021 *State of Food Security and Nutrition in the World Report* and data in 2021 UNICEF, WHO and World Bank Group *Levels and Trends in Child Malnutrition Report*.

The drivers and causes of food insecurity and malnutrition are many and often interlinked. The *State of Food Security and Nutrition in the World 2021* report³⁸⁶ singled out four key drivers: conflict and violence, climate variability and extremes, economic slowdowns and downturns, and unaffordability of healthy diets. The report emphasised that these drivers often interacted but did not always move in the same direction and should therefore be studied from a food systems' perspective. It also highlighted that their impacts were aggravated by poverty and inequality, as well as by the spread of COVID-19.

Studies suggest a strong link between population growth and food insecurity, with countries with high fertility rates and rapid population growth also having the highest food insecurity. For example, Sub-Saharan Africa had the highest fertility rate between 2015 and 2020 (4.7 births per person)³⁸⁷ and also had the largest proportion of food insecure people, with almost 30% of the population experiencing severe food insecurity in 2020³⁸⁸.

Persistently high levels of poverty and income inequality made healthy diets inaccessible for about three billion people across all regions of the world in 2019³⁸⁹. In 2020, the global spread of COVID-19 triggered the worst economic recession since the Great Depression³⁹⁰, contributing to

³⁸⁶ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021.

³⁸⁷ Bongaarts, J., *Trends in fertility preferences in sub-Saharan Africa: the roles of education and family planning programmes*, 2020.

³⁸⁸ Sasu, D., *Food insecurity in Sub-Saharan Africa 2015-2020, by level*, 2022, available online at: <https://www.statista.com/statistics/1190797/food-insecurity-in-sub-saharan-africa/>

³⁸⁹ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021.

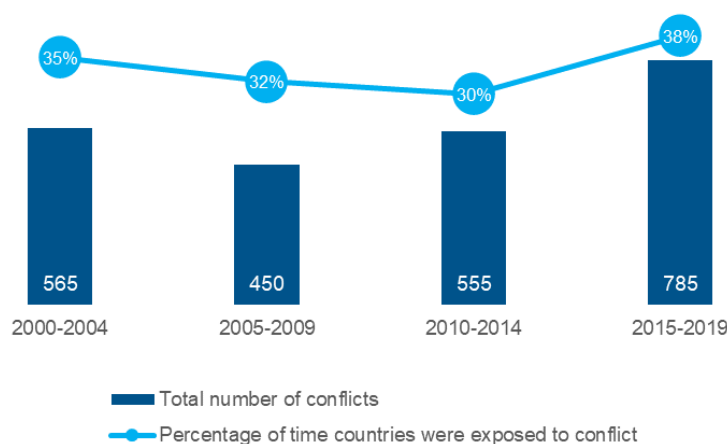
³⁹⁰ IMF, *A crisis like no other*, 2020, available online at: <https://www.imf.org/external/pubs/ft/ar/2020/eng/spotlight/covid-19/>

higher levels of unemployment³⁹¹, exacerbating poverty trends³⁹², and causing a significant rise in food prices, linked to supply chain disruptions, lockdown restrictions, and panic buying³⁹³. The pandemic exposed weaknesses in food systems and exacerbated food insecurity, with an estimated 320 million more people without access to food, compared to 2019³⁹⁴.

Evolution of conflict and violence

Conflict and violence negatively affect almost every aspect of food systems, from production, harvesting, processing and transport to supply, financing, marketing and consumption. Direct impacts include the destruction of agricultural and livelihood assets (e.g. land, livestock, crops, seed stocks, irrigation infrastructure), the seizure of natural resources, and displacement from land and fishing grounds. When conflict disrupts trade and movement of goods and services, it can reduce the availability of food and increase food prices, leading to poor food access and utilisation. Conflicts can also erode finances for social protection and healthcare, further damaging nutrition and health³⁹⁵. Although the number of countries experiencing violent conflicts has remained quite stable over the past 10 years, there is an increase in the number of conflicts per year and in the percentage of low-income and middle-income countries experiencing conflict (see graph below).

Figure 56. Countries' exposure to conflict, % of time



Source: ICF, based on 2021 *State of Food Security and Nutrition in the World Report*.

According to the Uppsala Conflict Data Programme (UCDP)³⁹⁶, eight wars were ongoing in 2020, of which the three worst (in terms of fatalities) were the war in Afghanistan (20,000+ recorded fatalities), the war in Azerbaijan, which reignited in 2020 (7,600 recorded fatalities), and the war in Syria (3,500 recorded casualties). In 2016, the war in Syria was already considered one of the

³⁹¹ In 2020, the global unemployment rate reached 6.5%, an increase of 1.1% compared to 2019 (UN Statistics Division, Sustainable Development Goal Number 8, 2022, available online at: <https://unstats.un.org/sdgs/report/2021/goal-08/>).

³⁹² Between 119 and 124 million additional people were estimated to have reached the poverty line (population living below USD 1.90) in 2020 as a result of the COVID-19 pandemic and related containment measures (FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021, pp. 64-65).

³⁹³ EDP, *Shedding light on changing consumer behaviour with economic data*, 2020, available online at: <https://data.europa.eu/en/impact-studies/covid-19/shedding-light-changing-consumer-behaviour-economic-data>

³⁹⁴ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021, p. vi.

³⁹⁵ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World: Building resilience for peace and food security*, 2017.

³⁹⁶ The UCDP distinguishes between wars and minor conflicts, with wars defined by battle-related deaths (BRD) exceeding 1,000 per year, and minor conflicts accounting for between 25 and 1,000 BRD per year (UCDP, *Trends in Armed Conflict, 1946-2020*, 2021).

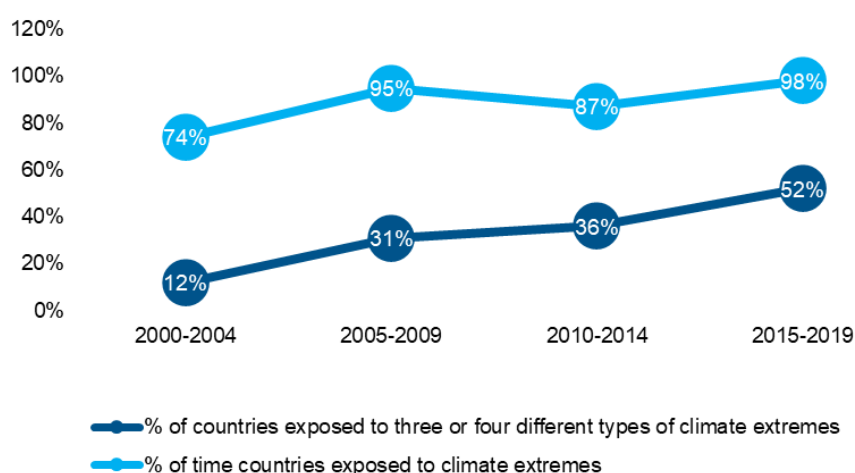
world's largest humanitarian crisis since World War II, with persisting population displacement³⁹⁷. In addition, some conflicts have been ongoing for several decades, such as the armed conflict in Sudan and South Sudan (since the 1950s)³⁹⁸, the protracted conflict in Somalia (ongoing for over 30 years) with approximately 2,000 casualties per year for the past five years³⁹⁹, and the armed conflict in the Democratic Republic of Congo (ongoing since the 1990s)⁴⁰⁰. Several of the most severe conflicts (in terms of recorded fatalities) of the past 30 years were in Ethiopia, many involving neighbouring Eritrea⁴⁰¹.

Evolution of climate variability and extremes

Climate variability and extremes create multiple and compounding impacts on food systems, limiting crop yields, affecting food imports and food prices as countries try to compensate for domestic production losses. These factors negatively affect the quantity, quality and dietary diversity of food consumed, and reduce access to food. In addition, erratic rainfall and higher temperatures may jeopardise the quality of food, increasing chances of crop contamination, outbreaks of pests, and diseases.

Linked to climate change, the number of countries experiencing climate variability and extremes has increased in recent years, with 76% of low- and middle-income countries exposed to extreme weather events during 2000-2004, compared to 98% in 2015-2020. The intensity of exposure to extreme weather events has notably increased, with 11% of countries exposed to three or four types of climate extremes (heat spells, droughts, floods, storms) during 2000-2004, and 56% during 2015-2020 (see graph below).

Figure 57. Countries' exposure climate extremes (%)



Source: ICF, based on 2021 *State of Food Security and Nutrition in the World Report*.

Examples of particularly catastrophic extreme weather events between 2016 and 2020 included:

- Drought induced by the 2015-2016 El Niño phenomenon in Ethiopia, which had negative effects on livelihoods, the availability of safe drinking water and food⁴⁰²;

³⁹⁷ Food Assistance Convention, *Annual Narrative Report*, 2016.

³⁹⁸ Global Conflict Tracker, *Civil War in South Sudan*, 2022.

³⁹⁹ UCDP, *Trends in Armed Conflict, 1946-2020*, 2021.

⁴⁰⁰ Concern Worldwide, *The DRC Crisis, Explained*, 2021.

⁴⁰¹ UCDP, *Trends in Armed Conflict, 1946-2020*, 2021.

⁴⁰² Food Assistance Convention, *Annual Narrative Report*, 2016.

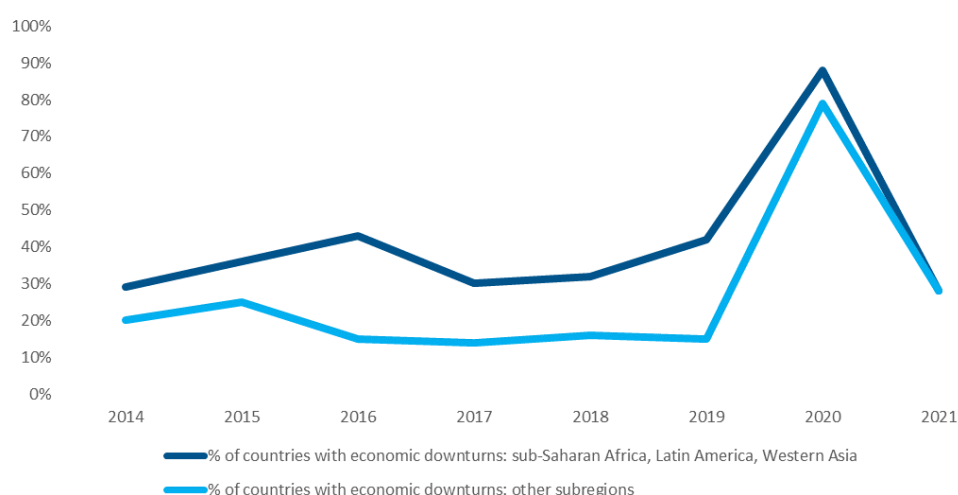
- Hurricane Matthew, which landed in Haiti in October 2016 and caused widespread flooding and damage to housing, agriculture and infrastructure, and exacerbated pre-existing vulnerabilities, leading to a critical food and national security crisis⁴⁰³;
- The 2018 earthquakes that struck areas of Central Sulawesi in Indonesia, triggering a tsunami, liquefaction, and landslides. This resulted in significant loss of life, injuries, widespread displacement, and considerable damage to public and private infrastructure⁴⁰⁴;
- Flooding, the upsurge of desert locusts in the Horn of Africa, and the arrival of tropical cyclone Gati in Somalia in 2020 caused population displacement and crop, livestock and property losses⁴⁰⁵.

Evolution of economic slowdowns and downturns

Economic slowdowns and downturns often lead to rises in unemployment and declines in wages and income, with negative effects for people's access to food, including their ability to afford healthy diets (see below).

In most regions, the economic growth rate rebounded after the 2008-2009 global economic downturn, but the recovery was uneven and short-lived, as many countries experienced declining trends since 2011, particularly since 2014 in some regions. For example, poor and uneven growth was prominent in sub-Saharan Africa, Latin America, and Western Asia since 2014: the percentage of countries experiencing economic downturns within these regions increased from 25% in 2014 to 38% in 2019 (see graph below). Following the COVID-19 pandemic, 94% of countries in sub-Saharan Africa, Latin America and Western Asia experienced an economic downturn in 2020, compared to 86% in other regions⁴⁰⁶.

Figure 58. Countries with economic downturns: comparison of sub-regions



Source: ICF, based on 2021 State of Food Security and Nutrition in the World Report.

⁴⁰³ Food Assistance Convention, *Annual Narrative Report*, 2016.

⁴⁰⁴ Food Assistance Convention, *Annual Narrative Report*, 2019.

⁴⁰⁵ Food Assistance Convention, *Annual Narrative Report*, 2021.

⁴⁰⁶ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021.

Examples of economic slowdowns and turndowns during 2016-2020 included:

- In 2018, Yemen was considered the worst humanitarian crisis in the world. After four years of conflict, the crisis had considerably deteriorated due to a combination of factors, including direct violence against civilians, destruction of civilian infrastructure, and the collapse of state institutions, the national economy and the functioning of the private sector⁴⁰⁷.
- Following years of severe economic stagnation, the government of Sudan tried to prevent economic collapse in December 2018 by imposing emergency austerity measures (e.g. cuts to bread and fuel subsidies) and imposing a sharp currency devaluation. This led to the overthrow of Omar Al-Bashir in April 2019 (having been in power since 1989) and to the formation of a transitional government⁴⁰⁸. However, recovery remained stagnant and the economy suffered from the impact of the COVID-19 pandemic, with the inflation rate rising from 63.3% in 2018 to an all-time high of 150% in 2020⁴⁰⁹, and GDP growth declining from -2.7% in 2018 to -3.6% in 2020⁴¹⁰.
- In 2019, population displacements from Venezuela were considered the largest migratory flow ever recorded in Latin America. Venezuela had experienced seven years of economic recession and hyperinflation, leading to collapsed health and education systems, massive shortages of food and medicines, a high level of criminal violence, and severe poverty and malnutrition⁴¹¹.

Evolution of unaffordability of healthy diets

In recent years, the FAO has started monitoring the cost and affordability of healthy diets around the world. Analysis of data collected for 2017-2019 shows that countries where the unaffordability of a healthy diet increased between 2017 and 2019 also showed higher levels of food insecurity, with a stronger positive correlation in low and medium-income countries⁴¹². Affordability of a diet is determined by the cost of food in relation to a person or household's income. Income changes can be driven by conflict, climate variability and extremes, and economic slowdowns and downturns. Meanwhile, the cost of nutritious foods is affected by factors such as low levels of productivity, high production risks, insufficient diversification in food production, inadequate food handling and storage, poor road infrastructure, and consumer behaviour⁴¹³.

Healthy diets were still unaffordable for three billion people in the world in 2019. While Asia and North America and Europe saw a decrease in the number of people who could not afford a healthy diet between 2017 and 2019 (see graph below), the number increased in Africa and in Latin America and the Caribbean. While estimates for 2020 are not yet available, the number of people unable to afford a healthy diet is expected to have increased due to the effects of inflation on food prices⁴¹⁴ and income losses stemming from the effects of the COVID-19 pandemic⁴¹⁵.

⁴⁰⁷ Food Assistance Convention, *Annual Narrative Report*, 2019.

⁴⁰⁸ Political Studies Association, *Sudan After Omar Al-Bashir's Overthrow*, 2020.

⁴⁰⁹ World Bank, Inflation, consumer prices (annual %) – Sudan, 2022.

⁴¹⁰ World Bank, GDP growth (annual %) – Sudan, 2022.

⁴¹¹ Food Assistance Convention, *Annual Narrative Report*, 2020.

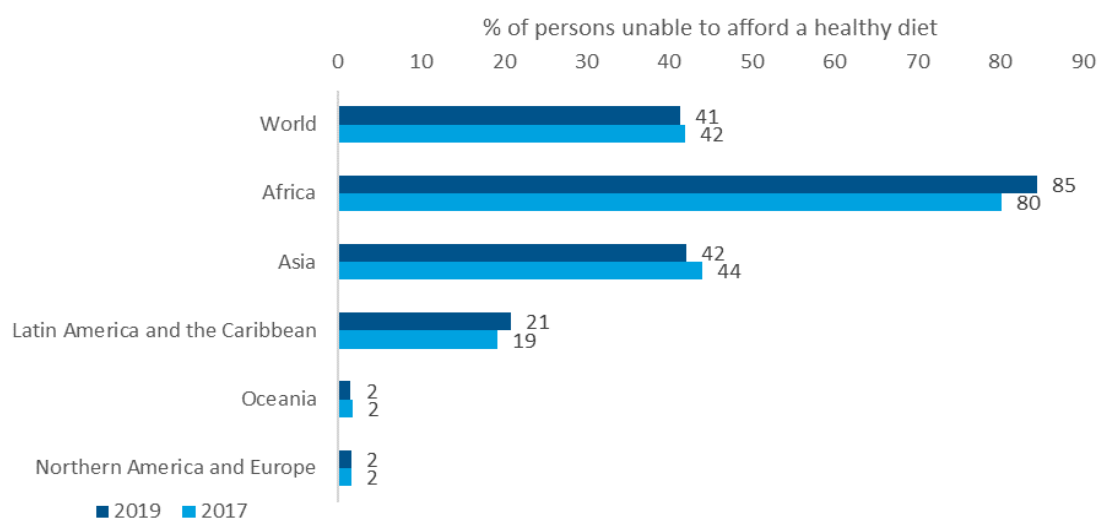
⁴¹² FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021, p. 83.

⁴¹³ *Ibid.*, pp. 55-58.

⁴¹⁴ By December 2020, global consumer food prices were higher than any month in the previous six years. For example, consumer food prices in Latin America and the Caribbean increased by 16% between January and December 2020 (FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021, p. 29).

⁴¹⁵ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021, pp. 25-29.

Figure 59. Percentage of people who cannot afford healthy diets, by region, 2017-2019



Source: ICF, based on 2021 State of Food Security and Nutrition in the World Report.

Examples of unaffordability of healthy diets between 2016 and 2020 included:

- In 2016, the Lake Chad region received more than 50% of humanitarian funding, with a strong focus on HFA & N interventions. This was in response to the Lake Chad crisis, which stemmed from chronic droughts since the 1970s and other forms of climate variability and extremes, persisting economic crises, conflict, rising inequality, and poor governance and corruption⁴¹⁶.
- By the end of 2018, an estimated 4.2 million people in eight Sahel countries needed immediate food assistance to save them from acute hunger. This was due to the resurgence of conflict, combined with extreme weather events, high insecurity, and volatile prices⁴¹⁷.

Evolution of food security and malnutrition⁴¹⁸

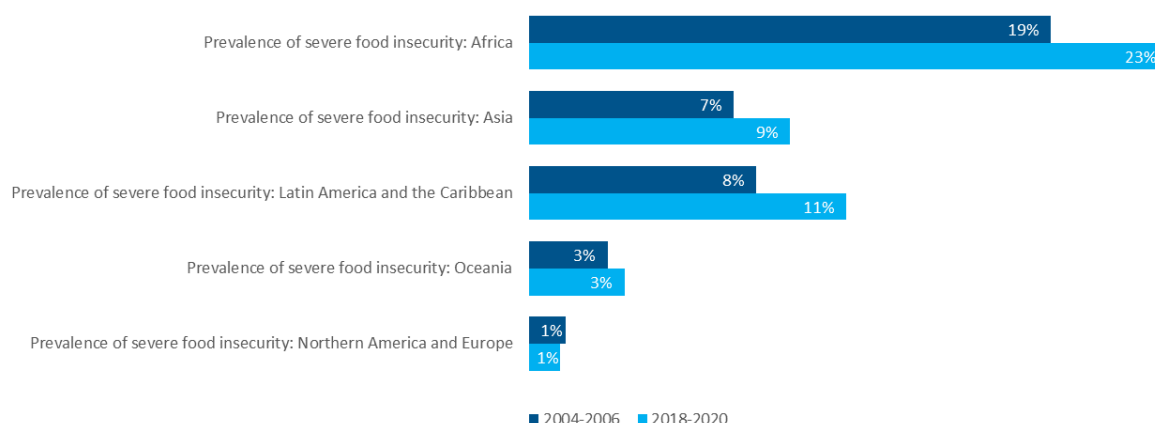
Overall, there was an increase in the prevalence of severe food insecurity at global level, with an average 8.2% of people in this situation between 2014 and 2016, growing to 10.5% between 2018 and 2020. At regional level, the increase was most pronounced in Sub-Saharan Africa (from 20.3% to 26.6%) and Western Africa (from 10.8% to 21.8%). The highest rates were found in South Sudan (from 65.4% to 62%) and Malawi (from 51.8% to 51.4%).

⁴¹⁶ Food Assistance Convention, *Annual Narrative Report*, 2016; MSF, *Over 10 million people heavily dependent on aid for survival*, 2020.

⁴¹⁷ Food Assistance Convention, *Annual Narrative Report*, 2020; MSF, *Over 10 million people heavily dependent on aid for survival*, 2020.

⁴¹⁸ Data for this section taken from FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*, 2021, Annex 1.

Figure 60. Prevalence of severe food security (% share of population)



Source: ICF, based on 2021 *State of Food Security and Nutrition in the World Report*.

The global prevalence of stunting in children under five years of age decreased in recent years, from 26.2% in 2012 to 22% in 2020. Despite this downward trend, the percentages for 2020 in Middle Africa and Eastern Africa remained high compared to those of other regions of the world⁴¹⁹ (36.8% and 32.6%, respectively). The countries with the highest shares of stunting were Burundi (56.8% in 2012 and 57.6% in 2020) and Timor-Leste (52.8% in 2012 and 48.8% in 2020).

The global prevalence of exclusive breastfeeding among infants under five months of age increased slightly, from 37% in 2012 to 44% in 2019. The regions with the lowest prevalence were the Caribbean (falling from 29.7% to 25.9%) and Eastern Asia (falling from 28.5% to 22%). Countries with the lowest prevalence of exclusive breastfeeding were the Dominican Republic (8% in 2012 and 4.6% in 2019) and Tunisia (8.5% and 13.5%, respectively).

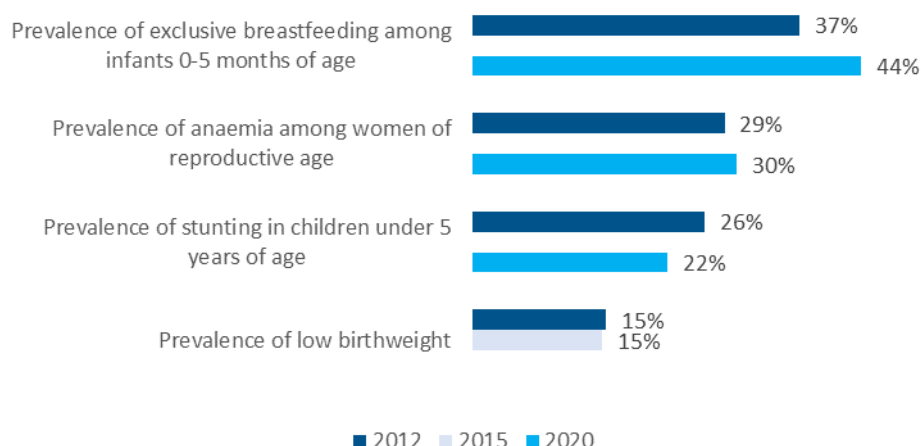
The global prevalence of low birthweight decreased in recent years, from 15% in 2012 to 14.6% in 2015⁴²⁰. The region most affected was Southern Asia (27.2% in 2012 and 26.4% in 2015), with the highest share in Bangladesh (29% in 2012 and 28.8% in 2015).

There was a slight increase in the global prevalence of anaemia among women of reproductive age (15-49 years old), from 28.5% in 2012 to 29.9% in 2019. The regions most affected were Western Africa (52.9% and 51.8%, respectively) and Southern Asia (48.3% and 48.2%, respectively). The countries with the highest shares were Yemen, which remained at 61.5% between 2012 and 2019, and India, which went from 53.2% to 53%.

⁴¹⁹ For example, in Central Asia the prevalence of stunting in children under five years of age was equivalent to 10% and Central America had a prevalence of 16.6%.

⁴²⁰ Data not yet available for 2020. According to UNICEF, data were not available for 27.1% of newborns in 2020 (UNICEF-WHO, *Low birthweight estimates*, 2021).

Figure 61. Global prevalence of stunting in children under years of age, anaemia among women of reproductive age, exclusive breastfeeding among infants 0-5 months of age, and low birthweight, 2012-2020⁴²¹

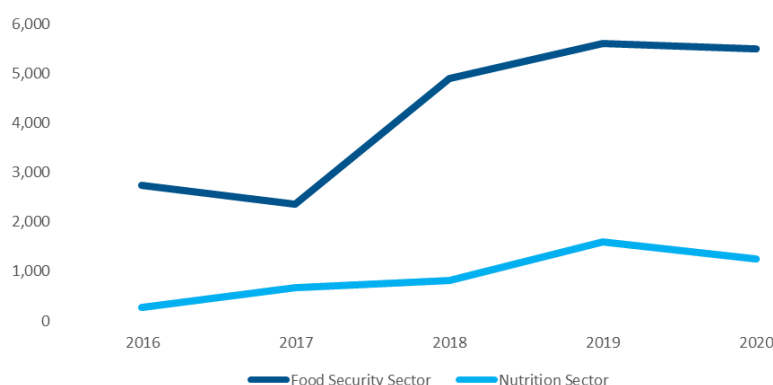


Source: ICF, based on 2021 State of Food Security and Nutrition in the World Report⁴²².

10.2 Overview of global humanitarian aid

In 2020, the total humanitarian aid funding to the HFA & N sectors⁴²³ had more than doubled compared to 2016, reaching EUR 6.7 billion. Of the two sectors, nutrition had experienced the biggest growth, increasing 4.5 fold. The funding to food security decreased slightly in 2017 and, after significant growth, decreased again in 2020. Funding to nutrition increased between 2016 and 2019, then decreased significantly in 2020 (by around 20%).

Figure 62. Evolution of total humanitarian aid funding to HFA & N, 2016-2020 (EUR million)



Source: ICF, based on UN OCHA FTS (data extracted on 21 April 2022). Exchange rate conversion: 1 EUR = 1.14 USD (based on the average exchange rate between 1 January 2016 and 31 December 2020), based on European Central Bank (ECB) data.

Based on the OCHA financial tracking system, the coverage of the registered appeals in the food security sector grew consistently from 2016 until 2019, then receded in 2020 to its lowest value in the period, at 55.7%. This could be partly linked to the socioeconomic impact of the COVID-19

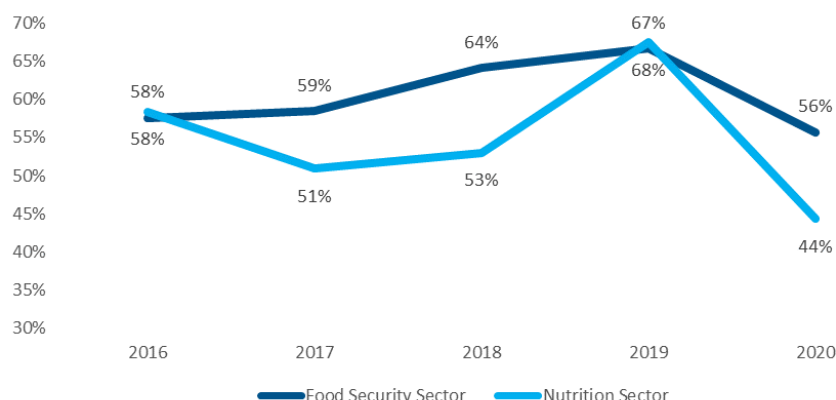
⁴²¹ Data for the prevalence of low birthweight not yet available for 2020. According to UNICEF, data were not available for 27.1% of new-borns in 2020 (UNICEF-WHO, *Low birthweight estimates*, 2021).

⁴²² For the prevalence of anaemia in women of reproductive age and the prevalence of exclusive breastfeeding among infants, data from 2019 were used, as 2020 data were not available.

⁴²³ UN OCHA FTS.

pandemic, which led to an estimated additional 6.7 million children under the age of five suffering from wasting in 2020⁴²⁴. Likewise, the coverage of appeals in the nutrition sector decreased in 2017, then increased significantly until 2019, before plunging to its lowest value in the period (44.3%) (see Figure 63). Again, this could be partly linked to the impact of the COVID-19 pandemic, with an estimated 80% of countries reporting disruptions in the coverage of key nutrition services as of August 2020⁴²⁵.

Figure 63. Evolution of global coverage of appeals in the food security sector and the nutrition sector (%)



Source: ICF, based on UN OCHA FTS. Data extracted on 21 April 2022.

The main donors to each of the two sectors were the US government, followed by the German government (second major donor for food security and third for nutrition), then DG ECHO (third major donor for food security and second for nutrition) (see Table 47)

Table 47. Main humanitarian aid donors to HFA & N sectors, 2016-2020

Food security sector	Nutrition sector	Food security and nutrition sectors
US (53%)	US (35%)	US (50%)
Germany, government of (9%)	DG ECHO (14%) ⁴²⁶	Germany (9%)
DG ECHO (6%) ⁴²⁷	UK (14%)	DG ECHO (7%) ⁴²⁸
UK (5%)	Germany (8%)	UK (7%)
Saudi Arabia (Kingdom of) (5%)	UNICEF (6%)	Saudi Arabia (Kingdom of) (5%)
UAE (4%)	Saudi Arabia (Kingdom of) (3%)	UAE (4%)
Japan, government of (2%)	Canada, government of (3%)	Canada, government of (2%)

⁴²⁴ UNICEF, *UNICEF calls for accelerated action to prevent and treat malnutrition caused by pandemic*, 2020, available at: <https://www.unicef.org/press-releases/unicef-additional-67-million-children-under-5-could-suffer-wasting-year-due-covid-19>

⁴²⁵ FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2021*, 2021, p. 33.

⁴²⁶ DG ECHO and DFID contributed 0.2% and European Commission (excluding DG ECHO and DG INTPA) contributed 0.5%. In total, the European Commission contributed 15%.

⁴²⁷ DG ECHO and DFID contributed 0.1%, DG INTPA contributed 0.1%, European Commission (excluding DG ECHO and DG INTPA) contributed 0.6%. In total, the European Commission contributed 6.7%.

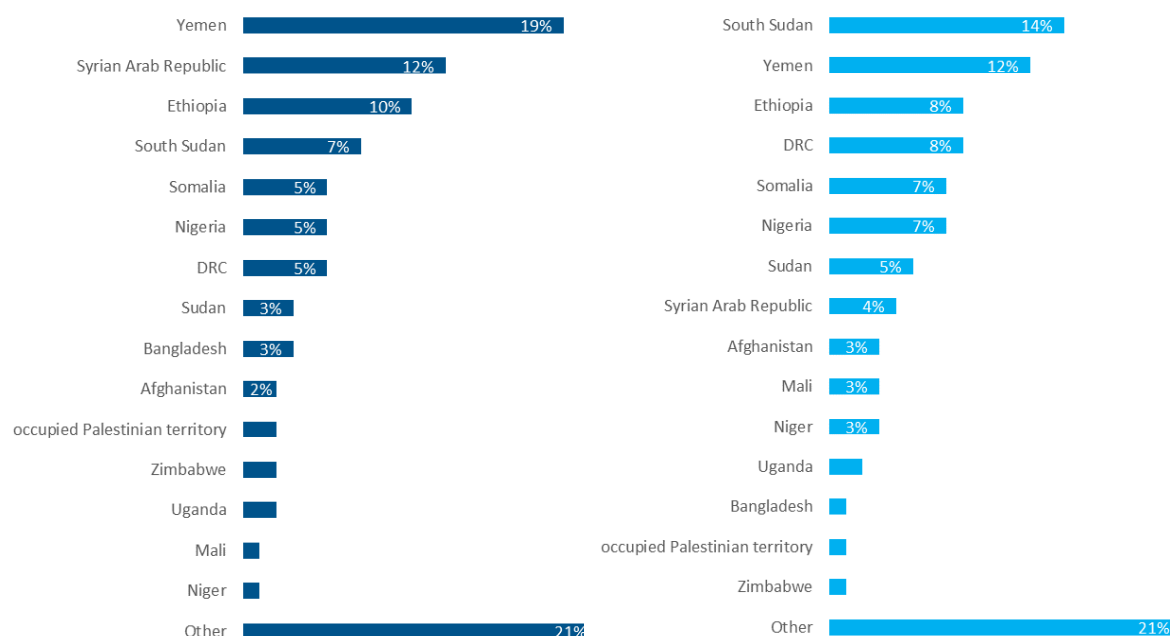
⁴²⁸ DG ECHO and DFID contributed 0.1%, DG INTPA contributed 0.1%, European Commission (excluding DG ECHO and DG INTPA) contributed 0.5%. In total, the European Commission contributed 7.4%.

Food security sector	Nutrition sector	Food security and nutrition sectors
Canada, government of (2%)	Belgium, government of (2%)	Japan, government of (2%)
Denmark, government of (1%)	Sweden, government of (2%)	Sweden, government of (1%)
Sweden, government of (1%)	UAE (1%)	UNICEF (1%)

Source: ICF, based on UN OCHA FTS. Data extracted on 21 April 2022.

Worldwide, the five main recipients of food security and nutrition humanitarian aid in 2016-2020 were Yemen (19%), followed by the Syrian Arab Republic (11%), Ethiopia (10%), South Sudan (8%) and Somalia (6%). Looking at each sector, the ranking of the main recipients of food security was the same, while the nutrition sector showed some differences, with the main recipient being South Sudan, and the Democratic Republic of the Congo and Nigeria ranking higher than the Syrian Arab Republic (see Table 48).

Table 48. Food security and nutrition humanitarian aid, by country, 2016-2020 (%)



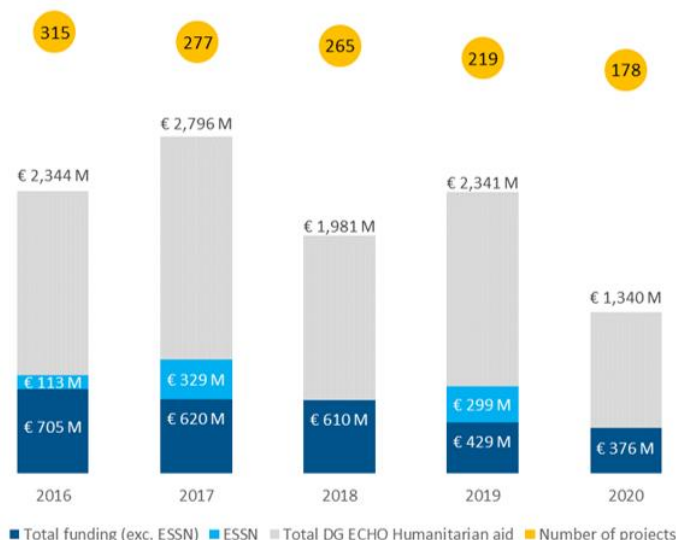
Source: ICF, based on UN OCHA FTS. Data extracted on 21 April 2022.

10.3 Overview of DG ECHO humanitarian aid in the FSL and nutrition sectors

From 2016 to 2020, a total of EUR 3.5 billion was allocated by DG ECHO to the FSL sector (56.5%), the nutrition sector (26.5%) and the 'food component' of the MPCT programmes (17%)⁴²⁹ worldwide. The funding allocated to these sectors and related projects increased in 2017 and 2019 and significantly decreased in 2020. As shown in Figure 64, this variation was, to some extent, in line with the evolution of the total funding of DG ECHO in the period.

⁴²⁹ In line with the approach adopted by DG ECHO, one-third of the funding to MPCT was assumed to be spent on food items.

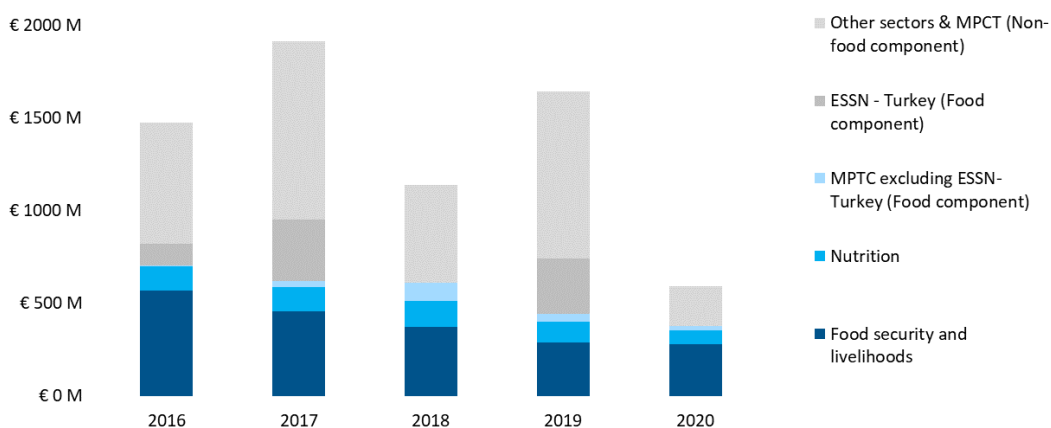
Figure 64. DG ECHO funding of FSL, nutrition and MPCT (food component)⁴³⁰ sectors, total DG ECHO humanitarian aid, and total number of projects covering at least one of those sectors, 2016-2020



Source: ICF, based on HOPE database.

While the funding allocated to the FSL and nutrition sectors decreased steadily over the period, the funding allocated to the MPCT sector (food component) showed some variations (see Figure 65).

Figure 65. DG ECHO funding, by FSL, nutrition and MPCT sectors⁴³¹



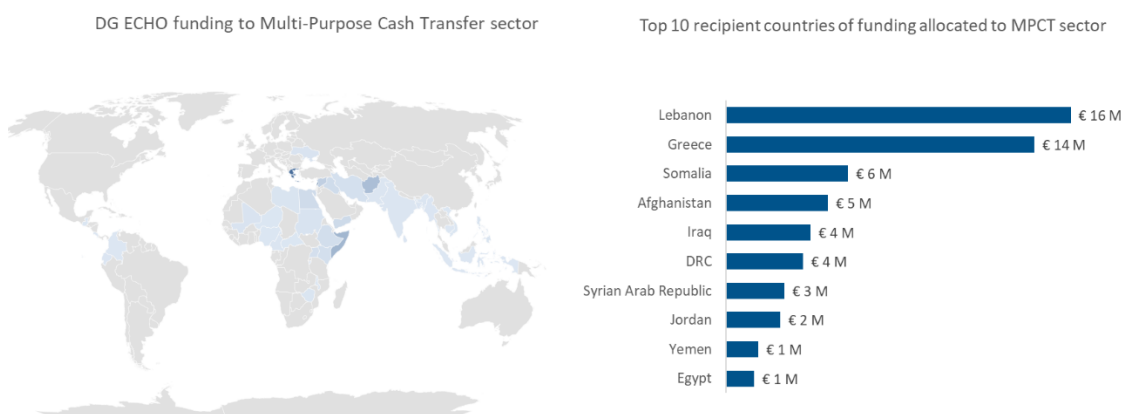
Source: ICF, based on HOPE database.

Those variations were due to the EUR 2.3 billion allocated to the ESSN programme (see Figure 68) to support the basic needs of Syrians under temporary protection in Turkey, of which an estimated EUR 741 million was allocated to the food component.

⁴³⁰ Ibid.

⁴³¹ Excludes projects that did not have activities in FSL, nutrition or MPCT sectors.

Figure 66. DG ECHO's allocation of funding in the MPCT sector (food component) in 2016-2020 (excluding ESSN)

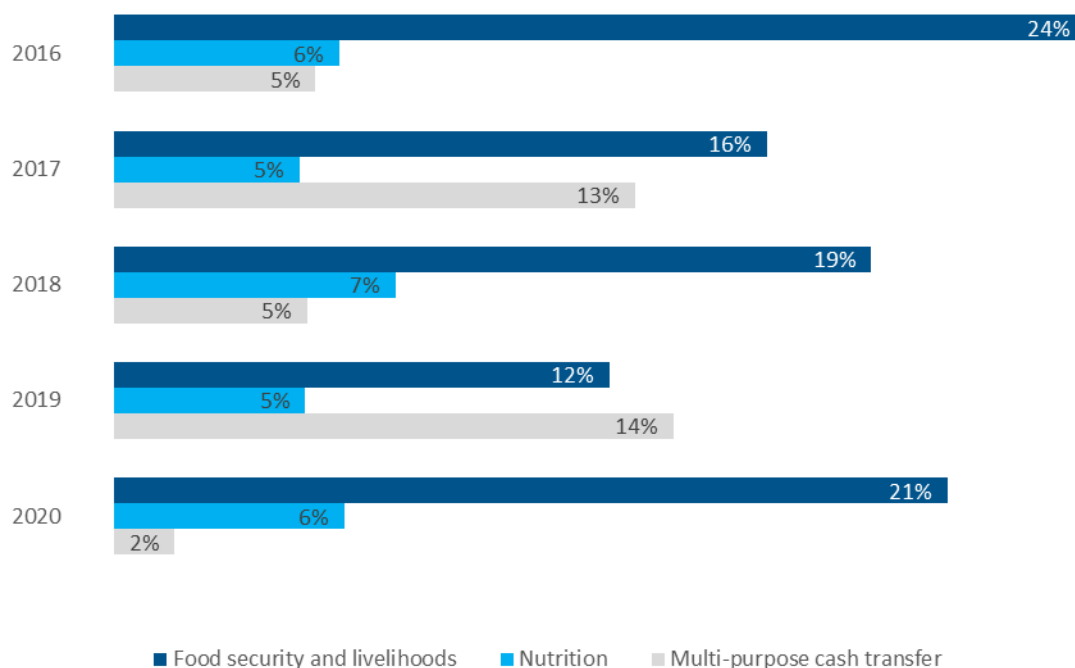


Source: ICF, based on HOPE database.

Note: Funding for the food component of the ESSN was about EUR 741 million.

The share of the total DG ECHO funding allocated to FSL reduced from 24% to 21% in the period, while the share allocated to nutrition only had some slight fluctuations, with no clear trend (see Figure 67).

Figure 67. Share of total DG ECHO funding allocated to FSL, nutrition and MPCT (food component)⁴³² sectors, 2016-2020



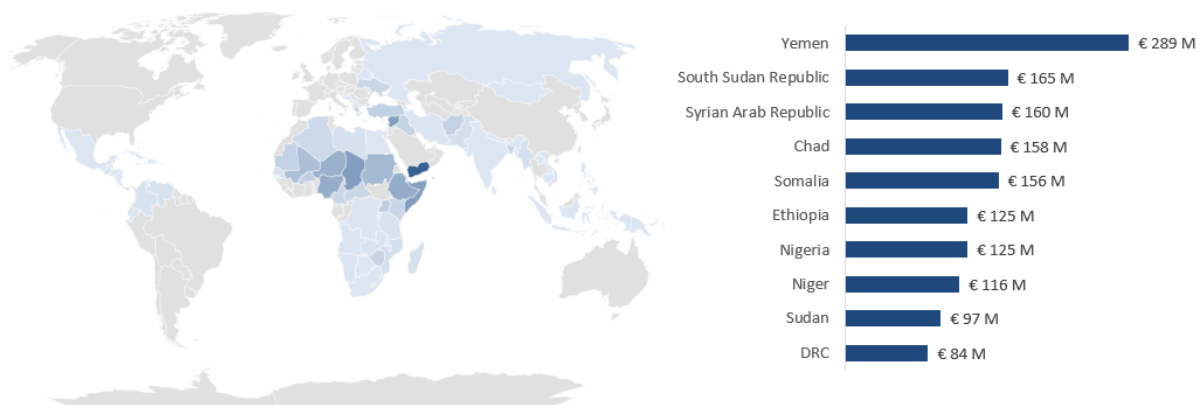
Source: ICF, based on HOPE database.

DG ECHO's funding to the FSL and nutrition sectors was mostly allocated to countries from arid and desert regions facing food shortages and malnutrition due to conflict and climatic conditions.

⁴³² Ibid.

Yemen was the main recipient, addressing the acute needs of the Yemeni population affected by the conflict. South Sudan and Syria received EUR 165 million and EUR 160 million, respectively, for projects in the food and nutrition sector. Of the 10 main recipient countries of DG ECHO funding for food and nutrition, nine were located in Africa, in the arid Sahara region or in central Africa.

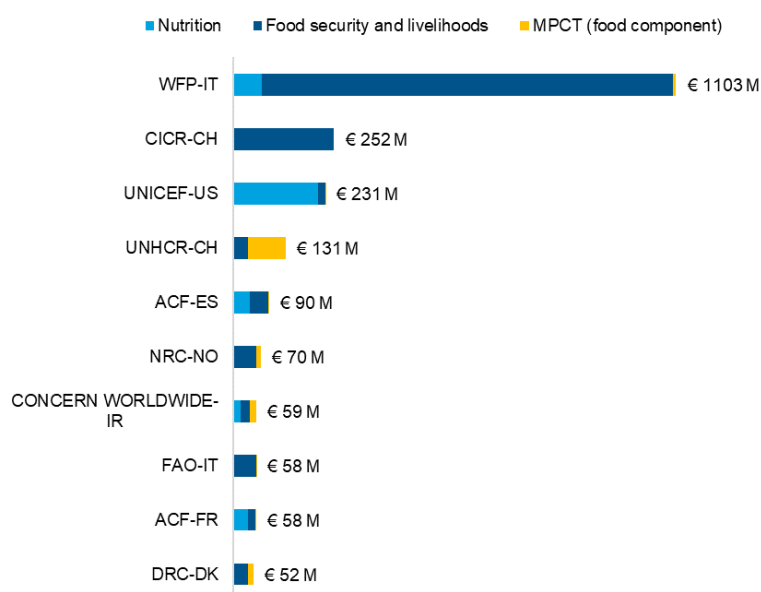
Figure 68. DG ECHO allocation of funding in the FSL and nutrition sectors, 2016-2020



Source: ICF, based on HOPE database.

The WFP was DG ECHO's main implementing partner for FSL programmes and MPCT (food component) programmes, receiving close to EUR 1.1 billion over the evaluation period (excluding ESSN funding). Without the funding allocated to the ESSN programme – which absorbed a disproportionately large amount of DG ECHO funding in the food, nutrition and MPCT sectors – the UNHCR was DG ECHO's main implementing partner for MPCT programmes (food component), while the WFP and CICR were the main partners for FSL programmes and UNICEF was the main partner for nutrition programmes worldwide.

Figure 69. Main DG ECHO partners in the FSL, nutrition and MPCT sectors (food component, excluding ESSN⁴³³), 2016-2020



Source: ICF, based on HOPE database.

⁴³³ Ibid.

That funding allowed DG ECHO to participate in the global effort to reduce food insecurity and respond to (some of) the needs described in Section 10.1, including the key responses listed in Table 49.

Table 49. DG ECHO key responses, 2016-2020

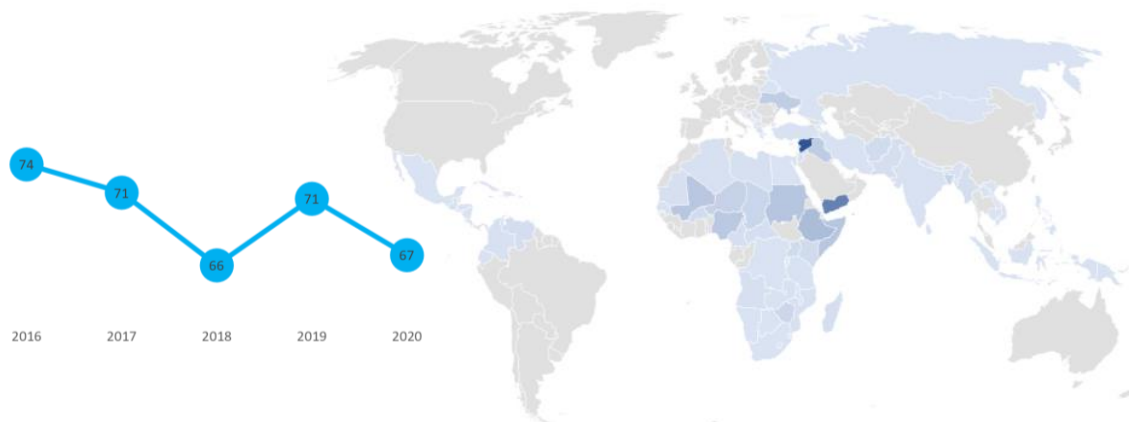
Drivers	2016	2017	2018	2019	2020
Conflict and violence	Syria (FSL); Yemen, South Sudan, Somalia, Lake Chad – especially Nigeria, Ukraine (FSL; nutrition)	Syria (FSL) South Sudan, Somalia, North Nigeria, Yemen (not specified), Myanmar Ukraine (FSL; nutrition)	Yemen, Democratic Republic of Congo, South Sudan, Somalia, Lake Chad – especially North Eastern Nigeria, Sahel, Ukraine (FSL; nutrition), Myanmar (nutrition), Afghanistan (FSL)	Yemen, Democratic Republic of Congo, Ukraine, Lake Chad, Sahel, Philippines, South Sudan (FSL; nutrition), Syria, Afghanistan (FSL)	Yemen, Syria, South Sudan, Ethiopia, Democratic Republic of Congo, Lake Chad, Sahel, Afghanistan, South Sudan (FSL; nutrition), Bangladesh (food assistance), South Sudan
Displacement resulting from conflict and violence in neighbouring countries	Greece, Lebanon, Turkey, Jordan (FSL; nutrition)	Jordan and Turkey (not specified), Horn of Africa region, Bangladesh (FSL; nutrition)	Jordan and Turkey (not specified), Ethiopia, DRC (FSL; nutrition), Bangladesh (nutrition)	Algeria - Saharawi refugees (not specified)	Ethiopia (FSL; nutrition)
Climate variability and extremes	El Niño: Ethiopia (FSL; nutrition); Hurricane Matthew: Haiti (FSL) Drought: Somalia (FSL; nutrition)	Sahel region (FSL; nutrition)	Drought, floods: Somalia, Sahel region (FSL; nutrition); Earthquake and tsunami: Indonesia (FSL); Drought: Afghanistan (FSL)	Afghanistan (FSL); Sahel region (FSL; nutrition); Earthquakes: Philippines (FSL; nutrition); Floods: South Sudan, Somalia (FSL; nutrition), Droughts:	Afghanistan, Floods: South Sudan, (FSL & nutrition), Somalia; Droughts: Ethiopia, Sahel; Typhoons Goni and Vamco: Philippines; Hurricanes: Central

Drivers	2016	2017	2018	2019	2020
				Ethiopia (FSL; nutrition)	America (FSL & nutrition)
Economic slowdowns and downturns	Yemen, Lebanon, Turkey Jordan (FSL; nutrition)	Sahel region, Yemen, Lebanon, Turkey, Jordan (FSL; nutrition)	Sahel region, Yemen, Venezuela, Lebanon, Turkey, Jordan, South Sudan (FSL; nutrition)	Yemen, Venezuela, Lebanon, Turkey, Jordan, South Sudan (FSL; nutrition),	Yemen, Lebanon, Turkey, Jordan, Democratic Republic of Congo, Venezuela, South Sudan (FSL; nutrition)
Unaffordability of healthy diets	All of the above	All of the above	All of the above	All of the above	All of the above

Source: ICF elaboration.

The FSL, nutrition and MPCT components of the actions funded by DG ECHO between 2016 and 2020 reached a total of 348 million beneficiaries⁴³⁴ across the world (see Figure 70), most located in Africa and Middle East.

Figure 70. Distribution and evolution of total beneficiaries, 2016-2020 (millions)



Source: ICF, based on HOPE database.

Note: the darker the blue, the more beneficiaries were targeted in the country.

⁴³⁴ Actions reached a higher number as they also targeted beneficiaries in other sectors.

11 ANSWERS TO THE EVALUATION QUESTIONS

This section presents the findings from our research, based on the different sources of information (see section 9). Each evaluation question starts with a summary of key findings per judgement criteria as well as an assessment of the strength of evidence, using a colour code system, as described below.

Ranking of evidence	
Strong	<p>High quality body of evidence, large or medium in size, highly or moderately consistent, and contextually relevant.</p> <ul style="list-style-type: none"> • Quality – includes high-quality studies and evaluations and/or good quality soft data • Size – large or medium • Consistency – similar messages emerge from different pieces of evidence. There might be some areas of dissonance/divergence
Medium	<p>Moderate-quality studies, medium-sized evidence body, moderate level of consistency. Studies may or may not be contextually relevant</p> <ul style="list-style-type: none"> • Quality – good quality soft data • Size – medium • Consistency – similar messages emerge from different pieces of evidence. There might be some areas of dissonance/divergence
Weak	<p>The evidence is limited to a single source of questionable quality (i.e. there is an obvious risk of bias) or is mainly anecdotal in nature or there are many sources of evidence but the information is highly contradictory and it is not possible to distinguish the quality</p>

11.1 Relevance

EQ1. To what extent do the objectives and design of DG ECHO's Humanitarian Food Assistance (HFA) and nutrition programming and interventions respond to the needs and priorities of the beneficiaries (especially those of the most vulnerable) while considering relevant contextual factors (in line with DG ECHO guidelines)?

Table 50. EQ1: Key conclusions

Judgement criteria	S	Key conclusions
JC1.1. The programming in the two sectors was preceded by and took into account a proper funding prioritisation as well as comprehensive needs assessments (especially those of the most vulnerable)		<ul style="list-style-type: none"> • Programming decisions (i.e. Worldwide Decision, HIPs) in the two sectors were preceded by comprehensive needs assessments at regional and country-level, drawing from a wide range of data sources and information systems • The needs assessments constituted the basis for DG ECHO's response in the two sectors and were used to establish programming-level priorities. For this, DG ECHO made systematic use of geographical criteria and HFA / nutrition-specific indicators (GAM and SAM prevalence, IPC phase, FCS, CSI), but it also considered

	<p>other factors (e.g. feasibility of working in the region / country, presence of reliable partners in the field, funding available)</p> <ul style="list-style-type: none"> • Several challenges – in part caused by restricted humanitarian access - relating to the availability or reliability of the data used to carry out the needs assessments informing the HIPs, affected the quality of the analyses, despite DG ECHO's efforts during the evaluation period to improve the breadth and quality of data collected. Issues specifically relating to targeting criteria were also identified (e.g. limitations of using the IPC phase to prioritise regions, lack of harmonisation among partners in terms of targeting in the HFA context, challenges in the verification of the social registry to target vulnerable groups) • The priorities identified by DG ECHO adequately reflected existing needs in both sectors. Certain shortcomings affecting DG ECHO's ability to address these needs were however identified, the main one being insufficient availability of funding
<p>JC1.2. Assistance was continuously well targeted to ensure that it was used only where it was most urgently required and given to those that most needed it</p>	<ul style="list-style-type: none"> • DG ECHO partners carried out needs assessments when designing interventions, in line with the requirements and guidelines on the focus of the intervention per sector established by the HIPs. They employed a combination of qualitative and quantitative approaches to identify needs and target the most vulnerable population, with many of them implementing participatory approaches • Most actions based their targeting approach on age and gender considerations, refining it by using standard nutrition / HFA-related indicators and, in some cases, a combination of socio-economic indicators. Evidence on the specific targeting criteria used by DG ECHO partners was largely limited to the project mapping • DG ECHO partners faced challenges in carrying out needs assessments. Along with restricted humanitarian access, the difficulties were mostly linked to security risks, resource constraints, and difficulties in complying with DG ECHO requirements (i.e. short timeline to submit proposals and strict requirements regarding the data to be provided, which is not always available) • There was limited evidence on the adequateness of the methods used by framework partners to identify the needs on the ground and target the most vulnerable individuals. It pointed to varying levels of satisfaction among DG ECHO officials. Projects funded by DG ECHO in the HFA & N sectors were generally found to be

		relevant to DG ECHO's strategy and tailored to contextual circumstances, with some exceptions
JC1.3. Interventions were routinely monitored and the programming in the two sectors was reassessed and, when needed, adapted/adjusted to ensure that it continued to respond to the priority needs of the beneficiaries as a result of changes to circumstances		<ul style="list-style-type: none"> • DG ECHO routinely monitored the humanitarian context and needs at region and country-level and adapted its response to any changes, as evidenced by the numerous changes to the HIPs and emergency financial top-ups adopted during the evaluation period. DG ECHO also showed flexibility to adapt to changing circumstances (e.g. by allowing for changes to the elements financed). However, some room for further flexibility was identified, namely in relation to the length of the procedures to adapt the HIPs and the need to allow for longer periods with DG ECHO's funding • DG ECHO partners also demonstrated flexibility over the evaluation period, with many requesting modifications to adapt to changing needs. The main tools allowing flexibility at programming and action level were the RRM, the crisis modifiers and financial top-ups • Certain challenges affecting the ability to adapt to changing needs were identified by a small number of framework / implementing partners (i.e. insufficient financial flexibility, and limited DG ECHO support to some organisations participating in the RRM) • DG ECHO regularly monitored the implemented actions through monitoring missions. The specific follow-up actions generally involved the discussion of observations and recommendations with DG ECHO officials and the relevant partner(s). Although no specific enforcement mechanism exists, DG ECHO considered the take-up of actions by the partner

In line with the guidelines set in the Thematic Policy Documents on Humanitarian Food Assistance (HFA) and on Nutrition, DG ECHO's programming and funding allocation was based on comprehensive assessments of needs at regional and country level. As a result, DG ECHO's strategy in the two sectors largely reflected the most acute needs identified by DG ECHO and its partners, although some room for further relevance was identified (JC1.1).

The policy framework for the EU's humanitarian assistance in the HFA & N sectors is set in the 2013 Thematic Policy Documents No. 1 (HFA)⁴³⁵ and No. 4 (Nutrition), respectively.⁴³⁶ Both documents provide that humanitarian interventions should follow a needs-based approach and be preceded by an appropriate needs assessment. They also set high-level requirements on the information that should be considered. The HFA Policy Document refers, for instance, to "routine information on food security derived from systematic monitoring and early warning systems" as well as to information on the situation context, socio-political and operational dimensions. The

⁴³⁵ European Commission, Humanitarian Food Assistance: From Food Aid to Food Assistance, DG ECHO Thematic Policy Document No. 1, 2013.

⁴³⁶ European Commission, Nutrition: Addressing Undernutrition in Emergencies, DG ECHO Thematic Policy Document no. 4, 2013.

Nutrition Policy Document, in turn, makes explicit reference to standard indicators (GAM and SAM prevalence, access to food and access to basic health care).

In line with the guidelines set out in these two documents mentioned above, DG ECHO carried out comprehensive needs assessments at regional and country level to inform any programming decision in the two sectors over the evaluation period. This is reflected in the 2016 – 2020 Worldwide Decisions and HIPs, which show that to inform yearly financing decisions, DG ECHO regularly conducted needs assessments at regional and country level, complementing them with three quantitative indexes: index for risk management (INFORM Risk) – which contains three sets of indicators, i.e. hazard and exposure, vulnerability, and lack of coping capacity - a crisis severity assessment (INFORM Severity), and the forgotten crisis assessment (FCA).⁴³⁷ Several DG ECHO staff and DG ECHO partners consulted confirmed that DG ECHO's programming decisions are preceded by detailed needs assessments,⁴³⁸ with one DG ECHO official further explaining that HFA funding is decided through the FIT (Funding Allocation Expert Survey, formerly known as the Integrated Analysis Framework), which uses the information from the needs assessments and the INFORM analyses.⁴³⁹

The specific data sources used and approach followed to carry out the needs assessment were not standardised across HIPs over the evaluation period, chiefly because the information available and the humanitarian context differed across regions.⁴⁴⁰ Generally, DG ECHO relied heavily on information and analysis on the situation on the ground provided by DG ECHO partners, especially – albeit not only – the needs assessments that they include in their project proposals.⁴⁴¹ Its strong presence in the field meant that DG ECHO was also actively involved in the collection of data to inform the needs assessments, with its country offices sharing real-time information and actively participating in relevant mechanisms, such as the Cadre Harmonisé.⁴⁴² The data reported by DG ECHO partners and country officers were complemented by any secondary data available, such as the Humanitarian Needs Overview (HNO) but also any macro-economic data and information reported by UN agencies and other key organisations.⁴⁴³

The needs assessments constituted the basis for DG ECHO's response strategy in the two sectors. They were also used to establish priorities in terms of regions / countries and population groups, for which DG ECHO made systematic use of geographical criteria and HFA/nutrition-specific indicators, while also considering other factors (JC1.1). The 2016 – 2020 HIPs identified the most acute needs in each sector and established priorities in terms of countries / regions and population groups to be covered by DG ECHO-funded actions accordingly.⁴⁴⁴ To do so, DG ECHO made systematic use of standard indicators widely accepted by the humanitarian community:

- In the FSL and MPCT sector, the main indicators were the Integrated Food Secure Phase Classification (IPC phase), food consumption and, to some extent, food availability (while the analysis of food utilisation and livelihood profiling was limited). Stakeholders consulted confirmed that the IPC phase is the main indicator used to prioritise countries or regions for HFA interventions, generally focusing on countries with the largest percentage of people in IPC3, 4 and 5.⁴⁴⁵ The IPC phase is complemented with other indicators –

⁴³⁷ European Commission, Worldwide Decisions and HIPs, 2016-2020.

⁴³⁸ KIIs (five DG ECHO staff, one partner).

⁴³⁹ KIIs (one DG ECHO staff).

⁴⁴⁰ KIIs (one DG ECHO staff).

⁴⁴¹ KIIs (one DG ECHO staff, one partner); case study on multi-sector response.

⁴⁴² KIIs (one partner); case study on humanitarian access; case study on multi-sector response.

⁴⁴³ KIIs (one DG ECHO staff).

⁴⁴⁴ European Commission, HIPs, 2016-2020.

⁴⁴⁵ KIIs (five DG ECHO staff); case study on use of cash and other transfer modalities; case study on integrated approach to food insecurity and malnutrition.

including nutrition-related indicators (see below)– to provide more granularity and fill in data gaps.

- To identify nutrition-related needs, DG ECHO mostly analysed the Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) rates.⁴⁴⁶ Other methods, such as Weight-for-height and MUAC-based assessments were also identified as relevant methods to estimate the prevalence of undernutrition.⁴⁴⁷

DG ECHO also considered other factors when prioritising interventions in the HFA and Nutrition sectors, namely:

- The feasibility of working in the region / country,⁴⁴⁸ determined by aspects like the security situation or limitations in the humanitarian space allowed by national governments;
- The presence of reliable partners in the field and local capacities to address needs.⁴⁴⁹ This is reflected in the 2016 – 2020 HIPs, all of which described the national and international humanitarian responses and provided an overview of the main national and international bodies, plans, frameworks, initiatives, etc. in the region, often highlighting existing gaps and occasionally pointing out opportunities for synergies;⁴⁵⁰
- Funding available;⁴⁵¹
- Needs and interventions in other sectors,⁴⁵² e.g. health interventions; and
- Policy and political considerations (e.g. cash policy or the political implications of intervening in a given crisis).⁴⁵³

Despite efforts made by DG ECHO to ensure the quality and comprehensiveness of their needs assessments, the evaluation found that certain challenges remained, which sometimes affected the quality of these analyses (JC1.1). Challenges relating to data collection, availability or quality of the data used for the needs assessments were identified in the 2016 – 2020 HIPs⁴⁵⁴ as well as several mission reports reviewed (e.g. in Ethiopia,⁴⁵⁵ Lebanon,⁴⁵⁶ Mozambique,⁴⁵⁷ South Sudan,⁴⁵⁸ and Burkina Faso⁴⁵⁹). Many of the examples identified in these documents related specifically to issues with nutritional data (in Ethiopia, Lebanon, South Sudan or the challenges highlighted in the 2017 HIP for North Africa in relation to Palestinian refugee camps⁴⁶⁰). However, a DG ECHO thematic expert consulted clarified that overall the availability of data to assess HFA-related needs was actually worse than what was available to assess nutrition needs.⁴⁶¹

⁴⁴⁶ European Commission, HIPs, 2016-2020; case study on multi-sector response.

⁴⁴⁷ Ibid.

⁴⁴⁸ European Commission, HIPs, 2016-2020; KIIs (two DG ECHO staff).

⁴⁴⁹ European Commission, HIPs, 2016-2020; KIIs (two DG ECHO staff).

⁴⁵⁰ See for example: HIP 2019 Horn of Africa, HIP 2018 Central Africa.

⁴⁵¹ KIIs (one DG ECHO staff).

⁴⁵² KIIs (one DG ECHO staff).

⁴⁵³ KIIs (one DG ECHO staff).

⁴⁵⁴ European Commission, HIPs, 2016-2020; see for example: 2016 HIP Caribbean, 2016 HIP Central America and Mexico, HIP 2016 Yemen, HIP 2017 North Africa, HIP 2017 Sudan and South Sudan, 2017 and 2018 HIP West Africa.

⁴⁵⁵ DG ECHO, Joint nutrition mission for policy and strategic support in Ethiopia from 2 December 2019 to 6 December 2019.

⁴⁵⁶ DG ECHO, Lebanon field visit and participation in the Global Nutrition Cluster, 2017.

⁴⁵⁷ DG ECHO, *Mission report – Mozambique*, 11-15 October 2021.

⁴⁵⁸ DG ECHO, *Monitoring and UNICEF programming and follow-up on previous visit*, 2019.

⁴⁵⁹ DG ECHO, *Rapport de mission - Assistance Alimentaire (AA) au Burkina Faso*, 2019, Annexes.

⁴⁶⁰ HIP referred to the lack of nutrition surveys in the Palestinian refugee camps since 2012 (somewhat mitigated in 2018 with the launch of a survey).

⁴⁶¹ KIIs (one DG ECHO staff).

Often, the issues around the lack / quality of the available data were linked to restricted humanitarian access.⁴⁶² Restricted humanitarian access had a direct impact on the ability of DG ECHO partners to properly assess the needs on the ground (see further details below) and, given DG ECHO's reliance on the needs assessments made by its partners, it ultimately affected the quality of DG ECHO's analyses as well. An example of this was provided by a DG ECHO officer consulted, who explained that it was becoming increasingly difficult to obtain updated information on the level of acute malnutrition, especially in the context of man-made conflicts, where either security issues or uncollaborative governments prevented DG ECHO partners from gathering updated data (e.g. in Yemen and more recently Afghanistan).⁴⁶³ Another example of how the loss of access to certain areas hindered DG ECHO's ability to properly assess the situation and the humanitarian needs emerged from the review of documentation, with a report from 2017 indicated a "slight improvement" of the food security situation in north-eastern Nigeria which was in fact the result of humanitarian actors losing access to certain areas.⁴⁶⁴

The evaluation found evidence that these limitations were factored in by DG ECHO⁴⁶⁵ – and partly mitigated by relying on other sources, such as anthropometric studies – but they nonetheless affected DG ECHO's programming ability. Wider efforts made by DG ECHO to improve the availability and quality of FA&N data included, for example:

- The launch of the Global Network against Food Crises in 2016 (joint EU – WFP – FAO initiative): platform for consensus building on the assessments of needs and coordination of the global response to food crises, which also incorporates a technical component (under which the Global Report on Food Crises is published) and a political component.
- Organisation of yearly needs assessment workshops (since 2017) gathering DG ECHO and senior experts from the UN, INGOs, Global clusters, specialist organisations and donors to discuss how to ensure joint and impartial needs assessments.
- The production of multi-sectoral needs analyses, which resulted in more effective – due to less stakeholder fatigue – and efficient processes.

Challenges specifically related to targeting

Among the issues identified in the evaluation, some specifically related to the approach followed to target the regions or individuals with the most acute needs, namely:

- Limitations of using the IPC phase to prioritise regions in the HFA sector, due to variances in the extent to which this information is being collected. In some regions (i.e. Africa), (nearly) all countries collect this type of information, while in other regions few countries do (e.g. in Asia, only Pakistan collects relevant information).⁴⁶⁶
- A lack of harmonisation among partners in terms of targeting in the HFA context and related challenges surrounding the introduction of the social registry to target refugees. According to a DG ECHO official consulted, framework / implementing partners in Mauritania sought to harmonise their targeting approaches during the evaluation period to facilitate the establishment of national mechanisms that would capitalise on what humanitarian organisations had been doing, with a view to transition from humanitarian assistance to a social safety net. In this context, DG ECHO requested that all partners used the lists they

⁴⁶² KIIs (one DG ECHO staff, one partner); case study on humanitarian access.

⁴⁶³ KIIs (one DG ECHO staff).

⁴⁶⁴ ICF, based on UN OCHA FTS (data extracted on 21 April 2022); ICF, based on data from HOPE/EVA databases.

⁴⁶⁵ KIIs (one DG ECHO staff). In the yearly Global Report on Food Crises (flagship publication of the Global Network against Food Crises, launched in 2016), DG ECHO recommended paying attention to this issue in the future.

⁴⁶⁶ KIIs (two DG ECHO staff).

received from the social registry and perform verifications to minimise inclusion and exclusion errors, which required more work than envisaged, partly due to a lack of clarity as to how to perform the verification.⁴⁶⁷

The evaluation found that DG ECHO was largely successful in setting key priorities in both sectors and to tailor its response to contextual circumstances. Certain shortcomings affecting DG ECHO's ability to better address existing needs were however identified, the main one being insufficient funding (JC1.1).

The consultations with key informants and the field missions showed that overall, the perception among DG ECHO partners is that the priorities established by DG ECHO largely reflected existing needs⁴⁶⁸ and that it was tailored to specific circumstances.⁴⁶⁹ Among the positive aspects highlighted, several partners referred to the alignment between DG ECHO's priorities and the identified needs and priorities of national governments in the beneficiary countries.⁴⁷⁰ This seems to have been particularly the case in the Sahel region⁴⁷¹ and in emergency contexts.⁴⁷²

Some room for improvement was also identified by both DG ECHO officials and its partners. The main shortcoming related to insufficient funding, which seems to have limited DG ECHO's ability to address all (most acute) needs,⁴⁷³ particularly in the field of nutrition.⁴⁷⁴

The data on share of funding allocations to the two sectors (presented in section 10 of this report) show that while DG ECHO's contributions to the two sectors remained relatively stable during the evaluation period, its relative contribution (i.e. DG ECHO funding / overall funding) dropped significantly, from 23% in 2016 to 5% in 2020.⁴⁷⁵ The drop is explained by the fact that funding from other donors to the two sectors increased considerably (Figure 62 in Section 10.2) – reflecting, to some extent, the increase in the prevalence of severe food insecurity and undernourishment at global level, particularly in 2020 due to the COVID-19 pandemic (Figure 55 Section 10.1) - while DG ECHO's contributions remained stable (Figure 64 in Section 10.3). Notwithstanding this, DG ECHO remained the third largest aid donor to the two sectors combined

Other shortcomings often highlighted by stakeholders were:

- The need for longer-term planning and a more integrated approach between the HFA sector and nutrition / livelihoods interventions.⁴⁷⁶ A dissenting view was expressed by an EU official consulted, who argued that livelihood activities fall outside of DG ECHO's mandate.⁴⁷⁷
- In the field of nutrition, an excessive focus on treatment (as opposed to prevention) as well as the funding of some national nutrition surveys and early warning systems that were not emergency tools.⁴⁷⁸

Other less commonly reported shortcomings concerned the need for better prioritisation at global level to ensure that regions that are in a difficult but better situation in terms of food insecurity

⁴⁶⁷ KIIs (one DG ECHO staff).

⁴⁶⁸ KIIs (six partners); survey of partners (91%); case study on Niger.

⁴⁶⁹ Survey of partners (71%).

⁴⁷⁰ KIIs (six partners).

⁴⁷¹ KIIs (one partner).

⁴⁷² KIIs (one partner).

⁴⁷³ KIIs (four partners, two DG ECHO staff); case study on multi-sector response.

⁴⁷⁴ KIIs (one partner, one DG ECHO staff).

⁴⁷⁵ ICF, based on UN OCHA FTS (data extracted on 21 April 2022).

⁴⁷⁶ KIIs (three partners, one third-country donor); case study on multi-sectoral response (Niger).

⁴⁷⁷ KIIs (one EU institution).

⁴⁷⁸ KIIs (two partners).

compared to the Sahel can also be adequately targeted,⁴⁷⁹ and the failure to properly consider the impact of climate change in the design of interventions.⁴⁸⁰

At action level, needs assessments were also commonly carried out by DG ECHO partners during the evaluation period when designing the interventions. Partners employed a combination of qualitative and quantitative approaches to identify needs and target the most vulnerable population (JC1.2).

All HIPs published between 2016 and 2020 reminded of the obligation of implementing partners to conduct needs assessments when designing their interventions,⁴⁸¹ in line with DG ECHO's Thematic Policy Documents No. 1 and 4. The HIPs established specific requirements on how needs assessments should be carried out and provided recommendations on how to assess specific nutrition needs of infants, young children, and women. The evidence collected – notably the project mapping - also shows that one of the aspects that DG ECHO verified when reviewing proposals for funding was whether the partner applying for DG ECHO funding had carried out a needs assessment prior to designing the intervention, along with the quality of the exercise and the extent to which it had informed the design of the action⁴⁸²

For most actions reviewed, the partner carried out the needs assessment themselves, at least partially.⁴⁸³ In other cases, DG ECHO partners relied on needs assessments conducted by other organisations, on data they had collected previously in the field, or on data gathered during other similar or previous interventions. DG ECHO partners also carried out joint needs assessments in cooperation with other organisations, usually organisations active in the same sector (e.g. FAO conducted joint assessments with the WFP and NGO partners).⁴⁸⁴

Nearly all projects reviewed for this evaluation considered vulnerable groups in their needs assessments (mostly vulnerable households affected by natural disasters and conflicts, new IDPs, or women in host communities or in groups of returnees).⁴⁸⁵ This was also reflected in the responses to the survey for DG ECHO partners, where a great majority indicated that the design and implementation of the actions had taken into account (fully or to a large extent) up-to-date and reliable geographical selection criteria to identify the most vulnerable populations and the results of a robust needs assessment of the most vulnerable groups.⁴⁸⁶

In terms of the approach followed to assess the needs and identify the most vulnerable populations, DG ECHO partners generally relied on a combination of qualitative and quantitative methods to collect and analyse primary and secondary data.⁴⁸⁷ Framework / implementing partners reviewed secondary data available, i.e. information on food and nutrition published by public institutions, UN agencies, research centres, civil society organisations, etc. (HNO, INSO report, Cluster report, Cadre Harmonisé), official plans / assessments of local authorities.⁴⁸⁸

DG ECHO partners also made extensive use of a wide range of participatory approaches,⁴⁸⁹ such as interviews or focus groups with end beneficiaries and other key informants (e.g. NGOs, UN actors)

⁴⁷⁹ KIIs (one DG ECHO staff).

⁴⁸⁰ KIIs (one DG ECHO staff, one partner).

⁴⁸¹ European Commission, HIPs, 2016-2020.

⁴⁸² Project mapping (50 of 50 projects). For all actions selected, the needs assessment was considered sufficient.

⁴⁸³ Project mapping (43 of 50 projects); KIIs (one partner).

⁴⁸⁴ Project mapping (25 of 50 projects); KIIs (one partner).

⁴⁸⁵ Project mapping (48 of 55).

⁴⁸⁶ Survey of partners (92% and 80%, respectively).

⁴⁸⁷ Project mapping; case study on multi-sectoral response.

⁴⁸⁸ Case study on multi-sectoral response; KIIs (one DG ECHO staff, one partner); survey of partners (47% reported using official plans/assessments of local authorities to select direct beneficiaries).

⁴⁸⁹ Project mapping (40 of 50 projects); survey of partners (76% reported using results from community consultations (participatory, focus groups) to select beneficiaries).

. Several types of surveys and household surveys were also used,⁴⁹⁰ for instance: SMART surveys (widely used in the nutrition sector),⁴⁹¹ Knowledge, Attitudes and Practices (KAP) survey,⁴⁹² programme coverage surveys (e.g. SQUEAC and SLEAC surveys), sentinel sites survey, etc.⁴⁹³

The survey responses confirmed that local actors and end beneficiaries were often involved in the identification of needs.⁴⁹⁴ The main groups that respondents reported involving significantly (i.e. fully or to a large extent) were specific vulnerable groups (e.g. women, children, elderly and the disabled) (67% of respondents), national / regional / local authorities (including technical authorities) (59% of respondents), refugees, asylum seekers and IDPs (52%) and host communities (51%). The remaining stakeholder groups were significantly involved only by a minority of respondents, i.e. national / local civil society organisations (46%) and returning refugees, asylum seekers and IDPs (34%).

Other methods used by partners to identify needs included MUAC Screenings, direct observation and simulation models (Light Shock Impact Simulation Model),⁴⁹⁵ HNO scoring,⁴⁹⁶ GIS or map analysis (to assess the impact of droughts),⁴⁹⁷ in addition to the standard indicators mentioned above (IPC phase, SAM, GAM).⁴⁹⁸ A majority of survey respondents also drew from their organisation's knowledge of the needs - acquired through working in the area - to select direct beneficiaries.⁴⁹⁹

In terms of specific targeting criteria used by partners to select the most vulnerable individuals within target groups, the project mapping revealed that in both sectors, age and gender (or, in the case of Nutrition, specificity PLW) are common target criteria; most actions reviewed used these to select individual beneficiaries among population groups targeted based on geographic location or profile (e.g. IDPs, living in camps, etc.). In the nutrition sector, the targeting approach was further refined using nutrition-related indicators (MUAC, SAM, weight/gestational weight). In the HFA sector, the prioritisation of households was also done using the IPC phase and, in some cases, a combination of socio-economic indicators (e.g., asset ownership, HH size, gender of HH head, membership of a minority clan, age of HH head, disability). Indications that an analysis of inclusion and exclusion errors had been carried out were found in six projects.

The evaluation also identified challenges that specifically affected the ability of framework / implementing partners to properly assess the needs on the ground.⁵⁰⁰ Along with the issues related to shrinking humanitarian access (discussed above), DG ECHO partners referred to difficulties resulting from security risks⁵⁰¹ and resource constraints due to excessive case load or limited human or financial resources (particularly for longer-term interventions).⁵⁰² Difficulties to comply with DG ECHO's requirements when submitting their project proposals were also reported. These were due to, for instance, the short timeline to submit the proposal, or the strict requirements with regard to the data that needs to be provided, which is not always accessible or

⁴⁹⁰ KIIs (two DG ECHO staff, four partners); survey of partners (86% reported using vulnerability indicators from surveys to select beneficiaries); case study on multi-sectoral response.

⁴⁹¹ KIIs (one DG ECHO staff, two partners); case study on multi-sectoral response.

⁴⁹² KIIs (one partner).

⁴⁹³ Case study on multi-sectoral response.

⁴⁹⁴ Survey of partners (between 57% and 89% indicated involving the various stakeholder groups listed, to some extent); KIIs (one partner).

⁴⁹⁵ Project mapping.

⁴⁹⁶ Project mapping; KIIs (one partner).

⁴⁹⁷ KIIs (one DG ECHO staff).

⁴⁹⁸ KIIs (one DG ECHO staff; three partners).

⁴⁹⁹ Survey of partners (74%).

⁵⁰⁰ Project mapping (12 of 50 projects); KIIs (three partners); survey of partners (nine open-ended responses).

⁵⁰¹ KIIs (one partner); survey of partners (four open-ended responses); case study on multi-sectoral response.

⁵⁰² KIIs (two partners); survey of partners (one open-ended response).

in line with the official statistics.⁵⁰³ Challenges relating to the involvement of beneficiaries, host communities and other entities were brought up by DG ECHO partners contributing to the survey, with two respondents alluding to difficulties to engage with in emergency situations, or to ensure that their inputs did not introduce a bias in the needs assessments as they were not always neutral or impartial. Another respondent argued that by setting a standard indicator on accountability – with specific details on the desired type and level of engagement and communication with end beneficiaries – DG ECHO would facilitate their involvement.

Little evidence was found on the adequateness of methods used by framework partners to identify the needs on the ground and, in the case of HFA sector, to target the most vulnerable individuals. However, the evaluation found indications that DG ECHO officials were not always satisfied with its quality (JC1.2). The project mapping suggests that the methods used by partners in both sectors were often – albeit not always – adequate; the majority of actions covered were positively assessed by DG ECHO's Field Experts in terms of inclusion of an adequate gender and age analysis,⁵⁰⁴ adaptation of the assistance provided to the needs and capacities of the different gender and age groups,⁵⁰⁵ mitigation of possible negative effects on beneficiaries,⁵⁰⁶ and inclusion of relevant gender and age groups in the design, implementation and evaluation of the action.⁵⁰⁷ A similar observation was made by two of the few DG ECHO officials who provided feedback on this matter, who indicated that the targeting criteria and the processes employed by partners in the Nutrition sector were adequate and in line with the requirements.⁵⁰⁸ Despite this, three DG ECHO officials interviewed expressed a rather critical view with regard to the quality of needs assessments and the targeting approaches used by partners, particularly in the HFA sector.⁵⁰⁹ They noted that the quality of the needs assessments and targeting approaches remained irregular over the evaluation period, with two of them claiming that NGOs generally carrying out deeper and more comprehensive assessments and targeting than UN agencies.^{510,511}

Beyond the adequateness of the methods used to carry out the needs assessments, actions funded by DG ECHO in the HFA and Nutrition sectors were generally found to be relevant to DG ECHO's strategy and tailored to contextual circumstances, with some exceptions (JC1.2).

The portfolio analysis showed that all the actions that received DG ECHO funding were deemed to be highly relevant to DG ECHO's objectives as laid down in the HIPs.⁵¹² The average relevance score for all actions in the three sectors covered (i.e. FSL, nutrition and MPCT) was 1.88 on a scale from 0 to 2.⁵¹³ Although the level of detail of the assessment – provided in the FichOp - varies from proposal to proposal, the project mapping suggests that DG ECHO considered not only whether the action was in line with the objectives and target groups identified in the HIPs, but also the specific contribution that the action would make.⁵¹⁴

⁵⁰³ KIIs (three partners); survey of partners (four open-ended responses).

⁵⁰⁴ Project mapping (43 of 50 projects).

⁵⁰⁵ Project mapping (41 of 50 projects).

⁵⁰⁶ Project mapping (40 of 50).

⁵⁰⁷ Project mapping (36 of 50).

⁵⁰⁸ KIIs (two DG ECHO staff).

⁵⁰⁹ KIIs (three DG ECHO staff).

⁵¹⁰ KIIs (two DG ECHO staff).

⁵¹¹ The review of project documentation showed that often the area of intervention of projects by UN partners and the ICRC was very broad and not precisely specified. Similarly, the targeting approach and criteria were often high-level and covered demographic and socioeconomic aspects as a proxy indicator of vulnerability of households. Supporting analysis to justify the approach and criteria, and exclusion and inclusion error analyses were often not carried out to assess the adequacy of those criteria.

⁵¹² The extent to which the proposed intervention is in line with the objectives of the HIP was one of the six criteria examined by DG ECHO when reviewing proposals.

⁵¹³ The average scores per sector were: FSL only (1.89), nutrition only (1.87), FSL and nutrition (1.87) and MPCT (1.93).

⁵¹⁴ Project mapping.

The evaluation found some anecdotal evidence suggesting that there were some exceptions to this rule, for example a 2019 report which noted a misalignment between the intervention implemented by a DG ECHO partner (i.e. a UN agency) and nutrition-related needs identified at programming level.⁵¹⁵

In terms of flexibility, the evaluation found evidence that both DG ECHO and its partners sought to ensure flexibility and adapt their response to any changes throughout the evaluation period (JC1.3). At programming level, DG ECHO routinely monitored the situation and the needs at region and country level and adapted its strategy accordingly. This is demonstrated by the numerous modifications of the HIPs over the evaluation period, often triggered for the following reasons:⁵¹⁶

- Increasing needs due to changing circumstances relating to COVID-19, natural disasters, the worsening of conflict, the worsening nutritional situation of IDPs.
- Needs assessments conducted in areas previously not accessed by humanitarian assistance and revealing additional needs.
- The worsening of the security situation, which impacted negatively on logistical aspects of humanitarian aid delivery.
- Lack of sufficient funding from other donors to meet existing needs.

DG ECHO's ability to adapt its programming to changing needs was also noted by several DG ECHO partners and one DG ECHO official consulted.⁵¹⁷ An aspect that was assessed particularly well was the way that DG ECHO involved its partners in the process.⁵¹⁸ Along with adapting to changing needs, DG ECHO also demonstrated flexibility through other means. Examples of this are the different ways in which DG ECHO sought to contribute to the improvement of targeting approaches (notably in relation to nutrition), for instance by providing funding to pilot projects aiming at this (e.g. pilot project in Burkina Faso testing the use of different thresholds to qualify acute malnutrition)⁵¹⁹ or by participating in meetings or groups covering these aspects (e.g. the Council of Research and Technical Advice on Severe Acute Malnutrition)⁵²⁰. A DG ECHO partner consulted also referred to the flexibility shown by DG ECHO in terms of allowing co-financing and being flexible on the elements financed, which reportedly had a very positive impact on the project as it allowed to leverage more money directly to beneficiaries.⁵²¹

Despite the overall positive assessment of DG ECHO's adaptability, some room for further flexibility was identified. In addition to the already mentioned limited period covered by DG ECHO funding, the time required to adapt the HIPs was considered as too lengthy. While admitting that DG ECHO was a flexible and adaptive partner overall during the evaluation period, a few DG ECHO partners argued for more dynamic processes.⁵²² This limitation was also acknowledged by some DG ECHO officials, who held that a more dynamic approach could be attained by adopting more generic HIPs, to allow for further flexibility at intervention level, while ensuring that they are detailed enough to be adequately understood by all actors.⁵²³

At action level, partners also sought to ensure flexibility to adapt to changing needs or circumstances. A majority of projects reviewed for this evaluation submitted at least one

⁵¹⁵ DG ECHO, *Mission Report South Sudan - Monitoring and UNICEF programming and follow up on previous visit*, 2019.

⁵¹⁶ European Commission, HIPs, 2016-2020.

⁵¹⁷ KIIs (five partners); survey of partners (74% indicated that DG ECHO had shown flexibility to adapt its approach).

⁵¹⁸ KIIs (two partners).

⁵¹⁹ DG ECHO, *Mission report: Development of the SAM 2.0 initiative, attendance at the GNC meeting*, 2016.

⁵²⁰ DG ECHO, *Mission report: Participation in the annual meeting of the Council of Research and Technical Advice on Severe Acute Malnutrition (CORTASAM) and the presentation of the SAM incidence research outcomes*, 2018.

⁵²¹ KIIs (one partner).

⁵²² KIIs (two DG ECHO staff, three partners).

⁵²³ KIIs (two DG ECHO staff).

modification request,⁵²⁴ half of which related to operational changes (e.g. changing or expanding the target group to adapt to evolving needs or changes to the modality).⁵²⁵ Efforts to adapt to changing needs were also reported by most DG ECHO partners consulted.⁵²⁶

The main tools employed by DG ECHO and its partners to adapt to changing circumstances during the evaluation period were the Rapid Response Mechanism (RRM),⁵²⁷ the crisis modifiers^{528,529} and financial top-ups (JC1.3).⁵³⁰ The RRM was increasingly considered by DG ECHO as a key tool to provide rapid and effective responses in complex environments over the evaluation period.⁵³¹ Between 2016 and 2020, 10 of the actions receiving DG ECHO funding in the HFA and nutrition sectors constituted RRM. ⁵³² Most of them were implemented in the Sahel region, with the remaining ones taking place in Iraq, DRC and Central African Republic. In total, they targeted about 7 million beneficiaries. Feedback from DG ECHO partners suggest, however, that while used, RRM are not (yet) well integrated in other existing mechanisms to kickstart anticipatory or early action, at least in some African countries.⁵³³ In Kenya, for instance, organisations use different methods to kickstart anticipatory or early warning action (e.g. OCHA uses SURF funding, while Oxfam uses internal money).⁵³⁴

The crisis modifier (CM) was comparatively less commonly used in the projects reviewed by the evaluation, as only two actions included a CM and it was activated only in one.⁵³⁵ Nonetheless, several key informants reported having used CM during the evaluation period.⁵³⁶ For instance, UNICEF reported using it in 2019 to reflect changes in the level of severity of the situation, while Oxfam used it in a pilot project that sought to better link the early warning system to emergency responses. In the view of the stakeholder consulted, the use of CM contributed to the success of the pilot project which helped reinforce the early warning system. It did so by allowing the response following the triggering of an alert after dramatic changes to risks to be supported by DG ECHO funding, thereby enhancing the flexibility of the response.⁵³⁷

Other mechanisms to adapt to changing needs included financial top-ups,⁵³⁸ which were used to adapt to changing external factors like the increase in the cost of living (e.g. Oxfam in Kenya) or a critical lack of stock of supplies for treatment of wasting (e.g. UNICEF in Niger). In some cases, top-ups also allowed to compensate, to some extent, for the lack of flexibility in the budget allocated.⁵³⁹ Other systems enabling flexibility comprised the set-up of pools of money readily available for local organisations to reduce the time of response or the provision of conditional or unconditional cash or distribution of non-food items in the field of food assistance.⁵⁴⁰

Despite the overall positive assessment of the efforts made to ensure flexibility, a small number of partners pointed at some limitations in their ability to adapt to changing circumstances

⁵²⁴ Project mapping (38 of 50 projects). Almost half (13 out of 50) submitted two modification requests.

⁵²⁵ Project mapping (19 of 50 projects).

⁵²⁶ KIIs (six partners).

⁵²⁷ European Commission, DG ECHO Emergency Toolbox: EU Funding for sudden-onset humanitarian crises.

⁵²⁸ European Commission, *DG ECHO Guidance Note: Disaster Preparedness*, Annex 2: Crisis Modifier Note, 2021.

⁵²⁹ KIIs (three partners, one other).

⁵³⁰ KIIs (four partners).

⁵³¹ European Commission, HIPs, 2016-2020; case study on multi-sectoral response. The 2016 and 207 HIPs already encouraged the use of RRM, but it was only after 2018 that the documents referred to it as a key tool to provide appropriate, rapid, flexible, efficient and effective multi-sectoral responses.

⁵³² Three used cash transfers and one used vouchers. The remainder did not use any transfers.

⁵³³ KIIs (two partners).

⁵³⁴ KIIs (one partner).

⁵³⁵ Portfolio analysis.

⁵³⁶ KIIs (three partners, one other).

⁵³⁷ KIIs (one partner:).

⁵³⁸ KIIs (two partners).

⁵³⁹ KIIs (one partners).

⁵⁴⁰ KIIs (two partners).

(JC1.3). The first limitation related to the lack of financial flexibility of DG ECHO's funding, which is not sufficiently mitigated by the financial top-ups. One key informant explained that in some countries (e.g. Kenya), the cost of living often increased significantly between the moment that project plans and HIPs were set up and the actual start of the project (due to an increase in food prices, inflation, etc.), rendering the initial budget allocated insufficient. While top-ups were often used to mitigate the impact of these changes, they were not enough to cover the difference.⁵⁴¹ Another DG ECHO partner argued that it would be beneficial if DG ECHO provided support for the RRM to a wider pool of organisations, as opposed to providing large amounts of funding to a smaller group of – well-established – organisations.⁵⁴²

DG ECHO regularly monitored the implementation of ongoing actions to ensure that the targeting was adequate, and that actions followed the workplan and addressed challenges adequately(JC1.3). DG ECHO officials consulted explained that DG ECHO monitors the response at country and action level, usually twice a year.⁵⁴³ Monitoring missions were also carried out regularly, by either regional experts or country teams – often in collaboration with DG ECHO's thematic experts – and resulted in a monitoring report assessing the progress, pending tasks and any issues requiring follow-up.⁵⁴⁴ Examples of such monitoring missions include, for instance, those carried out in 2021 in Burkina Faso,⁵⁴⁵ Mauritania,⁵⁴⁶ Chad,⁵⁴⁷ and Uganda,⁵⁴⁸ or in Ethiopia in 2019.⁵⁴⁹ Joint monitoring missions (i.e. covering different sectors) were reported by one DG ECHO official to work especially well, as they provide for more opportunities to “think outside the box”.⁵⁵⁰

Observations from the missions and suggested follow-up actions were generally discussed at field and headquarters level and inserted into HOPE. The feedback, along with recommendations for action, was also shared with the partner(s), informally when no major issues have been identified, or through more formal channels when the issues triggered contractual implications.⁵⁵¹ For instance, in response to the negative impact that the COVID-19 crisis had on the vulnerable population in several countries, following a monitoring mission DG ECHO recommended to strengthen and adapt several nutrition-focused actions in Bangladesh, Guatemala, Honduras, Myanmar, and Niger.⁵⁵²

Currently, there is no formally established mechanism to ‘enforce’ the take-up of recommendations provided by DG ECHO to its partners. This does not mean, however, that a lack of compliance with the recommendations bears no consequences, as this is verified in subsequent missions.⁵⁵³ Past compliance with recommendations is also carefully considered by DG ECHO when deciding on the allocation of funding of subsequent actions.⁵⁵⁴ In this sense, one DG ECHO officer consulted explained that due to the comparatively lower level of influence that DG ECHO

⁵⁴¹ KIIs (one partner).

⁵⁴² KIIs (one partner).

⁵⁴³ KIIs (three DG ECHO staff).

⁵⁴⁴ KIIs (one DG ECHO staff).

⁵⁴⁵ DG ECHO, *Rapport de mission - Assistance Alimentaire (AA) au Burkina Faso*, 2021.

⁵⁴⁶ DG ECHO, *Rapport de mission sur l'Assistance Alimentaire en Mauritanie*, 2021.

⁵⁴⁷ DG ECHO, *Rapport de mission Tchad 20-25 September*, 2021.

⁵⁴⁸ DG ECHO, *Mission Report – Uganda*, 2021.

⁵⁴⁹ DG ECHO, *Mission report: Joint nutrition mission for policy and strategic support in Ethiopia from 02/12 to 06/12*, 2019.

⁵⁵⁰ KIIs (one DG ECHO staff).

⁵⁵¹ KIIs (three DG ECHO staff).

⁵⁵² European Commission. *6th Progress Report on the Commission's Action Plan on Nutrition (NAP)* - April 2020/March 2021, p. 23.

⁵⁵³ KIIs (one DG ECHO staff); an example of this type of monitoring was found in a report from a monitoring mission carried out in Kenya in 2019, which noted that the partner (IRC) had implemented changes in line with suggestions emerging from a previous monitoring mission.

⁵⁵⁴ KIIs (two DG ECHO staff).

has on UN agencies – as compared to NGOs – the latter were generally more likely to follow DG ECHO's recommendations.⁵⁵⁵

EQ2. To what extent have the approaches chosen to address acute food insecurity and acute malnutrition been adapted to the types of crises, availability of resources and other contextual factors, while protecting or strengthening existing capacities to meet own food needs, when feasible?

Table 51. EQ2: Key conclusions

Judgement criteria	S	Key conclusions
JC2.1. The choice of the approaches and modalities to address acute food insecurity were context-specific and evidence-based and were regularly reviewed to ensure they remained the most appropriate while protecting or strengthening existing capacities to meet own food needs, when feasible		<ul style="list-style-type: none"> • DG ECHO encouraged partners to adopt context-specific and cost-effective modalities to respond to acute food insecurity based on evidence of their appropriateness to address the identified needs • Both in the HIPs and, to some extent, through their field officers, DG ECHO promoted cash as a default modality where feasible, in line with growing evidence of the advantages of cash in terms of empowering beneficiaries, efficiency, and possibly effectiveness. In some cases, the influence of DG ECHO in this regard was limited by its relative weight as a donor compared to other donors with different stances on the transfer modalities • The approaches to food assistance considered the context and preferences of beneficiaries. However, the 'modus operandi' of partners also influenced the choice of approach/modality • DG ECHO and its partners regularly monitored funded HFA interventions, including their approach to food assistance (see EQ1)
JC2.2. The choice of the approaches to address acute malnutrition was context-specific and evidence-based and was regularly reviewed to ensure it remained the most appropriate		<ul style="list-style-type: none"> • DG ECHO encouraged the selection of context-specific approaches to treating acute malnutrition based on evidence, and fostered proven approaches such as Community-based management of acute malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) as well as alignment with national and international protocols, standards and guidelines • At the same time, DG ECHO was mindful of the existing challenges in carrying out surveys, screening and delivery of treatment in certain contexts. So, the response also included a set of newer and/or simplified approaches to overcome those challenges (e.g., simplified screening protocols, Mother/Family MUAC, CMAM Surge, CHVs – community health volunteers) • The multi-sector approach to acute malnutrition encouraged in the HIPs for 2016-2020 translated into the funding of a growing share of multi-sector actions.

⁵⁵⁵ KIIs (one DG ECHO staff).

- DG ECHO regularly monitored funded nutrition interventions (see EQ1 as well)

In its Thematic Policy documents and in the HIPs, DG ECHO provided guidelines to encourage partners to adopt context-specific and cost-effective approaches to respond to acute food insecurity and malnutrition, based on evidence of their appropriateness to address the identified needs.^{556,557,558} These guidelines have been taken into account by the majority of the surveyed partners when designing and implementing their actions.⁵⁵⁹

In addition, the HIPs (and their technical annexes) provided further high-level guidance on DG ECHO's envisaged overall response for a region/country, including:

- Preference for the cash modality and unconditional transfers,
- Need to incorporate nutritional concerns into food security interventions and to adopt multi-sector approaches to address malnutrition, and
- Promotion of CMAM (Community-based Management of Acute Malnutrition)-based and Infant and Young Child Feeding (IYCF) interventions.

The desk review and stakeholder consultation indicate that this guidance considered the context and needs assessment to the extent possible (see EQ1 for limitations), while at the same time leaving room for partners to tailor their approaches to the specificities of their areas of intervention and for DG ECHO to assess their appropriateness when reviewing proposals (through the assessment criterion "Methodology and feasibility").^{560,561}

Overall, the approaches of funded interventions to food assistance considered the context and were evidence-driven, but they were also influenced by governmental restrictions and the 'modus operandi' of partners (JC2.1).

During the period under evaluation, DG ECHO increasingly encouraged the use of (unconditional) cash transfers as the default transfer modality. The shift from a neutral position on transfer modalities to a stronger preference for cash transfers (when feasible) followed from DG ECHO's commitments in the context of the Grand Bargain,⁵⁶² and was primarily motivated by growing evidence of their cost-effectiveness (when compared to in-kind modalities) and the desire to provide beneficiaries with the dignity of choice regarding their welfare.^{563,564,565,566}

Consequently, the recommendation to use MPCT or single-purpose cash transfers as the default modality became very frequent in the HIPs as from 2017, with an indication that other transfer modalities could be funded only if partners would provide an adequate justification of why cash modalities were not proposed. In a few HIPs, DG ECHO recognised that in specific areas the poor

⁵⁵⁶ DG ECHO, Humanitarian Food Assistance: From Food Aid to Food Assistance, Thematic Policy Document No. 1, 2013.

⁵⁵⁷ DG ECHO, Addressing Undernutrition in Emergencies, Thematic Policy Document No. 4, 2013.

⁵⁵⁸ Richardson, L. and Walters, T., *Infant and Young Children Feeding in Emergencies: Guidance for Programming*, 2014.

⁵⁵⁹ Survey of partners: Q8, N=86, 50-55% indicated having taken the guidelines fully or to a large extent into account when designing their interventions.

⁵⁶⁰ KIIs (two DG ECHO staff).

⁵⁶¹ The other criteria were: capacity and expertise; methodology and feasibility; coordination and post-intervention elements; cost-effectiveness/efficiency/transparency; and other. They were assessed using a scale: low, medium, high.

⁵⁶² European Union, *Food Assistance Convention: 2016 Annual Narrative Report*, 2017.

⁵⁶³ European Commission, *EU cash compendium 2019: Doing more cash better*, 2019.

⁵⁶⁴ European Commission, *Evaluation of the European Union's humanitarian assistance in the Central Africa region, including humanitarian coordination, 2014-2018 : final report*, DH ECHO, Publications Office of the European Union, Luxembourg, 2022, available at: <https://data.europa.eu/doi/10.2795/986777>

⁵⁶⁵ Cash Learning Partnership (CaLP), *The State of the World's Cash, 2020: Cash and Voucher Assistance in Humanitarian Aid, 2020*, available at: <https://www.calpnetwork.org/wp-content/uploads/2020/07/SOWC2020-Full-Report-1.pdf>; see also <https://interagencystandingcommittee.org/grand-bargain>

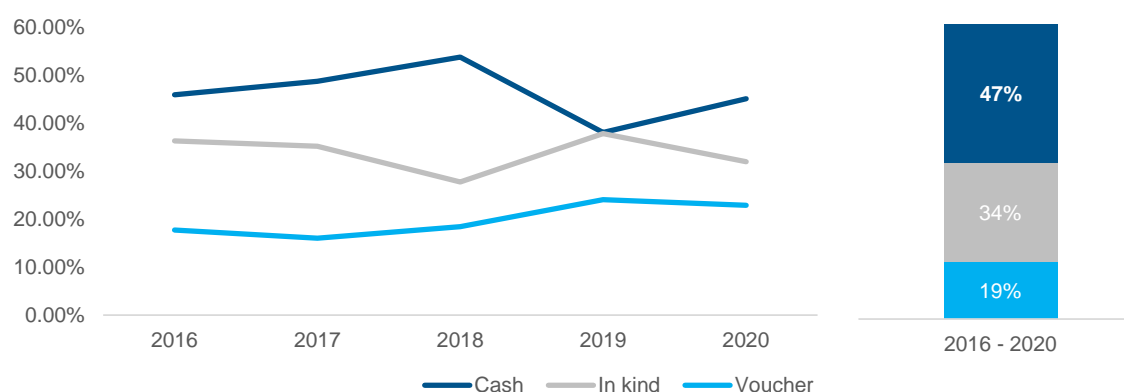
⁵⁶⁶ DG ECHO, Cash Transfers, Thematic Policy Document No. 3, 2022.

functioning of the markets might require the continuation/use of in-kind transfers. Also, most HIPs mentioned the need to complement cash transfers with other activities that would allow to cover specific needs (such as nutritional needs).

The DG ECHO field network was also identified as an important element in encouraging cash transfers when considered feasible and relevant (e.g., a DG ECHO mission to South Sudan identified several markets that were functioning despite border restrictions - Malakal, Juba, Akobo, Pagak - and recommended the use of these markets as a good first step to use cash). It also recommended the use of in-kind when cash was seen as not appropriate, such as due to unavailability and poor functioning of food markets, macro-economic conditions, the preferences of beneficiaries for food (e.g., DG ECHO's missions to Burkina Faso and Mauritania).⁵⁶⁷ The desk review and case studies also identified some examples of DG ECHO field officers promoting the joint collection and sharing of key data, including market monitoring findings, to support better assessments and decision-making on transfer modalities (e.g., South Sudan, Niger).⁵⁶⁸

In some cases, the influence of DG ECHO in this regard was limited by its relatively smaller weight as a donor compared to other donors with different stances on the modalities.⁵⁶⁹

Figure 71. Use of transfer modalities in Food Assistance (FSL and MPCT – food component), 2016-2020



Source: ICF, portfolio analysis.

Note: ESSN funding was excluded. In 2016 3.6% of the transfers were categorised as cash/voucher. For analysis purposes half was allocated to cash and the other half to vouchers.

The share of food assistance transfers to beneficiaries⁵⁷⁰ in cash increased from early 2016 until 2018, after which it experienced a significant drop, to then recover in 2020 to values slightly higher than those of 2016. Often a combination of transfer modalities was used to adapt the approach to the needs to be addressed, with about 7.5% of the actions using all three modalities and 25% using a combination of two modalities, most commonly cash and in-kind. When looking at the FSL sector alone, the share of cash transfers slightly decreased until 2019, then increased in 2020. Nevertheless, with the exception of 2019, cash transfers were the main modality in the FSL sector (42%), followed by in-kind transfers (37%) and then vouchers (21%). Even when excluding the funding allocated to ESSN, the share of Food Assistance funding in the form of MPCT (food

⁵⁶⁷ KIIs (four DG ECHO staff, two partners); case study on use of cash and other transfer modalities.

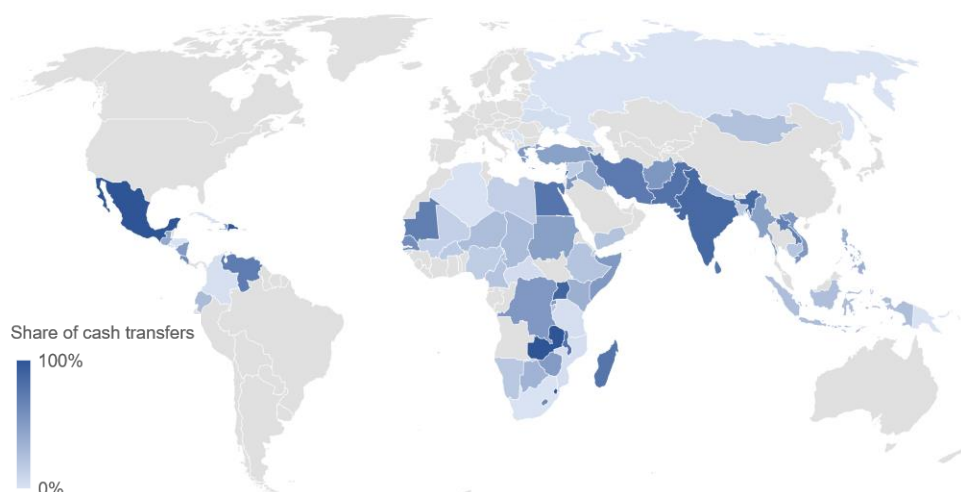
⁵⁶⁸ Case study on use of cash and other transfer modalities.

⁵⁶⁹ KIIs (two DG ECHO staff, one partner).

⁵⁷⁰ Includes FSL transfers and the food component of MPCT but excludes ESSN due to its disproportionate weight in the total funding.

assistance component) increased significantly over the period from 0.6% in 2016 to 5.6% in 2020, peaking in 2018 at 22%.

Figure 72. Share of cash transfers in the DG ECHO funding to food Assistance across the world, 2016-2020



Source: ICF, portfolio analysis.

Note: In 2016 3.6% of the transfers were categorised as cash/voucher. For analysis purposes half was allocated to cash and the other half to vouchers.

Throughout the evaluation period, the selection of transfer modalities (and therefore of the share of cash transfers) was generally based on assessments carried out by partners to ensure they were context-specific. Partners took the necessary steps to understand whether cash transfers were feasible and to select the most appropriate approach to address beneficiaries' needs.⁵⁷¹ This involved considerations regarding local market conditions (e.g., whether food markets were available and functional, whether financial providers were present, whether local food was available), beneficiaries' preferences and profile (e.g., livelihood profiling),⁵⁷² governmental restrictions (e.g., prohibition to transfer cash to beneficiaries),⁵⁷³ and access to the area. In the majority of the reviewed actions that did not use cash transfers, the project documentation provided (as required by DG ECHO) a brief justification why cash transfers were not selected, which included: poor market functionality and accessibility, women's preference for in-kind support, the need to address nutritional needs of young children and pregnant and lactating mothers, security issues, lack of financial services, and corruption.

Overall, DG ECHO's formal evaluation of the proposed approaches by funded FSL and Nutrition actions was positive, assigning on average a "medium-high" mark to the criterion "Methodology and feasibility".^{574,575} DG ECHO reviewers, as well as KIIs, Case study on use of cash and other transfers modalities, and the project mapping, highlighted that the quality of the supporting assessments varied. The main reasons for that were difficulties in collecting data (e.g., because of lack of access to the area of intervention or lack of funds to carry out the data collection exercises before DG ECHO funding was secured), short time-frame to prepare the proposal, and reporting

⁵⁷¹ KIIs (seven DG ECHO staff, nine partners); project mapping; case study on use of cash and other transfer modalities; survey of partners.

⁵⁷³ Case study on use of cash and other transfer modalities.

⁵⁷⁴ KIIs (two DG ECHO staff).

⁵⁷⁵ The other criteria were: capacity and expertise; methodology and feasibility; coordination and post-intervention elements; cost-effectiveness/efficiency/transparency; other. They were assessed using a scale: low, medium, high.

style of partners. The case study identified only a few situations where the selected modality was not the most adequate.⁵⁷⁶

Nevertheless, some KIIs highlighted that the choice of modality was also influenced by the 'modus operandi' of the partner and not only by the specificities of the context.⁵⁷⁷ Partners traditionally delivering in-kind assistance need time to acquire the necessary know-how and capacity to transition to cash assistance and, in some cases, this led to a sub-optimal use of cash transfers.⁵⁷⁸ This was also highlighted by the evaluation of the interventions in Yemen.⁵⁷⁹

Food assistance modalities were regularly reviewed to ensure that they remained the most appropriate (JC2.1). Funded actions notified DG ECHO of challenges in implementing selected transfer modalities in their reporting (EQ4), as can be seen in the project mapping, with a majority of framework partners confirmed that they continuously monitored the appropriateness of the transfer modality and made adjustments when necessary.⁵⁸⁰ A minority of actions reviewed submitted modification requests related to the transfer modality (at least for some of the beneficiaries), either to increase the transfer amount (through top-ups) to counter inflation and/or worsening of the economic situation, or to change the type of transfer modality.⁵⁸¹

DG ECHO also monitored the adequacy of the transfer modalities and provided informal or formal recommendations to the partners when relevant, which were generally followed up (see EQ1).⁵⁸² The mission reports reviewed provide examples of situations in which DG ECHO questioned the transfer modalities or recommended changes to them, as a result of poor performance of food scores, inflation, or the reduction of local capacity to supply food.

As for food assistance interventions, evidence suggests that the approaches chosen to address acute malnutrition were context-specific and evidence-based (JC2.2).

During the evaluation period, DG ECHO encouraged the selection of context-specific and evidence-based approaches to treating and preventing acute malnutrition.⁵⁸³ It fostered proven models such as CMAM, Integrated Community Case Management (iCCM),⁵⁸⁴ IYCF and the 1000 days strategy, as well as alignment with national and international protocols, standards and guidelines.⁵⁸⁵

At the same time, DG ECHO was mindful of the existing challenges to detecting and treating SAM cases in certain contexts and, in line with developments in the treatment of malnutrition (explored by the "No Wasted Lives Coalition")⁵⁸⁶, funded a set of newer and/or simplified approaches to:⁵⁸⁷

- Detection of acute undernutrition at community level, by adopting simplified screening protocols, and Family/Mother MUAC, promoting treatment by community health

⁵⁷⁶ Case study on use of cash and other transfer modalities.

⁵⁷⁷ KIIs (three DG ECHO staff); case study on use of cash and other transfer modalities.

⁵⁷⁸ KIIs (three DG ECHO, one partner).

⁵⁷⁹ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022.

⁵⁸⁰ Survey of partners.

⁵⁸¹ Project mapping (10 of 36 projects).

⁵⁸² KIIs (two DG ECHO staff); case study on use of cash and other transfer modalities.

⁵⁸³ KIIs (five DG ECHO staff, three partners); survey of partners; desk review; case study on integrated approach to food insecurity and malnutrition.

⁵⁸⁴ See https://www.theglobalfund.org/media/9754/core_integratedcommunitycasemanagementsub-saharanafrika_review_en.pdf

⁵⁸⁵ HIP analysis; project mapping; KIIs (four DG ECHO staff, two partners); case study on integrated approach to food insecurity and malnutrition.

⁵⁸⁶ See <https://ciff.org/document/no-wasted-lives-research-agenda/>

⁵⁸⁷ Project mapping; survey of partners; desk review (including mission reports; Sadler, K. and Bush, A., *ECHO Nutrition Policy Scoping Review*, 2019).

volunteers (CHVs).⁵⁸⁸ While limited, existing evidence suggested that these approaches could increase screening coverage and lead to an earlier detection of MAM and SAM.⁵⁸⁹

- Strengthening the health care system, through the adoption of the CMAM surge approach where appropriate.⁵⁹⁰
- Simplified treatment protocols for uncomplicated acute malnutrition cases, including the adoption of a reduced dosage of ready-to-use therapeutic food (RUTF), the adaptation of protocols to allow the same product to be used for both MAM and SAM, simplifying management of stocks and operations, and the use of alternative recipes for RUTF (e.g., replace milk by eggs).⁵⁹¹

The adoption and promotion of these approaches by DG ECHO was seen as positive overall, particularly in light of the access and supply challenges due to the COVID-19 pandemic. A few KIIs with partners and other stakeholders highlighted that the emphasis on prevention (e.g., behavioural change programmes and micronutrient supplementation) was sub-optimal.⁵⁹² This was also a conclusion of the "Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020".⁵⁹³ Some of the partners surveyed and some of the literature reviewed indicated that the management of MAM and SAM cases should have been done in a more integrated way.⁵⁹⁴

A multi-sector approach to acute malnutrition, as opposed to vertical programs, was encouraged by DG ECHO in 2016-2020, in line with growing evidence of its adequacy and the strategy followed by other key worldwide donors.^{595,596,597} This was translated into the funding of a significantly growing number of multi-sector actions during the evaluation period (from 79% in 2016 to 95% in 2020). Table 52 shows that between 2016-2020 85% of the actions in the nutrition sector included activities in at least one other sector, mostly health (44%), followed by FLS (34%) and the WASH (22%).

Table 52. Multi-sector actions covering Nutrition: evolution of funding per sector (%)

Values	2016	2017	2018	2019	2020	Total
Health	37%	41%	47%	45%	58%	44%
Food security and livelihoods	35%	36%	34%	28%	38%	34%
WASH	22%	22%	21%	25%	25%	22%
Protection	10%	10%	11%	20%	31%	15%
Coordination	19%	12%	13%	12%	14%	14%

⁵⁸⁸ See <https://www.acutemalnutrition.org/en/Family-MUAC>

⁵⁸⁹ UNICEF, *Rapid review: screening of acute malnutrition by the family at community level*, 2020, available at: https://resources.acutemalnutrition.org/Family%20MUAC%20evidence%20Review_UNICEF_16.12.20.pdf

⁵⁹⁰ See <https://www.enonline.net/fex/64/cmamsurgesettingscene>; case study on integrated approach to food insecurity and malnutrition.

⁵⁹¹ Project mapping;

KIIs (two partners, two others); case study on integrated approach to food insecurity and malnutrition.

⁵⁹³ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022.

⁵⁹⁴ Survey of partners.

⁵⁹⁵ Levinson, J.D., Balarajan, Y. and Marini, A., *Addressing Malnutrition Multisectorally: What have we learned from recent international experience?* New York, NY: UNICEF, MDGF, 2013, available at: www.aecid.es/Centro-Documentacion/Documentos/Divulgación/Addressing_malnutrition_multisectorally_MDG_F_Item1_Final-links.pdf

⁵⁹⁶ USAID, *Multi-Sectoral Nutrition Strategy 2014–2025*, 2013, available at: https://www.usaid.gov/sites/default/files/documents/1867/USAID_Nutrition_Strategy_5-09_508.pdf

⁵⁹⁷ Case study on integrated approach to food insecurity and malnutrition.

Values	2016	2017	2018	2019	2020	Total
DRD / Disaster Preparedness	7%	9%	13%	18%	33%	14%
Support to operations	2%	4%	8%	6%	11%	6%
Education in emergencies	4%	2%	2%	6%	6%	4%
Shelter and settlements	1%	0%	5%	4%	3%	3%
Multi-purpose cash transfer	0%	2%	4%	4%	0%	2%
Child protection	1%	0%	0%	0%	0%	0%
Mine actions	0%	0%	0%	1%	0%	0%
Single sector	21%	18%	13%	11%	5%	15%

Source: ICF, portfolio analysis

In practice, the adopted approaches by the funded Nutrition actions were context-specific, evidence-based and appropriate. DG ECHO's formal assessment of the approaches at proposal stage was generally positive, assigning a medium-high mark to the quality of the "Methodology and feasibility" of those actions.⁵⁹⁸ This was reinforced by the KIIs with DG ECHO staff, which indicated that the selected approaches were context-specific and evidence-based.⁵⁹⁹ Evidence from the project mapping also suggests this, however, only six actions specifically included an analysis of the most appropriate type of approach to malnutrition given the capacity gaps, context and needs to be addressed. Nearly all partners surveyed agreed, indicating that the adopted approaches were context-specific and evidence-based, and the vast majority of them considered that the approach was appropriate.

The approaches to malnutrition were regularly reviewed to ensure that they remained appropriate (JC2.2). The majority of the partners surveyed indicated that they continuously monitored the adequacy of the approach and adjusted it where necessary,⁶⁰⁰ with most of the reviewed actions submitting modification requests.⁶⁰¹ DG ECHO also monitored the adequacy of the approaches and provided informal or formal recommendations to the partners, which were generally followed up.⁶⁰²

⁵⁹⁸ Portfolio analysis, N=150, Nutrition actions. The average score assigned to the methodology and feasibility criterion was 1.55 (scale of 0-2, with 0 corresponding to the low mark, 1 to the medium mark and 2 to the high mark). Minor differences were identified, with actions including activities in both sectors (FSL and nutrition) scoring slightly higher than nutrition-only actions.

⁵⁹⁹ KIIs (five).

⁶⁰⁰ Survey of partners (60% fully agreed and 20% agreed to a large extent that the adequacy of the approach to address malnutrition was continuously monitored; 48% fully agreed and 32% agreed to a large extent that the approach to address malnutrition was adjusted when relevant); case study on integrated approach to food insecurity and malnutrition.

⁶⁰¹ Project mapping (18 of 22 projects).

⁶⁰² KIIs (two DG ECHO staff).

11.2 Coherence

EQ3. To what extent were DG ECHO's HFA and nutrition programming and interventions designed and implemented to ensure an adequate level of integration and complementarity between each other, and with other programmes and interventions (regional, national, EU, international) in the same sectors and in other relevant sectors (such as WASH, Health or Protection, livelihoods, education)?

Table 53. EQ3: Key conclusions

Judgement criteria	S	Key conclusions
JC3.1. DG ECHO's HFA programming and DG ECHO's nutrition programming were designed and implemented to ensure an adequate level of integration and complementarity between each other		<ul style="list-style-type: none"> In its strategic documents and reviewed HIPs, DG ECHO acknowledged the interlinkage between food insecurity and malnutrition, but did not have a formal integrated strategic and operational approach to responding to both challenges. Instead, the reviewed HIPs tended mostly to promote an integration between nutrition, health and to a lesser extent WASH responses or a multi-sectoral approach
JC3.2. The alignment/integration between responses, and complementary/supporting responses were systematically identified and implemented when relevant and feasible		<ul style="list-style-type: none"> The operational integration of FSL and Nutrition activities within and between funded interventions was very limited and not systematic The limited funding required DG ECHO to focus primarily on treatment of malnutrition, which tends to be closely linked to the Health sector While partners indicated that they sought to align the two sectors, the natural differences between the target population and targeting approaches of FSL and nutrition responses, as well as partners' frequent specialisation, reduced the relevance of this integration Partners tended to consider a multi-sectoral approach more adequate
JC3.3. DG ECHO's HFA and nutrition programming were designed to be compatible with national/regional policies and to be complementary to and adequately integrated with other relevant programmes/interventions in the same sectors carried out by other entities in the region (international, national, regional, local)		<ul style="list-style-type: none"> DG ECHO was involved in global networks and initiatives in the two sectors which influenced its programmatic response to FSL Given the context in which it operates, there was limited space to align FSL interventions with national/regional policies, which were often non-existent. On the other hand, Nutrition interventions often took the national guidelines (when available) into account and delivered assistance through/in collaboration with national health systems DG ECHO highlighted relevant national, regional and international responses in the HIPs. Through its participation in coordination mechanisms at national/regional level (clusters) it contributed to a

		<p>stronger alignment between funded interventions and other relevant responses/initiatives</p> <ul style="list-style-type: none"> • There was extensive coordination and cooperation among framework partners and other entities in both the FSL and nutrition sectors, but some areas for improvement were identified
JC3.4. DG ECHO's HFA and nutrition programming and interventions were designed to be consistent and adequately integrated with other relevant programmes and responses promoted by DG ECHO, other DGs or other entities in related sectors (such as WASH, health or protection)		<ul style="list-style-type: none"> • DG ECHO's FSL and nutrition programming fostered operational integration between nutrition and health, and to a certain extent WASH. Multi-sectoral approaches were also promoted in some of the HIPs reviewed • In the field, DG ECHO also promoted and fostered the coordination and cooperation between FSL and Nutrition and other sectors. The success and intensity of these efforts was very much dependent on contextual factors • Funded actions in both sectors often integrated activities in other sectors and took into account other relevant programmes and responses in other sectors. Partners also coordinated their responses with other partners and other entities in sectors other than FSL and nutrition

During the evaluation period, DG ECHO increasingly promoted a multi-sectoral or cross-sectoral approach to humanitarian aid programming in general, and to HFA & N aid programming in particular. While not formalised in a specific document, this approach was translated into guidance in some of DG ECHO's strategic documents (namely the Thematic Policy on Humanitarian Food Assistance,⁶⁰³ the Thematic Policy on Nutrition,⁶⁰⁴ and also the Thematic Policy on WASH,⁶⁰⁵ and Thematic Policy Document on Health).⁶⁰⁶

In addition, various DG ECHO thematic Policy documents also provided guidance or references on how their specific thematic could be integrated with/complementary to Food Assistance responses and/or Nutrition Responses (see Figure 73). DRR is the policy document that makes most references to both food Assistance and nutrition, highlighting the direct correlation between disaster risk and food insecurity and between those two and malnutrition (while recognising that the causal factors leading to undernutrition and famine are complex and multifaceted). The WASH policy document highlights the role of water in supporting food needs and livelihoods functions and in the interlinkages between water, sanitation and hygiene and both food preparation/utilisation and malnutrition. The Cash and Vouchers policy document explored the role of these modalities in addressing food insecurity in a cost-effective way, referring briefly to the need to ensure that other needs (e.g. nutrition) are also addressed (potentially by complementary measures). The Protection policy document included specific guidance on integrated food assistance and protection programming, providing some examples of how each

⁶⁰³ See https://ec.europa.eu/echo/files/policies/food_assistance/them_policy_doc_foodassistance_en.pdf

⁶⁰⁴ See https://ec.europa.eu/echo/files/policies/sectoral/nutrition_thematic_policy_document_en.pdf

⁶⁰⁵ See https://ec.europa.eu/echo/files/policies/sectoral/WASH_policy_doc_en.pdf

⁶⁰⁶ See https://ec.europa.eu/echo/files/policies/sectoral/health_thematic_policy_document_en.pdf

sector can have an impact on the other, and highlighting key aspects to consider when designing an integrated food assistance and protection response (e.g. specific guidance on targeting).

KIIs also highlighted the importance of the organisational structure of DG ECHO that fosters inter-sectoral coordination and the Communities of Practice.⁶⁰⁷

Figure 73. Overview of references to integration/complementarity with food assistance and nutrition in DG ECHO thematic policy documents

DG ECHO Thematic Policy	Integration with HFA					Integration with Nutrition				
	General reference	Needs assessment	Targeting	Needs to address	Monitoring	General reference	Needs assessment	Targeting	Needs to address	Monitoring
Food Assistance ⁶⁰⁸						✓	●	●	●	●
Cash and Vouchers ⁶⁰⁹	✓	●	●	●	○	✓	○		○	
Nutrition ⁶¹⁰	✓	○		○						
Water Sanitation and Hygiene ⁶¹¹	✓	○		○		✓	○		○	
Disaster Risk Reduction ⁶¹²	✓	●	●	●		✓	●	●	●	
Gender ⁶¹³	✓					✓				
health ⁶¹⁴	✓					✓				
Protection ⁶¹⁵	✓	○	○	○		✓				
Shelter and Settlements ⁶¹⁶	✓					✓				
Education in Emergencies ⁶¹⁷	✓					✓				

Source: ICF Analysis of DG ECHO policy documents.

Note: ✓ indicates that food insecurity/ malnutrition is mentioned as an element to be consider when developing responses; ● indicates that a policy specifically mentioned that food insecurity/ malnutrition should be considered in a given activity; ○ indicates that a policy mentioned that food insecurity/ malnutrition as examples of aspects that could be considered in a given activity.

In the context of the DG ECHO thematic policy guidelines, integration between Food Assistance responses and Nutrition responses means that:

⁶⁰⁷ KIIs (three DG ECHO staff).

⁶⁰⁸ See https://ec.europa.eu/echo/files/policies/food_assistance/them_policy_doc_foodassistance_en.pdf

⁶⁰⁹ See https://ec.europa.eu/echo/files/policies/sectoral/ECHO_Cash_Vouchers_Guidelines.pdf

⁶¹⁰ See https://ec.europa.eu/echo/files/policies/sectoral/nutrition_thematic_policy_document_en.pdf

⁶¹¹ See https://ec.europa.eu/echo/files/policies/sectoral/WASH_policy_doc_en.pdf

⁶¹² See https://ec.europa.eu/echo/files/policies/prevention_preparedness/DRR_thematic_policy_doc.pdf

⁶¹³ See https://ec.europa.eu/echo/files/policies/sectoral/gender_thematic_policy_document_en.pdf

⁶¹⁴ See https://ec.europa.eu/echo/files/policies/sectoral/health_thematic_policy_document_en.pdf

⁶¹⁵ See https://ec.europa.eu/echo/files/policies/sectoral/policy_guidelines_humanitarian_protection_en.pdf

⁶¹⁶ See https://ec.europa.eu/echo/files/policies/sectoral/shelter_and_settlement_guidelines.pdf

⁶¹⁷ See https://ec.europa.eu/echo/files/policies/sectoral/eie_in_humanitarian_assistance_en.pdf

- Food assistance programming and interventions integrate nutritional perspectives into their needs assessment and response design, and pay particular attention to nutritional needs of vulnerable groups, in particular children under two and PLW. They should aim to demonstrate the impact of the interventions on the nutrition status of beneficiaries and, where available, monitor nutritional information
- Nutrition programming and interventions do not need to integrate food security perspectives but may consider general and targeted food assistance as a response option.

The integration between DG ECHO's HFA programme and DG ECHO's Nutrition programme, as well as their respective funded interventions, was limited and not systematic (JC 3.1 and JC3.2).

Overall, the literature highlights the importance of nutrition-sensitive programming (in particular in food assistance, cash, health, and WASH) to address malnutrition, given the latter's complex multifactorial drivers⁶¹⁸, but this is often difficult to realise as part of HFA, given the inherent characteristics of the response⁶¹⁹. For example, food security interventions often target households and not specific groups such as children/PLW. Another element mentioned in the KIIs was the timeframe required to measure impacts on the nutrition status of beneficiaries, which is often longer than the duration of the funded interventions. Interviewed stakeholders had mixed views on a stronger link between FSL and nutrition, as it was seen to encompass a stronger focus on prevention. Some considered it 'ideal' and provided examples of success stories (e.g. Yemen nutrition crisis; food assistance response in the Democratic Republic of Congo in 2018; Sahel strategy until 2018), while others felt that nutrition responses had stronger links with health and WASH than with food assistance. Although the partners noted that DG ECHO encouraged their organisation to adopt an integrated approach to food assistance and nutrition⁶²⁰, most mentioned that in light of the growing HFA & N needs, DG ECHO's mandate and the limited funding available, that integration was not a priority.

The review of the HIPs (and their TAs) between 2016-between 2016 and 2020 shows that FSL and nutrition were generally discussed together when analysing the context and needs, but not when describing the envisaged response for the country/region. Rather, FSL and nutrition were often treated separately (with nutrition typically covered together with health or WASH), or a multi-sectoral approach was encouraged, encompassing other sectors such as health, WASH, protection. Some HIPs specifically recommended an approach to food assistance with respect to nutritional requirements, encouraging framework partners to improve food security by ensuring that the basic nutritional needs of most vulnerable households were met, or suggesting that they implement interventions to address food insecurity and malnutrition together⁶²¹. The KIIs indicated that this reflected the assessment of the relevance of these recommendations, given the country context and crisis characteristics.

The pre-defined KOIs selected by DG ECHO to monitor their funded actions also suggest that efforts were made to incorporate nutritional aspects into its food security responses. The KOI "Food Consumption Score" (FCS) measures the quality and nutritional value of the food that people are consuming (as well as its quantity). As this indicator collects data at household level and does not capture the food consumption within the household and specifically by children and

⁶¹⁸ Sadler, K. and Bush, A., *DG ECHO Nutrition Policy Scoping Review*, 2019; Shetty, P., 'From food security to food and nutrition security: role of agriculture and farming systems for nutrition', *Current Science*, 2015, pp. 456-461; Bahn, R.A., Hwalla, N. and El Labban, S., 'Leveraging nutrition for food security: the integration of nutrition in the four pillars of food security', in *Food Security and Nutrition*, Academic Press, 2021, pp. 1-32.

⁶¹⁹ Case study on integrated approach to food insecurity and malnutrition.

⁶²⁰ Survey of partners, Q21, N=86 (79% agreed (48%) or somewhat agreed (31%) that DG ECHO encouraged their organisation to adopt an integrated approach to food assistance and nutrition).

⁶²¹ Review of HIPs.

PLW which are usually the target of nutrition interventions), DG ECHO also selected the KOI 'Share of 6-23-month-old children in target population who receive a minimum acceptable diet'.

However, in spite of the great majority of partners confirming to have considered the Food Assistance and Nutrition thematic policy documents when designing their interventions,⁶²² only a small share of FSL funded interventions actually incorporated nutrition perspectives in their needs assessments, targeting, activities and monitoring⁶²³. Partners⁶²⁴ cited the lack of funding and the fact that it was not considered a priority. Only 14% of FSL actions also had activities in the nutrition sector and only 4% set a target for the KOI 'Share of 6-23-month-old children in target population who receive a minimum acceptable diet'. The project mapping found that while FSL-only actions covered basic needs and nutrition status (when data were available) in their needs assessment, the targeting approach and assistance did not take nutritional considerations into account. Nevertheless, the evaluation found examples of FSL and nutrition integration, including those explored in the case study, and a majority of surveyed partners indicated considering the complementarity and interlinkages between food insecurity and malnutrition in the design and implementation of their action(s)⁶²⁵.

DG ECHO and partners also made efforts to integrate and complement DG ECHO's HFA and nutrition programming and responses with other sectors (based on needs assessments and available capacity of partners in the field), albeit in a non-systematic manner (JC 3.4). KIIs and the case study found that stakeholders consider that a multi-sectoral approach complemented by targeted sectorial measures would often be the most adequate way to respond to the various needs of beneficiaries.⁶²⁶ About 80% of the funded actions with activities in FSL, nutrition or MPCT, also had activities (as well as KRIs) in other sectors (see Table 54). The most common combinations were:

- FSL-only actions: WASH, protection sector, health, DDR;
- Nutrition-only actions: health, WASH, DDR;
- Actions in both FLS and nutrition: coordination, WASH, and health.

Table 54. Share of FSL and Nutrition actions with activities in other sectors (%), 2016-2020

Sector	FSL only	Nutrition only	Both	MPCT	All
WASH	34%	24%	20%	40%	30%
Health	18%	56%	20%	16%	29%
Protection	32%	18%	8%	43%	26%
Not multi-sector	26%	23%	0%	14%	20%

⁶²² Survey of partners, Q8, N=86 (59% agreed they had considered DG ECHO's Thematic Policy on Humanitarian Food Assistance when designing their interventions; 61% had considered the DG ECHO Thematic Policy on Nutrition); project mapping found that 35 of 50 projects referred to DG ECHO thematic and sectoral guidelines.

⁶²³ KIIs; project mapping.

⁶²⁴ KIIs (one DG ECHO staff, three partners).

⁶²⁵ Survey of partners, Q8, N=86 (61% fully (24%) or to a large extent (37%) considered the complementarity and interlinkages between food insecurity and malnutrition).

⁶²⁶ KIIs; case study on integrated approach to food insecurity and malnutrition; desk research.

Sector	FSL only	Nutrition only	Both	MPCT	All
Disaster Risk Reduction / Disaster Preparedness	18%	14%	14%	27%	17%
Coordination	12%	7%	29%	21%	14%
Shelter and settlements	17%	2%	4%	22%	12%
Education in emergencies	7%	5%	2%	12%	6%
Support to operations	4%	4%	8%	7%	5%
Child protection	0%	0%	1%	0%	0%

Source: ICF, portfolio analysis

DG ECHO and partners coordinated their HFA & N responses with other relevant actors and initiatives to some extent, and considered national policies and other programmes/actions when designing and implementing their actions where feasible (JC 3.3 and JC 3.4).

DG ECHO was involved in many initiatives and partnerships at all levels (global, regional, national) during the evaluation period. For example, as a member of the Global Network Against Food Crises, it coordinated with other humanitarian entities across the spectrum of intervention, such as FAO and the WFP, to prevent and respond to food crises through an established coordinated monitoring system for food security to anticipate action, enhance synergies and avoid duplication. In 2017, the EU-FAO Strategic Dialogue, with contributions from 10 DGs, resulted in four clusters of work for the 2018-2020 period, including one on nutrition and food systems. Another example was DG ECHO being a signatory to the Grand Bargain, particularly in the context of workstream 3 (increase the use and coordination of cash) and workstream 5 (improve joint and impartial needs assessments).

DG ECHO described relevant national, regional and international responses in each of the HIPs, although not always with the same level of detail and not always covering the FSL and nutrition sectors. The information provided in the HIPs sometimes highlighted key aspects of national plans, protocols, standards and limitations, as well as opportunities for synergies that framework partners could explore in their proposals.

In line with the findings of the project mapping, the KIIs stressed that, in practice, alignment with national policies in respect of HFA was not always possible, given the context in which DG ECHO operates⁶²⁷. There was limited space to align FSL interventions with national/regional policies, which were often non-existent. On the other hand, nutrition interventions often took the national guidelines (when available) into account and delivered assistance. On the other hand, Nutrition interventions often took the national guidelines (when available) into account and delivered assistance through/in collaboration with the respective national health systems (often at community level).

The project mapping found efforts by the framework partners to align the funded intervention with national/regional policies/plans, guidelines, standards, and protocols, for example in the context of screening of malnutrition. It also found a few examples where the actions were implemented in the context of national Social Safety Nets. The efforts invested in the alignment varied across projects and countries, influenced mainly by the existing capacity of local, national or regional entities, the existence and outreach of coordination mechanisms, and the partner's

⁶²⁷ KIIs (five DG ECHO staff, four partners, two other).

(longstanding) presence in and expertise on the region and the quality of its relationships with local/regional/national authorities.

Mainly through its field presence, DG ECHO promoted coordination at country level, for example through their participation in clusters and interactions with the various partners. The project review provided ample evidence of coordination and cooperation amongst framework partners and other entities in both the FSL and nutrition sector. This happened to some extent at design stage and/or during implementation in almost all actions reviewed, for example by:

- Involving the national/regional/local authorities in the design of their action and in the selection of the locations of intervention and the target criteria to be used;
- Designing the actions around the national/community systems and coordination with relevant authorities to improve capacity and develop the action's activities in the context of the national response and systems;
- Meeting regularly with relevant ministries, regional authorities and municipalities.

At field level, DG ECHO-funded FSL and nutrition actions were often implemented in the context of some cooperation with national/local NGOs.⁶²⁸ Framework partners were often also involved in coordination mechanisms at national/regional level (in 42 of 50 actions reviewed), such as the Food Security Cluster and Nutrition Cluster. In the case of projects in the FSL sector with cash as the transfer modality, coordination with other actors often also took place at the level of cash working groups and alliances.

A few DG ECHO monitoring reports contained anecdotal evidence of unsuccessful coordination between partners and other entities at a strategic level due to ineffective clusters/working groups or the lack of joint needs analysis, for example.⁶²⁹

Factors impacting coordination with other donors' actions in the two sectors include the level of communication, the level of planning and trust between partners, the experience of the partner in the region, the extent to which partners were willing to share information, and the level of expertise and quality of the cluster.⁶³⁰

11.3 Effectiveness

Effectiveness is assessed from two different but complementary angles. In **EQ4**, the achievements of funded actions are compared against the **targets** set by the partners at proposal stage. DG ECHO does not set specific targets for their responses in the HIPs, thus this assessment is not possible at programmatic level. Targets are set by partners and are generally not revised throughout the project. Consequently, changes in context outside the control of the partners can render those targets more difficult to achieve or require a reprioritisation of activities and objectives. Accordingly, the analysis is complemented with an assessment of the achievements against **baseline** and DG ECHO's HFA & N ToC in **EQ5**.

⁶²⁸ KIIs; project mapping.

⁶²⁹ Analysis of project review.

⁶³⁰ Analysis of project review.

EQ4. To what extent did DG ECHO-funded interventions deliver their expected outputs in a timely manner and with the necessary quality?

EQ4: Key conclusions

Judgement criteria	S	Key conclusions
JC4.1. DG ECHO-funded interventions were implemented fully, and the monitoring and reporting system supported a sound management leading to adjustments when necessary		<ul style="list-style-type: none"> Various challenges experienced by the framework partner (e.g., conflict, difficult access, COVID-19) led to some delays and changes to the approved interventions Some monitoring and reporting mechanisms (by DG ECHO and by framework partners) somewhat contributed to identifying those challenges and implementing mitigation measures and adjustments to the interventions The field presence of DG ECHO and the technical knowledge of the staff was an important element in the quality assurance of interventions. Their recommendations were often followed by partners, with some exceptions
JC4.2. DG ECHO-funded interventions achieved their results, including the desired differential results across groups (in particular the most vulnerable ones)		<ul style="list-style-type: none"> Actions achieved their targets for the key KRIs. Portfolio performance in terms of pre-defined KRIs increased over the evaluation period, in spite of some challenges faced by the actions The numbers of beneficiaries covered by the actions were higher than the initial target, which can explain the positive trend in the achievement of KRIs Various enabling factors were identified, including coordination and exploration of synergies, localisation, and adoption of simplified approaches to screen malnutrition
JC4.3. DG ECHO-funded interventions achieved their specific objectives (as defined in their logical framework)		<ul style="list-style-type: none"> Between 2016 and 2020 , the majority of targets for pre-defined specific objectives were achieved or surpassed and the majority of the actions achieved all their targets for pre-defined KOIs

Evidence suggests that DG ECHO-funded actions implemented most of their planned activities between 2016 and 2020 (JC4.1), with some activities not implemented as planned or in the expected timeframe, mostly due to a variety of external and internal factors.

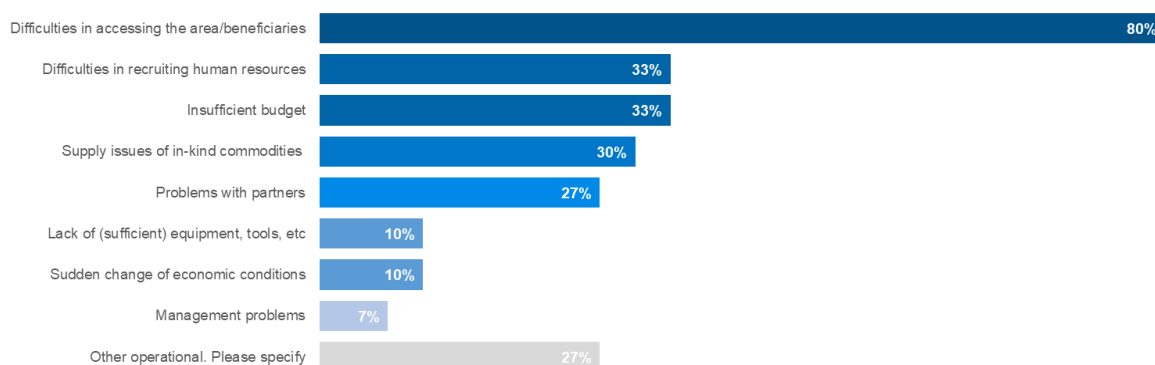
The partners surveyed indicated that all (65%) or most (35%) planned activities were implemented⁶³¹. This is in line with the conclusions of the project mapping, which found that partners indicated that activities were generally implemented as planned in about half of the actions, with adjustments reported in the remainder.⁶³² Evidence from the survey to the partners and project mapping suggests small differences between the sectors, with more actions in the FSL

⁶³¹ Survey of partners (Q14, N=86).

⁶³² Final Report submitted to DG ECHO.

sector fully implementing their activities than the actions in the nutrition sector.⁶³³ The majority of the reviewed actions reported experiencing delays, with FSL activities presenting the highest incidence of delays.⁶³⁴

Figure 74. If not all planned activities were implemented, please select the main reasons that prevented the implementation of the activities:



Source: ICF, Survey to Partners. Q14.1, N=30.

Several challenges and constraints were encountered by partners in the delivery of FSL and nutrition related activities, as illustrated by the result of the survey to the partners (see Figure 74). The most significant and commonly cited issues are summarised in Table 55.⁶³⁵ Most of the reviewed actions implemented monitoring mechanisms and some indicated establishing a feedback and complaints mechanism (FCM), however their robustness varied.⁶³⁶ The field presence of DG ECHO and the technical knowledge of its staff was another important element in the monitoring of the implementation of funded actions.⁶³⁷ Their recommendations were often followed by partners, with a few exceptions.⁶³⁸

Overall, the continuous monitoring of the actions allowed partners to identify challenges and obstacles to the implementation of the planned activities in a timely manner, and to put mitigation measures in place when possible (JC4.1). DG ECHO carried out monitoring missions to monitor most of the actions,⁶³⁹ with the reviewed field reports varying in quality and level of detail. The project mapping found that DG ECHO was generally informed of key challenges and consulted on the adjustments. Only in one case did the partner not proactively inform DG ECHO of problems and adjustments to activities (they were identified during the field mission), resulting in DG ECHO monitoring the action more closely and more frequently. In about 45% of the reviewed actions with delays, those delays were mitigated without the need to extend the duration of the action, while the remainder required extensions. Table 55 summarises of the findings of the project mapping on the mitigation measures put in place for each of the key types of problems faced by the actions described above. It also presents a brief assessment of the

⁶³³ Survey of partners, Q14 (62% agreed that all activities were implemented (nutrition sector only); 79% in the FSL sector only; 60% with actions in both FSL and nutrition); project mapping (58% of the FSL actions implemented their activities fully, compared to 43% of the nutrition actions and 50% of the actions in both sectors).

⁶³⁴ Project mapping: delays were reported for 36 of 50 actions (56% FSL only, 22% nutrition only, 14% covering both FSL and nutrition).

⁶³⁵ Project documentation; KIIs; survey of partners.

⁶³⁶ Project mapping.

⁶³⁷ Survey of partners, Q21 (63% agreed and 27% agreed to some extent that DG ECHO encouraged their organisation to monitor our activities and results and adjust our approach when needed).

⁶³⁸ KIIs (2 DG ECHO staff).

⁶³⁹ In some cases this was not possible due to restricted access to the area of intervention, for example due to conflict or COVID-19.

extent to which partners or DG ECHO could have anticipated the occurrence of those obstacles based on their predictability/frequency of occurrence across the evaluation period.

While the timeliness of the response was generally considered appropriated by DG ECHO,⁶⁴⁰ some of the identified obstacles and challenges could have been anticipated at proposal stage, at least to some extent, by DG ECHO and its partners. For example, in some cases, procurement issues were predictable due to the partner's overreliance on one supplier or other known weaknesses of the supply chain, which were identified in previous actions and in literature^{641,642}. Other examples were issues with staff, beneficiaries' difficulties in participating in the activities or obtaining assistance, as well as the weakness of the healthcare infrastructure.

⁶⁴⁰ KIIs (three DG ECHO staff); Project mapping.

⁶⁴¹ KIIs (two partners)

⁶⁴² See Brixi, G. and Petersen, L.K., *Supply Chain Optimisation for Acute Malnutrition Treatment in Sub-Saharan Africa*, YYYY.

Table 55. Challenges faced and mitigations measures

Type of challenge	Consequences of the challenge	Examples of mitigation measures
Restricted Humanitarian access and security issues	Security aspects led to changes to the location or (temporary) discontinuation of some activities because key supplies and/or staff were unable to reach the area of intervention.	<p>Advocacy efforts from the partner towards relevant authorities/entities</p> <p>Coordination with other organisations carrying out activities in the target area</p> <p>Implementation of remote management</p> <p>Adoption of remote working strategies (telephone, messaging, and social networks)</p> <p>Change to in-kind assistance</p> <p>Modification of the area of intervention</p>
Administrative barriers	These barriers are related to delayed or missing inputs, approval or permission from the national authorities (or entities controlling/governing the region) and (attempted) interference by those entities, including: cash activities that had to be changed to in-kind assistance because the national authorities imposed restrictions on the use of cash transfers or on the use of local markets by beneficiaries; no permission to access the areas of intervention; embargo by the national authorities/entities controlling the region of shipments of supplies (including food, supplements and medicine essential to carry out activities related to treatment and prevention of malnutrition); lack of validation/approval of training modules by the required entity; confiscation of equipment (i.e., tablets and smartphones) by authorities; delays in the approval of surveys, leading to delays or interruptions of data collection exercises; ban on community mobilisation limiting activities in nutrition and the adoption of a CMAM approach.	<p><i>Overall</i></p> <p>Advocacy efforts from the partner towards relevant authorities/entities</p> <p>Extension of the duration of the activity</p> <p><i>Access or movement restrictions imposed on target beneficiaries:</i></p> <p>Changes to the transfer modality (if access to markets was a problem in-kind supplies were distributed instead)</p> <p>Open in-camp markets</p>
Sudden changes to the context	<p>These include outbreak of diseases or natural disasters and the worsening of the economic conditions and spiralling prices (with a special impact on cash-based interventions). These obstacles</p> <p>Led to do change in the context (including access) and often a change in the most urgent needs to be addressed.</p>	<p>To address inflation, top-ups or change to in-kind transfers</p> <p>To address access issues (see above)</p>
COVID-19 and associated restrictions	These restrictions either led to postponement or slowing down of activities and created staff shortages. Trainings, awareness campaigns and sessions, etc. planned for 2020 could not take place in situ and often were not implemented. The pandemic also affected the ability to distribute in-kind food and non-food items (for example hygiene kits) as those activities carried a risk of contamination. Malnutrition screening was also affected.	<p>Carry out activities online</p> <p>Change to cash transfer to limit contacts</p> <p>Implementation of remote management</p>

Type of challenge	Consequences of the challenge	Examples of mitigation measures
		Adoption of remote working strategies (telephone, messaging, and social networks)
Delays in procurement and supply of services, stocks and equipment	Due to shortage of supplies and suppliers within the country; or delivery delays for various reasons (challenges with the selection of financial service providers, challenges in transportation/ logistical challenges related to COVID-19 or security concerns, shortage of hard currency within the country, government procedures and documentation etc.).	Coordination with other organisations Procurement of local supplies Change dosages of RTUF to increase coverage Change type of transfer modality (from cash to in-kind or from in-kind to cash)
Difficulties experienced by beneficiaries in participating in the activities	Due to high transportation costs or long distances to collect the assistance or participate in the activities, and in case of cash transfers, lack of bank accounts or mobile phones and difficulties in using cards or other payment methods The consequences were that the actions did not manage to reach out to some of the target beneficiaries.	Sign agreements with local banking/financial institutions to make cash withdrawals available to people without a bank account
Weakness of the health systems	Some health systems in the areas where the interventions for the management of severe acute malnutrition (SAM) were to be implemented were not at functional levels or had severe weaknesses, leading to delays and scaling down of some activities	Equip health care centres with medical supplies and equipment
Cultural and religious factors	These factors include socio-cultural beliefs preventing the participation of women in the activities or imposing transfers from community members to their leaders.	<i>None identified through project mapping</i>
High staff turnover and difficulties in finding qualified staff	Partners reported facing difficulties and delays in recruiting staff due to a general shortage of qualified and experienced workforce in certain areas of intervention or areas of expertise. In one reviewed action (out of 50), this issue led to discontinuation of some mobile teams. ^{643,644}	Training and employment of community volunteers Work with local partners
Reprioritisation of funds by other donors	This example, in one reviewed project, cash transfer activities were put on hold due to the need of the Cash Alliance to reprioritise fund ⁶⁴⁵	<i>None identified through project mapping</i>
Problems with partners and management	Including issues with lack of expertise and capacity of local partners, which led to some problem with the implementation of the actions.	Provide training to local partners

⁶⁴³ ECHO/YEM/BUD/2020/91006, Integrated life-saving interventions for conflict affected populations in Taiz Governorate, Yemen, Yemen, nutrition-only.

⁶⁴⁴ Project mapping (3 of 24 actions); survey (cited as the main issue by 33% of the respondents that did not fully implement their actions as planned).

Through the implementation of (most) of the planned activities, partners and DG ECHO expected to achieve a set of results. Those expectations were defined as targets to KRIs chosen by the partners (often selected from a list of KRIs pre-defined by DG ECHO).⁶⁴⁶ **Evidence suggests that, overall, the majority of the targets set for pre-defined KRIs were achieved, but only a minority of actions achieved all their targets for KRIs related to FSL or nutrition (JC 4.2)** (see Figure 75 and Figure 76).

Figure 75. Achievement of KRIs by actions, 2016-2020

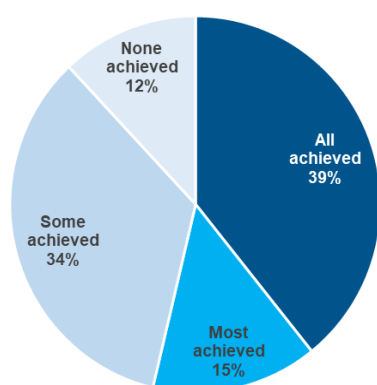
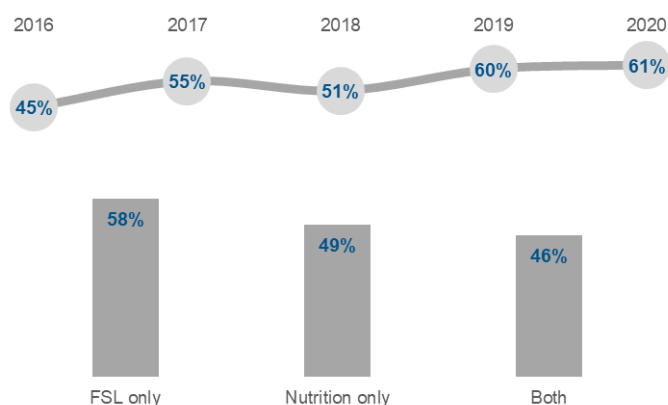


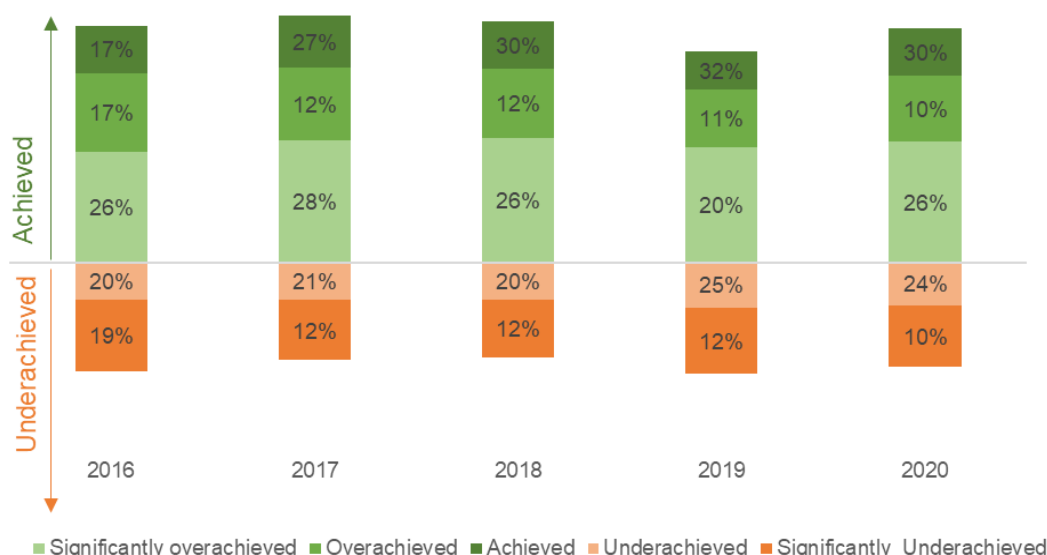
Figure 76. Share of actions achieving all or most of their KRIs, 2016-2020



Source: ICF, Portfolio analysis, N=1072 actions.

The majority (65%) of the targets set for predefined KRIs were met or exceeded, while a significant 35% were not achieved. The performance of portfolio actions against the pre-defined KRIs increased between 2016 and 2018, slightly decreased in 2019, then returned to close to 2018 values in 2020 (see Figure 77).

Figure 77. Share of targets for predefined KRIs achieved, 2016-2020



Source: ICF, Portfolio analysis, N= 1627 KRIs analysed. For each KRI of each action we compared the final value to the initial target. Then we classified each KRI, following defined intervals for the following categories: "Significantly

⁶⁴⁶ DG ECHO guidelines for filling in the Single Form, available at: <https://www.dgecho-partners-helpdesk.eu/mssa/action-proposal/fill-in-the-single-form/7-logic-of-intervention/73-results>

overachieved, Overachieved, Achieved, Underachieved and Significantly Underachieved". Finally, we calculated the share of KRIs that fell under each category.

Table 56 and Table 57 present the performance of actions per pre-defined KRI against targets and in a few cases against SPHERE standards.⁶⁴⁷ For those KRIs for which quantitative SPHERE standards exist, the level of achievement compared to the standards was always equal to or higher than the level of achievement compared to targets, suggesting a high level of ambition of the partners and DG ECHO in setting targets.

Table 56. Share of FSL KRIs for which actions achieved their targets and SPHERE standards (where available) , 2016-2020

# Actions	Pre-defined KRI	Share that achieved or overachieved	
		Target	SPHERE standard
419	Number of people enabled to meet their basic food needs	65%	
41	Improve access to food through life-saving/asset protecting resource transfers (in-kind food, cash, vouchers)	74%	
5	% of coverage of minimum kcal requirement per household (HEA gap analysis)	80%	
25	% of target households which are able to cover their minimum energetic needs of 2100 Kcals (HEA gap analysis)	81%	
8	% of target households which are able to generate enough food/cash incomes to meet the livelihood protection threshold (HEA analysis)	50%	
3	Household food production has increased by the Target % compared to a normal year or baseline year	67%	
70	Improve diet	50%	
34	% of the target population achieves Acceptable Food Consumption Score (FCS)	50%	85%
28	The mean household dietary diversity score (HDDS) of target population has increased by the Target % over the project period	54%	
8	The mean individual dietary diversity score (IDDS) of target population has increased by the target % over the project period	38%	
4	Percentage of care takers using appropriate feeding practices	75%	
167	Number of people provided with resources to protect and start rebuilding livelihood assets	67%	
43	Strengthen livelihoods	69%	
19	% of target households which are able to maintain/increase their productive assets	81%	
3	% of targeted communities with community assets above baseline level	100%	
21	The proportion of households in the highest Coping Strategy Index score category has been reduced by the Target % (Reduced CSI)	54%	

Source: ICF, Portfolio analysis. N= 900 actions.

⁶⁴⁷ See <https://spherestandards.org/handbook-2018/>

Table 57. Share of nutrition KRIs for which actions achieved their targets and SPHERE standards (where available) , 2016-2020

# Actions	Pre-defined KRI	Share that achieved or overachieved	
		Target	SPHERE standard
48	Active case finding, community mobilisation and referral	55%	
6	Proportion of moderately acutely undernourished children screened and enrolled in MAM treatment programmes	50%	-
42	Proportion of severely acutely undernourished children screened and admitted to therapeutic treatment programmes	56%	
126	Number of health facilities where nutrition programs are implemented	77%	-
53	Number of SMART, coverage, NCA or other surveys implemented	75%	-
22	Rehabilitation of children suffering of Moderate Acute Under-nutrition (MAM) through Community Based Management of Acute Malnutrition (CMAM) approach	55%	
6	Defaulter rate	17%	83%
16	Recovery rate	69%	81%
65	Rehabilitation of children suffering of Severe Acute Under-nutrition (SAM) through Community Based Management of Acute Malnutrition (CMAM) approach	54%	-
7	Coverage rate	86%	86%
16	Defaulter rate	12%	88%
5	Discharged who have died	0%	100%
37	Recovery rate	74%	90%
308	Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition	61%	-

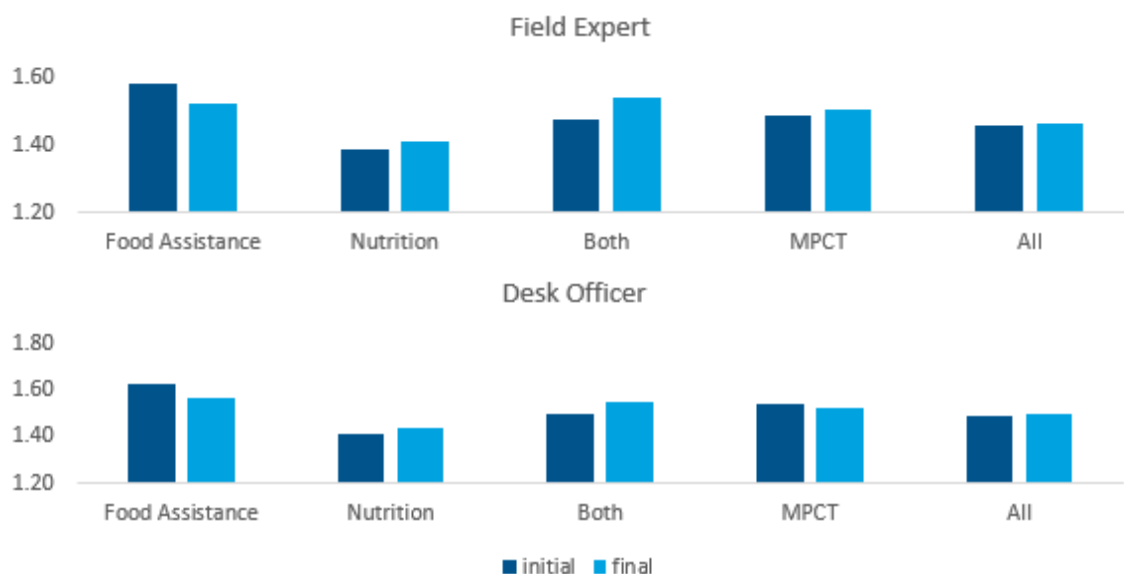
Source: ICF, Portfolio analysis. N= 902 actions.

The lack of disaggregated data per vulnerable groups does not allow for an assessment of whether the desired differential results across groups were achieved, in particular in relation to the most vulnerable (JC4.2).⁶⁴⁸ However, the assessment of the actions' achievements (compared to initial expectations) on the "Gender and Age" marker done by DG ECHO, shows that for the great majority of the actions, the final mark assigned was equal to (desk officer) or higher than (in field expert) the one they had assigned at proposal stage. Based on the sample of actions reviewed, the main reasons were:

- Actions targeted more women or minors than initially expected;
- Actions adopted participatory approaches;
- Actions that ensured women were well represented and staff were more gender-balanced.

⁶⁴⁸ This was a common criticism from DG ECHO field experts/desk officers on the data received from the partners, as it prevented them from assessing the extent to which these groups benefited from the actions.

Figure 78. Average Initial and Final Gender-Age Marker by Field expert and Desk Officer



Source: ICF Portfolio analysis, N= 906

The action's results were expected to lead to the achievement of FSL and/or nutrition outcomes. The latter were measured and monitored using Key Objective/Outcome Indicators (KOIs). Partners were free to select the KOI but were encouraged to use KOIs pre-defined by DG ECHO.⁶⁴⁹ **Evidence suggests that between 2016 and 2020, the majority of targets for pre-defined specific objectives⁶⁵⁰ were achieved or surpassed and that the majority of the actions achieved all of their targets for pre-defined KOIs (JC 4.3).** Overall actions in the nutrition sector only or in both sectors (FSL and nutrition) performed better than FSL-only actions or MPCT actions.

Figure 79. Achievement of KOIs by actions, 2016-2020

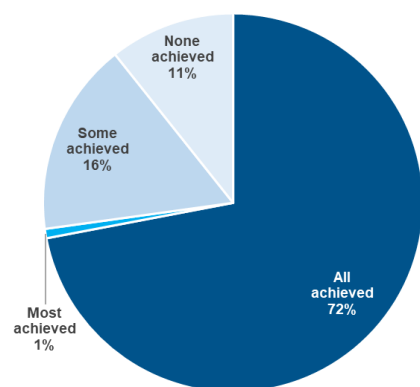
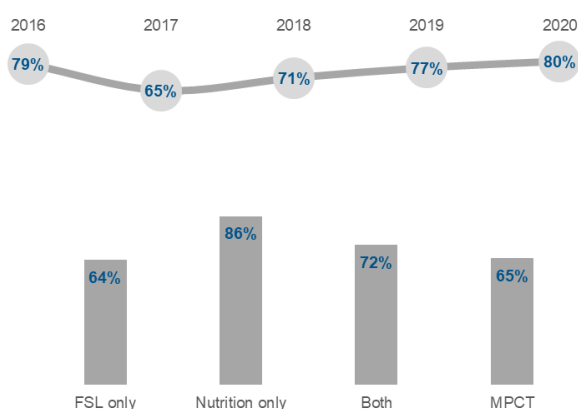


Figure 80. Share of actions achieving all or most of their KOIs, 2016-2020



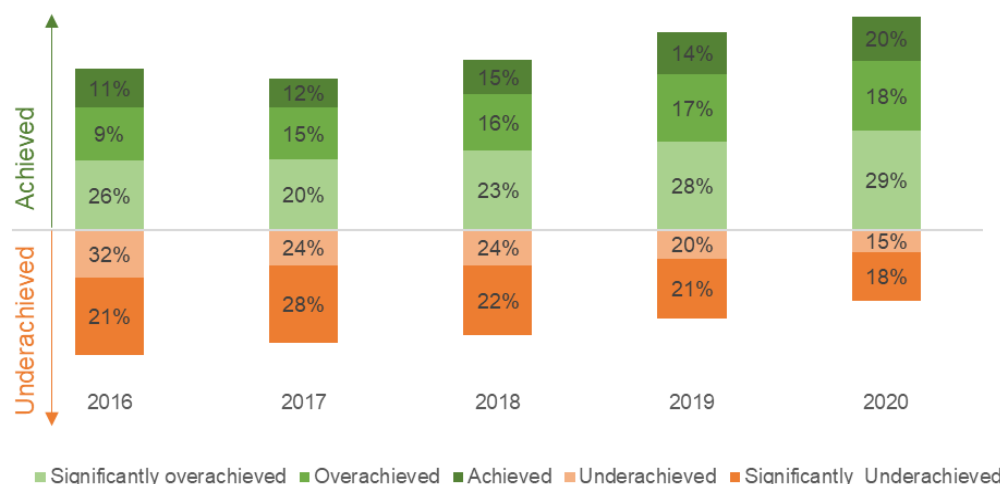
Source: ICF, Portfolio analysis, N= 750 actions.

⁶⁴⁹ DG ECHO guidelines for filling in the Single Form, available at: <https://www.dgecho-partners-helpdesk.eu/mssa/action-proposal/fill-in-the-single-form/7-logic-of-intervention/73-results>

⁶⁵⁰ The analysis is only feasible for predefined objectives, given the size of the database and the diversity of customised objectives (which have different scales). The data were only available for 813 actions, i.e. 65% of the funded actions in scope.

The share of KOI targets achieved increased over the evaluation period, with the main reason for largely because actions set less ambitious (possibly more realistic and closer to SPHERE standards) targets towards the end of the evaluation period.

Figure 81. Share of targets for predefined KOIs achieved



Source: ICF, based on HOPE database. N=1,506 KOIs analysed. For each KOI for each action, the final value was compared to the initial target. Each KOI was then classified, following the defined intervals for the following categories: significantly overachieved; overachieved, achieved, underachieved, significantly underachieved. Finally, the share of KOIs under each category was calculated.

Table 58 presents an analysis of the level of achievement per KOI type, showing that the lowest performance related to the KOI 'Share of 6-23 months of children in target population who receive a minimum acceptable diet' with almost 70% of the desired results not achieved. The KOI with the highest performance against target was '% reduction in the number of affected people (experienced, expected or modelled)'. An analysis of the level of achievement of the two KOIs for which quantitative SPHERE standards are available shows high achievement rates in both cases, significantly above the achievements relative to the targets set by partners and DG ECHO.

Table 58. Level of achievement per pre-defined KOIs, 2016-20200

# Actions	Pre-defined KOIs	Achieved or overachieved	
		Against target	Against SPHERE standard
30	% reduction in the number of affected people	93%	-
42	% of 6-23 months old children in target population who receive a minimum acceptable diet (MAD)	31%	-
394	% of the target population with acceptable Food Consumption Score (FCS)	41%	86%
222	Average Coping Strategies Index (CSI) score for the target population	50%	-
28	Case fatality rate	36%	-
16	Crude mortality rate (number of deaths/10.000p/day)	38%	-
263	Severe Acute Malnutrition Recovery rate	81%	96%
76	Coverage of the nutrition program	68%	-

Source: ICF, Portfolio analysis, N= 770 actions.

A regression analysis to test the correlation between the level of KOI achievement and explanatory variables (e.g. date, duration, partner) found that none of the variables tested was statistically significant.

The difficulties some actions experienced in achieving their KRI and KOI targets likely relates to the implementation obstacles described earlier, as well as challenges related to sub-optimal targeting of beneficiaries, lack of a multi-sectoral approach to needs, and overlaps with other actions not funded by DG ECHO⁶⁵¹. Findings from the field missions, together with the information collected through the mid-term project reports, led to some suggestions for improvements /adjustments on the part of DG ECHO, often related to improved targeting and scaling-up activities to cover additional beneficiaries and/or locations.

The (highly) positive performance of some actions against KRIs and KOIs is likely explained by some key enabling factors identified by the project mapping and KIIs. Some of these were specific to each sector (see Table 59), while others were transversal to both sectors and included:

- Symbiotic relation with local implementation partners, with the framework partner providing expertise and support to the implementation partners, and the implementation partners bringing in-depth knowledge of the context, local capacity and network;
- Close cooperation and coordination with other actions in the same sector and in other sectors (through for example the participation in relevant clusters) to explore synergies and ensure high coverage, avoid duplication of efforts and increase the effectiveness of advocacy efforts;
- Working closely with the local community and its leaders during the planning and implementation phases and involving community members where feasible and relevant
- Contingency plans for a more timely and adequate response to changes and other obstacles
- Long-standing presence in the area of intervention, with established relationships with national, regional and local authorities
- Use of monitoring and evaluation tools to continuously measure the impact of the action and establishment of a complaint response and feedbacks mechanism (CRFM), which helped to reduce targeting errors.
- Considering cultural aspects when designing the action
- Incorporation of lessons learned from previous interventions.

Table 59. Examples of enabling factors specifically related to nutrition activities and FSL activities.

Food security and livelihoods	Nutrition
<ul style="list-style-type: none"> • Regular monitoring during the program of the dynamics of local markets and prices, and flexibility regarding the assistance modality • Food procured locally or through the cluster/consortium/WFP • Intervention adjusted based on post-distribution monitoring conducted throughout the action (to assess 	<ul style="list-style-type: none"> • Food, supplements, medicine, equipment, and other supplies procured locally or through the cluster/consortium/WFP • Integrated approach to health, WASH, FSL • Synergies with other actions in the distribution of supplements and/or carrying out screening

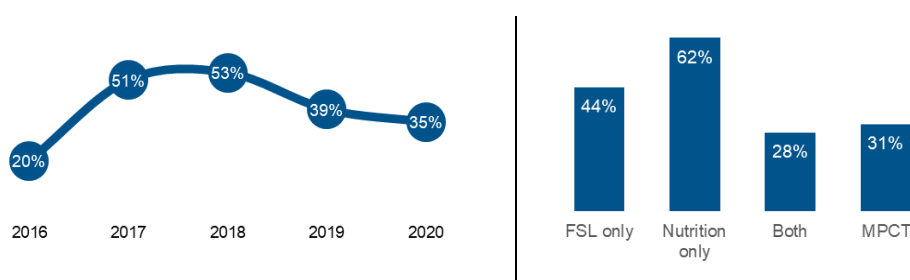
⁶⁵¹ Project mapping; KIIs (three DG ECHO staff, two partners); case studies.

Food security and livelihoods	Nutrition
effectiveness and impact of food and cash assistance) and feedback gathered from beneficiaries	<ul style="list-style-type: none"> Local community members recruited as staff (e.g., carrying out screenings) and hygiene promoters who helped maintaining a smooth relationship with the community in the district targeted locations. Mobile teams deployed to reach areas with poor accessibility

Source: ICF elaboration based on reviewed actions

Another important factor accounting for the good KRI/KOI performance of some actions was the scaling-up of activities to cover a higher number of beneficiaries than initially planned (45% higher), with 75% of the funded actions reaching or surpassing their target for number of beneficiaries.

Figure 82. Additional beneficiaries surpassing initial target (%), total and per sector (FSL, nutrition, MPCT), 2016-2020



Source: ICF, Portfolio analysis, N=906

Note: available data is not disaggregated by type of result and so includes beneficiaries covered by all results of a given actions, and not only those related to FSL, nutrition and MPCT results.




EQ5. To what extent did DG ECHO's HFA & N programmes contribute to improving food security and nutritional status among the beneficiaries and contribute to saving and preserving life, protecting livelihoods, and the increase of resilience?

Table 60. EQ5: Key conclusions

Judgement criteria	S	Key conclusions
JC5.1. Overall, DG ECHO's HFA & N programmes significantly contributed to improving food security and nutritional status among the beneficiaries		<ul style="list-style-type: none"> DG ECHO's HFA & N response contributed to the achievement of most of the outcomes and desired impacts of its ToC, but these were not always long-lasting (see EQ7).
JC5.2. Overall, DG ECHO's HFA & N contributed to saving and preserving life, protecting livelihoods, and to increased resilience of populations facing,		<ul style="list-style-type: none"> While DG ECHO's HFA & N programmes strongly contributed to alleviating suffering and saving lives, its contribution to protecting livelihoods and to increasing resilience was very limited. Limited funding and increased needs meant that DG ECHO prioritised actions linked to food assistance and treatment of SAM, allocating less funding to

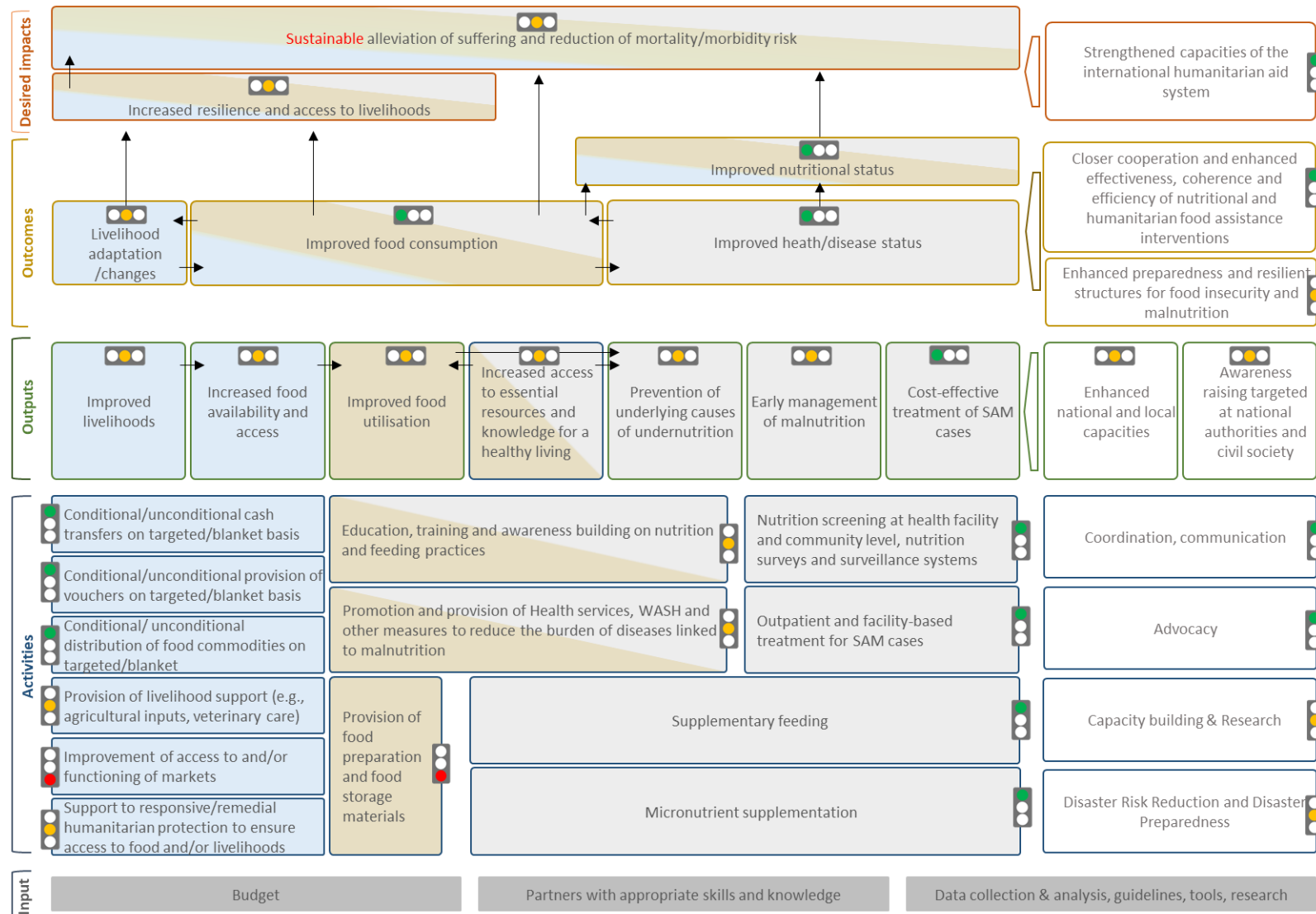
expected to be facing or recovering from food crisis	<p>interventions focusing on livelihoods and building resilience, in line with its mandate</p> <ul style="list-style-type: none"> • The reduction of beneficiaries targeted by nutrition-related activities, as well as challenges experienced (see EQ4) reduced the potential impact of the response
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EQ4 found that most of the activities were effectively implemented and their expected outputs and outcomes generally delivered, despite being negatively impacted by various challenges stemming from the difficult and volatile context in which DG ECHO operated. Limited funding to address growing food insecurity and nutrition needs led to the prioritisation of lifesaving activities, outputs and outcomes related to provision of food/cash/transfer and treatment of malnutrition over activities related to food utilisation, livelihoods and resilience-building⁶⁵². Nevertheless, the evaluation found that DG ECHO's HFA & N response contributed to the achievement of most of the outcomes and desired impacts in its ToC, but these may not have been lasting (see EQ7). Figure 83 provides our interpretation of the level of achievement of the HFA & N ToC, using the following symbols to show the degree of realisation of its various components:

-  elements of the ToC that were achieved
-  elements of the ToC that were achieved only partially
-  or red text show elements of the ToC that could not be achieved.

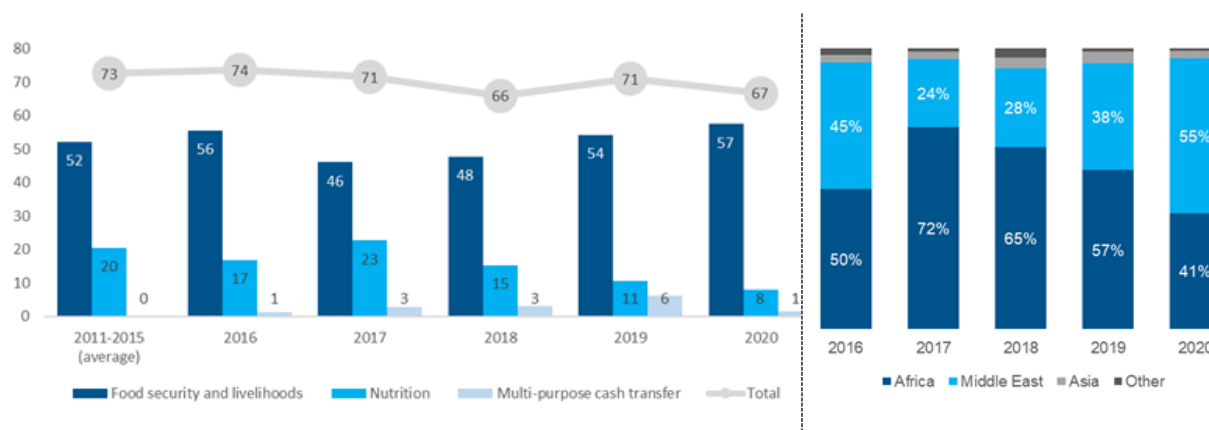
⁶⁵² Desk research; KIs; case studies; survey of partners.

Figure 83. Achievements of the DG ECHO HFA & N response - Theory of Change



DG ECHO's HFA & N programmes made a strong contribution to improving food security and nutritional status among the beneficiaries (two ToC outcomes) and contributed to achieving the main desired ToC impact - saving and preserving life (JC 5.1 and JC5.2). However, the overall impact of the response was not constant across the period, as the number of beneficiaries assisted per year varied. More specifically, there was a significant reduction in beneficiaries of nutrition actions compared to the previous period (2011-2015), a trend which continued throughout the evaluation period. This somewhat reduced the global impact of the nutrition response of DG ECHO in the period (see Figure 84).⁶⁵³ Another difference, when compared to the previous period, was the geographical location of the assisted population, with a consistent decrease of the number beneficiaries in Africa and an increase of beneficiaries in Middle East from 2017 onwards.

Figure 84. Evolution of beneficiaries of DG ECHO FA&N response, 2011-2020



Source: ICF. 2022. Portfolio analysis.

An analysis of the outcomes achieved between 2016 and 2020 shows that DG ECHO funded actions (supported by advocacy efforts of DG ECHO) contributed to improving food consumption and the nutritional status of beneficiaries and, consequently, alleviated suffering and save lives as they:⁶⁵⁴

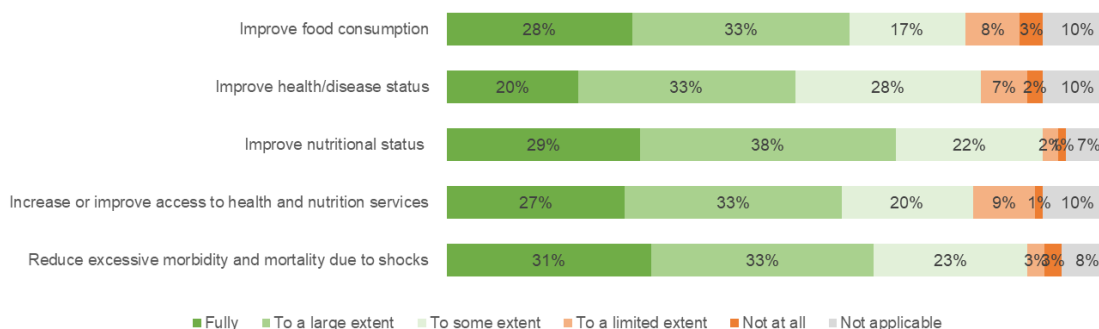
- Increased the percentage of 6-23 month-old children in the target population who received a minimum acceptable diet,
- Increased the percentage of the target population with an acceptable Food Consumption Score,
- Increased the Average Coping Strategies Index score for the target population,
- Increased the Severe Acute Malnutrition recovery.

The positive impact of DG ECHO's HFA & N response on beneficiary households in terms of improving their food security and addressing malnutrition was confirmed by all KIIs and by the partners surveyed (see Figure 85).

⁶⁵³ The average yearly number of FSL actions in the period was similar to that of the previous period.

⁶⁵⁴ Portfolio analysis, KOI dataset.

Figure 85. To what extent did your action(s) contribute to the following changes and objectives? (part 1)



Source: ICF. 2022. Survey to Partners, Q12, N=86.

The subsections below provide more detailed information on the main achievements related to specific food security and nutrition outcome indicators monitored by funded actions, which are directly linked to the outcomes and desired impacts in the HFA & N ToC.

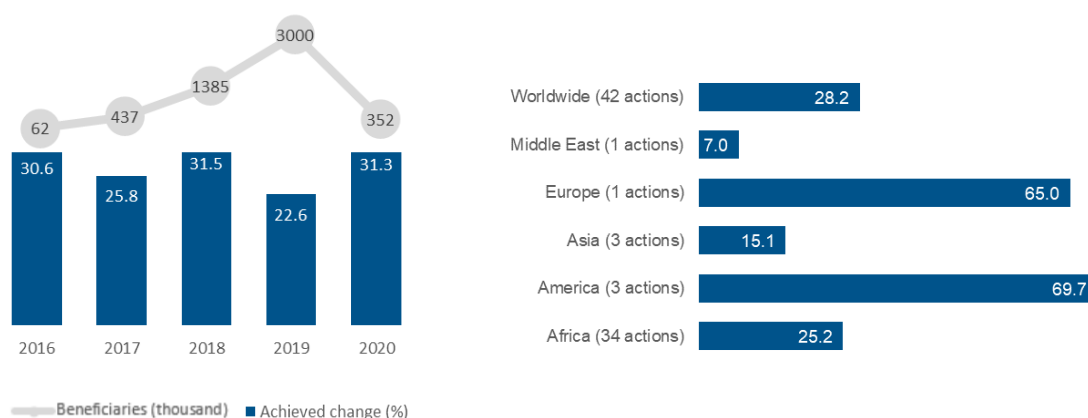
Percentage of 6-23 month-old children in target population receiving a minimum acceptable diet

During the evaluation period, only a small number of actions (42 out of 910) set a target for (and monitored) the percentage of 6-23 month-old children in the target population who receive a minimum acceptable diet. The target population was also relatively small (1.5% of the total beneficiaries assisted), mostly concentrated in Africa (90%) and varied significantly across the period.

The activities carried out by these actions were 'provision of food commodities, voucher and cash' and 'supplementary feeding', which led to an "Increased food availability and access" (a ToC outcome) of about 111% compared to the baseline.

Collectively, this group of actions ensured that between 22% and 31% of the 6-23 month-old children in their target population received a minimum acceptable diet (see Figure 86), contributing to reducing food insecurity (and possible MAM and SAM cases), and thus saving and preserving life. The impact was highest in Africa, and in the years 2018 and 2019.

Figure 86. Achieved change for KOI 'Percentage of 6-23 month-old children in target population who receive a minimum acceptable diet', 2016-2020



Source: ICF, Portfolio analysis, N= 1627 KOIs.

Percentage of target population with acceptable Food Consumption Score (FCS)

The FCS is one of the main indicators to assess the food insecurity of households. One third of the total actions and almost 45% of the FSL and MPCT actions between 2016 and 2020 set a target for (and monitored) this indicator, with most of these actions implemented in Africa (275 of 394). Overall, the target population was 20% of the total beneficiaries assisted by the DG ECHO's HFA&N response in the period, most of whom were located in the Middle East (37 million) and Africa (35 million).

The activities carried out by these actions were the provision of food commodities, voucher and cash, which led to an 'increased food availability and access' (a ToC outcome) of about 108% compared to the baseline.

As a result of these actions, between 41% and 49% of the target population changed from an unacceptable to an acceptable FCS (see Figure 87). This indicates that DG ECHO's HFA & N programmes contributed to reducing food insecurity, thus saving and preserving life between 2016 and 2020. The highest reported impact was in the Middle East, followed closely by Africa, and in the years 2018 and 2019.

Figure 87. Achieved change for KOI "Percentage of target population with acceptable Food Consumption Score (FCS)" and targeted population, 2016-2020

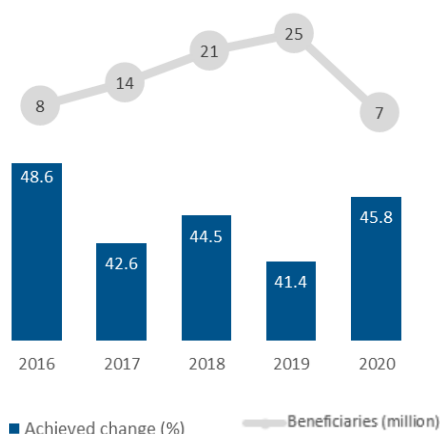
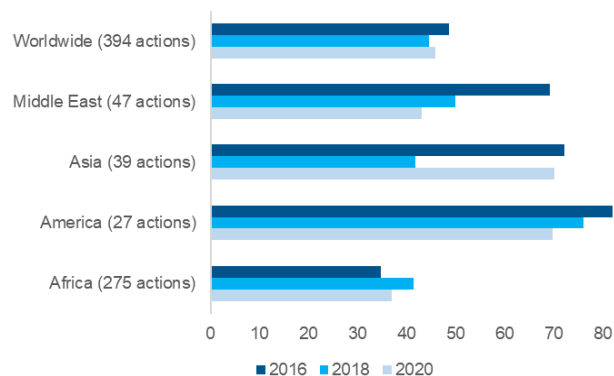


Figure 88. Achieved change for KOI "Percentage of target population with acceptable Food Consumption Score (FCS)" per region, 2016-2020



Source: ICF, Portfolio analysis, N= 1627 KOIs analysed.

Average Coping Strategies Index (CSI) score for the target population

Another indicator used by some of the funded actions to assess and monitor their contribution to reducing the level of food insecurity of the target population was the Average Coping Strategies Index (CSI) score.⁶⁵⁵ During the evaluation period, about 17% of the total actions and about 25% of the FSL and MPCT actions set a target for this score, most taking place in Africa. Overall, the target population of these actions was 18% of the total beneficiaries assisted, mostly located in Middle East (38 million) and Africa (24 million).

The activities carried out as part of these actions were provision of vouchers and cash, which led to 'increased food availability and access' (a ToC outcome) of about 109% compared to the baseline.

⁶⁵⁵ WFP, *The Coping Strategies Index - Field Methods Manual*, 2008, available at: <https://www.indikit.net/document/9-the-coping-strategies-index-field-methods-manual>

As a result of these actions, 15% to 23% of their target population changed from an unacceptable to an acceptable CSI score (see Figure 8790). This indicates a positive impact on the food security levels of beneficiaries and thus a positive contribution to saving and preserving life. The highest impact on CSI was achieved in the Middle East, followed closely by Africa, and in the years 2018 and 2019.

Figure 89. Achieved change for KOI “Percentage of target population with acceptable Food Consumption Score (FCS)” and targeted population, 2016-2020

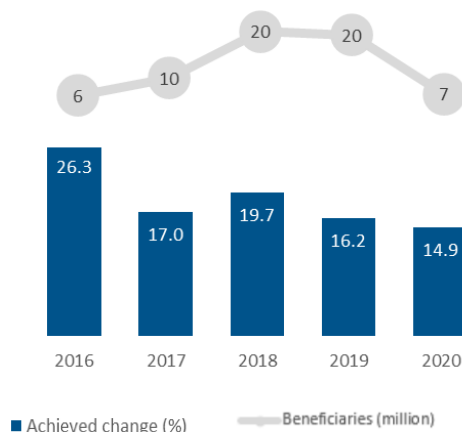
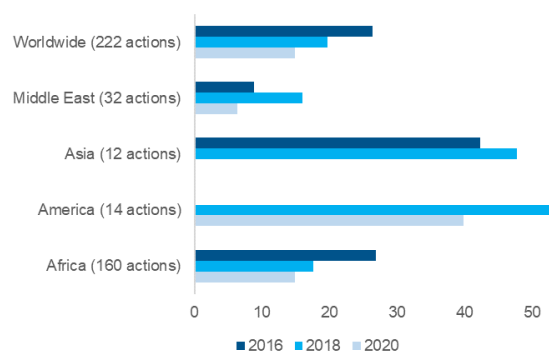


Figure 90. Achieved change for KOI “Percentage of target population with acceptable Food Consumption Score (FCS)” per region, 2016-2020



Source: ICF, Portfolio analysis, N= 1627 KOIs analysed.

Severe Acute Malnutrition Recovery

About half of the DG ECHO funded nutrition-related actions between 2016 and 2020 set a target for (and monitored) the recovery rate of SAM cases in the target population, with most of these actions in Africa (235 of 263). Overall, the targeted population was 26% of the total beneficiaries assisted by DG ECHO's nutrition response in the period, almost all of whom were located in Africa (17.5 million).

Activities carried out by these actions were:

- Outpatient and facility-based treatment for SAM cases;
- Supplementary feeding and micronutrient supplementation;
- Education, training and awareness building on nutrition and feeding practices;
- Nutrition screening at health facility and community level;
- Nutrition surveys and surveillance systems.

Table 61 shows how these activities contributed to the achievement of the various ToC results.

Table 61. Changes brought by actions: in the context of nutrition-related pre-defined key result indicators (against baseline)

KRIs	Average change against baseline	Number of actions
Active case finding, community mobilisation and referral	102%	50
Proportion of moderately acutely undernourished children screened and enrolled in MAM treatment programmes	73%	6

Proportion of severely acutely undernourished children screened and admitted to therapeutic treatment programmes	106%	44
Number of health facilities where nutrition programs are implemented	111%	139
Number of SMART, coverage, NCA or other surveys implemented	100%	63
Promotion of improved care and feeding practices (mothers and children) breastfeeding, complementary feeding, maternal nutrition	82%	47
Proportion of care givers having attended IYCF counselling sessions	90%	37
Proportion of children 0-5 months of age who are fed exclusively with breast milk	51%	10
Rehabilitation of children suffering of Moderate Acute Under-nutrition (MAM) through Community Based Management of Acute Malnutrition (CMAM) approach	66%	26
Coverage rate	100%	1
Defaulter rate	122%	7
Recovery rate	48%	16
Rehabilitation of children suffering of Severe Acute Under-nutrition (SAM) through Community Based Management of Acute Malnutrition (CMAM) approach	59%	88
Coverage rate	57%	8
Defaulter rate	74%	18
Discharged who have died	55%	20
Recovery rate	55%	42
Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition	152%	346

Source: ICF, Portfolio analysis

Overall, these actions ensured an SAM recovery rate of between 30% and 52% (see Figure 91), which contributed to saving and preserving life. The impact was concentrated in Africa (see Figure 92 (in line with the identified needs, see EQ1) and in the years 2017, 2018 and 2019.

Figure 91. Achieved change for KOI “Severe Acute Malnutrition Recovery” and targeted population, 2016-2020

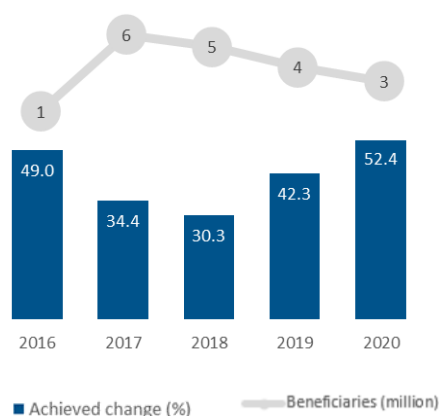
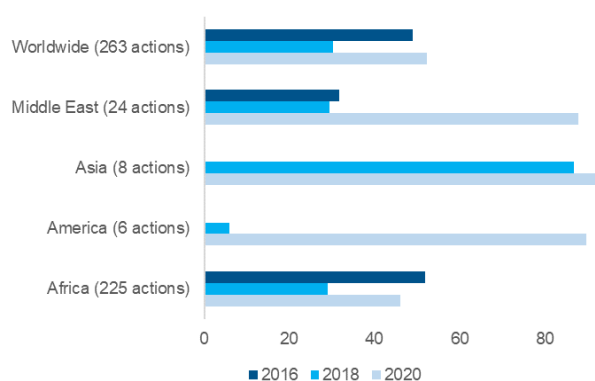


Figure 92. Achieved change for KOI “Severe Acute Malnutrition Recovery” per region, 2016-2020



Source: ICF, Portfolio analysis, N= 1627 KOIs analysed.

In light of the unaddressed HFA & N needs (see EQ1) and limited funds, DG ECHO prioritised actions focusing on food assistance and treatment of SAM cases, with the aim of saving and preserving lives, and allocated less funding to interventions addressing livelihoods and building

resilience. This prioritisation – to address the most acute needs of the most vulnerable groups – is fully in line with DG ECHO's mandate (JC 5.2).

Of the total HFA&N actions funded in the period, only about 10% of the actions presented results related to capacity building (all related to nutrition) and only 5% reported results related to “Strengthen livelihoods” (with an average improvement against the baseline of 93%).

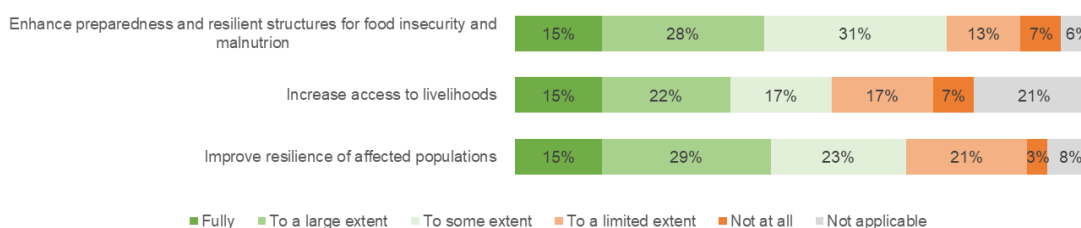
Available data on DG ECHO's assessment of the Resilience Marker of the funded actions shows that:

- 65% of the actions included sufficient measures to build local capacities (beneficiaries and local institutions), while 20% included some measures, albeit at a level judged insufficient by DG ECHO. Actions with a nutrition component tended to include this type of measure more often than actions not covering nutrition;
- Slightly more than half of the actions explored opportunities to support long-term strategies to reduce humanitarian needs, underlying vulnerability and risks, while in about 35% of the cases, DG ECHO's field expert concluded that the opportunities were not sufficiently explored.

While this points to DG ECHO contributing to an increase in the resilience of the population, it also suggests that the final contribution was somewhat lower than expected, as DG ECHO officers often had concerns about the sustainability of the effects once the activities were concluded (e.g., nutrition interventions in Yemen 2015-2020)⁶⁵⁶.

Overall, KIIs and the partners surveyed agreed that the contribution of the DG ECHO HFA&N programme was low in respect of protecting livelihoods and increasing resilience, in spite of some good examples (such as the Global Alliance for Resilience Initiative for the Sahel and West Africa) (see Figure 93).⁶⁵⁷ However, stakeholders had different opinions on whether or not this was a missed opportunity. Some partners and most DG ECHO staff considered this to be the result of a programmatic decision of DG ECHO to prioritise its limited funds to addressing the growing acute needs of the most vulnerable over activities to build resilience, in line with its mandate.⁶⁵⁸ This aspect is further explored in EQ7.

Figure 93. To what extent did your action(s) contribute to the following changes and objectives? (part 2)



Source: ICF, Survey to Partners. Q12, N=86.

⁶⁵⁶ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022.

⁶⁵⁷ See https://civil-protection-humanitarian-aid.ec.europa.eu/agir-global-alliance-resilience-initiative_en

⁶⁵⁸ KIIs (three DG ECHO staff).

11.4 Efficiency

11.4.1 EQ6. To what extent were DG ECHO-funded interventions cost-effective and the scaling-up of actions implemented when feasible?

Table 62. EQ6: Key conclusions

Judgement criteria	S	Key conclusions
JC6.1. DG ECHO-funded interventions delivered their results in the most cost-effective way possible, compared to other feasible alternatives as well as to planned expenditure		<ul style="list-style-type: none"> DG ECHO and its partners considered cost effectiveness throughout the project cycle and took actions to ensure it. However, it is not possible to draw any firm conclusions on the extent to which DG ECHO-funded interventions were cost-effective compared to other feasible alternatives
JC6.3. DG ECHO-funded interventions explored synergies with other interventions and avoided duplications of efforts		<ul style="list-style-type: none"> The use of cash as a transfer modality, as well as coordination efforts to explore synergies, contributed to greater efficiency and cost-effectiveness of DG ECHO's FSL response Portfolio analysis suggests some minor efficiency gains in the evaluation period Some opportunities for improvement were identified, such as further use of cash transfers, strengthening supply chains, and fostering a no-regret anticipatory approach to some protracted crises
JC6.2. Scaling-up of actions was appropriately implemented when feasible		<ul style="list-style-type: none"> There were efforts to reach out to more beneficiaries and scale-up actions, albeit not systematically

DG ECHO and its partners considered cost-effectiveness throughout the project cycle and took actions to ensure it. However, it is not possible to draw any firm conclusions the extent to which DG ECHO-funded interventions were cost-effective compared to other feasible alternatives (JC 6.1).

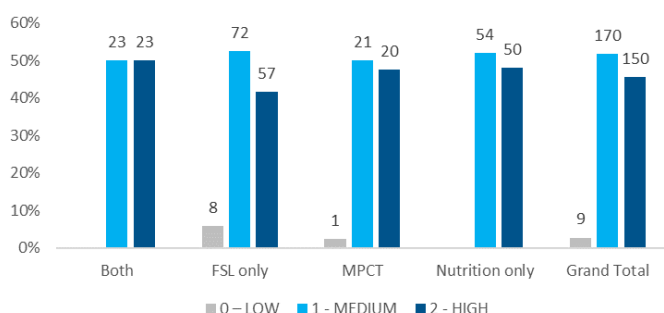
Cost-effectiveness/efficiency was one of the six criteria that DG ECHO used to assess proposals for interventions⁶⁵⁹. The portfolio analysis shows that in 2016-2020, funded actions were generally considered to be 'medium-high' in cost-effectiveness (average score of 1.43), with FSL-only and MPCT actions scoring highest and nutrition-only actions scoring lower⁶⁶⁰. Nearly all partners indicated that their actions were efficient and cost-effective⁶⁶¹.

⁶⁵⁹ The other criteria were: relevance; capacity and expertise; methodology and expertise; coordination and post-intervention elements; and other aspects.

⁶⁶⁰ Data were only available for 329 of the 1,256 actions in the portfolio.

⁶⁶¹ Survey of partners, Q19, N=86 (47% agreed and 50% somewhat agreed that the action(s) and activities carried out with DG ECHO's support were efficient and/or cost effective).

Figure 94. DG ECHO's assessment of cost-effectiveness of funded actions at proposal stage, 2016-2020



Source: ICF, based on HOPE database.

Note: data only available for 329 projects, i.e. 26% of the total number of projects in FSL, nutrition and MPCT.

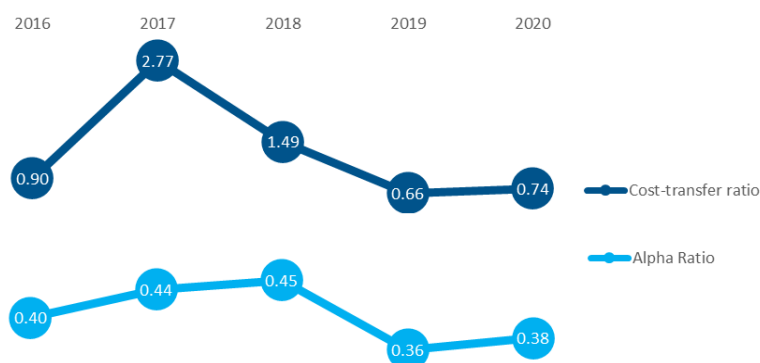
Throughout the project cycle, DG ECHO monitored the implementation of the actions and their progress against expected results (see EQ4), as well as their budget. In several cases, it recommended measures to improve cost-effectiveness (often by promoting the scaling-up of activities). The vast majority of the partners surveyed agreed that DG ECHO had encouraged them to be more efficient, with half indicating that DG ECHO played a key role in developing and sharing best practice with relevant actors⁶⁶².

Evidence from the project mapping suggests that DG ECHO's partners took actions to ensure cost-effectiveness throughout the project cycle, with partners providing explicit evidence of considering cost and timeliness in action design in 21 of 50 actions. The project mapping identified:

- Two cases of wastage related to logistical problems, where international medicines and other stocked commodities were kept in poor storage conditions and became unusable;
- Two cases of cost overruns, one of which was due to price inflation, which made it difficult to find a contractor available to work within the allocated budget.

When focusing on the efficiency of transfers to beneficiaries to address food needs, the analysis of the cost data for a sample of projects shows that the cost-transfer ratio and alpha ratio decreased between 2016 and 2020, although not consistently throughout the period. This suggests a slight increase in the cost-efficiency of the DG ECHO response to food security.

Figure 95. Evolution of the average cost-transfer ratio and alpha ratio, by transfer modality, 2016-2020

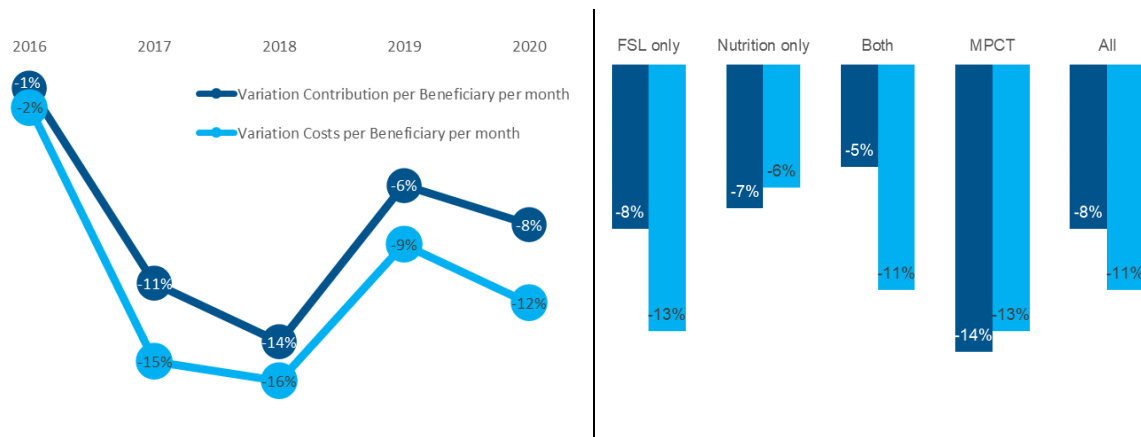


⁶⁶² Survey of partners, Q21, N=86 (60% agreed and 29% somewhat agreed that DG ECHO encouraged their organisation to be more efficient).

Source: ICF, Analysis of budgets for a sample of 279 of 646 FSL actions and 21 of 165 MPCT actions.

Similarly, the comparison between the initial and final DG ECHO contribution and costs per beneficiary per month suggests minor efficiency gains in the evaluation period. These gains were mostly due to actions providing assistance to a higher number of beneficiaries than initially envisaged, within the same budget (see EQ4).

Figure 96. Initial versus final action costs and DG ECHO's contribution per beneficiary per month, over time and by sector (%), 2016-2020



Source: ICF, based on HOPE database.

These data should be interpreted with caution as the cost of actions were dependent on many factors, such as the economy and the circumstances under which aid was delivered, which prevents accurate comparisons with the few available cost benchmarks.

Various elements at programming level influenced the efficiency and cost-effectiveness of DG ECHO's response to food insecurity and malnutrition, including the promotion of cash transfers instead of in-kind aid, the promotion of coordination and cooperation to explore synergies, and promotion of scaling-up of actions.

Promotion of cash modality

One of the main approaches used by DG ECHO to promote the cost-effectiveness of its HFA & N response was the strategic shift from traditional in-kind distribution to cash-based transfers (see EQ2). The HIPs highlighted that from 2017 onwards, DG ECHO often recommended cash as the default modality, while stressing that it would support another modality if that were shown to be more effective and efficient⁶⁶³.

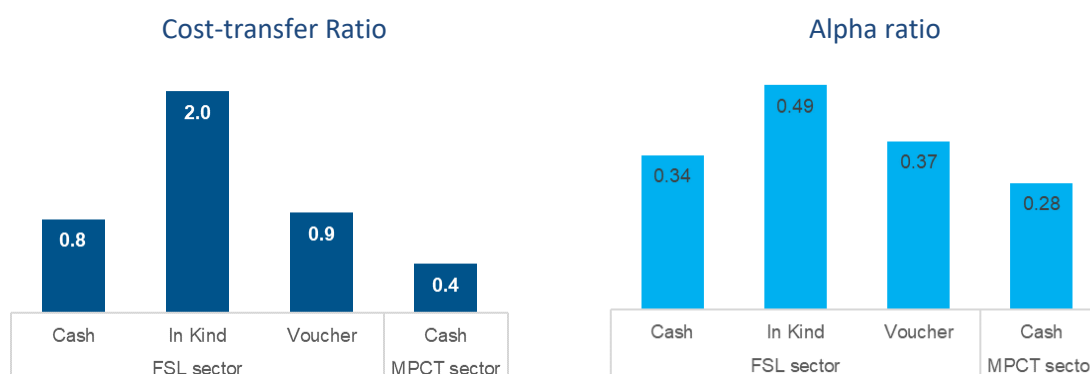
Cash transfers were the most-used transfer modality in the FSL sector and MPCTs increased significantly in the period (EQ2). The analysis of the budgets of a sample of funded actions strongly suggests that this led to gains in efficiency, as the average cost-transfer ratio and alpha ratio of cash modality were lower than those of vouchers and in-kind transfers (see Figure 97)⁶⁶⁴. The average cost-transfer ratio (0.85) was similar to available benchmarks for cash-based programmes.⁶⁶⁵

⁶⁶³ ICF. 2022. Desk Report.

⁶⁶⁴ O'Brien, C., 2014. A Guide to Calculating the Cost of Delivering Cash Transfers in Humanitarian Emergencies with Reference to Case Studies in Kenya and Somalia. Working Paper, June. Oxford, UK: Oxford Policy Management.

⁶⁶⁵ DG ECHO 2022. Evaluation of the Emergency Social Safety Net programme, January 2018-March 2020 (ESSN-2).

Figure 97. Average cost-transfer ratio and alpha ratio per transfer modality, 2016-2020

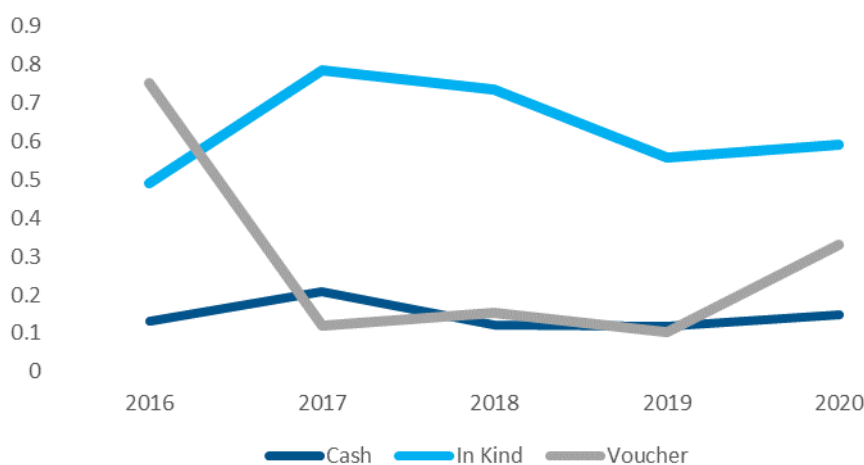


Source: ICF, Analysis of budgets for a sample of 279 of 646 FSL actions and 21 of 165 MPCT actions.

The main driver of the difference in the cost-transfer ratios between modalities was the cost incurred to deliver the modality. The typology of delivery costs was very different between transfer modalities, as delivering in-kind aid requires transportation and storage of the food, while delivering cash involves setting up and managing a transfer platform and contracting a financial services provider. On average, the cost of delivering EUR 1 in cash was about four times lower than the cost to deliver EUR 1 of in-kind aid, and about half the cost of delivering EUR 1 in vouchers.

After increasing in 2017, the delivery costs of direct transfers to beneficiaries presented a downward trend until 2019, before slightly increasing in 2020 (see Figure 98).

Figure 98. Cost of delivering EUR 1 to beneficiaries, by transfer modality, 2016-2020



Source: ICF, Analysis of budgets for a sample of 279 of 646 FSL actions and 21 of 165 MPCT actions.

The cost-transfer per beneficiary per month was also significantly higher for in-kind transfers (see Figure 100).

Figure 99. Average transfer and cost per beneficiary per month, by transfer modality, 2016-2020 (EUR)

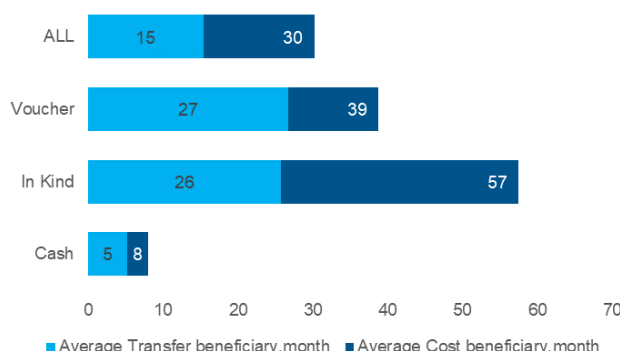
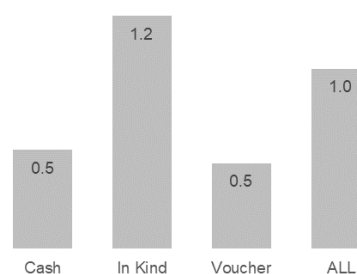


Figure 100. Cost-transfer ratio per beneficiary per month, by transfer modality, 2016-2020



Source: ICF, Analysis of budgets for a sample of 279 of 646 FSL actions and 21 of 165 MPCT actions.

Some stakeholders highlighted that, in addition to being the most cost-efficient modality, cash was also the fastest modality to deliver. The focus on cash therefore allowed for a timelier response⁶⁶⁶.

Scaling-up of actions

Scaling up, broadly defined as an increase of coverage of the planned activities or expansion of the action to include new activities, is generally considered to bring economies of scale and thereby contribute to increasing the cost-effectiveness of actions. DG ECHO promoted the scaling-up of actions to more beneficiaries and other areas, both in the HIPs and when assessing and monitoring actions⁶⁶⁷. This was acknowledged by the majority of the partners surveyed, and in some KIIs⁶⁶⁸.

While in the FA&N sectors there were efforts to scale up actions, this was not done systematically (JC 6.2).⁶⁶⁹ One of the main limiting factors indicated by KIIs was the limited available funds.⁶⁷⁰ Interviewed partners also indicated that the short duration of the actions and cumbersome procedure to request for extensions and modifications to actions could prevent the scaling-up of actions.

Coordination and integration

In the HIPs, DG ECHO encouraged coordination across actors and actions, as well as integrated approaches with multi-sectoral or cross-sectoral programming of responses in specific geographical areas to avoid duplication and maximise impact, synergies and cost-effectiveness (see EQ3)⁶⁷¹. This was acknowledged by the majority of the partners in the survey and some KIIs, where responses indicated that DG ECHO encouraged them to exploit synergies with other projects, and coordinated and complemented its response with other donors⁶⁷². The assessment of the coherence of the HFA & N response (EQ3) found many examples of coordination efforts by DG ECHO and partners, at local,

⁶⁶⁶ KIIs (two 2 DG ECHO staff, three partners).

⁶⁶⁷ Desk research: mission reports indicated that DG ECHO implemented several scale-up actions, e.g. a mission conducted in Mauritania in 2021 reported a significant scaling-up of social safety nets; another mission report showed evidence of scaling-up of the Council of Research and Technical Advice on Severe Acute Malnutrition (CORTASAM) initiative in 2017.

⁶⁶⁸ Survey of partners, Q21, N=86 (44% agreed and 37% somewhat agreed that DG ECHO supported their organisation in scaling-up their actions).

⁶⁶⁹ Project mapping; desk review; KIIs (three DG ECHO staff).

⁶⁷⁰ KIIs (three DG ECHO staff, three partners).

⁶⁷¹ Desk research.

⁶⁷² Survey of partners, Q21, N=86 (56% agreed and 26% somewhat agreed that 'DG ECHO encouraged their organisation to explore synergies with other projects').

national and regional level. Consequently, while **it is not possible to ascertain the extent to which this happened systematically throughout the evaluation period, evidence suggests that DG ECHO-funded interventions explored synergies with other interventions and avoided duplication of effort (JC 6.3).**

Some areas were identified for possible improvements in cost-effectiveness:

- **Transfer modalities:** KIIs, project mapping, geographic evaluations and the case study on transfer modalities highlighted situations where cash transfers could have been used instead of or in combination with vouchers/in-kind (see EQ2). For example, the case study on use of cash and other transfer modalities, showed that in some small areas of South Sudan and Niger, cash could have been used more. This was also identified by DG ECHO's missions to South Sudan and Mozambique. In light of the lower cost-transfer ratio of cash transfer (when compared to other modalities), this indicates that opportunities for gains of efficiency were missed.
- **Procurement:** the bargaining power of individual partners when negotiating prices of goods (e.g., supplements) and services (e.g., commercial rate charged by FSP) was sometimes weak and led to higher prices or costs.⁶⁷³ A few KIIs, as well as reviewed projects and mission reports, mentioned some missed opportunities to increase the bargaining power, mostly due to the overreliance on one single supplier and the lack of collective negotiations with financial services providers at regional/country level (interviewees noted that DG ECHO could have facilitated such bargaining).
- **Coordination and synergies:** project mapping found examples of overlaps with other actions, which could have been avoided through better coordination. In addition, joint needs assessments and monitoring activities could have been used more extensively throughout the period, as they not only are more cost-efficient to carry out, but may also bring higher cost-effectiveness during implementation.⁶⁷⁴
- **Targeting:** anecdotal evidence from KIIs and project mapping suggests that targeting was sub-optimal, contributing to a reduced cost-effectiveness of the actions (see EQ1). Some stakeholders suggested two (interrelated) aspects that could have led to a better targeting: the insufficient sharing of information among humanitarian actors and the slow uptake of the basic needs approach;
- **Localisation:** some interviewed stakeholders highlighted that localisation contributed to cost-effectiveness of the interventions (see EQ4), however they considered that those efforts were limited and there was opportunity to further increase the role of local responders during the evaluation period.⁶⁷⁵
- **Shock responsive systems and crisis modifiers:** literature review as well as case studies highlighted that these could have led to faster and more cost-effective responses.⁶⁷⁶
- **No-regret anticipatory approach:** some KIIs and reviewed documentation highlighted the potential cost-effectiveness of no-regret anticipatory approaches to respond to some protracted Food Security crises.^{677,678,679} However, in practice, few advances were made in this regard, mostly due to DG ECHO's decision to prioritise actions aiming at addressing immediate food needs of the most vulnerable in line with its mandate (see EQ1 and EQ5).⁶⁸⁰

⁶⁷³ KIIs (two partners); project mapping.

⁶⁷⁴ Desk review; KIIs; case studies.

⁶⁷⁵ KIIs (one DG ECHO staff, three partners).

⁶⁷⁶ DG ECHO, *Scoping Review of DG ECHO's Food Assistance Policy*, 2018; case studies.

⁶⁷⁷ DG ECHO, *The EU approach to resilience: learning from food security crises*, 2012, available [here](#).

⁶⁷⁸ KIIs (three DG ECHO staff); DG ECHO Report on end of mission - Eastern Africa.

⁶⁷⁹ See <https://www.unocha.org/our-work/humanitarian-financing/anticipatory-action>

⁶⁸⁰ KIIs (four DG ECHO staff).

- **Monitoring and reporting systems** implemented by DG ECHO and partners sometimes prevented a more granular analysis of the progress of actions against KRI and KOIs and sharing of lessons learned.

11.5 Sustainability

11.5.1 EQ7. To what extent did DG ECHO's advocacy and funding ensure sustainability and adherence to the do-no-harm principle?

Table 63. EQ7: Key conclusions

Judgement criteria	S	Key conclusions
JC7.1. DG ECHO's advocacy and funding contributed to improving national responses as well as national health systems to sustain quality of Community-based Management of Acute Malnutrition (CMAM) services		<ul style="list-style-type: none"> • DG ECHO's contribution to national responses in the context of food security was very limited • In the context of treatment of malnutrition, DG ECHO contributed to improving national responses and national health systems through funding and advocacy. It built capacity by training volunteers, families (e.g. mother/family MUAC approach) and healthcare staff, and by investing in improving the infrastructure and quality of CMAM services and management of limited resources (e.g. CMAM surge). However, in protracted crises or other contexts where there is widespread conflict and violence and/or a lack of national infrastructure, the possibility to contribute to improving national responses and health systems was very limited or non-existent
JC7.2. DG ECHO's advocacy and funding contributed to a better integration of Food and Nutritional Assistance or to other kind of integrated supports		<ul style="list-style-type: none"> • See EQ3
JC7.3. DG ECHO's advocacy and funding fully explored opportunities for building resilience and mainstreaming disaster preparedness, and they contributed to a better operationalization of the Nexus (in relation to all three dimensions of sustainability, i.e., environment, society and economy) adherence to the do-no-harm principle		<ul style="list-style-type: none"> • The concept of the Triple Nexus became more widespread among the humanitarian and development community during the evaluation period. Through advocacy and funding, DG ECHO played an important role in promoting this approach • DG ECHO is recognised as a key actor in the fields of HFA & N by partners, other donors, and other EU institutions. This unique position allowed it to play an important role in fostering cooperation between humanitarian and development actors through funding and advocacy • The quality of cooperation between DG ECHO and development actors varied and several challenges were observed, including differing mandates, very different funding cycles (limiting the flexibility of development donors to make changes to their

	<p>programmes), and difficulty in ensuring that the same geographical locations and beneficiaries were covered</p> <ul style="list-style-type: none"> • DG ECHO actively encouraged partners to include resilience-building activities in their interventions, but there was limited scope for DG ECHO and humanitarian partners to implement actions in this area, given the limited funding available, the need to focus on emergency lifesaving assistance, and the short-term cycle of DG ECHO-funded projects. Views varied on the extent to which DG ECHO should support resilience-building activities in the future • Efforts related to environmental sustainability were anecdotal
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During the evaluation period, there were limited opportunities for DG ECHO to enhance the sustainability of the HFA & N interventions, given the limited funding available (compared to the needs), thus it focused on its core mandate of providing urgent and lifesaving assistance. Cooperation efforts between DG ECHO and development actors to mobilise the Nexus were successful to varying extents, and encountered several, mostly external, challenges (e.g. onset of conflicts, which made humanitarian access very difficult; COVID-19 pandemic; lack of national infrastructure and institutions; political priorities of national authorities, which were not always supportive of the integration of refugees, or movement of IDPs). Despite these limitations, DG ECHO sought to enhance the sustainability of interventions through funding, advocacy and cooperation, with examples of successful interventions identified through this evaluation.

Through the actions funded during the evaluation period, DG ECHO contributed to some extent to improving national responses and national health systems for the treatment of malnutrition (JC 7.1). In addition to advocacy, this included funding activities such as technical support, training and capacity-building, as well as purchasing equipment and supporting the refurbishment or development of infrastructure. The vast majority of survey respondents (82%) agreed or somewhat agreed that DG ECHO's funding contributed to improving national responses, while a majority (56%) either agreed or somewhat agreed that DG ECHO's advocacy efforts contributed to improving national responses.

Forty-five of 50 actions reviewed during the project mapping had capacity-building activities or other types of activities in place that aimed to contribute to these objectives. Table 64 provides an overview, as well as examples of the types of DG ECHO-funded activities that contributed to improving national responses and national health systems for the treatment of malnutrition.

Table 64. Contribution to improving national responses and national health systems for the treatment of malnutrition: examples

Activity type	Example
Provision of funding and technical support for the development of national protocols for health responses including the management of malnutrition, and/or for the training of health workers and	During a 2020 DG ECHO funded project in Venezuela (ECHO/-AM/BUD/2020/91041), the framework partner, UNICEF, led a training plan alongside health, nutrition, and community personnel from the national institute of nutrition, the Ministry of Health, and Regional Health

community members on the implementation of these.	Directorates, to adapt the health and nutrition protocols to the context of the COVID-19 pandemic. ⁶⁸¹ In Burkina Faso , under an ECHO funded project (ECHO/-WF/BUD/2018/91086) the Belgian Red Cross, Burkinabé Red Cross and Médecins du Monde successfully advocated for the adoption of a national protocol and a simplified protocol for community integrated management of childhood illness. ⁶⁸²
Building or improving infrastructure (specially health care infrastructure and community centres) including monitoring and alert systems, equipment, etc.	Through funded actions implemented in Yemen , DG ECHO contributed to the refurbishment of Health Centres with furniture, supply of medicines, rehabilitation, and training of workers who had not yet received payments from the Ministry of Health. ⁶⁸³
By providing training (including to health staff and nutrition service providers and to community members) or by working together with national/community staff which allows the sharing of expertise and practices (e.g., by conducting joint monitoring and supportive supervision).	In Mauritania , through a DG ECHO-funded project (ECHO/-WF/BUD/2017/91028) as part of a gradual exit strategy, Terre Des Hommes provided training for health workers and trainers to ensure adherence to the national PCIMA protocol in several Nutritional Rehabilitation Centers for Acute Malnutrition (CRENAS) and Intensive Nutritional Rehabilitation Centers for Severe Acute Malnutrition (CRENI). ⁶⁸⁴

ICF elaboration

Through advocacy, funding and the provision of technical support, in the few occasions when the context allowed it, DG ECHO pushed for national authorities to take over DG ECHO-funded initiatives in the sectors of health and nutrition. For example, in Burkina Faso DG ECHO provided funding to support the use of SMART surveys to monitor malnutrition in the country and the national authorities subsequently took over, providing funding for the continuation of these surveys. Another key achievement in Burkina Faso, to which DG ECHO contributed through advocacy and cooperation with DG INTPA, was the provision of free healthcare for pregnant women and children under five years old, which is still ongoing.⁶⁸⁵

In 2016, the use of CMAM approach was already widely recognised by the humanitarian community and endorsed by international organisations such as the WHO, WFP and UNICEF for its positive impact in the treatment and prevention of malnutrition and reduction of child mortality;. It was also increasingly recognised by development actors for its potential in non-emergency contexts⁶⁸⁶. In the Sahel region, for example, DG ECHO funding and advocacy helped to ensure that all countries had

⁶⁸¹ Project mapping.

⁶⁸² Project documentation, SingleForm project ref. ECHO/-WF/BUD/2018/91086.

⁶⁸³ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022.

⁶⁸⁴ Project mapping.

⁶⁸⁵ KIIs (two DG ECHO staff); case study on humanitarian access.

⁶⁸⁶ WHO, WFP, United Nations System Standing Committee on Nutrition, UNICEF, *Community-Based Management of Severe Acute Malnutrition: A Joint Statement*, 2007, available at: <https://www.unicef.org/media/96981/file/Statement-WHO-WFP-SCN-and-UNICEF-on-Community-Based-Management-of-SAM.pdf>

CMAM protocols in place by the end of the evaluation period⁶⁸⁷. It then built on that progress and continued to advocate and fund initiatives to scale-up and improve the quality of CMAM services. A few survey respondents shared good practice examples for the treatment of malnutrition implemented through CMAM services (9%). A minority shared other examples of community-based approaches for early screening and the prevention of malnutrition, such as the family MUAC approach (15%). The use of CMAM contributed to building local communities' ownership of screening, referral, and treatment of children with acute malnutrition⁶⁸⁸. It may also mitigate access challenges, as local organisations and communities may have better access to hard-to-reach areas in conflict settings (e.g. Mali⁶⁸⁹, Burkina Faso⁶⁹⁰, Yemen⁶⁹¹, South Sudan⁶⁹²).

Key limiting factors encountered by DG ECHO and framework partners in contributing to improving national health responses and CMAM services included a lack of access due to the spread of conflict in certain contexts⁶⁹³, lack of national health system infrastructure or capacity⁶⁹⁴, short funding cycles⁶⁹⁵, high turnover of health staff, and limited buy-in or cooperation from national or regional authorities⁶⁹⁶.

Between 2016 and 2020, the concept of the Triple Nexus and the use of the Nexus as an approach became more widely discussed by humanitarian, development and peace-building actors. A recent study highlighted a key challenge to the operationalisation of the Nexus, the 'lack of a clear and common understanding of what the "nexus" is supposed to achieve and how it should be implemented in different contexts'⁶⁹⁷. During the evaluation period, **DG ECHO played an important role in facilitating discussions among humanitarian and development actors on how to conceptualise the Triple Nexus and contributed to its operationalisation through advocacy, cooperation, and funding (JC 7.3)**. DG ECHO is seen as an influential humanitarian donor, due to its good technical knowledge and long-standing partnerships with key humanitarian actors⁶⁹⁸, and was thus well placed to mobilise other donors and facilitate cooperation between humanitarian and development actors through funding and advocacy.

At the strategic level, as mentioned in the 2016 Commission Communication "Lives in Dignity: from Aid-dependence to Self-reliance", there was a shift during the evaluation period from a

⁶⁸⁷ Dalglish, S.L., Seni Badou, M., Sirat, A., Abdullahi, O., Adalbert, M.F.E., Biotteau, M., Goldsmith, A. and Kozuki, N., 'Combined protocol for severe and moderate acute malnutrition in emergencies: Stakeholders perspectives in four countries', *Maternal & Child Nutrition*, Vol. 16, No 2, April 2020; Moyer, D., Yourchuck, A. and Hoorelbeke, P., *The role of coordination in CMAM Surge scale-up in West and Central Francophone Africa*, 2021.

⁶⁸⁸ KIIs (two DG ECHO staff, one partner); case study on the integrated approach to food insecurity and malnutrition.

⁶⁸⁹ Case study on humanitarian access.

⁶⁹⁰ Ibid.

⁶⁹¹ Al-Dheeb, N., Ziolkovska, A. and Chitekwe, S., *Experiences of implementing CMAM in Yemen and number of deaths averted*, 2018.

⁶⁹² Laker, M. and Toose, J., *Nutrition programming in conflict settings: Lessons from South Sudan*, 2017.

⁶⁹³ Case study on humanitarian access; Renzaho, A.M.N., Dachi, G. and Ategbo, E., 'Pathways and approaches for scaling-up of community-based management of acute malnutrition programs through the lens of complex adaptive systems in South Sudan', *Arch Public Health*, Vol. 80, 2022, p. 203.

⁶⁹⁴ KIIs (one partner); Renzaho, A.M.N., Dachi, G. and Ategbo, E., 'Pathways and approaches for scaling-up of community-based management of acute malnutrition programs through the lens of complex adaptive systems in South Sudan', *Arch Public Health*, Vol. 80, 2022, p. 203.

⁶⁹⁵ KIIs (three partners); Moyer, D., Yourchuck, A. and Hoorelbeke, P., *The role of coordination in CMAM Surge scale-up in West and Central Francophone Africa*, 2021; Al-Dheeb, N., Ziolkovska, A. and Chitekwe, S., *Experiences of implementing CMAM in Yemen and number of deaths averted*, 2018; case study on access; Renzaho, A.M.N., Dachi, G. and Ategbo, E., 'Pathways and approaches for scaling-up of community-based management of acute malnutrition programs through the lens of complex adaptive systems in South Sudan', *Arch Public Health*, Vol. 80, 2022, p. 203.

⁶⁹⁶ Case study on humanitarian access; KIIs (two partners, two DG ECHO staff).

⁶⁹⁷ Veron, P. and Hauck, V., 'Connecting the pieces of the puzzle: the EU's implementation of the humanitarian-development-peace nexus', *European Centre for Development Policy Management (ECDPM) Discussion Paper*, No. 301, 2021, p. 3.

⁶⁹⁸ KIIs (four partners, three European institutions).

humanitarian-development approach which linked relief, rehabilitation and development (LRRD), to an approach that aims to be more holistic, integrating humanitarian aid, development cooperation and political engagement with a focus on resilience building.⁶⁹⁹ At the international level, several major humanitarian donors and aid organisations, including DG ECHO, adhered to the Grand Bargain agreement during the World Humanitarian Summit in May 2016. This agreement aims to improve the delivery of humanitarian aid by making it more effective and efficient (see below for more information on DG ECHO support to the Grand Bargain).⁷⁰⁰ At EU level, several policy documents were issued between 2016 and 2018, laying the basis for a EU nexus approach, including: the 2016 Global Strategy for the European Union's Foreign and Security Policy,⁷⁰¹ the 2017 New European Consensus on Development,⁷⁰² the 2017 Council Conclusions on Operationalising the Humanitarian-Development Nexus,⁷⁰³ and the 2018 Council Conclusions on the Integrated Approach to External Conflicts and Crisis.⁷⁰⁴ Following the adoption in 2017 of the Council Conclusions on Operationalising the Humanitarian-Development nexus, the European Commission selected six pilot countries (Sudan, Nigeria, Chad, Uganda, Myanmar and Iraq) to further operationalise the nexus by systematising cooperation between the EU institutions and enhancing the use of best practices and generation of evidence.⁷⁰⁵

⁶⁹⁹ European Commission, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions *Lives in Dignity: from Aid-dependence to Self-reliance*, COM(2016) 234 final, p. 6, available at: https://ec.europa.eu/echo/files/policies/refugees-idp/Communication_Forced_Displacement_Development_2016.pdf

⁷⁰⁰ Progress made towards achieving the commitments made in the Grand Bargain is monitored and assessed in an Annual Independent Report; IASC, *About the Grand Bargain*, 2022, available at: <https://interagencystandingcommittee.org/about-the-grand-bargain>

⁷⁰¹ European Commission, *Shared Vision, Common Action: A Stronger Europe: A Global Strategy for the European Union's Foreign and Security Policy*, 2016, available at: https://eeas.europa.eu/archives/docs/top_stories/pdf/eugs_review_web.pdf

⁷⁰² Council of the European Union, *European Consensus on Development*, 2017, available at: <https://www.consilium.europa.eu/media/24011/european-consensus-for-development-st09459en17.pdf>

⁷⁰³ Council of the European Union, *Operationalising the Humanitarian-Development Nexus*, Council Conclusions of 19 May 2017, available at: <https://www.consilium.europa.eu/media/24010/nexus-st09383en17.pdf>

⁷⁰⁴ Council of the European Union, *Council Conclusions on the Integrated Approach to External Conflicts and Crises of 22 January 2018*, available at: <https://data.consilium.europa.eu/doc/document/ST-5413-2018-INIT/en/pdf>

⁷⁰⁵ Veron, P. and Hauck, V., 'Connecting the pieces of the puzzle: the EU's implementation of the humanitarian-development-peace nexus', *ECDPM Discussion Paper*, No. 301, 2021.

In the area of nutrition, DG ECHO took stock of progress made in the Sahel between 2007 and 2016 and produced an internal scoping paper which identified key stakes and highlighted next steps for DG ECHO to take forward from 2017 onwards (see blue box above).⁷⁰⁶

DG ECHO nutrition strategy in the Sahel

Between 2007 and 2016, the main objective of DG ECHO strategy in the Sahel was to expand the coverage of quality SAM treatment to address excess of U5 mortality. DG ECHO's approach evolved from one focusing on "addressing immediate nutritional needs" during crises between 2005-2010, to an approach that sought to address not only seasonal and high intensity peaks, but which also aimed to contribute to the reduction of structural vulnerability.

During 2011-2015, DG ECHO increasingly encouraged framework partners to implement activities focusing on capacity building and transitioning to national structures; it also engaged actively with development donors. However, in 2016, due to an increasingly complex environment in the Sahel and changing global context, DG ECHO observed that "the perspective of transition of funding from humanitarian to development donors is far from effective", with for example a problematic dependency on DG ECHO funding (e.g., DG ECHO was co-funding 40% of SAM treatment in the region). This led DG ECHO to reevaluate and adapt its strategy, further developing the link between capacity building activities and a DRR approach. The strategy provides a transition framework for DG ECHO's approach to nutrition in the Sahel, which from 2018 onwards includes :

- In the area of **prevention of malnutrition**, systematising early detection and referral, the integration of CMAM in ICCM, the provision of nutrition counselling, and integrated provision of WASH in nutrition support during 1000 days;
- Strengthening investment in **capacity building** and **disaster preparedness** activities, which included rethinking funding modalities at local level and reinforcing investments in advocacy activities;
- Reinforcing and better structuring **political dialogue with development donors** and with DG INTPA in particular at all organisational levels;
- Together with development partners **strengthening political dialogue with governments**, as well as reinforcing DG ECHO's involvement at regional level with the DG INTPA Recovery and Peacebuilding Assessment (RPBA), the Sahel club, and the G5 Secretariat to mobilise political dialogue with countries.

Source: European Commission. 2016. DG ECHO Sahel Strategy: Scoping Paper, October 2016 (for internal use)

Several instances of good cooperation between DG ECHO, other EU institutions and donors were identified (JC 7.3), both in the context of the abovementioned pilot countries and in other locations. For example, in Nigeria, DG INTPA involved DG ECHO in a Recovery and Peacebuilding Assessment (RPBA) which also included the World Bank and the UN. Based on its good collaboration experiences with several civil society organisations in Nigeria (which had the necessary experience, skills and contacts to access difficult areas), DG INTPA partnered with those organisations and awarded funding for longer-term interventions⁷⁰⁷. The Nexus approach was also mobilised in Myanmar and Bangladesh, with DG ECHO staff participating in several joint missions and consultations with the EU Delegation between 2017-2019 in Myanmar and since 2019 in Bangladesh to a more limited extent

⁷⁰⁶ European Commission, *DG ECHO Sahel Strategy, Scoping Paper*, October 2016 (for internal use).

⁷⁰⁷ Veron, P. and Hauck, V., 'Connecting the pieces of the puzzle: the EU's implementation of the humanitarian-development-peace nexus', ECDPM Discussion Paper, No. 301, 2021, p. 12; an official from DG INTPA confirmed that DG ECHO's experience with humanitarian framework partners was instrumental in helping DG INTPA to identify reliable partners for development funding (KII: one DG INTPA).

due to a challenging operating context.⁷⁰⁸ Furthermore, DG ECHO facilitated the work of development actors in these countries through information-sharing and analysis, and also played an important coordination role with other humanitarian donors in both countries, ensuring also that the views of NGOs were heard by providing support to NGO platforms.⁷⁰⁹ In Mali, good cooperation was observed during the evaluation period between DG ECHO and the EEAS, with regular ad hoc communication taking place where DG ECHO would for example highlight areas where they felt the Delegation could contribute with longer-term funding and the Delegation consulting DG ECHO on programming considerations.⁷¹⁰ In South Sudan, DG ECHO took a leading role on coordination with other donors such as USAID and GIZ and worked with UN agencies and the government to conduct periodic food and security nutrition insecurity data collection and analysis through IPC to better inform the design of the response. This facilitated cooperation between humanitarian and development actors in the response to food insecurity and malnutrition at national level.⁷¹¹

Another example of cooperation to mobilise the nexus was DG ECHO's involvement and promotion of the AGIR initiative. AGIR is an international alliance of governments, regional organisations, donors and the aid community which was launched in December 2012, and which aims to help build resilience to the recurrent food and nutrition crises in the Sahel and West Africa. Under AGIR, a regional road map was adopted, which built on the regional strategies already in place in West Africa and contributed to the development of a common framework which used a common definition of resilience. Under the 11th European Development Fund (EDF) the EU provided €1.5 billion to support resilience building in West Africa for the period of 2014-2020.⁷¹²

Through its advocacy, DG ECHO played an important role in mobilising donor support,⁷¹³ helping national authorities to take over DG ECHO-funded interventions,⁷¹⁴ ensuring humanitarian access,⁷¹⁵ preserving international humanitarian law and safeguarding humanitarian principles such as the do no harm principle.⁷¹⁶ A majority of surveyed partners either agreed or somewhat agreed that DG ECHO played a key role in advocating for humanitarian access and space (74%). In addition, a narrow majority highlighted DG ECHO's independence and impartiality (56%) as a distinguishing feature of DG ECHO's intervention in HFA & N compared to other donor interventions. Other distinguishing features were the scale of funding provided (62%) and DG ECHO's thematic approach.

In Yemen, in 2020, DG ECHO was played an instrumental role by organising and co-hosting with Sweden the Senior Officials Meeting process, which led the humanitarian diplomacy efforts of the international community to improve access and humanitarian space in Yemen. In addition, DG ECHO's advocacy efforts helped to address specific issues such as providing migrants with humanitarian assistance, contributing to setting up the IFRR for integrated response to food security, or outlining that more transparency was necessary against fraud in Yemen. Advocacy efforts are still ongoing to try fill in other key operational gaps, such as better integration between the RRM and standard humanitarian programming, interoperability, a harmonised cash approach, or linkages with development donors for resilience.⁷¹⁷

⁷⁰⁸ European Commission, *Evaluation of the EU's humanitarian response to the Rohingya refugee crisis in Myanmar and Bangladesh (2017-2019)*, 2021, p. 9.

⁷⁰⁹ Ibid., pp. 9-10.

⁷¹⁰ KIIs (one DG ECHO staff, two others); case study on multi-sectoral response.

⁷¹¹ Case study on the integrated approach to food insecurity and malnutrition.

⁷¹² European Commission, AGIR (the Global Alliance for Resilience Initiative), 2022.

⁷¹³ KIIs (two DG ECHO staff, two European institutions, four partners).

⁷¹⁴ KIIs (two DG ECHO staff, one European institution, two partners).

⁷¹⁵ Case study on humanitarian access study; KIIs (one DG ECHO staff, one partners).

⁷¹⁶ KIIs (two DG ECHO, two European institutions, two partners).

⁷¹⁷ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022, p. 49.

In Mali, there was regular exchange between DG ECHO and the EU Delegation to share information on the changing context and to ensure a common position, particularly in the area of food security, to mobilise funding from other humanitarian and development donors and raise-awareness about the situation in Mali. For example, DG ECHO and the Delegation participate as co-leaders of different thematic groups which meet in the context of a Coordination Executive Group that gathers all donors in Mali; they discuss their positions in advance to ensure that their responses and messages to other donors are aligned.⁷¹⁸

In Bangladesh, DG ECHO and other donors advocated for longer-term solutions for displaced populations, including creating conditions that could be conducive to an eventual voluntary return of displaced Rohingya populations to Myanmar. Regular missions to Myanmar and Bangladesh by DG ECHO HQ staff, including some high-level missions, provided opportunities to communicate relevant advocacy messages at both country and global level⁷¹⁹. It also contributed to the development of humanitarian messages delivered to parties by the EU Heads of Delegation in Saudi Arabia, UAE, Yemen⁷²⁰, Mali and Burkina Faso⁷²¹. In South Sudan, DG ECHO, mindful of the dangers of aid dependency, advocated for the government of South Sudan to prioritise developing infrastructure for service provision to the population so that humanitarian and development actors could complement assistance efforts rather than remain the sole provider. DG ECHO collaborated with development donors, UN agencies, NGOs, communities, and government entities to form strategic partnerships to address malnutrition. It influenced adherence to humanitarian principles by delivering assistance through apolitical humanitarian actors (UN, NGOs), ensuring that humanitarian principles are upheld⁷²².

Several examples were identified of funding that contributed to operationalising the Nexus. In Nigeria, the EU designed the Borno Support Package in 2017, which combined humanitarian and development funding (DG ECHO funding and funding from the EU Emergency Trust Fund for Africa) to improve the resilience of conflict-affected populations. Humanitarian, development and stabilisation/peace-building experts worked together under a geographical working group in Abuja, while area-based approaches were promoted through political negotiation with State and local authorities through the EU Delegation, as well as a capacity, willingness and ability assessment of local partners⁷²³. In Turkey, humanitarian and development responses were linked through the setting up of an ESSN programme under a joint programme between the WFP, the Turkish Red Crescent (TRC) and the Ministry of Family, with funding from DG ECHO. The ESSN-2 contributed to strengthening the capacity of the TRC and SASF through training and workshops, and even led to some adjustments to the Turkish social system, enhancing the safety net infrastructure for vulnerable Turkish citizens. The progress made also made it possible for the Turkish authorities to take responsibility for the implementation of the C-ESSN, a cash programme funded by the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR) for the most vulnerable refugees⁷²⁴.

DG ECHO provided funding to support the Grand Bargain Secretariat and was a key member of the Grand Bargain facilitation group in its early stages (between October 2016 and August 2017) and

⁷¹⁸ KIIs (two European institutions); case study on multi-sectoral response.

⁷¹⁹ Case study on the integrated approach to food insecurity and malnutrition.

⁷²⁰ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022, p. 50.

⁷²¹ Case study on multi-sectoral approach; KIIs (one EEAS, one framework partner).

⁷²² Case study on the integrated approach to food insecurity and malnutrition.

⁷²³ Perret, L., *Operationalising the Humanitarian–Development–Peace Nexus: Lessons learned from Colombia, Mali, Nigeria, Somalia and Turkey*, Geneva: International Organization for Migration, 2019.

⁷²⁴ European Commission, *Evaluation of the Emergency Social Safety Net Programme, January 2018-March 2020 (ESSN-2)*, 2021, available at: https://ec.europa.eu/echo/files/evaluation/2022/ECHO_ESSN-2%20Final%20Report%20no%20exec%20summs.pdf

again more recently (between October 2019 and December 2022). The facilitation group provides continued momentum to the Grand Bargain process through information-sharing, coordination, and the organisation of the yearly Grand Bargain meeting⁷²⁵.

In 2019, the Delegation to Myanmar launched the Nexus Response Mechanism (NRM) to address the conflict. The NRM specifically aims to provide support to conflict-affected populations, displaced populations, host communities and returnees. It includes a funding mechanism co-funded by DG INTPA and DG ECHO, with ongoing consultation with the EEAS. It operates using a flexible adaptive approach, allowing regular assessment and reallocation of funds. The use of clear standard operating procedures (SOPs) was crucial to ensuring that information-sharing, joint analysis, and joint missions among the European institutions were systematised rather than ad hoc. Having these SOPs endorsed by the Head of Delegation significantly contributed to cementing the Nexus approach across the EU Delegation and the DG ECHO field office in Myanmar⁷²⁶.

Despite these positive instances of DG ECHO cooperation, advocacy and funding, survey respondents considered that more could be done to operationalise the nexus, with a narrow majority of survey respondents either somewhat disagreeing or disagreeing that DG ECHO's response fully explored opportunities for a better operationalisation of the Nexus (59%). A few stakeholders interviewed considered, for example that more formalised means of communication between DG ECHO and DG INTPA could facilitate future cooperation.⁷²⁷

The quality of cooperation and the success of DG ECHO funding and advocacy efforts also varied depending on the context. Besides external challenges such as armed conflict, or a lack of national infrastructure and institutions, the main challenges observed in these areas were the differing mandates between humanitarian, development and peacebuilding actors,⁷²⁸ difficulty in ensuring that the same beneficiaries and geographical locations were covered,⁷²⁹ and the different length of the funding cycles of DG ECHO and development actors, where the shorter length of DG ECHO projects was highlighted in several instances as a key factor limiting the sustainability of DG ECHO funded interventions.⁷³⁰ The median duration of DG ECHO funded projects in the food security and nutrition sectors during the evaluation period was equivalent to 12 months.

DG ECHO's introduction of multi-year projects funded through the PPPs was welcomed by some framework partners⁷³¹. It is too early to assess the extent to which the longer period of funding impacted the sustainability of funded actions, but stakeholders' positive reactions suggest that this new type of programming may contribute to the sustainability of DG ECHO-funded interventions.

Concerning, the extent to which DG ECHO contributed to resilience building through advocacy, **DG ECHO actively promoted a greater focus on resilience building among its framework partners, however, there appears to have been limited scope for DG ECHO and humanitarian partners to implement actions in this area given the need to focus on emergency-life saving assistance due to the limited availability of funding, and the short-term cycle of ECHO-funded actions (JC 7.3).**

⁷²⁵ European Commission, *Grand Bargain Factsheet*, 2022, available at: https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/grand-bargain_en

⁷²⁶ Veron, P. and Hauck, V., 'Connecting the pieces of the puzzle: the EU's implementation of the humanitarian-development-peace nexus', ECDPM Discussion Paper, No. 301, 2021, p. 16.

⁷²⁷ KIIs (one DG ECHO staff, two DG INTPA staff).

⁷²⁸ Case study on the integrated approach to food insecurity and malnutrition; Veron, P. and Hauck, V., 'Connecting the pieces of the puzzle: the EU's implementation of the humanitarian-development-peace nexus', ECDPM Discussion Paper, No. 301, 2021; KIIs (two DG ECHO staff, four European institutions, two partners).

⁷²⁹ Case study on the integrated approach to food insecurity and malnutrition; case study on multi-sectoral response KIIs (one DG ECHO staff, three European institutions, two partners).

⁷³⁰ Case study on the integrated approach to food insecurity and malnutrition; KIIs (one European institution, five partners, two DG ECHO staff).

⁷³¹ KIIs (four partners).

In 2012, the European Commission issued a Communication on the EU approach to resilience: learning from food security crises⁷³². It stressed the need to address chronic vulnerability such as the recurring food crises in the Sahel and Horn of Africa regions, and to develop a long-term and systematic approach to build resilience, drawing on lessons learned from AGIR and the Supporting Horn of Africa Resilience (SHARE) initiative. The SHARE initiative aimed to support recovery from droughts, other natural disasters, and crises in the region and to strengthen the population's resistance to future crises, through EUR 270 million of funding and close cooperation between DG ECHO and DG INTPA, as well as other humanitarian-development actors⁷³³.

This was followed by the adoption of the Action Plan for Resilience in Crisis-Prone Countries (2013-2020) in 2013⁷³⁴, jointly developed by the European Commission and the EEAS. It proposed geographical and thematic priorities for the implementation of the EU's resilience agenda, with an emphasis on DRR and prevention.

The Action Plan called for systematic integration of resilience in food and nutrition security activities in EU programming and implementation, as well as the provision of support for capacity-building for food and nutrition security at global, regional, national and local level, through initiatives such as the Scaling Up Nutrition Movement (SUN) between 2013 and 2020. The Action Plan also proposed that the development of methodologies and tools to support resilience should be prioritised, including issuing operational guidance and training for the EEAS and European Commission staff on joint humanitarian-development planning, and mainstreaming disaster risk management and climate change adaptation in humanitarian and development interventions. The 2013 Thematic Policy Document on HFA stressed the importance of the capacity of crisis-affected communities to meet their own food needs, as well as the capacity of national systems to 'sustainably promote and maintain food-security'. In line with DG ECHO's 'do no harm' principle, the policy document also highlighted the need to ensure that EU HFA does not undermine community resilience and coping capacity⁷³⁵.

To foster discussion and encourage a common learning process on resilience, in 2015, DG ECHO published a compendium of resilience good practices applied by different partners in varying contexts⁷³⁶. Then, in order to encourage a more joint and coordinated EU approach to resilience, the European Commission published a Joint Communication in 2017, 'A Strategic Approach to Resilience in the EU's external action', which recognised the need to 'move away from crisis containment to a more structural, long-term, non-linear approach to vulnerabilities, with an emphasis on anticipation, prevention and preparedness'⁷³⁷. The Communication proposed four basic building blocks to guide work on incorporating a resilience approach into EU external action⁷³⁸.

⁷³² European Commission, Communication from the Commission to the European Parliament and the Council: the EU Approach to Resilience: Learning from Food Security Crises, COM(2012) 586 final.

⁷³³ European Commission, *SHARE Supporting Horn of Africa Resilience*, 2020, available at: <https://europa.eu/capacity4dev/file/12597/download?token=KnAqAohi>

⁷³⁴ European Commission, Commission Staff Working Document: Action Plan for Resilience in Crisis Prone Countries 2013-2020, SWD(2013) 227 final.

⁷³⁵ European Commission, DG ECHO Thematic Policy Document No. 1, Humanitarian Food Assistance: From Food Aid to Food Assistance, 2013, pp. 28-29.

⁷³⁶ European Commission, *EU Resilience Compendium: Saving lives and livelihoods*, 2015, available at: https://ec.europa.eu/echo/files/policies/resilience/eu_resilience_compendium_en.pdf

⁷³⁷ European Commission and the High Representative of the Union for Foreign Affairs and Security Policy, Joint Communication to the European Parliament and the Council: A Strategic Approach to Resilience in the EU's external action, JOIN(2017) 21 final, available at: https://www.eeas.europa.eu/sites/default/files/join_2017_21_f1_communication_from_commission_to_inst_en_v7_p1_916039.pdf, p. 1.

⁷³⁸ These are: the improvement and sharing of risk analysis at country and regional level; more dynamic monitoring of external pressures and collaboration with the Council for a more timely political and diplomatic response; integration of the

DG ECHO consistently highlighted the importance of resilience-building and DRR in its HIPs and included a new Resilience Marker in the Single Form to be filled in by framework partners and reviewed by DG ECHO at field and HQ level during the proposal and project implementation phases. In 2022, DG ECHO issued specific guidance to framework partners on how to include resilience considerations and reduce risks in their project proposals and reports⁷³⁹.

A narrow majority (54%) of survey respondents agreed or somewhat agreed that DG ECHO's advocacy efforts fully explored opportunities for building resilience and mainstreaming DRR, and that DG ECHO applied the right balance between resilience-building and addressing emergency needs. Some framework partners welcomed the inclusion of the Resilience Marker, noting that it challenged and encouraged them to reflect on how to include resilience-building elements in their projects⁷⁴⁰. Others, however, found it difficult to include such activities due to the limited funding available to cover urgent needs and the short life-cycle of DG ECHO-funded projects⁷⁴¹. In the area of nutrition, some framework partners and DG ECHO officers noted that during the evaluation period, DG ECHO moved away from a treatment-only focused approach and encouraged partners to also implement activities focusing on prevention whenever the context allowed it.⁷⁴² Although opportunities to implement activities focusing on prevention remained limited, the use of approaches such as family MUAC (mentioned above) were encouraged by DG ECHO as a way to build the resilience of the community. DG ECHO also provided funding to projects exploring innovative approaches to the prevention of malnutrition.⁷⁴³

Nevertheless, in some cases, funding for resilience activities remained very limited and the operating context made it very difficult to introduce such activities⁷⁴⁴. This was the case in South Sudan, largely due to the challenges posed by the lack of national infrastructure and institutions⁷⁴⁵, and in Yemen, where DG ECHO was instrumental to the launch of the Integrated Famine Risk Reduction Framework. However, the 2022 evaluation found that in a context of limited funding mobilised by the international community to cover food security and agriculture needs, resilience activities to address the root causes of food security remained limited⁷⁴⁶. By contrast, in Bangladesh, DG ECHO advocacy towards national authorities was successful in ensuring that more support was provided by national social protection systems in response to monsoon and cyclone emergencies in host communities. It

resilience approach in EU programming and external action financing; and developing international policy and practice on resilience; European Commission and the High Representative of the Union for Foreign Affairs and Security Policy, Joint Communication to the European Parliament and the Council: A Strategic Approach to Resilience in the EU's external action, JOIN(2017) 21 final, available at: p. 17.

⁷³⁹ European Commission, *Resilience Marker: General Guidelines*, 2022, available at: <https://www.dgecho-partners-helpdesk.eu/mssa/action-proposal/fill-in-the-single-form/8-resilience-marker>

⁷⁴⁰ KIIs (two partners).

⁷⁴¹ KIIs (two framework partners).

⁷⁴² KIIs (three DG ECHO staff, three framework partners).

⁷⁴³ For example, the project led by the ACF-ALIMA consortium from May 2016 onwards and lasting for 20 months. It included five main areas of focus: 1) Researching the impact of diagnosis by families on the coverage of nutrition programmes, particularly in relation to early detection of SAM and reduced hospitalizations; 2) Documenting the performance of a simplified, single-product protocol to treat both SAM and MAM; 3) Studying the impact of reduced RUTF dosage on nutritional and physiological recovery; 4) Linking NCA capacity-building to appraise and document the main drivers of undernutrition in local contexts, and to design efficient, multi-sectoral nutrition security programming; 5) Assessing the effectiveness and cost effectiveness of a context-adapted preventive approach, namely multi-annual and seasonal cash transfers, to influence several underlying causes of undernutrition; European Commission, *Food Assistance Convention: Annual Narrative Report*, 2016.

⁷⁴⁴ KIIs (one DG ECHO staff, four framework partners); case study on the integrated approach to food insecurity and malnutrition; European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022, pp. 43-44.

⁷⁴⁵ Case study on the integrated approach to food insecurity and malnutrition.

⁷⁴⁶ European Commission, *Evaluation of the European Union's Humanitarian Interventions in Yemen and in Humanitarian Access, 2015-2020*, 2022, pp. 43-44.

thus contributed to the resilience of national systems to natural disasters and also to the resilience of IDPs and host communities in terms of food security⁷⁴⁷.

Stakeholders had differing views on the extent to which DG ECHO should continue to focus on resilience-building, with some considering that DG ECHO should focus on lifesaving assistance and development actors should step-up their efforts in resilience-building activities⁷⁴⁸. Several stakeholders suggested that DG ECHO could better contribute to building resilience by advocating for the inclusion of indicators or the development of a framework to monitor and measure progress in terms of resilience⁷⁴⁹, broaden the type of resilience-building activities funded⁷⁵⁰, widen its pool of framework partners to include more local organisations⁷⁵¹, and/or provide more capacity-building to local NGOs and other grassroots organisations to increase their independence and resilience⁷⁵².

⁷⁴⁷ Case study on the integrated approach to food insecurity and malnutrition.

⁷⁴⁸ KIIs (two framework partners, one EU institution).

⁷⁴⁹ KIIs (two DG ECHO staff, two European institutions, two framework partners).

⁷⁵⁰ KIIs (three framework partners).

⁷⁵¹ For example, in South Sudan, DG ECHO predominantly partners with international NGOs and UN agencies, with around 90% of humanitarian funding directed to these rather than to local NGOs and national responders; case study on the integrated approach to food insecurity and malnutrition; KIIs (four framework partners).

⁷⁵² KIIs (four framework partners).

12 CONCLUSIONS

This section presents the overall conclusions of the evaluation of the EU's humanitarian interventions in the HFA & N sectors, by evaluation criterion.

Overall, the evaluation found that DG ECHO's HFA & N response between 2026 and 2020 was relevant, coherent, effective and efficient. However, it was negatively impacted by the challenging context in which DG ECHO and partners operated, and by the limited funding, which saw DG ECHO having to prioritise lifesaving actions over resilience-building actions, in line with its mandate.

Relevance

During the evaluation period, DG ECHO's programming and funding allocation in the HFA & N sectors was based on comprehensive needs assessments at regional and country level. DG ECHO's framework partners also carried out needs assessments when designing their specific interventions. The approach to these assessments was not standardised, as it depended on the humanitarian context and information available. Both DG ECHO and its partners generally relied on data from a wide range of sources and information systems. For DG ECHO, this included data and analysis of needs on the ground provided by its partners and country offices. Programming-level priorities (regions/country and population groups) were set using geographical criteria and standard, HFA and nutrition-specific indicators (e.g. GAM and SAM prevalence, IPC, FCS, CSI), although other factors were also considered (e.g. feasibility of working in the region/country, presence of reliable partners in the field, funding available). DG ECHO framework partners employed a combination of qualitative and quantitative approaches to identify needs and target the most vulnerable populations, with many implementing participatory approaches. The evidence on the specific targeting criteria used by partners is relatively limited, but shows that in most cases, the selection of individual beneficiaries was based on age and gender considerations, combined with standard nutrition/HFA indicators and, in some cases, socioeconomic indicators. In terms of adequateness of the methods used by partners, the evaluation found that DG ECHO officials believed that the quality of the assessments varied considerably across partners.

Several challenges hindered the ability of DG ECHO and its partners to conduct their respective needs assessments. One common difficulty was restricted humanitarian access, which affected the quality and availability of data on the needs on the ground. Other limitations included insufficient funding and, in the case of DG ECHO partners, resource constraints and difficulties in complying with DG ECHO requirements. Despite this, the evaluation found that DG ECHO's strategy largely reflected the most acute needs on the ground, was adequately tailored to contextual circumstances, and its funded actions were almost all relevant to this strategy.

Overall, the approaches of funded interventions to food assistance considered the context and were evidence-driven, but were also influenced by governmental restrictions and shaped by the modus operandi of partners. In the HIPs and, to some extent, through their field officers, DG ECHO promoted cash as a default modality where feasible, in line with growing evidence of the advantages of cash in empowering beneficiaries and enhancing efficiency and (possibly) effectiveness. In some cases, the influence of DG ECHO was limited by its relative weight as a donor compared to other donors with different stances on the modalities. The approaches to food assistance considered the context and preferences of beneficiaries. However, the modus operandi of partners also influenced the choice of approach/modality.

For food assistance interventions, the approaches chosen to address acute malnutrition were generally context-specific and evidence-based. DG ECHO encouraged the selection of the most adequate approaches to treating acute malnutrition based on evidence, and fostered proven approaches such as CMAM and IYCF, as well as alignment with national and international protocols, standards and guidelines. DG ECHO was mindful of the existing challenges in carrying out surveys, screening and delivery of treatment in certain contexts, and its response also included a set of newer and/or simplified approaches to overcome those challenges (e.g. simplified screening protocols, mother/family MUAC, CMAM surge, CHVs). The multi-sector approach to acute malnutrition

encouraged in the 2016-2020 HIPs translated into funding of a growing share of multi-sector actions during the evaluation period.

The evaluation found that DG ECHO and its partners demonstrated flexibility, as they routinely monitored the humanitarian context and adapted their response to any changes. The main tools allowing for flexibility at programming and action level were the RRM, the crisis modifier and financial top-ups. DG ECHO regularly monitored actions through monitoring missions and provided recommendations on follow-up actions to the relevant partner(s). Some room for further flexibility was identified, however. At programming level, the main limitation was the length of the procedure needed to adapt the HIPs and the overall short period covered by DG ECHO's funding. At action level, the limitations chiefly concerned insufficient financial flexibility and limited DG ECHO support to some organisations participating in the RRM.

Coherence

The integration of DG ECHO's HFA & N programming, as well as the funded interventions, was limited and not systematic. In its strategic documents and HIPs, DG ECHO acknowledged the interlinkage between food insecurity and malnutrition, but there was no formal strategic and operational integrated approach to responding to both challenges. The limited funding required DG ECHO to focus on treatment of malnutrition, which is more closely linked to the health sector. Differences between the target population and targeting approaches of FSL and nutrition responses, as well as framework partners frequent specialisation in one sector, reduced the relevance of this integration. Instead, DG ECHO (in the HIPs and in the field) and partners tended to promote integration between nutrition, health and, to a lesser extent, WASH responses, or they adopted a multi-sectoral approach. Funded actions in both sectors often integrated activities in other sectors, as stakeholders considered multi-sectoral approaches complemented by targeted sectoral measures, to be the most adequate way to address the needs of beneficiaries.

DG ECHO and its partners coordinated their HFA & N responses with other relevant actors and initiatives, and considered national policies and other programmes/actions where feasible. During the evaluation period, DG ECHO was involved in key global networks and initiatives in the two sectors, which influenced its programmatic response to FSL and nutrition. Through its participation in coordination mechanisms at national/regional level (clusters), DG ECHO and its partners also contributed to stronger alignment between funded interventions and other relevant responses/initiatives.

Given the context in which DG ECHO operated, there was limited space to align FSL interventions with national/regional policies, as these were often non-existent. By contrast, nutrition interventions generally took the national guidelines into account (when available) and delivered assistance through/in collaboration with national health systems. DG ECHO promoted and fostered coordination and cooperation between FSL and nutrition and other sectors in the field. The success and intensity of these efforts depended heavily on contextual factors.

Effectiveness

Overall, DG ECHO's HFA & N response contributed to achieving most of its outcomes and desired impacts, but these were not always lasting.

During the evaluation period, most of the activities were effectively implemented and the majority of actions achieved their expected results (KRIs) and outcomes (KOIs), despite being negatively impacted by various challenges mostly linked to the difficult and volatile contexts in which DG ECHO operated. Factors such as regular monitoring (by DG ECHO and partners) and timely implementation of mitigation measures allowed partners to address those challenges.

DG ECHO's HFA & N programmes made a strong contribution to improving food security and nutritional status among the beneficiaries (two ToC outcomes) and contributed to achieving the main desired ToC impact - saving and preserving life. Analysis of the achieved outcomes between 2016 and

2020 shows that DG ECHO-funded actions (supported by advocacy efforts) contributed to improving food consumption and the nutritional status of beneficiaries, alleviating suffering and saving lives by:

- Increased the percentage of 6-23 month-old children in the target population who received a minimum acceptable diet,
- Increased the percentage of the target population with an acceptable Food Consumption Score,
- Increased the Average Coping Strategies Index score for the target population,
- Increased the Severe Acute Malnutrition recovery.

However, the limited funding available to address the growing food insecurity and nutrition needs globally led to the prioritisation of lifesaving activities, and outputs and outcomes related to provision of food/cash/transfer and treatment of malnutrition over activities related to food utilisation, livelihoods and resilience-building. Consequently, the contribution of the DG ECHO HFA & N programme in terms of protecting livelihoods and the increase of resilience was low, despite some good examples (e.g. Global Alliance for Resilience Initiative for the Sahel and West Africa). Stakeholders' opinions diverged on whether or not this was a missed opportunity, with some considering it to be the result of DG ECHO's programmatic decision to prioritise addressing the growing acute needs of the most vulnerable over activities to build resilience, in line with its mandate.

Efficiency

DG ECHO and its partners considered cost-effectiveness throughout the project cycle and took actions to ensure it. However, it is not possible to draw any firm conclusions on the extent to which DG ECHO-funded interventions were cost-effective compared to other feasible alternatives. When focusing on the efficiency of transfers to beneficiaries to address food needs, the analysis of the cost data shows that the cost-transfer ratio and alpha ratio decreased between 2016 and 2020 (albeit not consistently), suggesting a slight increase in the cost-efficiency of its response to food security. Similarly, the comparison between the initial and final DG ECHO contributions and the evolution in costs per beneficiary per month suggests minor efficiency gains. These were largely due to actions providing assistance to a higher number of beneficiaries than initially envisaged, within the same budget.

Various elements at programming level influenced the efficiency and cost-effectiveness of DG ECHO's response to food insecurity and malnutrition, including the promotion of cash instead of in-kind aid, the promotion of coordination and cooperation to explore synergies, and the scaling-up of actions. Indeed, one of the main approaches used by DG ECHO to enhance the cost-effectiveness of its HFA & N response was the strategic shift from traditional in-kind distribution to cash-based transfers. Cash transfers were the most used transfer modality and the analysis of the budgets of a sample of actions strongly suggests that this led to gains in efficiency (the average cost-transfer ratio and alpha ratio of cash modality were lower than those of vouchers and in-kind transfers). Although not systematically, DG ECHO and its partners made efforts to scale-up actions to more beneficiaries and other areas and to explore synergies with other interventions. Some areas were identified for possible improvements in cost-effectiveness, including further increasing the use of cash, supporting more effective and efficient procurement of goods and services, exploring further coordination and synergies, improving targeting, monitoring and reporting systems, increasing localisation, and, in protracted crises, considering using shock-responsive systems and crisis modifiers, as well as a no-regret anticipatory approach.

Sustainability

DG ECHO, within the remit of its humanitarian mandate, funded actions to support resilience-building, early recovery and self-reliance among conflict- and shock-affected populations. Most of the actions included measures to build local capacity and support long-term strategies to reduce humanitarian needs, underlying vulnerability and risks. However, there were few possibilities for DG ECHO to enhance the sustainability of the HFA & N funded interventions, given the limited funding available compared to the needs. Accordingly, DG ECHO focused on its core mandate of providing urgent and lifesaving assistance. In the context of malnutrition, whenever the context allowed for it, DG ECHO contributed to improving national responses and national health systems through funding and advocacy.

Cooperation efforts between DG ECHO and development actors to mobilise the Triple Nexus were successful to varying extents and encountered several, mostly external, challenges. A key factor limiting the sustainability of DG ECHO-funded actions was the overall short lifecycle of DG ECHO-funded projects, and stakeholders welcomed the implementation of PPPs as a means of addressing the issue. Nevertheless, DG ECHO sought to enhance the Nexus in interventions through its funding, advocacy and cooperation, with examples of successful interventions identified (e.g. 2016 Nutrition Transition Strategy for the Sahel region).

13 RECOMMENDATIONS

As per the ToR, this section presents five key strategic recommendations that emerged from the evaluation. Each recommendation is accompanied by a short description of the context, the rationale, and a series of suggestions on its operationalisation.

1. DG ECHO should explore further opportunities to respond in anticipation of/earlier and quicker to crises considered highly likely to lead to food insecurity and malnutrition

Anticipation of, and early and rapid reactions to, crises are recognised in the literature, by various stakeholders (all groups), and by the DG ECHO Disaster Preparedness Guidance Note as potentially leading to more cost-effective responses by preventing or limiting the impact of shocks on vulnerable populations and improving the quality of the humanitarian response. For example, in contexts prone to climate crises, the influence of seasons on wasting and stunting is well documented, and timely interventions could prevent or slow down some of the effects on malnutrition.

While DG ECHO has established some flexible mechanisms and instruments to react to crises more quickly, they were used only to a limited extent in the context of HFA & N interventions during the evaluation period. Anticipatory actions were not adopted (with the exception of a few pilots in Somalia and Ethiopia), as limited funding saw DG ECHO focus on responding to immediate needs.

Protracted crises are contexts where DG ECHO can build on lessons and best practices (from HFA & N and other sectors) to anticipate and respond earlier and quicker to events considered highly likely to lead to food insecurity and malnutrition. With most of the HFA & N funds going to this type of crisis, this would have the potential to considerably increase the effectiveness and efficiency of the humanitarian response, freeing up funds to reach more beneficiaries.

As a one-size-fits-all approach is not appropriate to respond to the variety of crises, socioeconomic and cultural contexts, needs, etc., DG ECHO should further expand and use its toolbox of mechanisms and instruments to anticipate, and respond earlier and quicker to, events likely to lead to food insecurity and malnutrition. These include:

- EWS: promote their implementation and improvement, as well as the use of the information collected to design the humanitarian response. Clear requirements on coverage, timeliness, and approach would be beneficial to assess the quality of the existing EWS and to identify gaps. Funding implementation and improvements to EWS could be considered to bridge the gap between existing and required capacity/quality. Timeliness of data is key and DG ECHO should only consider funding EWSs that are useful to humanitarian responses (e.g. DG ECHO should reconsider funding routine national SMART surveys that may not provide timely data and focus instead on localised surveys oriented on providing an early nutrition action and/or response);
- Anticipatory approach: explore synergies with some programmes/frameworks by other humanitarian actors, such as OCHA⁷⁵³;
- Crisis modifiers to trigger anticipatory actions and/or early responses: with flexible design in terms of their activation (e.g. predefined triggers or based on quick decision-

⁷⁵³ See <https://www.unocha.org/our-work/humanitarian-financing/anticipatory-action>

making process) and scope/use (e.g. not earmarking funds for specific sectors, target beneficiaries and geographical area of the intervention);

- Better linking the support provided under RRM with post-RRM interventions to ensure that HFA & N acute needs are addressed beyond the first three months of displacement;
- Consider increasing the share of non-earmarked funding to some strategic partners and in some contexts: as highlighted in the Grand Bargain, this will allow for swift responses and increase efficiency⁷⁵⁴. DG ECHO should identify situations where those benefits outweigh the potential risks of lower accountability by the partner and capacity of DG ECHO to monitor the use of its funds;
- Strengthen local capacity and promote community-led responses: among other benefits, this will allow for faster reactions and provision of aid to hard-to-access areas;
- Continue prioritising cash transfers where feasible, as they are quicker to implement.

The specific combination of instrument(s) to be used should depend on the assessment of the context, type of disaster/crisis, available capacity, and funds (among others).

2. DG ECHO should further promote and adopt a multi-sectoral approach to needs, complemented by targeted vertical interventions

In some settings, the complexity of causes, contexts, and beneficiaries' needs and behavioural responses requires a holistic approach to respond to food insecurity and malnutrition.

Rather than seeking to integrate two predefined sectors, DG ECHO should promote and adopt a multi-sectoral approach to crises where feasible. Any specific unaddressed needs could then be targeted by vertical interventions. Where this is not possible, FSL, MPCT and health responses should, at a minimum, aim to be nutrition-sensitive, as there is some evidence that this may slow down or prevent SAM cases.

While a multi-sectoral approach is increasingly considered to be the most appropriate in various settings, challenges have prevented its systematic adoption. These include a lack of comprehensive joint targeting of responses, limited capacity and specialisation of partners, and a need to focus on a small number of sectors due to limited funding.

DG ECHO can further explore and promote this approach when designing their programmatic response, for example by:

- Providing an intervention logic in the HIPs highlighting the relations between the needs, sectors, and desired outcomes;
- Fostering proposals by consortia or integrated proposals where each partner highlights the interlinkages between its own intervention and those of the other partners;
- Continuing to push for cash as a transfer modality, including seizing small-scale opportunities to use cash, and promoting cash in combination with other modalities.

⁷⁵⁴ See <https://interagencystandingcommittee.org/Quality-funding>

Interlinkages between DG ECHO-funded actions and between the various partners could be promoted, while DG ECHO could advocate for cross-sectoral dialogue, data sharing/interoperability, joint needs assessments, and joint targeting for responses. Finally, DG ECHO could foster internal inter-practices/sectors dialogue and workstreams.

3. DG ECHO should strengthen supply chains

The evaluation found that problems with the supply chain led to delays, higher operational costs, disruption of activities, and other negative impacts on the implementation and - in some cases - effectiveness and efficiency of the funded actions. These problems often resulted from overreliance on a single supplier, dependence on imported supplies, non-competitive financial markets, poor logistics systems and infrastructure, and weak or non-functional local markets.

While many of these issues are not fully within the control of DG ECHO and its partners, some could be anticipated based on previous experiences and lessons, allowing DG ECHO and its partners to take action to (partially) prevent and/or address them. For example:

- Consider avoiding a unique supplier or source of supplies, instead exploring local suppliers: DG ECHO should find the right balance between exploring the economies of scale and efficiency gains that having a unique supplier brings on the one hand, and the need to ensure that the supply chain is able to resist and respond to shocks on the other. By diversifying the source of supplies/suppliers (including involving local suppliers), DG ECHO and partners will increase their capacity to adapt to (and greatly limit the impact of) disruptive events such as loss of cargo due to storage/transport conditions, blockades of cargo, difficulties in accessing areas of interventions, etc. Furthermore, by involving local actors, DG ECHO will to some extent be contributing to the resilience of the humanitarian aid system.
- Consider promoting and advocating for more functional food markets, in particular by prioritising the use of cash modalities, including fostering market monitoring joint initiatives, and by ensuring access of populations to markets (e.g. mainstreaming protection of vulnerable beneficiaries);
- Consider promoting collective negotiations to increase the bargaining power of partners, e.g. when negotiating the fees charged by financial providers or mobile solutions to transfer cash to beneficiaries;
- Work together with DG INTPA to strengthen the national transport and logistical infrastructure.

4. DG ECHO should promote livelihoods and resilience-building approaches in the context of the Triple Nexus, when feasible and appropriate

While in some contexts the limited funding can prevent DG ECHO from prioritising livelihoods and resilience-building (in line with its mandate), there are situations where it can build on lessons learned and best practices, and further explore opportunities to promote livelihoods and resilience in the context of the Triple Nexus approach.

These opportunities should be explored in the framework of working with Nexus actors. In protracted crises, in particular, DG ECHO together with DG INTPA and other development actors could support resilience/systems strengthening and promote the Nexus by:

- Promoting resilience considerations in the target approach: in the context of limited funding, where equally vulnerable beneficiaries cannot all be covered by the funded intervention, DG ECHO and its partners could consider incorporating individual/community resilience considerations in the targeting approach;
- Adjusting the duration of humanitarian funding to allow for the implementation of an exit strategy and maximise existing opportunities to work towards a Nexus approach: the evaluation found that the relatively short duration of interventions (typically 12-18 months) sometimes limited the implementation of an exit strategy. DG ECHO could consider scaling-up the current PPPs and looking at other modalities (e.g. prioritising follow-up actions);
- Promoting community-based approaches and localisation: this will build local capacity (including know-how) and increase the ability of communities to prepare and adapt more quickly to adverse events (see recommendation 1);
- Exploring the use of shock-responsive safety nets: where feasible, DG ECHO should link cash programmes with social protection as there is growing evidence of its potential to bridge the humanitarian-development divide⁷⁵⁵. It could build on successful experiences like the Productive Safety Net Programme (PSNP) in Ethiopia and the Hunger Safety Net Programme (HSNP) in Kenya;
- Replicating the success of the Nutrition Transition Strategy for the Sahel;
- Promoting environmental considerations in its responses (e.g. management of waste).

5. DG ECHO should consider revising its Food Assistance Policy and Nutrition Policy

Both the Food Assistance Policy and Nutrition Policy documents could benefit from an update, which would allow for some streamlining and the incorporation of more recent insights and commitments (e.g. Grand Bargain). In particular, the revisions should provide concrete guidance on the various elements of the previous four recommendations, including:

- Using the most adequate set of available instruments to act in anticipation of, and respond early and quickly to, events that are highly likely to lead to food insecurity and malnutrition crises;
- Adoption of a multi-sectoral approach, highlighting interlinkages with other policy documents, detailing how/when it should/could be complemented by vertical interventions;
- Strengthening supply chains;
- Promoting livelihoods and resilience-building approaches in the context of the Triple Nexus. This should be developed jointly with DG INTPA.

⁷⁵⁵ European Commission, 'Social Protection Across the Humanitarian-Development Nexus: A Game Changer in Supporting People through Crises', Tools and methods series, Reference Document N°26, Publications Office of the European Union, Luxembourg, 2019.

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The European Civil Protection and Humanitarian Aid Operations - ECHO

ECHO Mission

The primary role of the Directorate-General for Civil Protection and Humanitarian Aid Operations (DG ECHO) of the European Commission is to manage and coordinate the European Union's emergency response to conflicts, natural and man-made disasters. It does so both through the delivery of humanitarian aid and through the coordination and facilitation of in-kind assistance, specialist capacities, expertise and intervention teams using the Union Civil Protection Mechanism (UCPM)

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