

# Dutch Humanitarian Assistance

An Evaluation

Rehabilitation  
Good Donorship  
Refugees  
Displaced Persons  
Protection  
Humanitarianism  
Relief  
Emergency Assistance  
Vulnerability



Buitenlandse Zaken  
Ontwikkelings  
samenwerking



no. 303 July 2006

# Dutch Humanitarian Assistance

An evaluation

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# Preface

In recent years a large number of intrastate conflicts have led to complex emergencies, resulting in massive human suffering. This required substantial humanitarian aid, which must be provided on the basis of the needs of the affected populations, and be based on internationally accepted humanitarian principles.

The share of the total aid budget of the Netherlands spent on humanitarian assistance has increased. In the period 2000-2004 € 1.2 billion was provided for humanitarian aid, which was implemented by UN agencies, the Red Cross and Red Crescent Movement and non-governmental organisations.

The amount of expenditure and the fact that humanitarian aid had not been evaluated for some time prompted this evaluation. Its major objective was to assess and document the relevance, effectiveness and efficiency of the assistance. The evaluation involved case studies in Afghanistan, Burundi and the Democratic Republic of the Congo, Somalia and Sudan; all are characterised by complex emergencies.

Implementation of the evaluation proved challenging. The evaluators had to deal with a variety of practical problems such as high turnover of staff in the implementing organisations, loss of organisational memory and insecurity constraining their movement in the field. The evaluation was also hampered by the lack of baseline information and in a number of cases by the lack of detailed information on the results of aid activities.

Ted Kliet of the Policy and Operations Evaluation Department (IOB) of the Netherlands Ministry of Foreign Affairs was responsible for the evaluation. Dorothea Hilhorst, professor of humanitarian aid and reconstruction at Wageningen University and Mariska van Beijnum, in-house researcher of IOB, were consultants.

The case studies were conducted by teams of independent international and national evaluators. The study covering Afghanistan was implemented by a team led by the Chr. Michelsen Institute, Norway. That covering Somalia was conducted by ETC UK. The study covering Burundi and the Democratic Republic of the Congo was conducted by Channel Research, Belgium. Finally, the Sudan case study was conducted by ETC UK and Project Design & Management, Australia. ETC UK has provided support in drafting the final report.

A reference group consisting of staff of the Ministry of Foreign Affairs, a representative of the Dutch NGO community and an external expert provided comments and advice on the case study reports and the present report.

Thanks are due to all respondents involved in the evaluation. These include staff in the Ministry of Foreign Affairs, the Netherlands embassies in case study countries, the Netherlands Permanent Representations in Geneva, New York and Rome; staff of implementing organisations; and government officials and beneficiaries in the case study countries.

IOB bears responsibility for the contents of this report.

*Henri Jorritsma*

*Acting Director Policy and Operations Evaluation Department*

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# Main Findings and Issues

The past fifteen years have witnessed many intrastate conflicts or ‘complex emergencies’ leading to massive human suffering. These emergencies, as well as high impact natural disasters such as the tsunami disaster in Southeast Asia, have led to a growing need for humanitarian assistance and to a significant increase in humanitarian aid expenditure. In the period 2000-2004, the Netherlands spent some € 1.2 billion on humanitarian aid.

Recent political developments on the world scene, including the ‘war on terror’ following the events on 11 September 2001 and the subsequent interventions in Afghanistan and Iraq, have created new challenges for the implementation of the humanitarian principles of neutrality and impartiality. The Netherlands expenditure on humanitarian aid, and the fact that the aid had not been evaluated for some time, prompted the current evaluation.

The evaluation assesses Dutch humanitarian aid provided in the period 2000-2004 and focuses on complex emergencies.<sup>1</sup> It reviews policy and administrative procedures and examines the relevance, effectiveness and efficiency of the aid provided. Case studies were conducted in Afghanistan, the Great Lakes Region in Africa (Burundi and the eastern Democratic Republic of the Congo), Somalia and Sudan. Together, these case studies cover 33 per cent of Dutch expenditure on humanitarian aid in the period at issue.

The main findings of the evaluation are based on the conclusions presented in Chapter 8 of this report.

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<sup>1</sup> It was decided to exclude humanitarian assistance provided by the Netherlands in the context of natural disasters from the evaluation, since the Policy and Operations Evaluation Department was involved in a multi-agency evaluation of the support provided to the victims of the tsunami that struck Southeast Asia on 26 December 2004. The results of that evaluation have been published separately.

## A. Main Findings

### 1. Policy

Dutch humanitarian aid policy, laid down in several documents, is consistent with internationally accepted humanitarian principles. It is also largely in line with the principles of Good Humanitarian Donorship. The concentration of aid provision on focus countries and regions is appropriate in view of the humanitarian needs there. Sufficient flexibility is maintained to be able to respond to disasters elsewhere. The implementation of humanitarian aid policy has been coherent with diplomatic action and the fostering of peace processes in the countries covered by the evaluation.

The policy responds to life-threatening human needs amongst the most vulnerable people in chronic crises or natural disasters. The internationally recognised basic humanitarian principles, namely *humanity, impartiality, neutrality and independence*, are at the heart of the policy. They have not been compromised by particular political interests. Foreign policy regarding countries entangled in complex emergencies is characterised by three different but complementary strands of action: provision of humanitarian aid for immediate relief and early rehabilitation, promotion of peace and security, and the fostering of reconstruction.

Humanitarian aid provision is embedded in a multilateral framework, emphasising coordination, and the Ministry of Foreign Affairs has engaged in a constructive - and at times critical - policy dialogue with UN agencies. Complementarity is sought by matching support for the UN with that for the Red Cross and Red Crescent Movement and non-governmental organisations (NGOs).

### 2. Results

The assistance provided in the case study countries took into account the different natures of the crises, was relevant to the needs of beneficiaries and in accord with the main policy objective of saving lives. It has mainly been effective in areas where access was achievable. Lack of access compromised coverage of the population: an unknown but large number of needy people could not be reached. Flaws in the international humanitarian aid system and shortcomings in needs assessments meant that particular needs of specific population groups were not met. At times, as in Darfur, operations were slow to start. Overall the commodities supplied were appropriate, though it was difficult to adhere to minimal standards.

The costs of aid delivery were high, but high costs do not necessarily imply inefficiency since they are determined to a large extent by prevailing contextual factors. Conflict and insecurity were the main determinants of the cost of delivery and also impacted on efficiency. Costs were also determined by distance, terrain, climatic conditions and the way in which the international humanitarian aid system is organised. One aspect of the latter is the aid management chain resulting from sub-contracting among agencies, each with its own overheads. The efficiency of delivery was also affected by the continued absence of the state in Somalia, the absence of functional government institutions in parts of the Democratic Republic of the Congo, weak institutions in southern Sudan and the lack of full state control in parts of Afghanistan.

### 3. *Organisational aspects*

The emphasis on the coordination of humanitarian assistance by the UN is appropriate. By insisting that all humanitarian actors responding to a particular crisis are coordinated, the Netherlands strengthens the universal response to the humanitarian imperative. In the case study countries, coordination of aid implementation was variable because coordination through the UN does not provide a 'command and control' response to disasters. At best, it provides a shared platform of intent, including information on existing and projected humanitarian activities. Within the Ministry of Foreign Affairs there has been sound policy coordination and coordination of interventions. Where needed there was also inter-departmental coordination. In the case study countries the Netherlands was actively involved in donor coordination.

The rationalisation of administrative procedures in the Ministry of Foreign Affairs has resulted in more efficient management of humanitarian assistance. This reduced the administrative burden of the Humanitarian Aid Division and of the implementing agencies. The conclusion of Channel Financing Agreements with several UN agencies and the International Committee of the Red Cross (ICRC), and the streamlining of funding arrangements for NGO projects have improved the predictability and timeliness of Dutch funding. The Channel Financing Agreements have also led to the organisations reporting results at highly aggregated levels, and their reports do not provide details on individual aid activities. Staff of the Humanitarian Aid Division still spend much more time on required administrative tasks than on policy development, international policy dialogue, inter-departmental coordination, and monitoring and evaluation.

The embassies adequately monitor humanitarian situations through contacts with other donors, agencies and the government. Institutional monitoring of different UN agencies and the ICRC is adequately conducted by Netherlands Permanent Representations to these organisations. In contrast, the field monitoring of the results of aid implementation by the embassies in the case study countries has been weak. Factors have been time constraints, other priorities, and the distance between embassies and the localities where the aid activities were being implemented.

The ambitions of Dutch humanitarian aid policy are not sufficiently matched in the setting of priorities in staff deployment. Even though staffing levels have increased and administrative procedures have been simplified, the Humanitarian Aid Division is still experiencing a lack of capacity. Staffing levels in the embassies in the countries covered by the case studies proved critical. Attention to humanitarian aid competed with other priorities such as political work. Finally, the staffing levels of the Permanent Representations proved challenging, given the tasks to be done.

#### 4. *Linking Relief, Rehabilitation and Development*

In general, relief, rehabilitation and development have been linked successfully in Afghanistan but less so in the other countries covered by the evaluation. The close collaboration of the Humanitarian Aid Division, the Peacebuilding and Good Governance Division and other units in the Ministry of Foreign Affairs has been conducive to developing and implementing an integrative approach that links humanitarian aid focused on relief and early rehabilitation with support focused on rehabilitation, reconstruction and development. The ministry has separate budgets for humanitarian assistance, rehabilitation and reconstruction activities and developmental interventions. This did not prove to be a constraint to linkage.

The decision to include Afghanistan in the list of partner countries in 2003 has been conducive to the provision of substantial long-term support for reconstruction and development. The peace agreement in southern Sudan has led to the Dutch commitment to substantially contribute to reconstruction and developmental activities. The recent prospects for peace in Darfur may lead to support for reconstruction and development. In Burundi and the Democratic Republic of the Congo, support is provided to assist rehabilitation and reconstruction, including security sector reform, demobilisation and the reintegration of former combatants. Since the Netherlands has no structural bilateral development relations with Burundi or the Democratic Republic of the Congo, no other major funding mecha-

nisms are available to support economic recovery and development in either country. On the one hand, this may be considered a missed opportunity. On the other, it may be argued that other donors who have traditionally had a bilateral aid relationship with these countries may be better placed to provide such assistance.

## B. Issues

Four issues that need further attention emerge from the evaluation.

### 1. Policy

Current humanitarian aid policy and strategies are in a variety of policy documents, notes and memoranda. It is worth considering the consolidation of these documents into one document that should include references to adjacent policies.

### 2. Organisational aspects

Sufficient and adequately skilled staff are needed in order to manage the participation of the Netherlands in costly and complicated humanitarian aid interventions, to safeguard the coherence between the use of political, military, humanitarian and development instruments, and to ensure realistic political analyses of the local contexts. Given the current staffing levels of the Humanitarian Aid Division, the Netherlands Permanent Representations and the embassies in countries in chronic emergencies, it worth considering the prioritisation of tasks and the strengthening of staffing levels.

### 3. Monitoring and reporting

As mentioned, the embassies' field-level monitoring of the results of aid implementation has been weak. In addition, Channel Financing Agreements with a number of agencies resulted in reporting at a very aggregated level. This, in turn, reduced donor overview of the results of individual aid activities.

It is worth to reconsider the role of the embassies' field-level monitoring of the implementation of activities funded by the Netherlands. Such monitoring should also help to determine the quality of reporting by agencies under Channel Financing Agreements.

### 4. Management chains

The international humanitarian aid system is characterised by UN agencies operating through implementing partners. International NGOs also deliver part of the aid through partners. The result is long aid management chains and sub-contracting, which may lead to cumulative overhead costs. This evaluation did not inves-

tigate this issue, nor did it come across any study of this phenomenon. It would be worth considering whether the Netherlands could call upon humanitarian agencies and other donors to commission an investigation of this aspect of aid management.



# 1 Introduction

## 1.1 Background and justification

The past fifteen years have witnessed an increase in intrastate conflicts or ‘complex emergencies’ leading to massive human suffering. There have also been a number of high impact natural disasters: examples include hurricane Mitch in Central America in 1998 and the tsunami disaster in Southeast Asia at the close of 2004. These man-made and natural emergencies have aggravated the need for humanitarian aid, but it is the proliferation of man-made emergencies and their long duration that has stimulated increased expenditure on humanitarian aid, both in absolute terms and as a proportion of worldwide official development assistance (ODA). Thus whereas humanitarian assistance accounted for 3.5 per cent (US\$ 2.1bn) of ODA at the beginning of the 1990s, by 2000 it accounted for 10.2 per cent (US\$ 5.8bn).<sup>2</sup> It was estimated that all DAC donors spent US\$ 6.9 billion<sup>3</sup> on humanitarian aid in 2003. OECD/DAC statistics reveal that in 2002-2003 some 8.1 per cent of ODA was spent on humanitarian aid.<sup>4</sup> Throughout the 1990s and into the first few years of the new millennium, one of the important humanitarian donors has been the Netherlands.<sup>5</sup> Its budget for humanitarian assistance has risen steadily: in the period 2000-2004, the Netherlands provided € 1.2 billion for humanitarian aid.

Recent political developments on the world scene are affecting the nature of humanitarian assistance. The ‘war on terror’ following the events on 11 September 2001 and the subsequent interventions in Afghanistan and Iraq have created new challenges for the implementation of the humanitarian principles of neutrality and impartiality.

<sup>2</sup> *International humanitarian action: A review of policy trends*, ODI Briefing Paper, April 2002.

<sup>3</sup> *Global Humanitarian Assistance Update 2004-2005*, Development Initiatives, 2005.

<sup>4</sup> Table 18, statistical annex of the Development Co-operation Report 2004, Volume 6, No. 1, OECD/DAC 2005.

<sup>5</sup> *Financing international humanitarian action: A review of key trends*, HPG Briefing no. 4, November 2002.

It was the combination of the above factors (the changing nature of humanitarian assistance, the considerable funds spent by the Netherlands on humanitarian assistance, and the fact that humanitarian aid had not been evaluated for some time<sup>6</sup>) that prompted IOB to conduct the current evaluation.

## 1.2 Objective and central questions

The evaluation set out to independently assess the results of Dutch humanitarian aid in the period 2000-2004. It examines the relevance of the humanitarian support and its effectiveness in terms of outputs, outcomes and immediate impact, as well as its efficiency. Though the focus is on the implementation and results of humanitarian activities supported by the Netherlands, the evaluation also reviews Dutch policy and administrative procedures for giving humanitarian assistance. Thereby, it considers the processes involved in the planning and delivery of humanitarian assistance both in a global sense and in selected countries.

The evaluation gives an account of Dutch humanitarian support, and this yields lessons for policy and programme improvement. The intended users of its results are policy makers, aid administrators and operational managers at the Ministry's headquarters and in embassies, Dutch parliamentarians and the Dutch general public, and other donors and organisations involved in the implementation of humanitarian aid.

The following central questions are addressed:

- **Relevance:** To what extent has the humanitarian assistance been provided in line with the humanitarian policy and procedures of the Netherlands and with the needs, priorities and rights of the affected populations?
- **Effectiveness:** To what extent has the humanitarian assistance provided achieved its purpose, i.e. has met the immediate material and non-material needs of the affected populations?
- **Efficiency:** To what extent have the financial resources and other inputs been deployed efficiently to achieve results?

Besides these three main questions, the evaluation aimed to address how much the humanitarian activities supported by the Netherlands have taken into account the specific context in recipient countries. More particularly, attention was to be paid to policy developments and intradepartmental collaboration to link

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<sup>6</sup> In the past, IOB has evaluated Dutch humanitarian assistance to Somalia (1994) and taken part in the joint evaluation of humanitarian support to the victims of the Rwandan genocide (1996).

humanitarian assistance, support for rehabilitation and development aid. Also investigated was the coherence between humanitarian aid policy and other policies and interventions. Finally, attention was to be paid to the involvement of the Netherlands in coordination mechanisms and processes, and to whether operational partners were encouraged to engage with these.

For further details see the evaluation's Terms of Reference available on the CD-ROM accompanying this report.

### 1.3 Scope and limitations

The evaluation provides an analysis of the humanitarian assistance policy of the Netherlands and the ways in which the administrative and managerial procedures have been established and are being implemented. As part of this analysis, the evaluation reviews the initiatives of the Netherlands in the dialogue with other donors and implementing agencies on policy and administrative issues. In addition, four case studies on protracted or chronic man-made complex emergencies provide an analysis of a sample of completed and ongoing humanitarian assistance activities in recipient countries where a wide range of implementing agencies has been funded wholly or in part by the Netherlands (see section 1.5).<sup>7</sup>

Activities other than humanitarian undertaken or supported by the Netherlands, such as support to peace-keeping forces or diplomatic interventions, have not been evaluated. In the case studies covered by the evaluation (see below), such initiatives have been taken into account as contextual factors in the analysis of the humanitarian support provided.

The empirical analysis of the evaluation has only taken into consideration activities funded from the emergency aid articles of the humanitarian assistance budget vote (articles 3.1 and 3.2 - see table 3.1 in chapter 3). The de-mining and small arms fund (article 3.3) is not part of this evaluation, as IOB is evaluating this policy area separately.<sup>8</sup> Moreover, unearmarked voluntary annual contributions provided as 'core funding' to specialised UN agencies and the ICRC (articles 3.4, 3.5 and 3.6) are not included in the empirical analysis of the various projects and

7 It was decided to exclude humanitarian assistance provided by the Netherlands in the context of natural disasters from the evaluation, the justification being the involvement of the Policy and Operations Evaluation Department in a separate multi-agency evaluation of the support provided to the victims of the tsunami that struck Southeast Asia on 26 December 2004. The results of the latter evaluation have been published separately.

8 Furthermore, the transfer of de-mining and small arms fund from the humanitarian assistance budget to Policy Article 2 Stability Fund in 2004 removed that fund from the remit of this evaluation.

programmes covered in the case studies (see below). In chapter 3, however, attention is paid to the intra-ministerial coordination of such allocations.

#### **1.4 Organisation and methodology**

The methods applied in the evaluation include: a review of documents, including policy documents, project documentation and evaluation reports; interviews with key informants in the Ministry of Foreign Affairs, Permanent Representations of the Netherlands to the UN, and Netherlands embassies in countries to which humanitarian assistance has been provided. It also included interviews with key informants at headquarters and field offices of international humanitarian agencies and other international, national and local implementing organisations; a survey of the key Dutch humanitarian NGOs; and consultations with beneficiaries at programme and project sites in the selected case study countries. Approaches involved focus group discussions, unstructured interviews, and participatory assessments involving both men and women.

The evaluation study was multi-phased, with the first phase consisting of an analysis of Dutch humanitarian aid policy and strategy, and the ways in which the aid is managed. For this, IOB collected information by analysing documentation and statistical data, and supplementing this with interviews. In the second phase, four case studies were done on Sudan, Somalia, Afghanistan and the Great Lakes Region in Africa. In the final phase of the evaluation, IOB integrated and analysed the results of the first phase of the investigation and the four case studies.

The evaluation was guided by a reference group consisting of the Head of the Humanitarian Aid Division of the Ministry of Foreign Affairs, a representative from the Dutch NGOs involved in the delivery of humanitarian assistance and the Director of the Humanitarian Action Masters Programme, Department of International Relations and International Organisations of the University of Groningen. The reference group, which was chaired by the Director of the Policy and Operations Evaluation Department, reviewed the draft products of the evaluation at milestone moments during the evaluation process.

#### **1.5 Case studies**

The four case studies were selected on the basis of a review of the activity portfolio in the Ministry's management information system, an analysis of policy documents and discussions with the Humanitarian Aid Division. In particular, the cases were selected by taking into account: a) the absolute and relative levels of financial support from the Netherlands in the period 2000-2004; b) their relevance

in terms of Dutch humanitarian aid policy; c) the range of assistance offered: types of assistance and agencies involved; and d) the type of emergency: acute, protracted, or a combination of both.

Together, these case studies cover 33 per cent of Dutch expenditure on humanitarian assistance funded from the emergency aid articles 3.1 and 3.2 of the humanitarian assistance budget vote in the period 2000-2004.<sup>9</sup> They provide an illustrative sample of Dutch humanitarian assistance.

## Sudan

Apart from a brief period of peace from 1972 to 1983, Sudan has experienced civil war and other types of emergencies since the country's independence in 1956. The ongoing conflict has been the principal source of suffering for the Sudanese people. In addition to the estimated two million deaths directly attributed to the fighting, a significant but incalculable number of people have suffered from disruption of their livelihoods and lack of basic services. The country has the largest internally displaced population (IDPs) in the world, some 3-4 million, and there are an estimated 400,000 Sudanese refugees in neighbouring countries. Human rights violations of various sorts are widespread and the effects of the protracted man-made crisis are compounded by periodic droughts and flooding, which further contribute to loss of life and destruction of livelihoods.

Just when the peace negotiations between the government of Sudan and the parties in southern Sudan were proving to be promising, the rapidly escalating humanitarian crisis in Darfur placed Sudan at the top of the international agenda again.

In recent decades, the Netherlands has continuously provided considerable humanitarian assistance to Sudan, making it one of the country's most important donors. In the period 2000-2004, the Netherlands donated almost € 99 million, making Sudan one of the most important beneficiaries of Dutch humanitarian aid during that period.

Dutch humanitarian assistance to Sudan was evaluated on the basis of a sample of completed and ongoing humanitarian assistance operations in southern Sudan, in Darfur and on the Dutch support to Darfuri refugees in Eastern Chad. The aim was to obtain insight into the politicisation of humanitarian assist-

<sup>9</sup> Information derived from the Ministry's management information systems (MIDAS & Piramide).

ance and the possibilities of coordinating humanitarian action in a high-profile humanitarian crisis (and its consequences for security and access for humanitarian agencies).

### The Great Lakes Region - Burundi and the Democratic Republic of the Congo

The instability that has prevailed in the Great Lakes Region since 1993 up to the time of writing this report has resulted in a severe humanitarian crisis in Burundi and the Democratic Republic of the Congo (DRC). In the period 2000-2004, Dutch humanitarian assistance for the Great Lakes Region mainly focused on Burundi and the eastern part of the DRC.

The protracted conflict in Burundi has had a destructive impact on the livelihoods of the country's inhabitants. The social and economic infrastructure has severely deteriorated and the lack of basic services and food shortages has negatively impacted on the population's health situation. Even though the peace process in Burundi has recently taken a positive turn<sup>10</sup>, sporadic hostilities still continued in parts of the country at the time of the evaluation. The situation has already claimed the lives of an estimated 300,000 persons and contributed to very large numbers of internally displaced persons (IDPs) and refugees.

The inhabitants of the eastern part of the Democratic Republic of the Congo have been severely affected by years of civil war and banditry. Limited access to basic social services like health and education, a disruption of the local agricultural production, and the general level of insecurity have resulted in food shortages and high levels of child malnutrition, as well as massive morbidity and mortality.<sup>11</sup> This situation is compounded by a high incidence of HIV infection. The humanitarian crisis has also resulted in a high number of IDPs and refugees.

Both Burundi and the eastern Democratic Republic of the Congo have been the focus of the Dutch humanitarian assistance to the Great Lakes Region since 1999. In the period 2000-2004, the Netherlands allocated € 54 million from the humanitarian assistance budget to support humanitarian activities in these countries. The support comprised both emergency and rehabilitation assistance, the type of assistance depending on local needs and circumstances related to the dynamics of the conflict.

<sup>10</sup> In October 2003, the Burundi government and the most important rebel movement CNDD/FDD signed the so-called Protocol of Pretoria, enabling the CNDD/FDD's participation in government and the absorption of the rebels in the government army. Successful communal and presidential elections were held in June and August 2005, respectively.

<sup>11</sup> The violence and the related social disruption have claimed an estimated 3 million lives.

The evaluative case study of Dutch humanitarian assistance to Burundi and the eastern DRC aimed to shed light on the Ministry's regional humanitarian approach, as well as on the ways in which the process of phasing out relief assistance in favour of structural assistance is handled.

### Somalia

During the past fifteen years, civil war, continuing inter-clan hostilities and widespread local banditry have led to a protracted humanitarian crisis and a breakdown of the Somali state. The country lacks a functioning government, resulting in the breakdown of social, political and economic order. In turn, the unstable conditions, combined with periodic drought and flooding have brought about widespread and chronic humanitarian suffering. In the central and southern parts of the country specifically there are high rates of malnutrition, morbidity and mortality, and very low rates of primary school enrolment. One of the main problems for people living in cities and in the countryside has been lack of access to safe drinking water.

Somalia has been receiving humanitarian assistance from the Netherlands for the past fifteen years. In 2000-2004, € 22 million was allocated to support humanitarian activities, placing Somalia in the top ten of recipient countries. The activities supported over the years were directed at relief or to rehabilitation, or both, depending on the dynamics of the conflict situation.

The Somalia case study aimed to provide specific insight into issues related to the provision of humanitarian assistance to a stateless society, as well as into the difficulties of identifying IDPs in a protracted conflict.

### Afghanistan

In the aftermath of the 9/11 attacks, Afghanistan became a central issue on the international agenda. Since then, the Taliban regime has been ousted, and the country has been struggling to recover from 23 years of conflict, displacement, near complete destruction of infrastructure and periodic droughts. There have been concerted efforts on the part of the current government, UN and NGO partners to respond to the humanitarian crisis. Attempts are being made to alleviate the immediate needs of the population and to reconstruct the country (physical, government and social infrastructure). The major challenges include a sustainable reintegration of returning refugees and IDPs, support to the drought-affected and food-insecure population groups, a speeding up of economic recovery including the creation of job opportunities, and, last but not least, the establishment of

a democratic government. Security continues to be a key concern. Attacks have taken place against members of the government and the international community, including the UN. Across the country, serious skirmishes between rival factions including the Taliban are still taking place, hampering the delivery of aid as well as the country's recovery.

Afghanistan has been designated one of the chronic crisis areas in the developing world that should receive special attention from the Netherlands, which historically has been an important provider of humanitarian assistance to the country. In the past five years, Afghanistan has been the largest recipient of Dutch humanitarian assistance.<sup>12</sup>

The assistance has particularly aimed to increase the Afghan people's ability to cope with the current situation and to restore their livelihoods. Consequently, during the period evaluated, the Netherlands has gradually reduced its support to immediate relief activities and increased its support for rehabilitation and reconstruction.

The Afghanistan case study aimed to provide specific insights into the transition from relief to reconstruction and development, as well as into the issues of security and access related to humanitarian and reconstruction efforts being implemented through civil-military cooperation (CIMIC).

### Implementation of the case studies

Two of the case studies (Afghanistan and Somalia) were evaluations undertaken jointly with other donors; the other two cases (Sudan and the Great Lakes Region) were implemented by IOB. The Somalia case study involved a joint evaluation of the humanitarian assistance provided to that country by the Netherlands, Denmark, the European Commission and Sweden. This evaluation was led by IOB. The Afghanistan case study, which included British, Danish, Dutch, Irish and Swedish assistance, was conducted jointly and was led by the evaluation department of the Danish Ministry of Foreign Affairs. The case study of Dutch humanitarian assistance to Sudan included support provided to southern Sudan, Darfur and Darfuri refugees who had fled to Chad. The case study of Dutch humanitarian support provided to the Great Lakes Region focussed on Burundi and the eastern part of the Democratic Republic of the Congo.

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<sup>12</sup> Before the events of 11 September 2001, the annual contribution averaged some € 9 million; in the period 2000-2004, some € 102 million was provided to support relief and rehabilitation activities in the country.



Being joint evaluations, the case studies covering Somalia and Afghanistan could not go into great detail when analysing individual projects funded by the Netherlands. By contrast, the Sudan and Great Lakes Region case studies involved a more detailed investigation of activities supported by the Netherlands. This is reflected in the more detailed presentations of these activities and their results in chapters 5 and 7 of the present report.

All four case studies were conducted by separate independent evaluation teams contracted through international competitive bidding. IOB supervised and guided the implementation of these case studies, either directly, or, as in the case of the Afghanistan study, by participating in the evaluation steering committee.

Each case study included a combination of evaluative strategies and methods. Quantitative and qualitative data were collected through desk research and field studies. The desk research included a review of policy documents, project documentation and other data sources including evaluations conducted by humanitarian aid agencies. Field studies covering individual humanitarian activities encompassed a variety of methods, including stakeholder consultation and participation, and the involvement of beneficiaries through individual and group interviews and focus group discussions.

The activities covered by field analysis in the case study countries were selected to represent a sectoral cross-section of types of humanitarian projects and programmes financed and implemented through UN agencies, the Red Cross organisations and non-governmental organisations. The case study conducted in Afghanistan also covered activities supporting reconstruction and development that were funded from non-humanitarian budget categories by the five donors involved. The selected projects and programmes provide an illustration of Dutch-supported humanitarian activities in each of these countries.

The joint evaluation covering Afghanistan was implemented by a consortium of the Chr. Michelsen Institute, Norway (lead consultants), Copenhagen Development Consultants and German Association of Development Consultants. The one covering Somalia was conducted by ETC UK (lead consultants), ETC East Africa, Groupe URD and Wageningen University. The Great Lakes Region case study was done by a team led by Channel Research, Belgium. Finally, the Sudan case study was conducted by ETC UK (lead consultants) and Project Design & Management Pty Ltd, Australia.

## 1.6 Challenges encountered in the evaluation

The implementation of the evaluation in general and that of the case studies in particular proved to be challenging. The various evaluation teams had to deal with a variety of contextual circumstances during their fieldwork. Notably, all teams had to cope with a high turnover of international staff in the implementing organisations and among donors, leading to loss of organisational memory. Also, the different categories of respondents - aid providers in the field, agency staff at headquarter level, other officials including those from government institutions - were busy and interviews with them had to be brief.

Security posed a major concern for all case study teams and due to UN security arrangements team members' movements were subject to important constraints whenever they travelled with UN staff. In all cases, but especially in Somalia, expected or real outbreaks of violence made it impossible to visit certain key sites. Access to certain regions and transport facilities conditioned the evaluation teams' itineraries and restricted their visits; they were unable to visit all the activities they should have examined. Last but not least, the evaluation was hampered by the lack of baseline information and in a number of cases by the lack of detailed documentation and data on individual activities. These factors limited the precise measurement of effect, efficiency and impact.

All the evaluation teams tried to counter these challenges by triangulating different sources of information, as well as using a variety of written sources including evaluations conducted by aid agencies, and other types of studies. Rather than being able to measure the effectiveness and efficiency of Dutch-supported activities that form part and parcel of the overall international humanitarian effort in the case study countries, the results of the support provided had to be inferred from observations of a more general nature. For instance, because of the fact that high levels of morbidity and mortality were ultimately averted by the provision of international humanitarian assistance to Darfur including that provided by the Netherlands, it could be concluded that this assistance had been effective and has had an impact. Efficiency was not determined by input-output relations, but was mainly assessed by taking into consideration the context in which the humanitarian assistance had to be delivered.

## 1.7 Structure of this report

Chapter 2 provides a brief overview of the international context of humanitarian assistance and major changes in it over the past fifteen years. This overview serves as the backdrop for the description of Dutch humanitarian assistance policy and

strategy. Recent trends and issues in humanitarian assistance are described, with particular attention to the position of the Netherlands.

Chapter 3 offers an insight into the different financial and organisational aspects of Dutch humanitarian assistance. The aspects discussed include the humanitarian aid budget and expenditure levels, the division of labour within the Ministry of Foreign Affairs and its relation with other relevant ministries in the Netherlands, the administrative and financial arrangements with implementing agencies and developments therein and, finally, the handling of the 'project cycle'.

In the following four chapters (4-7) the case studies are presented. Each chapter provides an insight into the humanitarian crisis of the case in question and the response of the Netherlands in the period 2000-2004. The humanitarian activities selected for detailed analysis are described and their results assessed in relation to the criteria applied in the evaluation. Each of these chapters ends with a presentation of the conclusions and issues to be borne in mind for the future. These, in turn, form the building blocks of the concluding chapter (8) as well as the 'Main Findings and Issues' section of this report. The detailed results of the four case studies are reported in separate documents that are on the CD-ROM accompanying this report.



## 2 Netherlands humanitarian aid policy and strategy

### 2.1 Introduction

This chapter provides a brief overview of the international context of humanitarian assistance and major changes in it over the past fifteen years (sections 2.2. and 2.3). The overview serves as the backdrop for the description of Dutch humanitarian assistance policy (sections 2.4 and 2.5). Information on the policy objectives and strategies underlying humanitarian assistance is provided and, where appropriate, changes are highlighted. It must be emphasised that this is not an evaluation of the global humanitarian system itself, but a description which highlights pertinent issues in the development of Dutch humanitarian policy.

A number of important issues to do with humanitarian assistance and the position of the Netherlands are presented separately: linking relief, rehabilitation and development (LRRD, also known as the ‘gap issue’), the use of the military in protection, creating humanitarian access and the provision of humanitarian assistance, and initiatives to improve the quality of the assistance. Section 2.6 outlines how responsibility for handling humanitarian assistance is organised in the Ministry of Foreign Affairs. The final section of the chapter contains an analysis of the relevance, consistency and coherence of current Dutch humanitarian policy and strategies.

There is no universally accepted statement of humanitarian values and principles, and donors have their own views on the purpose and nature of humanitarian assistance. But in practice, international humanitarian assistance is usually based on the fundamental principles of the International Red Cross and Red Crescent Movement (see Box 2.1) and on international humanitarian law as expressed in the Geneva Conventions of 1949.

Events in the last fifteen years, particularly in complex emergencies, have tested the humanitarian values and principles of donors, states and humanitarian agencies. Even in natural disasters, the principles of humanitarianism have been

undermined,<sup>13</sup> so agencies (and donors) have had to engage more frequently in advocacy in relation to these principles, particularly those of impartiality and neutrality. Attempts to integrate humanitarian, military and political responses challenge the neutrality, impartiality and independence of humanitarian action.

### Box 2.1 The fundamental principles of humanitarian assistance

The present fundamental principles are based on those of the Red Cross and Red Crescent Movement most recently revised in 1965; they were designed to respond to both conflict-related and natural disasters. The Red Cross principles are: humanity, impartiality, neutrality, independence, voluntary service, unity and universality. Of these, the first four are widely used by other agencies and states.\*

**Humanity** concerns the prevention and alleviation of human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples. **Impartiality** means no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress. **Neutrality** demands that agencies do not take sides in hostilities or at any time engage in controversies of a political, racial, religious or ideological nature. **Independence** requires that agencies be independent and always maintain their autonomy.

\* The statements of principle are here modified in an indicative way to make them more relevant to agencies other than the Red Cross. In the summer of 1994, the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief was developed and agreed upon by eight of the world's largest disaster response agencies and has subsequently been widely endorsed by humanitarian agencies.

Source: After the fundamental principles of the Red Cross Movement [www.icrc.org](http://www.icrc.org).

## 2.2 The international context of humanitarian assistance: a brief overview

Since the early 1990s, the proliferation of emergencies and change in their nature have led to an increasing need for humanitarian assistance. Disasters are of two kinds: natural and 'man-made'. The latter are either complex emergencies (conflicts) or technological disasters, like Chernobyl or Bhopal. Natural disasters may

<sup>13</sup> Following the Gujarat earthquake the humanitarian response was considerably influenced by caste.

be sudden impact, such as tsunamis, or slow impact, like droughts. In fact, natural disasters very often contribute to complex emergencies. According to the *World Disasters Report* of 2002, the number of disasters increased from 300-400 per year in 1990 to 700-800 in 2003. This has resulted in a significant increase in expenditure on humanitarian assistance, both in absolute terms and as a proportion of total Official Development Assistance (ODA). It is estimated that between 1990 and 2003, global humanitarian assistance increased from US\$ 2.0 billion per year to US\$ 6.9 billion: a tripling in real terms.<sup>14</sup> Globally, the humanitarian assistance component of ODA increased from 3.5 per cent in 1990 to 11.0 per cent in 2003.<sup>15</sup>

Natural disasters have increased in number, partly because of climatic variability. Complex emergencies have also increased, but - more significantly for humanitarian action - since the end of the Cold War, their nature has changed radically.<sup>16</sup> Briefly, post Cold War complex emergencies are characterised by high levels of civilian casualty, deliberate destruction of livelihoods, destruction of welfare systems, collapse of the rule of law and extraordinarily high numbers of displaced people.

#### Humanitarian system

The humanitarian system consists principally of the donors, the UN, the Red Cross/Crescent family and NGOs. One good indicator of the way in which the structure works is the pattern of resource flows (Figure 2.1<sup>17</sup>). Donor governments usually work through their Ministries of Foreign Affairs or agencies for international development to finance UN agencies, the Red Cross Movement and international NGOs. In natural disasters they sometimes directly finance local government agencies. Donors also provide funds to military services, either directly, or through the UN. International agencies finance international NGOs and, occasionally, local NGOs, but the strong relationship with local NGOs usually exists through international NGOs. The Red Cross Movement works through the local Red Cross/Red Crescent Society.

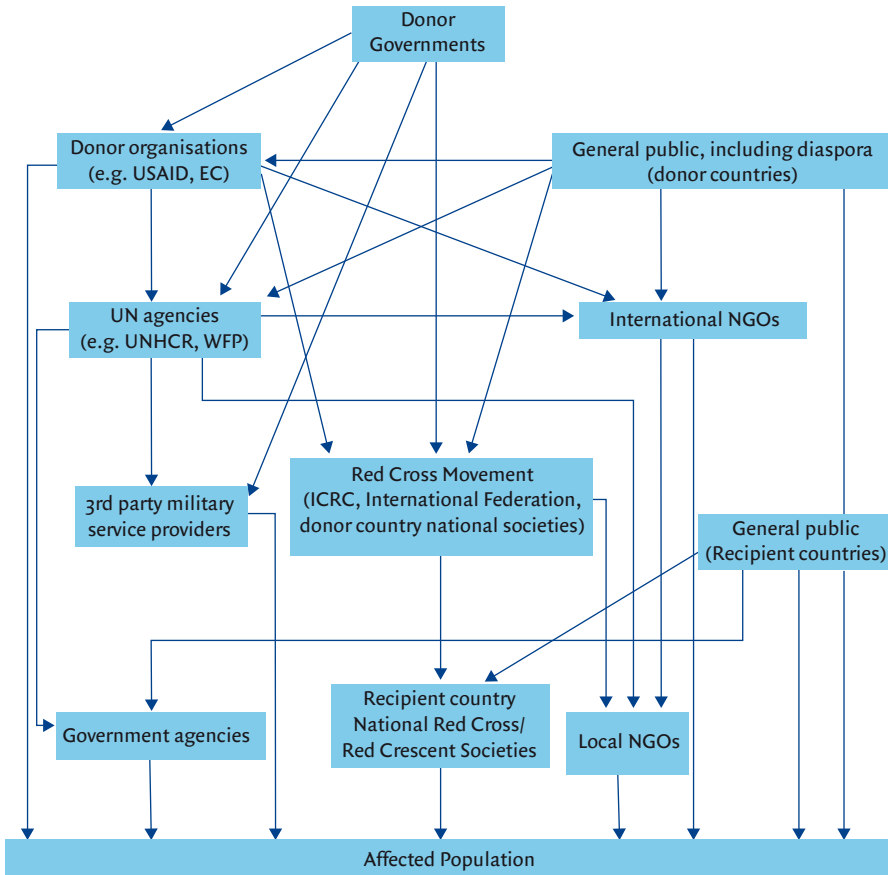
14 Development Initiatives (2005). *Global Humanitarian Assistance Update 2004-2005*. These figures are for DAC donors only and underestimate the true figures by perhaps 50 per cent.

15 *ibid.*

16 Kirkby, S.J., C. Howorth, P. O'Keefe and A. Collins (2001). A Survey of Evaluation Experience in Complex Emergencies, *International Journal of Human Rights*, 5 (2).

17 Hallam, A. (1998). Evaluating Humanitarian Assistance Programmes in Complex Emergencies, *Good Practice Review*, 7, p. 102.

**Figure 2.1** Simplified overview of resource flows within the international humanitarian system



Source: After Hallam, 1998.

## 2.3 Issues and challenges in humanitarian assistance

### 2.3.1 Issues in organisation

Four organisational issues dominate the discussion of humanitarian aid:

1. Who provides global leadership, particularly in the planning and implementation of humanitarian assistance?
2. How can humanitarian actors share a platform of information to ensure that responses are coherent?
3. What mandates exist to define the role and responsibility of individual organisations in the delivery of humanitarian assistance?



4. (following on from 3): What division of labour exists to inform implementation responsibilities on the ground?

#### *Changes in the administration of the humanitarian system*

The main change during the past fifteen years has been an ongoing improvement in coordination and connectedness between donors and the field, at all levels of the system. The UN has remained at the centre of these changes.

A critical point in the change was the adoption, in 1991, of UN General Assembly Resolution 46/182, which led to the Department of Humanitarian Affairs (DHA) being established in 1992.<sup>18</sup> The creation of the DHA stressed the central role of the UN in leading and coordinating humanitarian response, with responsibility for ‘prompt and smooth delivery of relief assistance’.

DHA also managed the Central Emergency Revolving Fund (CERF) and chaired the Inter-Agency Standing Committee (IASC).<sup>19</sup> The CERF was until 2006 a stand-by capacity of US\$ 50 million, to allow quick access to funds in the case of acute emergencies. The IASC, comprising all UN operational organisations, the ICRC, the IFRC and three NGO consortia, was to meet quickly in response to emergencies as it was the primary mechanism for inter-agency coordination of humanitarian assistance. A third institution, the Consolidated Appeal Process (CAP), also initiated in 1992 by Resolution 46/182, was to prepare and coordinate the appeals of various agencies.

Since 1993, the Disaster Assessment and Coordination Unit (UNDAC) within the DHA has rapidly deployed disaster management professionals to make quick assessments of priority needs, assist coordination at site level and spread information via DHA. This spreading of information has become another key task of DHA. Since 1994, the Integrated Regional Information Network (IRIN) has circulated information on humanitarian emergencies and since 1996, Relief Web

<sup>18</sup> This involved strengthening the technical emergency arm of the United Nations system, the United Nations Disaster Relief Organisation (UNDRO), and including a strong policy element.

<sup>19</sup> The Inter-Agency Standing Committee has been the primary mechanism for inter-agency coordination of humanitarian assistance since 1992. Since 1998 under the leadership of the Emergency Relief Coordinator it has been responsible for developing policies, agreeing the division of responsibilities, and identifying and addressing gaps in humanitarian assistance. All UN operative humanitarian assistance agencies are members. Standing invitees are: ICRC, IFRC, the International Council of Voluntary Agencies, InterAction, IOM, the Representative of the Secretary-General on the Human Rights of IDPs, the Steering Committee for Humanitarian Response and the World Bank. Relevant NGOs may be invited *ad hoc*. The IASC is represented in the Good Humanitarian Donorship initiative. In a growing number of cases, country IASCs, chaired by the Humanitarian Coordinator mirror the structure of the HQ team; they are responsible for preparing the CHAP (Common Humanitarian Action Plan).

has provided widely-consulted information on global humanitarian assistance. Humanitarian Information Centres (HICs) are physical locations that have temporarily been established in the field since 1999 for specific emergencies and disasters, in order to provide information and data for humanitarian agencies to use in assessment, information exchange, and the planning and implementation of assistance. IRIN, ReliefWeb and HICs are used by humanitarian agencies to collect and exchange information and also for advocacy and awareness raising.

In 1998, because DHA was perceived by UN agencies, the ICRC and NGOs to be ineffective, it was reorganised and renamed the Office for the Coordination of Humanitarian Affairs (OCHA). Its current mandate includes needs assessments, the preparation of Consolidated Agency Appeals (CAPs), and coordination of humanitarian response, policy development, field coordination and humanitarian advocacy. The Under Secretary for Humanitarian Affairs was replaced by the Emergency Relief Coordinator.

Preparing and managing the CAP has become an important element of OCHA's coordination role. OCHA uses the CAP as the programme cycle for the preparation of appeals for humanitarian assistance. It is intended to avoid duplication, 'turf wars', gaps in coverage and waste of resources. Stages include: strategic planning, leading to the Common Humanitarian Action Plan (CHAP), preparation of a Consolidated Appeal or a Flash Appeal,<sup>20</sup> resource mobilisation, coordinated implementation, and joint monitoring and evaluation. The CHAP is prepared by the IASC Country Team, which the UN Humanitarian Coordinator of the affected country initiates with the member organisations and standing invitees of the IASC (including the ICRC and the International Organisation for Migration: IOM) and NGOs involved in the response. The Red Cross is independent of the UN system, but provides information for the CHAP. The CHAP is based on needs assessment, scenario building and stakeholder analysis; it formulates aims and objectives for the intervention.

The European Commission has set up the European Community Humanitarian Office (ECHO), which has been operating as a separate unit of the Commission since April 1992. In addition to improving the effectiveness of the European humanitarian aid effort, ECHO has aimed to strengthen the international profile of the European Community. Its tasks were to be restricted to providing emer-

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<sup>20</sup> Flash Appeals are ten-page documents, produced in five days, summarising life-saving needs in the first week and acute needs for up to six months. They contain a one-page plan of action and objectives.

gency relief. Initially, ECHO was criticised by NGOs<sup>21</sup> and international agencies, such as the UNHCR, UNICEF, ICRC and IFRC, who were of the opinion that it was unpredictable, bureaucratic, inflexible and slow to reach decisions. A more important criticism was that ECHO should only perform tasks that complement the activities of the UN system, particularly OCHA.

On 29 April 2003, a financial and administrative framework agreement was concluded between the European Union, represented by the European Commission, and the United Nations. Besides other administrative aspects guiding their cooperation, the agreement legally determines ECHO's complementarity to the UN when it comes to coordination of humanitarian aid.

In December 2005, the Central Emergency Revolving Fund (CERF) was replaced by the (Expanded) Central Emergency Response Fund (E-CERF). This entailed a change in the funding mechanism.<sup>22</sup> The CERF was based on government 'loans' (the revolving fund), requiring donor pledges for reimbursement before the release of funds. The E-CERF still consists of this government loan construction, but also entails a donation component, to which donor governments make unearmarked contributions. The Fund was increased from US\$ 50 million to US\$ 500 million in view of the need to facilitate timely response in relation to demonstrated needs and allow access to funds within 72 to 96 hours. One third of E-CERF funding is to be allocated to under-supported operations, the rest is for early interventions in acute emergencies.

In the past fifteen years, donors have increased their direct participation in humanitarian interventions. Since 1995 the International Humanitarian Partnership<sup>23</sup> has sought to support multilateral organisations providing rapidly deployable support modules for communications and accommodation to UNDAC, or other UN operations. The number of members has increased from three to six.

Since 2000, Montreux Donors' Retreats have taken place annually, in which donors and UN bodies discuss issues of performance in the humanitarian system.

21 The NGOs claim that by placing too great an emphasis on acute emergency aid and not enough on rehabilitation, it defined emergency humanitarian aid too narrowly. ECHO also seems to restrict its cooperation with NGOs to partnership contracts with a limited number of large European NGOs with an operational capacity of their own. The NGOs therefore feel that they have been reduced to the status of sub-contractors.

22 Willitts-King, B. and T. Faint (2005). *Study on the Revised CERF Mechanism*. Development Co-operation Ireland and DFID. OCHA (2006). *The Central Emergency Response Fund (formerly Central Emergency Revolving Fund)*. (<http://ochaonline.un.org/webpage.asp?>)

23 It comprises Denmark, Finland, the Netherlands, Norway, Sweden and the UK.

Some of the outcomes have been the strengthening of the CAP process, more direct donor engagement by observing humanitarian action through field visits, and the launch, in 2003, of the Good Humanitarian Donorship initiative.<sup>24</sup>

#### *Leadership, shared platforms, mandates and division of labour*

The response to the *leadership issue* was addressed by the UN establishing a lead office for emergency response: the Department of Humanitarian Affairs (DHA). As complex emergencies grew, the volume of humanitarian assistance expanded and the issues became more political. DHA was turned into the Office for the Coordination of Humanitarian Affairs (OCHA), which is situated at the highest level of the United Nations' structures and interacts directly with both the General Assembly and the Security Council.

The issue of *shared platforms* links to the leadership issue. Shared platforms require exchanges of information and strong coordination. The latter links to the issue of leadership because, somewhat ironically, there is no 'command and control' structure to global humanitarian intervention. OCHA provides the shared platform for most emergencies through the CHAP and CAP processes, and an electronic database through ReliefWeb.

Over the last 15 years, the *mandates* of the UN implementing agencies and the international NGOs have been reconsidered by the organisations themselves.<sup>25</sup> Significantly this has been linked in the United Nations to leadership questions where, in policy and coordination terms, OCHA provides the lead although, in a practical sense, the World Food Programme (WFP) provides a logistical lead. Occasionally leadership is given because of sectoral responsibilities and mandates; for example, if the situation is predominantly to do with the provision of refugee camps and associated services, then UNHCR will lead. Sometimes one lead UN agency will be chosen because all parties have confidence in it: for example, UNICEF in Operation Lifeline Sudan. The Red Cross and Red Crescent Movement, especially around the issues of humanitarian intervention and war, has continued to urge the incorporation of humanitarian law within national law.<sup>26</sup> International NGOs have re-examined their mandates and have tended to move towards advocacy while retaining implementing capacity.

<sup>24</sup> See section 2.3.7 for the Good Humanitarian Donorship initiative.

<sup>25</sup> For a discussion of dilemmas facing the UN and its possible roles in humanitarian assistance see Kent, R.C. (2004). The United Nation's Humanitarian Pillar: Refocusing the UN's Disaster and Emergency Roles and Responsibilities, *Disasters*, 2004, 28 (2): 216-233.

<sup>26</sup> 26<sup>th</sup> International Conference of the Red Cross and Red Crescent, 1995.

A broad *division of labour* exists in the United Nations system. OCHA is in charge of the policy and planning framework, WFP is responsible for emergency food delivery, UNHCR is responsible for emergency shelter, UNICEF is responsible for water and sanitation, health and education and the Food and Agricultural Organisation (FAO) is responsible for emergency agriculture which, if successful, should mark the end of the emergency and the diminution of the role of the WFP. Responsibility for particular population groups affected by an emergency, notably IDPs, has been uncertain for a long time, but this may change because of the so-called cluster approach (see below).

In August 2005, a report was published on the Humanitarian Response Review commissioned by the Emergency Relief Coordinator. Together with the real-time evaluation of the UN response in Darfur (see Chapter 7, Sudan) and a joint donor evaluation of support to internally displaced persons<sup>27</sup>, this stimulated a debate in humanitarian agencies about gaps in humanitarian response and led to the proposal that UN agencies should be specified as ‘cluster leads’ in sectors where there had often been gaps in response.<sup>28</sup> Heads of Agencies agreed to this proposal in September 2005. The ‘cluster lead’ system involves IASC and the Emergency Relief Coordinator, thus providing a more centralised and, it is to be hoped, more predictable system for humanitarian action; more importantly, the cluster lead system should clarify responsibilities at field level.<sup>29</sup>

The ICRC together with IFRC and through the national Red Cross/Red Crescent societies runs important structures parallel to the UN system. These are essential, for instance if the UN itself is not an acceptable actor in a conflict. Examples of this unacceptability were Somalia in 1992 and Nagorno-Karabakh in 1990. International NGOs have reputations for specific competencies in the division of labour (for example, Oxfam for water and sanitation) although they tend to take area responsibilities for the delivery of wide range of humanitarian assistance as implementing partners on the ground.

27 Borton, J., M. Buchanan-Smith and R. Otto (2005), *Support to Internally Displaced Persons: Learning from Evaluations*. Summary Report. Stockholm: Sida.

28 For instance, for IDPs in conflict situations, UNHCR would take the lead in camp coordination and management, protection and shelter. WHO would take the lead in the health sector, UNICEF in nutrition, and water and sanitation. WFP would take the lead in logistics as well as for security telecommunications. UNDP would take the lead in early recovery.

29 The combination of the (Expanded) Central Emergency Response Fund (E-CERF) and the recently adopted ‘cluster lead’ approach may result in timely humanitarian response, since a cluster lead agency can no longer argue that it cannot take any action because of shortage of funding.

All four organisational issues come together in driving new public management contracts for the delivery of humanitarian assistance. These contracts emphasise the strengthening of coordination that calls both for leadership and for shared platforms; the issues of mandate and division of labour are linked by quality management. In the United Nations system and the Red Cross and Red Crescent Movement, this has resulted in a move from earmarked funding for particular projects to institutional management through quality control. With NGOs the emphasis has been on improved monitoring for results-based management.

### **2.3.2 Broader versus narrower versions of humanitarian assistance**

Interventions in most natural disasters may be seen as deviations from the path of development; the return from conflictual emergencies to development is more problematic, because the end of conflict is rarely clean-cut, the tensions may persist, the destruction of material and social structures may be overwhelming and conflict may last for decades. Under these circumstances it is widely recognised that many interventions are needed beyond those normally associated with humanitarian aid. Return to the development path may require the complete reconstruction of the state apparatus and the bases of livelihoods. For this, interventions in governance, the rule of law and the building of institutional capacity must begin during the acute phase of responding to emergency needs. If the conflict is not to recur, peace must be created and maintained.

There are principled questions: for example, is donor activity in humanitarian assistance dependent on, or independent of, issues of foreign policy? It is how the broad principles are applied in humanitarian practice that allows a preliminary typology of donors and agencies. Broadly speaking, they are classified as Wilsonian (after Woodrow Wilson) and Dunantist (after Jean Henri Dunant). The former are more dependent on, and cooperative with, government, and emphasize delivery of humanitarian aid. The latter are more independent of, and oppositional towards, government, are interested in advocacy and commonly follow a principled approach.

### **2.3.3 The relation between military action and humanitarianism**

The most significant development in humanitarian need since the Cold War has been the great increase in violent conflict. Using the number of deaths as an indicator of need, Oxfam estimates that in the period 1991-2000, some 2,300,000 peo-

ple lost their lives in conflict-related disasters and that, in the period 1995-2004, some 900,000 lost their lives in other types of disasters such as natural hazards.<sup>30</sup>

New forms of humanitarianism have their origin in the series of violent civil conflicts that followed the end of the Cold War. These were the intra-state civil conflicts that replaced proxy Cold War international conflicts. These civil conflicts are characterised by a new violent kleptocracy in which militias led by 'warlords' and rebel groups linked to political movements pillage local economies, destroy the welfare functions of states, misuse humanitarian aid to finance their interests and carry out acts of extreme violence against civilian populations. People flee conflict and its indirect effects, resulting in the creation of millions of refugees and internally displaced persons (IDPs). In extreme cases, conflict becomes so severe and prolonged that the state in which it occurs collapses (for example, Somalia: see chapter 6).

Since the early 1990s, military forces have become increasingly involved in humanitarian assistance. This encroachment into what has traditionally been seen as 'humanitarian space' raises significant issues of principle, as well as policy and operational questions, not only for humanitarian agencies, but also for the international community as a whole. These questions have become more urgent in the wake of the war in Afghanistan, following the attacks of 11 September, and the increasingly explicit linkage of military, political and humanitarian aims that these events have engendered.<sup>31</sup>

The involvement of the military in humanitarian action and particularly in humanitarian assistance has long been controversial. Politicisation of aid, the possibility that humanitarians will be perceived as tools of the military, consequent threats to humanitarian staff and the risk that humanitarian funds could be diverted to the military have raised concern among many of the actors, from donors to implementers. This extends to concern about use of the military in reconstruction and rehabilitation.

It has been widely realised that material humanitarian assistance could be harmful; for example, the diversion of food aid to perpetuate conflict. Hence, 'do no

<sup>30</sup> Oxfam (2005). *Predictable funding for humanitarian emergencies: a challenge to donors*. Briefing Note.

<sup>31</sup> Barry, J. and A. Jefferys (2002). *A bridge too far: aid agencies and the military in humanitarian response*. *Humanitarian Practice Network*, No. 37, January.

harm'<sup>32</sup> has become a guideline, if not a principle, in humanitarian assistance. This guideline demands that the full consequences of any humanitarian action must be weighed in advance.

One outcome from the increase in violent conflict and the subsequent insecurity has been the recognition of the need for security and protection, both for the people affected and for humanitarian workers. The notion of security, in other words, has been extended from a focus on the security of state and its capacity to be a protective instrument<sup>33</sup>, to include the security needs of individual people and communities. The specific protection needs of refugees, IDPs, women, children and elderly people are being recognised,<sup>34</sup> while the appearance of the People in Aid code of good practice in the management and support of aid personnel (2003) acknowledges the security and protection needs of humanitarian workers.<sup>35</sup>

#### *Responses to the relationship between military action and humanitarianism*

Two events stand out in the evolution of humanitarian-military interaction. The first was in the winter of 1991, when UN Secretary-General Perez de Cuellar called on the UN to 'reinterpret [the] Charter principles of sovereignty and non-interference in domestic affairs to allow for intervention on humanitarian grounds'.<sup>36</sup> The second event was the Security Council's call for a report that became the *Agenda for Peace*. In that call it noted, 'The non-military sources of instability in the economic, social, humanitarian and ecological fields have become threats to peace and security. The United Nations membership as a whole, working through the appropriate bodies, needs to give the highest priority to the solution of these matters'.<sup>37</sup>

In 1994, the Department of Humanitarian Affairs (DHA) published the Oslo Guidelines, a non-binding document outlining the use of military and civil defence assets in natural and technological disasters. In April 2001, its successor, OCHA, initiated a consultation process with donor governments, including min-

32 Anderson, M.B. (1999) warns in 'Do-no-harm: How can Aid support Peace-Or War?' of the harm that aid may cause. The supply of free food can destroy local food production systems, material aid can be sold to fund the conflict and it is argued that the over-provision of aid can reduce the incentive to create livelihoods. Recognising the damage that aid can do, donors and implementers seek to predict and avoid such negative impacts.

33 Boutros-Ghali, B. (2002). *An Agenda for Peace: Preventive Diplomacy, Peacemaking and Peace Keeping*.

34 As opposed to their other human needs.

35 People in Aid is an international network of relief and development agencies. It provides advice and support to agencies committed to improving their human resource management. The current code of good practice is a revision of the People in Aid code of best practice of 1997. See [www.peopleinaid.org](http://www.peopleinaid.org).

36 Chopra, J. and T. Weiss (1991). *Sovereignty is No Longer Sacrosanct: Codifying Humanitarian Intervention*. Humanitarianism and War Project. [http://hwproject.tufts.edu/publications/electronic/e\\_sinls.html](http://hwproject.tufts.edu/publications/electronic/e_sinls.html).

37 United Nations Security Council (1992), *Note by the President of the Security Council*. S/23500. 31 January.



istries of defence, UN agencies and NGO umbrella organisations to broaden these guidelines to encompass complex humanitarian emergencies. Although initially excluded from the consultation process, humanitarian organisations now participate in an Advisory Panel, represented by the International Council of Voluntary Agencies. As a result of this consultation, the Secretariat of the Oslo Guidelines Process issued the Draft Guidelines on the Use of Military and Civil Defence Assets to Support United Nations Humanitarian Activities in Complex Emergencies on 12 June 2001<sup>38</sup>; these subsequently resulted in the Military and Civil Defence Assets guidelines of 2003.<sup>39</sup>

The Military and Civil Defence Unit was created in 1994 under the Oslo Guidelines, to facilitate coordination. In 1995 it was replaced by the Civil Military Coordination Section (now under OCHA), which provides training under the UN Civil-Military Coordination Approach to address problems created by such coordination. The intention is to benefit from the use of military assets whilst not jeopardising the humanitarian principles of neutrality and impartiality. The key concepts are *coexistence* of the civil and military in complex emergencies and *cooperation* of the civil and military in natural and technological emergencies.

Key principles for military involvement are: complementarity (which implies that the military will not be used if civilian assets are available); control of the military in support of humanitarian activities must be the responsibility of the civil authority; no costs associated with the use of the military may be charged to the affected population; finally, the military should withdraw at the earliest possible moment.

Military interventions have been used to protect civilians and aid workers in many conflicts. Peacekeeping operations, initially controlled by the UN, significantly increased in number after 1988: since that date the UN Department of Peacekeeping Operations has carried out more than sixty. From 1990 a significant number of these were under other auspices, causing a politicisation of the process. Some peacekeeping operations facilitated the delivery of aid, protected humanitarian workers, rebuilt infrastructure and protected material aid from theft. In 1992, the UN, in *Resolution 794*, authorised a military intervention to establish a secure environment for humanitarian relief in Somalia under the name

38 Barry, J. and A. Jefferys (2002). *A bridge too far: aid agencies and the military in humanitarian response*. Humanitarian Practice Network, Paper 37, January.

39 The application of the different sets of guidelines may be confusing as was demonstrated by the assistance following the Asian tsunami, when the UN did not specify which guidelines were to be followed.

‘Operation Restore Hope’.<sup>40</sup> The USA-led military intervention in that country (United Nations International Task Force -UNITAF, December 1992 - March 1995) showed that military interventions provided no simple solution to the problem of protection.

Military humanitarianism has always been contentious. It could support humanitarian action and, when linked to diplomatic action, could lead to peaceful solutions. However, it also threatens the neutrality of both humanitarian aid and of humanitarian workers. It is possible that military interventions under the guise of humanitarianism may have other motives. Humanitarianism has become linked to military action and political aims under the new security agenda, particularly following the events of 11 September 2001 (see for instance chapter 4 on the assistance to Afghanistan). This challenges the very nature of the humanitarian principles.<sup>41</sup>

### 2.3.4 Linking relief, rehabilitation and development

The transition from relief to development, also known as the ‘gap issue’ or ‘the grey area’, has been debated internationally for the last fifteen years, initially in the hope that a smooth ‘continuum’ linking the three phases of relief, rehabilitation and development in a linear fashion could be achieved. By the mid-1990s it was widely accepted that no such continuum existed and that elements of all three phases could best be implemented simultaneously.

The core of the humanitarian agenda is commonly understood to involve saving lives and alleviating suffering in emergencies. Surprisingly, there is very little agreement within the humanitarian system around definitions of emergencies. Part of the confusion can be explained by the different ways the concept of ‘emergency’ is used. There is an important question about who determines that an emergency exists, the precise nature of the emergency and at what level. Traditionally, national governments declare an emergency; this is usually the case in natural disasters where they initiate relief for those in need. In a complex emergency, where government may have created or compounded the crisis, the declaration of emergency and assistance usually comes from the international community.

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40 Netherlands Ministry of Foreign Affairs, Operations Review Unit (1994). *Humanitarian Aid to Somalia*, The Hague.

41 See for a recent study on these issues Wheeler, V. and A. Harmer (2006). *Resetting the rules of engagement: trends and issues in military-humanitarian relations*. HPG report 21, London: Overseas Development Institute.

Traditionally, emergencies were seen in terms of acute shocks to people's livelihoods that precipitated a crisis, from which there was then a process of recovery and a return to development or normality. This simple formulation has long been recognised as inadequate. The process of development often takes place in areas that are at serious risk of disaster, where conflict is frequent, or where underlying vulnerability is such that development and emergency assistance take place at the same time. Emergencies in conflicts have often gone on for decades, and the recovery process is often characterised by periods of uneasy peace and renewed conflict.

Humanitarian aid remains organised around short-term funding cycles and the concept that emergencies are temporary interruptions of normal processes. It is true that humanitarian aid has been provided for long periods to the populations of countries characterised by chronic conflicts such as Angola, Mozambique, Sierra Leone, Liberia, Sudan, Afghanistan, Burundi and Somalia. However, the humanitarian system is essentially ill-equipped to engage with long-term crises, which may go on for decades and whose effects may stretch across the entire country and countries in the region. The funding cycles of donors remain largely short-term and project-based, and the capacity of the humanitarian system is arguably already fully stretched. This implies the need for a re-examination of the interface between humanitarian assistance and development.

In the academic literature there has long been discussion of the interface between relief and development, and calls have been made for better links between them. It has been argued that the concept of a neat linear or sequential relief-to-development continuum is inadequate, and that relief, rehabilitation and development assistance often take place simultaneously. The last decade has also seen a series of important criticisms of the linking-relief-and-development debate; some argue that preserving the distinction between humanitarian and development aid is crucial to maintaining the integrity and technical efficacy of each.

Many of the challenges around the relief-to-development continuum were seen as primarily managerial. There was a concern to ensure that the instruments of international engagement avoided creating dependency, and contributed to revitalising people's livelihoods: in other words, how relief might be more developmental and sustainable. Much of this work was driven by multi-mandated UN agencies and NGOs.

There appeared to be little substantive progress, either in policy or in programming. There were three reasons why:

- The debate was driven largely by humanitarian actors, who remained relatively marginal on the international aid stage where mainstream discourse on aid is shaped, for instance in the Development Assistance Committee of the OECD.<sup>42</sup>
- The debate was constrained by the bifurcated architecture of the aid system - between development and humanitarian responsibilities - and there was little appetite for radical organisational change.
- The debate did not keep pace with changes in the levels and types of vulnerability in protracted crises.

*‘Humanitarian aid plus’: an effort to link relief, rehabilitation and development*

Calling something an emergency also has important practical implications for aid agencies and donors in terms of what funding is available, from which budget lines and with what sort of timelines and conditions attached.

In striving to close the gap between relief, rehabilitation and development assistance, some donors (such as Sweden), have taken the view that the distinction between development and humanitarian relief obstructs recovery. More widely, the view is that the appropriate framework is careful coordination at all levels (between donors and the UN-centred system, both at head office and at country and field levels; and between military, peace creation, building governance, development and humanitarian assistance). Since the late 1990s, the ‘humanitarian aid plus’ mode has become accepted as one workable version.

‘Humanitarian aid plus’ developed in response to the need to respond to the particular problems of protracted emergencies in which severe need continued and demanded continuing humanitarian assistance, particularly with continuing insecurity and an inability to return to a development path. It had been hoped that linking relief through rehabilitation to development would reduce the likelihood of further humanitarian need: development would prevent conflict and humanitarian need. Humanitarian agencies looked to ‘developmental relief’ as a route towards this aim, but were thwarted by four obstacles: 1) the humanitarian agencies have little clout; 2) there was little commitment to a radical redesign of the development and humanitarian assistance components of organisations; 3) pro-

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<sup>42</sup> Through the Good Humanitarian Donorship initiative (see below), the debate regarding humanitarian aid has become more central to the OECD/DAC. For instance, attention to humanitarian aid is currently part and parcel of the periodic DAC Peer Reviews involving DAC donors.

tracted emergencies became even more intractable, and 4) donors sometimes used humanitarian aid to avoid engagement with repressive or undemocratic states.<sup>43</sup>

Until the late 1990s the concern had been to link relief forward to development. As chronic emergencies became even more complex it was realised that progress from relief was possible only when peace had been secured and governance systems restored or created. It was not sufficient to look to a one-dimensional path forward to development; instead, lateral links were needed to achieve a broader re-creation of stability. Hence the significance of the linkage of humanitarian assistance to political, military, economic, legal and social systems. ‘Humanitarian aid plus’ allowed such a conceptualisation of action in protracted crises. The implication, of course, was that humanitarian agencies would not undertake all these activities. Close coordination with other specialist institutions and agencies was essential, but boundaries were necessarily blurred in the real world of crises, in order to increase the range of humanitarian assistance activities - if only because the insecure environment limited the number of other agencies who could or would be present.

### 2.3.5 Protection and humanitarian access

‘Protection’ refers to the physical and social well-being of the people affected by an emergency. ‘Humanitarian access’ involves security; it is only possible to provide humanitarian assistance in all or any of its forms if the people at issue, including the members of all the relevant agencies and organisations, are relatively safe from the danger of attack.

Current definitions of humanitarian action usually make reference both to assisting and protecting vulnerable people. While a great deal is known about assistance practices, there is relatively little information on whether and how the protection aspect has been implemented in the field. This is largely due to a lack of confidence and a lack of understanding among humanitarian agencies and practitioners as to what protection is and how to provide it. It is also due to the lack of a mandate and capacity in humanitarian agencies to protect against direct physical violence.

43 Macrae, J. and A. Harmer (2005). *Re-thinking aid policy in protracted crises*. ODI Opinions. Overseas Development Institute, London.

The idea of humanitarian protection and rights-based humanitarian action has been around humanitarian agencies for the past few years. This apparently new approach to addressing and reducing people's suffering in war is generally thought to constitute an important new direction for all forms of humanitarian programming. Its advocates argue that it represents a significant development for more traditional models of humanitarian assistance.

International humanitarian law demands that people are protected when they risk having to resort to coping or survival strategies. The principal conditions which produce this need are armed conflict, unsettled post-conflict conditions, natural disasters and famines.

Protecting people from violent assault, terrorism, displacement and dispossession is the responsibility of the state, and only if it is not willing or able to fulfil its obligation may become the responsibility of peace-enforcement or peacekeeping forces. Humanitarian agencies, which include international humanitarian and refugee law in their mandates, play no part in protecting people directly, but can assist by working with international authorities and peacekeeping forces.<sup>44</sup>

Protection is also achieved by empowerment; people who can organise themselves into effective groups can do much to protect themselves and their rights. Humanitarian actors may include empowerment (it is a form of capacity building) as an objective in their interventions, even though action in that form may be difficult in acute emergencies.

Humanitarian access 'involves the free and unimpeded movement of people to relief service or the free movement of humanitarian agencies to reach people who are trapped, unable to move or detained'.<sup>45</sup> By enabling assessing and responding to people's needs, humanitarian access is a necessary precondition for humanitarian action. Without access, humanitarian actors are unable to provide aid and protection.

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44 The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) produced a guide on protection for humanitarian agencies, which examines the programming of protection activities, including the use of advocacy and presents eight principles for best practice in protection. Slim, H. and A. Bonwick (2005). *Protection*. London: ALNAP.

45 See Mancini-Griffoli, D. and A. Picot (2005). *Humanitarian Negotiation, a handbook for securing access, assistance and protection for civilians in armed conflict*. Geneva: Centre for Humanitarian Dialogue. The following text is based on this booklet.

Although international law imposes obligations on states, non-state parties and individuals to allow humanitarian access, power relations make it possible for parties to a conflict to avoid these obligations or deny and violate people's rights.<sup>46</sup> Negotiations of humanitarian access take place at various levels, ranging from the national level involving the government to the local level involving local government and representatives of armed groups. They also involve different actors, which may include representatives of donor governments engaged in diplomatic action at the national level, the UN and individual UN agencies, the Red Cross and Red Crescent Movement, as well as NGOs - all of which may be involved in direct or indirect negotiation and advocacy. Finally, as mentioned above, the military may be involved in creating and securing humanitarian access as part of their peace-enforcing and peacekeeping mission.

### 2.3.6 Accountability and quality in humanitarian assistance

During the 1990s there was an increase in the number of complex emergencies and an exponential increase in the number of humanitarian agencies involved. In the humanitarian sector, concerns about accountability and effectiveness led donors to ask the UN's specialised agencies difficult questions. In the eyes of donors, these agencies had failed to deliver on their mandates, resisted scrutiny and lacked effective and responsive structures of governance. Despite their claim that a welter of initiatives designed to improve their responses to complex ethical and operational dilemmas, and to meet donor concerns, was in place, the use of these quality mechanisms remained unproven to the donors.

Efforts were undertaken to increase quality and accountability in the humanitarian system; for instance, ICRC has been instrumental in establishing the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (Code of Conduct) in 1991. This document provides guiding principles for non-governmental interventions in humanitarian response. It was accepted by the largest humanitarian NGOs in 1994. However, the publication of the report of the Joint Evaluation of Emergency Assistance to Rwanda marked a turning point for the accountability and quality agenda.<sup>47</sup>

<sup>46</sup> This has been demonstrated many times in complex emergencies, and is for instance exemplified by the current situation in Darfur. See Flint, J. and A. de Waal (2005). *Darfur a short history of a long war*. London: Zed Books and chapter 7 of this report.

<sup>47</sup> Steering Committee for the Joint Evaluation of Emergency Assistance to Rwanda (1996). *The International Response to Conflict and Genocide: the Rwanda Experience*, Copenhagen: Ministry of Foreign Affairs/Danida.

### *Initiatives to improving accountability and quality*

Since 1996, the humanitarian sector has undertaken a range of initiatives aimed at improving accountability and performance<sup>48</sup>:

- ALNAP, the Active Learning Network for Accountability and Performance in Humanitarian Action, brings together a wide range of humanitarian actors: donors, UN agencies, ICRC, IFRC, NGOs and academics. ALNAP was established in 1997 with the aim of improving performance in the humanitarian sector and sharing best practice. Its core functions include biannual meetings, an annual 'Review of Humanitarian Action' and maintaining a database of evaluation reports and other useful documents. ALNAP has also commissioned thematic studies, developed training modules, and published guidance booklets on protection, evaluation and on consultation with beneficiaries.
- HAPI, the Humanitarian Accountability Partnership International, was established in 2003 to improve the accountability of members to the beneficiaries of humanitarian assistance.<sup>49</sup> The core function is to create a self-regulatory compliance mechanism to enable members to adhere effectively to the principles of accountability through verification and accreditation.
- Concern for the maintenance of at least minimum standards in humanitarian assistance led in 1997 to the establishment of the Sphere Project. This comprises a Humanitarian Charter relating to the basic requirements needed to sustain life and dignity, and a Handbook of Minimum Standards that quantified these basic requirements. Sectors covered include water/sanitation and hygiene, food security, nutrition and food aid, and settlement and non-food items and health services. Minimum Standards include key indicators and guidance on cross-cutting issues such as gender and people living with HIV/AIDS.
- The aforementioned People in Aid code, published in 1997 and revised in 2003, can also be considered as an initiative to improve the quality and accountability of the humanitarian aid system, since it provides humanitarian agencies with a framework for assessing and improving their human resource management.

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<sup>48</sup> These initiatives in the humanitarian field were also driven by wider changes in Western politics and public sector management whereby attention shifted to questions of the effectiveness of and accountability for public expenditure. Starting in the 1990s, Western democracies aimed to counter declining trust in government and public administration by applying new management techniques, including the introduction of elaborate systems to monitor publicly funded activities and to ensure quality output.

<sup>49</sup> HAPI is a culmination of earlier accountability initiatives, including the Humanitarian Ombudsman Project, established in 1997 in Kosovo, and the Humanitarian Accountability Project that began in 2000.



### 2.3.7 Donor behaviour

Until recently, there was no consensus about how donors could and should use their procedures to improve humanitarian response. Donor policy and approaches to decision-making and resource allocation have been criticised for being weakly articulated, *ad hoc* and uncoordinated. Driven by political interest rather than according to need, funding allocations were often inequitable, unpredictable and untimely in responding to crises. The humanitarian activities of donors were weakly linked into mainstream development administrations, and remained outside formal inter-governmental donor processes. Overall, accountability mechanisms and transparency were weak.<sup>50</sup>

#### *The Good Humanitarian Donorship initiative*

The Good Humanitarian Donorship initiative (GHDi) which was endorsed by sixteen donor governments and a number of humanitarian agencies meeting in Stockholm in June 2003<sup>51</sup>, aims to enhance donor accountability by ensuring that the responses of donors are effective, equitable and consistent with the humanitarian principles of humanity, impartiality, neutrality and independence.

The donors endorsed a set of 23 principles and good practices which, although not legally binding, together form a commonly accepted basis for good donor practice. More in particular, the Good Humanitarian Donorship initiative aims at: 1) greater coordination in donors' policies and approaches to decision-making and resource allocation; 2) more predictable, flexible and timely funding arrangements in response to crises; 3) crisis response based on needs; and 4) needs assessments applying objective criteria and ensuring equitable funding to all crises, including the so-called 'forgotten crises'.

A principal function of the initiative is to attempt the circumvention of many of the major shortcomings in international humanitarian practice.<sup>52</sup> Obvious examples may be seen in the random nature of assistance: one country may get help, while its immediate and equally troubled neighbour may not. The apparently bizarre decisions to support certain essential kinds of provision, but not others

<sup>50</sup> Harmer, A., L. Cotterrell and A. Stoddard (2004). *From Stockholm to Ottawa: a progress review of the Good Humanitarian Donorship initiative*. London: ODI, Humanitarian Policy Group Research Briefing 18.

<sup>51</sup> *Principles and Good Practice of Humanitarian Donorship* was endorsed by Australia, Belgium, Canada, the European Commission, Finland, France, Germany, Ireland, Japan, Luxemburg, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States of America. Others involved in creating the initiative included the Development Assistance Committee of the OECD, UN agencies, the Red Cross and Red Crescent Movement, INGOs and a number of academics. The Principles are to be found on the CD-ROM accompanying this report.

<sup>52</sup> See Smillie, I. (2004). *Good Humanitarian Donorship - Some Thoughts on the Way Forward*. Ottawa: Tufts University, October 2004.

which are equally essential (water might be funded, but not vaccinations - or *vice versa*), is another example. The initiative is also attempting to deal with the problem of 'forgotten emergencies'.

Other shortcomings in humanitarian assistance are touched on by the GHDi. In the sub-section dealing with funding, principle thirteen is a plea for a considerable reduction in earmarking<sup>53</sup> and longer-term funding. Among the general principles, principle nine deals with recovery and future development (known by many names: the 'gap issue', 'continuum', 'transition', 'linking relief, rehabilitation, development').

Principle ten deals amongst other things with the central role of the United Nations in providing leadership and coordination of international humanitarian action, and stipulates the special role of the ICRC, the United Nations, the International Red Cross and Red Crescent Movement and NGOs in implementing humanitarian action. Principle fourteen is on formulating Common Humanitarian Action Plans, whereas principle sixteen advocates following the IASC guidelines and principles for humanitarian assistance. Principle nineteen, in the sub-section on standards and implementation, is a glancing reference to the difficult issue of civil-military cooperation (CIMIC). The last section, 'Learning and accountability', contains three principles, each of them quite vague. This is probably inevitable, but since the initiative is subject to review and improvement, matters may well change.

During the past two years, the Netherlands, which has been one of the initiators of the initiative and other donors have worked on the further operationalisation of the GHDi: for instance, on the aspect of flexibility and timeliness of funding, coordination, harmonisation of reporting requirements, etc. (see also section 2.4.2 and chapter 3 and 5).

### 2.3.8 Internally Displaced Persons

Internally Displaced Persons (IDPs) are people who have been forced to move within their own country, either directly because of violence or indirectly to avoid violence. Such movement usually means loss of livelihood but unlike refugees, whose movement across national borders requires an international response, IDPs have no such entitlement.

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53 As will be discussed below, Dutch policy is certainly in advance of most other parties to the initiative and has, for example, influenced Ireland's gradual decision to follow the same path.

It is estimated that there are currently approximately 25 million IDPs in almost 50 countries. The issue of internal displacement was somewhat neglected until the early 1990s. Since then there has been considerable activity in the international aid community to redress this.

*International responses to covering the needs of Internal Displaced Persons*

The relative neglect of IDPs first stimulated action in the early 1990s that led to two interventions. One was the clarification of their legal position in terms of existing human rights and humanitarian law in the UN Guiding Principles on Internal Displacement - the Deng Principles (Office of the High Commission for Human Rights, 1998).

During the last decade the UN system has promoted a coordinated, collaborative approach as the preferred model for meeting the protection and assistance needs of IDPs. But there has been resistance from various quarters, including some UN agencies and donor organisations. On more than one occasion - and particularly during 2000 - the model of a dedicated or lead agency (most probably based in or around UNHCR) has been championed. It was finally rejected in favour of the Collaborative Approach.

In 2002, an Internal Displacement Unit was created within OCHA to encourage and support the Collaborative Approach. The IASC has developed increasingly specific guidance on the Collaborative Approach for UN Resident Coordinators/ Humanitarian Coordinators and UN Country Teams. The most comprehensive and specific guidance, the so-called 'Policy Package' was issued in September 2004. Only three months earlier, following an evaluation of the Internal Displacement Unit that was critical of its lack of impact on a UN system that was 'not ready for change', the Unit was upgraded to the status of Inter-Agency Internal Displacement Division. This represents a critical new opportunity to 'make the Collaborative Approach work'. In the meantime it is not yet clear how the recently proposed 'cluster lead' system, whereby UNHCR would be responsible for camp coordination, protection and the provision of shelter for 'conflict-generated IDPs' will work out in practice.

The report 'Support to Internally Displaced Persons' (Borton et al, 2005) providing an overview of recent IDP evaluations, including that of Dutch assistance for Somalia (see chapter 6), concluded that 'the relevance of IDP assistance programmes was frequently assessed negatively as a result of lack of access, inadequate funding, difficulties in the identification of IDPs and their needs, and

assistance not being sufficiently needs driven' (ibid. p. 8). That report also points out the 'immense practical difficulties of accurately identifying IDPs from other non-displaced populations, particularly in urban areas, and thus a mistrust of statistics on IDP numbers' (ibid. p. 11).

### 2.3.9 HIV/AIDS

In 2003, three million people died of HIV/AIDS<sup>54</sup> and by the end of 2005 it was estimated that more than 25 million people had died of HIV/AIDS.<sup>55</sup> The pandemic is turning into a large-scale chronic disaster. It has also become evident that HIV/AIDS and humanitarian crises are interlinked as a result of the increased vulnerability of people affected by gender-based and sexual violence, the collapse of health services and the overall collapse of social and economic structures.<sup>56</sup>

The HIV/AIDS pandemic has become an important factor in the development of emergencies. In a number of sub-Saharan countries, the capacity to produce food and maintain rural coping mechanisms has been seriously affected by the effects of the pandemic on the farming population. Droughts, which previously did not have severe and lasting effects in southern Africa, are resulting in permanent famine conditions.<sup>57</sup>

In sub-Saharan Africa the HIV/AIDS pandemic has reinforced the difficulty of emerging from man-made and natural disasters, especially drought and flood, because of the loss of labour to the agricultural sector. The rehabilitation of agriculture marks the end of emergency aid and a return to development. Where lack of labour retards that transition, the advancing HIV/AIDS epidemic has produced 'new variant famine'. Lack of production means poverty - and where there is poverty there is a lack of access to adequate information and care, shelter and treatment. HIV/AIDS is not just a health problem: clinics, schools and government lose staff; stigmatisation leads to social exclusion and increasing general vulnerability.

In 2003, the UN Special Envoy for southern Africa argued that the interaction between HIV/AIDS, food security and famine in southern Africa was challenging the paradigm of humanitarian assistance. Mortality caused by HIV/AIDS is in itself a humanitarian crisis. It also adversely affects the food security of households and

54 Joint UN Programme on HIV/AIDS (2004). *Report on the Global AIDS Epidemic*.

55 [www.unaids.org](http://www.unaids.org).

56 Smith, A. (2002). *HIV/AIDS and humanitarian action*. Humanitarian Policy Group Report 16.

57 de Waal, A. (2003). *New Variant Famine: AIDS and Food Crisis in Southern Africa*. *The Lancet* 362: 1234-37; Harvey, P. (2004). *HIV/AIDS and Humanitarian Action*. HPG report 16, London: Overseas Development Institute.

may create new types of vulnerability and exacerbate existing ones. Emergencies may themselves increase people's susceptibility to HIV/AIDS.

#### *International response to HIV/AIDS*

During 2002 and 2003, the issue of HIV/AIDS leapt to the top of the humanitarian policy agenda. This leap was prompted by the southern Africa crisis, the publication of the IASC guidelines on HIV/AIDS and emergencies,<sup>58</sup> and by the revision of the Sphere Handbook, which saw HIV/AIDS as a cross-cutting issue.

The argument that HIV/AIDS was a central component to the southern Africa crisis came about gradually. It was initially defined as a food crisis caused by a combination of bad weather, bad governance and underlying poverty, but AIDS later moved to the forefront and was increasingly cited as a major element in the crisis.

There has, however, been a backlash against both the 'new variant famine' hypothesis and the increased focus on HIV/AIDS and the extent to which it has been a contributory factor to the crisis. It has been argued that the importance of HIV/AIDS has been over-emphasised and that other factors of equal or greater importance risk being neglected. Some donors and NGOs have been concerned about the way that in some countries HIV/AIDS is being used to justify a need for continued humanitarian aid (LRRD), and there has been scepticism about the underlying empirical evidence of the links between HIV/AIDS and food insecurity. Disentangling the relative importance of HIV/AIDS compared to bad governance or bad weather is difficult, and will remain so.

HIV/AIDS raises a series of humanitarian and other challenges for future development. Its impact on livelihoods reinforces the need for some form of social protection or welfare safety net for the poorest. By increasing underlying vulnerability, HIV/AIDS may also mean that crises are triggered more easily, and this reinforces the need for development actors to invest more in disaster preparedness and mitigation.

<sup>58</sup> Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings (2003). *Guidelines for HIV/AIDS Interventions in Emergency Settings*.

## 2.4 Netherlands humanitarian assistance policy

### 2.4.1 Origins

The basis for the current humanitarian assistance policy is laid down in a number of key documents published from the early 1990s onwards. In 1990, the policy document, *A World of Difference* provided a new framework for Dutch development cooperation, and humanitarian assistance.<sup>59</sup> It describes the overall objective for Dutch humanitarian assistance as ‘the relief of human suffering and the restoration of human dignity and of people’s ability to achieve and maintain a certain quality of life’. Humanitarian assistance was to provide aid to people in need, through acute emergency aid - usually food and medicine - and should aim to return people quickly to normal life. The guiding principles for the provision of humanitarian assistance were humanity, neutrality and impartiality.

The changing international context called for an updated policy document on development cooperation, which was presented to Parliament in September 1993. This document, entitled *A World of Dispute*, stated that there had been a sharp increase in the need for humanitarian assistance.<sup>60</sup> The fact that the post Cold War crises had become more complex meant that emergency operations were part of the growing involvement of the international community in specific conflicts. Humanitarian assistance had become part of a ‘continuum’ stretching from early warning as part of preventive diplomacy, to peacemaking, peacekeeping and rehabilitation and reconstruction as elements of peace-building. These developments challenged the neutrality and impartiality of humanitarian assistance and humanitarian aid workers were increasingly being exposed to great physical danger, resulting in a need for military protection of the aid effort. Complex humanitarian emergencies required the integrated deployment of the instruments of foreign policy, defence policy and development policy.

In November 1993, the first steps towards such integrated deployment were presented in the policy document *Humanitarian aid between conflict and development*. This document was presented to Parliament by the Minister for Development Cooperation and the Minister of Foreign Affairs, who did so also on behalf of the Minister of Defence. The document did not modify the primary objectives of humanitarian assistance as provided in *A World of Difference*, but examined the new

59 Netherlands Ministry of Foreign Affairs (1991). *A World of Difference, a new framework for development cooperation*. The Hague.

60 Netherlands Ministry of Foreign Affairs (1993). *A World of Dispute: A Survey of the Frontiers of Development Co-operation*. The Hague.

approaches (strategies) that were necessary for their achievement, particularly in an era of severe conflicts. The aim was to increase the effectiveness of humanitarian assistance in emergencies and in the often long-drawn-out aftermath, and to prevent such situations arising, or to reduce their effects. Humanitarian assistance in this document covered acute emergency aid, prevention and rehabilitation and the care for refugees and IDPs, including supporting their eventual return and reintegration.

The document stated that an integrated approach towards humanitarian assistance was needed, as well as coherence between the policies of the different ministries involved in humanitarian aid. Therefore, an inter-ministerial working group on humanitarian aid, comprising representatives of, *inter alia*, the Ministries of Foreign Affairs, Defence, the Interior, and Agriculture, Nature Management and Fisheries, to be chaired by the Director-General for International Cooperation, was to be set up to coordinate the various components of an integrated humanitarian aid policy and its implementation.

The document also stated that the Dutch government shared the general concern that the international aid system was unable to cope with the increasing need for acute emergency aid and that the system needed to be strengthened. Consequently, the document strongly emphasised the need to improve the coordination of the system. It stated that a body was needed to facilitate and support the provision of humanitarian aid by the implementing agencies themselves. The fact that the Netherlands strongly supported the UN Department of Humanitarian Affairs to fulfil this role underlined the importance placed on the UN system in humanitarian operations, both in coordination and implementation.

Strengthening the humanitarian aid system also called for an increase in international humanitarian aid capacity available in the event of acute emergencies and during their aftermath. Therefore, the Dutch government intended to strengthen its own operational capacity, as well as that of the Dutch NGOs involved in humanitarian assistance.

The promotion of peaceful ways of preventing, managing and resolving conflict was presented as another strategy designed to achieve the objectives of humanitarian assistance. The ultimate aim was to help build an international order in which conflicts were settled by political rather than by military means. The document stated that the Netherlands must be willing and ready to contribute in an international context to a wide variety of peacekeeping and peace-enforcement

operations, including those needed for the supply of humanitarian assistance. As the increasing overlap between the implementation of political, military and humanitarian mandates could jeopardise the neutrality of humanitarian aid, it was stated that a clear dividing line should be drawn between humanitarian aid and politico-military actions. However, as it was foreseen that total separation would not always be possible, it was deemed necessary, in some circumstances, to deploy military units to protect humanitarian relief operations. The deployment of military resources for humanitarian purposes was to be coordinated by the Ministers of Foreign Affairs and Defence, as well as the Minister for Development Cooperation.

Finally, it was stated that the rising need for humanitarian assistance and the changing nature of disasters called for an overall intensification of Dutch humanitarian assistance. Such intensification would have implications not only for funding, but also for regular development programmes and the selection of countries in which aid instruments were to be deployed. Assistance was in principle available to all countries where people were suffering acute physical deprivation as the result of disaster, but in practice the countries concerned were usually developing countries or countries in Central and Eastern Europe. The Netherlands would continue to increase the funds made available for humanitarian assistance in acute emergencies and in their aftermath, when refugees and IDPs would be supported. It was stated however, that for acute emergency aid operations to be effective, the amount of funding available was not the only factor of importance. A certain degree of flexibility was deemed to be needed in the management of funding. The Netherlands therefore aimed to impose as few conditions as possible on aid agencies regarding the spending and management of the funding provided for acute emergency aid. The Dutch government intended to conclude framework agreements with the aid agencies regularly involved in the provision of Dutch acute emergency aid.

#### 2.4.2 Policy objectives

The overall objective of Dutch humanitarian assistance has not changed fundamentally over the last fifteen years. The *Grant Policy Frameworks for Humanitarian Aid, 2004 and 2005* state that the main aim of Dutch humanitarian assistance is ‘to help alleviate the life-threatening needs of the most vulnerable, particularly women and children, resulting from chronic or other crisis situations and/or natural disasters.’ When compared to the objective provided in *A World of Difference*, it can be seen that the prime objective of assistance has consistently been to relieve human suffering.



The objective has become more explicit in terms of whose needs should be satisfied: the most vulnerable, particularly women and children. Women and children were highlighted in response to their high rates of morbidity and mortality, both in natural disasters and in complex emergencies. In practice however, other vulnerable groups such as the chronically ill, war-wounded and aged men are also aided. Refugees and IDPs are also consistently considered as objects of concern for humanitarian action.

### *General principles*

The provision of Dutch humanitarian assistance is guided by general humanitarian principles based on the Fundamental Principles of the International Red Cross and Red Crescent Movement, and on international humanitarian law as expressed in the Geneva Conventions.

A comprehensive list of the general principles for Dutch humanitarian assistance is provided in the *Grant Policy Frameworks for Humanitarian Assistance, 2004 and 2005*:

- the humanitarian response to crises is exclusively motivated by a desire to alleviate the suffering of the most vulnerable in the affected area (the humanitarian imperative);
- humanitarian aid should always be adapted and tailored to local circumstances and customs, in order to build existing capacity and self-sufficiency and prevent donor dependency;
- humanitarian aid should be impartial: it should not be used to promote political or other external agendas, and should be provided without discrimination on the grounds of race, religion, political conviction, gender, etc;
- humanitarian aid should be free of political influence (from the Netherlands or the country concerned);
- in a conflict, the sovereignty of the country concerned should be subordinate to the need for providing unhampered and impartial humanitarian aid, which relies on free access to the affected population;
- humanitarian aid should be demand driven, not supply driven.

Even though they have been elaborated, the contemporary principles are consistent with those set out in the policy documents of the early 1990s: humanity, neutrality and impartiality. In fact, the overall objective of Dutch humanitarian assistance is effectively the guiding principle of humanity (or the humanitarian imperative).

The Netherlands has been one of the initiators and supporters of the principles of Good Humanitarian Donorship. The greatest challenge facing the GHDi and, indirectly, the Netherlands' support for it, lies in persuading all the other endorsing states and organisations to adopt it fully.<sup>61</sup> A summary of the Dutch position on the initiative, together with a timetable for its incorporation into policy-making may be found in the Netherlands National Implementation Plan posted on ReliefWeb. It follows the division of the principles into the four categories listed in section 2.3.7. Under section 1, the Netherlands proposes to review and revise its NGO Grant Policy Framework and to issue an 'overarching' statement on Dutch humanitarian policy in the course of 2006. In section 2, it undertakes to consider extending the funding period of its annual voluntary, unearmarked contributions to UN organisations, to review channel financing agreements, to assess the eligibility for funds of other UN agencies and to publish a new Humanitarian Aid Policy Statement, which will include policy for transition. A number of other adjustments are also mentioned; all of these points are to be met in or by the end of 2006. In the remaining two sections the Implementation Plan meets virtually all of the requirements listed in the principles and, in the case of section 4, it provides some practical muscle. Part of the latter is the production of this report; the plan also includes support, both political and financial, for a regular peer review of humanitarian aid by the OECD/DAC. Its final promise is to ensure that humanitarian officers in Netherlands embassies will be introduced to Good Humanitarian Donorship in their training.

#### *Delimitation of humanitarian assistance*

The prime objective of humanitarian assistance throughout the last fifteen years has remained consistently based around the humanitarian imperative; this has entailed the provision of relief during times of pressing need, and the first steps towards rehabilitation. In 1999, the Advisory Council on International Affairs published a report on the delimitation of humanitarian aid, triggering political and public debate on this issue.<sup>62</sup> The Council recommended that relief should be more strictly separated from rehabilitation, and that humanitarian aid should be restricted to a basic package of emergency assistance (the 'minimalist' view). According to the Advisory Council, only 30 per cent of the budget for humanitarian aid at that time was spent on this basic package. The report also recommended that humanitarian agencies should refrain from advocacy around human

61 Likewise it is also important to persuade other parts of the national governments of donor countries, for instance ministries of defence and finance.

62 Adviesraad Internationale Vraagstukken (1999). *Humanitaire Hulp: naar een nieuwe begrenzing*. AIV advies no. 6, 1999.

rights, and maintain strict neutrality on the ground. This minimalist position met with considerable resistance and was subsequently rejected by the Dutch government.<sup>63</sup> It was argued that it is not possible strictly to delineate the phases of aid provision; aid should be flexible and relate specifically to the situation. It was furthermore argued that it is not possible to achieve absolute neutrality, because aid always has a political impact. This broader conception of humanitarian assistance is held as much by Dutch civil society as by the government.

Currently, Dutch humanitarian assistance is provided as part of a broader policy *vis-à-vis* man-made complex emergencies. This approach involves the provision of immediate relief in emergencies and support for the initial steps towards rehabilitation, which are to be funded from the humanitarian aid budget. It also incorporates other supporting actions, which are not part of humanitarian aid *per se*: for instance prevention, preparedness and mitigation, reconstruction, human rights and peace building. These latter activities are to be funded from other budget lines. The provision of support for relief and rehabilitation is thus seen as part of interrelated and parallel actions and activities stretching from early warning as part of preventive diplomacy, to peacemaking, peacekeeping and rehabilitation and reconstruction as elements of peace-building. There is no clear division in time between these actions in the different stages of an emergency. Inevitably there will be an overlap between the different types and phases of assistance. Indeed, for humanitarian assistance to be effective, it needs to be supported by (but is not conditional on) other forms of action (and funding), which, in turn, calls for coherence and coordination in the management of different funds. In order to create possibilities for resuming development assistance, in Dutch policy the first steps towards rehabilitation are seen as part of the exit strategy of humanitarian assistance.

‘Humanitarian aid plus’ has been considered to be a flexible solution to the need to link interventions in the acute phase of emergencies to the return to the path to development. In a speech at the University of Groningen in 2002, the Minister for Development Cooperation underlined the need to merge foreign, development, humanitarian and security policies, saying: ‘The distinction between foreign policy and development co-operation is vanishing. It was never very useful to begin with. Aid, politics and diplomacy form a seamless whole, and we should not try to pick them apart. Humanitarian aid is most efficient when accompanied

<sup>63</sup> Netherlands Government (1999). *Reactie van de Regering op AIV-advies no. 6 Humanitaire Hulp: naar een nieuwe begrenzing*, 10 mei 1999.

by peace building and rehabilitation activities'.<sup>64</sup> The Minister reiterated that the Netherlands and a number of other donors had launched 'humanitarian aid plus' as a first step in this direction. 'Humanitarian aid plus' involves not just assisting refugees, but also making sure that they can return home when the time comes. It means providing them with agricultural inputs in preference to food aid. In refugee camps, it means thinking about AIDS awareness, education and employment. Within the framework of emergency aid programmes, 'humanitarian aid plus' enhances a society's inherent strengths and capacities. Development is impossible without peace and stability, so an investment in stability is an investment in progress. In conclusion, the Minister noted that the government was considering whether to cover part of the cost of peace operations from the aid budget.

The context of operations determines the kinds of humanitarian assistance needed in an emergency, but this context imposes limits on what it is possible to deliver. As the context changes over time, different needs and opportunities emerge. In principle, the funding of Dutch humanitarian assistance is limited to meeting acute needs and the first stages of recovery, at which point other funding takes over (see the chapters on Afghanistan, Sudan and the Great Lakes Region in Africa).

In fact, the provision of humanitarian assistance must be supported through the creation of capacities and infrastructures beyond humanitarian assistance *per se*. Moreover, acute needs continue to exist even in situations where some recovery is possible and even where there are opportunities for more developmental activities. Such opportunities should not be wasted, because to do so delays the aim of return to development. The context is one in which humanitarian need is still severe, progress from emergency is feasible, but developmental modes are not. Under these circumstances the flexibility of 'humanitarian aid plus' as a mode of operation is particularly valuable (see the chapters on Sudan and the Great Lakes Region in Africa).

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<sup>64</sup> Ardenne, A. van (2002). *Humanitarian aid: the challenge is to look over the fence*. Speech delivered by Mr. R. de Vos, Deputy Director-General for Regional and Consular Affairs on behalf of Mrs. Agnes van Ardenne, Minister for Development Cooperation, to students of the Humanitarian Action Master Programme, University of Groningen, 16 September 2002.

### Reconstruction after conflict

Dutch support for reconstruction in post-conflict countries forms no part of this evaluation.<sup>65</sup> However, it is important to note that in the period covered by the evaluation, two policy memoranda were published on reconstruction after conflict. The first was produced by the Ministry of Foreign Affairs in 2002 and mainly addressed the role of development aid in reconstruction processes. The Memorandum on post-conflict reconstruction of September 2005 built on the previous memorandum and incorporated new insights. It was submitted to Parliament by the Ministries of Foreign Affairs, Defence and Economic Affairs and provides a broad scope for addressing security and stability, the restoration of governance and socio-economic development as interlinked processes. It argues that sustainable reconstruction requires an approach which integrates the various policy instruments (political, humanitarian, development cooperation, economic and military). At the level of the countries concerned, an adequate reconstruction strategy should be pursued by the national authorities, donors, the UN and NGOs and should also involve the national and international business communities. The reconstruction strategy may also incorporate military activities related to peace and security. Important actors at the international level to be involved in reconstruction are the UN, the World Bank and the IMF, the EU and regional organisations. In the Netherlands, the integrated approach to reconstruction implies close cooperation and coordination between the most closely involved ministries: Foreign Affairs, Defence, and Economic Affairs. Also, the private sector and civil society are considered to have a part to play in the integrated policy.

The document envisages to support a number of countries in specific aspects of the reconstruction process for a limited period of time, as well as a small group of countries in multiple aspects of the process for a longer period. The former include three priority regions (the Great Lakes in Africa, the Horn of Africa and the Western Balkans) and one country: Afghanistan. The countries in the small group, for which specific strategies will be developed, include Rwanda, Bosnia-Herzegovina and Afghanistan. It is expected that Sudan may be eligible in the future.<sup>66</sup>

<sup>65</sup> It should be noted that Chapter 4 'Afghanistan', which is based on the report of the joint donor evaluation of the humanitarian and reconstruction assistance to Afghanistan provided by Denmark, Ireland, the Netherlands, Sweden and the UK, provides an insight in Dutch support for reconstruction in this country.

<sup>66</sup> For details see Memorandum on post-conflict reconstruction, Ministries of Foreign Affairs, Defence and Economic Affairs, published by the Ministry of Foreign Affairs, The Hague, September 2005. See also the chapters on Sudan, the Great Lakes Region in Africa and Afghanistan.

It should be noted that Dutch humanitarian aid has been provided to all countries and regions mentioned.<sup>67</sup> Likewise, reconstruction support has been provided as well, from two budgets created during the period covered by the evaluation: the Stability Fund<sup>68</sup> and the Fund for Theme-based Co-financing (TMF). The Stability Fund is intended to provide rapid and flexible support for activities at the juncture of peace, security and development, whereas the TMF aims to fund civil society organisations.

Although it is recognised that there are no straightforward and unambiguous cut-off points between the relief, rehabilitation, reconstruction and development phases, the policy for reconstruction and the newly established budgets aim to help close the gap between relief and reconstruction after conflict in selected countries. Finally, given that the Netherlands has limited financial resources, it is stipulated that countries provided with humanitarian aid will not automatically be eligible for financial support for reconstruction activities.

## 2.5 Humanitarian assistance strategies

### 2.5.1 Overall strategy

In response to increasing demands on the humanitarian system during the early 1990s, and the change in the nature of these demands, the Netherlands reviewed its strategies for responding. The policy document *Humanitarian aid between conflict and development* (1993) presented such strategies, emphasising the need for an integrated approach towards humanitarian assistance, as well as the need to strengthen the humanitarian aid system and to promote peaceful ways of preventing, managing and resolving conflicts. The document stressed the importance of international coordination processes and the leading role of the UN agencies herein.

These strategies have remained at the core of the Dutch humanitarian assistance. Recent policy documents,<sup>69</sup> including the various explanatory notes to the annual budget of the Ministry of Foreign Affairs, reiterate that the overall strategy of Dutch humanitarian assistance aims to strengthen and develop a common, coordinated approach among all donors, UN agencies, the Red Cross Movement and

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67 The links and coherence between humanitarian aid and reconstruction aid, however, have not been discussed in a prominent way in the policy memorandum.

68 Created in January 2004, the Dutch Stability Fund brought together a number of smaller funds.

69 The 2002 *General Policy Framework for Humanitarian Assistance*, and the 2004 and 2005 *Grant Policy Frameworks for Humanitarian Aid*.

NGOs involved. It is felt that close international coordination improves the alignment of the different forms and phases of assistance.

### 2.5.2 Funding through multiple channels

The Netherlands funds humanitarian assistance through three complementary channels: the UN, the Red Cross Movement and NGOs. For reasons of impartiality and to avoid substitution effects of aid, the Netherlands does not channel aid through national governments, except sometimes in cases of natural disaster. National NGOs are rarely funded directly. However, in the case of international NGOs, preference is given to those channelling their aid through strong local partners.

The channels are selected strategically, according to the appropriateness of the agency for the particular activity, though with a presumption that the multilateral route will be favoured. Different channels may be used to implement similar activities in the same disaster. The Netherlands has continually sought to improve quality by supporting capacity building in agencies and organisations, and maintains a systematic policy dialogue with each channel. It has consistently urged agencies to coordinate with each other (see chapter 3).

### 2.5.3 Roles of different agencies in implementing the strategy

#### *United Nations*

The Netherlands has continued to identify the UN as the central actor and coordinator of humanitarian assistance. This is because Dutch strategy depends on effective coordination in difficult operating environments, demanding timely, well-designed and agile responses from a range of specialised agencies. Only the UN has the capacity for global reach. Links with other components within the UN system, for example those associated with human rights, protection and development, facilitate overall coordination in crisis situations and allow an integrated response.

OCHA, the IASC, CHAP and CAP are principal instruments in the Dutch humanitarian strategy, and are relied on to coordinate the Dutch response to chronic crises. In the case of acute crises, the Dutch response is guided by UN Emergency Appeals, as well as by the Flash Appeals issued by ICRC and IFRC.

### *European Commission Humanitarian Office (ECHO)*

The Netherlands has supported ECHO and the activities assigned to it. The Netherlands participates in the Humanitarian Assistance Committee, chaired by ECHO and recognises ECHO as an important donor, providing a valuable source of information for European multilateral and bilateral humanitarian assistance. Through its participation in the Humanitarian Assistance Committee, the Netherlands has critically followed the ways in which ECHO's mandate and operations have developed over time. Above all, it considers ECHO's task as complementary to the activities of the UN system, particularly OCHA or the designated UN lead agency. ECHO itself works in a project rather than programme mode.

### *International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC)*

The Red Cross Movement, with its unique mandate based on neutrality, plays an important role in international humanitarian assistance and is considered an important channel for the implementation of Dutch assistance. The ICRC, through its mandate and great experience, has a special role in conditions of conflict. In some situations the organisation is able to work where for political reasons the UN cannot; it has also been able to negotiate with warring parties to obtain access to needy populations in ways that other agencies could not.<sup>70</sup>

The IFRC often engages in parallel activities with ICRC, less in conflict situations but more in natural disasters. The organisation has considerable experience of working in natural disasters. The particular comparative advantage of the IFRC, apart from its working relationship with ICRC, is its links with national Red Cross and Red Crescent societies. The latter usually have a long-term presence in the country, and large numbers of volunteers and equipment in place for both acute and chronic emergencies. The societies also have links to communities, governments and *de facto* governments. The Red Crescent is particularly valuable in being able to work in Islamic countries. By having a permanent presence through the Red Cross and Red Crescent Societies, the IFRC is well-positioned to link relief, rehabilitation and development. The Netherlands usually funds the Red Cross and Red Crescent societies through the Dutch Red Cross, but in the case of emergencies may also fund the IFRC directly as a conduit for funds to the local societies.

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<sup>70</sup> The Netherlands recognises this role and the quality of ICRC's operations by providing some € 25 million in unearmarked contributions to ICRC per year (see also chapter 3).



The Netherlands supports the special arrangements made for the Red Cross Movement's participation in formal coordination structures. These arrangements take into account the Movement's principles of neutrality and pay attention to the potential dangers of politicisation of humanitarian aid. Within its strict framework of neutrality, the Red Cross Movement works with OCHA and the IASC in the CHAP. In practice, ICRC is able to share information and to cooperate with other agencies.

#### *Non-governmental organisations*

Given that NGOs are often the actual implementers of humanitarian assistance, the Netherlands considers their involvement in coordination structures to be important. Therefore NGOs are strongly encouraged to actively coordinate with the UN and other implementing agencies. Participation in the CHAP has been made a precondition by the Netherlands when funding NGOs. NGOs are thought to have a comparative advantage in their ability to create effective links with local populations, particularly if they have local partner organisations. This allows access to a strong base of knowledge and the establishment of working relations with local communities and governments. Through their close cooperation with local partners, international NGOs may play an important role in the creation of exit strategies for relief aid and engage in rehabilitation, reconstruction and future development activities. The support given by the Netherlands to NGOs depends on their track record in the area concerned, their expertise, capacity, and management competence, and the quality of previous reporting.<sup>71</sup> Dutch NGOs, as such, are not prioritised.

#### **2.5.4 Simplification of funding procedures**

In order to enhance the effectiveness of its humanitarian assistance, the Dutch government was already in the mid-1990s expressing the need for flexibility in the management of funding. At that time, within existing accountability frameworks, it was intended to minimise the number of conditions imposed on agencies on spending and managing funds. Moreover, it was planned that framework agreements would be concluded with aid agencies that were regularly involved in the provision of Dutch humanitarian assistance.

This strategy has been pursued ever since and in 2003-2004 led to concluding so-called 'Channel Financing Agreements' with four major humanitarian UN

<sup>71</sup> In order to streamline administration, the Checklist Organisational Capacity Assessment (COCA) was introduced in 2000 in order to periodically assess the management capacity of humanitarian NGOs.

agencies (UNHCR, WFP, UNICEF and OCHA) and with ICRC. The purpose of these agreements is to provide these agencies with one large allocation at the beginning of the calendar year, which is only earmarked at appeal level. Agencies have to use a standard reporting format. The organisations are at liberty to disburse the Dutch funds to activities, provided these are covered by the appeals.

The Channel Financing Agreements are intended to improve the predictability and timeliness of Dutch humanitarian funding. In addition, by not earmarking Dutch contributions at activity level it was aimed to improve the flexibility of the humanitarian response. The agencies are allowed to plan and design their response according to their own priorities. They may also redirect their funding without first having to contact the donor; this is conducive to fast response. The agreements conform to the principles of Good Humanitarian Donorship established in 2003. Another purpose of the agreements was to reduce the previous heavy administrative burden on the Humanitarian Aid Division of the Ministry of Foreign Affairs and the agencies that resulted from the funding of individual projects and programmes (see chapter 3, section 3.4 for a more detailed description of these agreements).

A recent additional aim is to rationalise and streamline the funding arrangements for NGO projects being micro-managed by the Humanitarian Aid Division. It is expected that this change will provide the NGOs with more flexibility in project implementation and will reduce the administrative workload for both the NGOs and the Humanitarian Aid Division (see chapter 3, section 3.4).

### **2.5.5 Specific strategies in relation to type of emergency**

The primary strategic distinction in Dutch humanitarian aid is between chronic and acute crises. Secondary distinctions are between the different causes of emergencies and their specific characteristics. In both acute and chronic emergencies the UN system, through OCHA and the IASC, is mainly responsible for the details of the strategy and the coordination of actions outlined in the CHAP and CAP. In both acute and chronic emergencies, inter-agency coordination, coherence and cooperation are essential to the success of the strategy.

During the past fifteen years, the larger part of Dutch humanitarian assistance has been provided in response to protracted complex emergencies. The response has mainly focused on developing countries. At the close of the 1990s, it was aimed to largely concentrate Dutch humanitarian support on a number of coun-

tries and regions facing humanitarian needs resulting from chronic emergencies. The choice of countries was and continues to be based on:

- the nature and stage of the conflict (and previous Dutch involvement);
- the UN strategy and quality of the CAP;
- the scale of Dutch involvement compared with that of other donors;
- the duration of Dutch support in relation to the prospects for self-sufficiency in the country concerned;
- the opportunities for the parallel deployment of political, military and other resources.

In 1999, the first *Crisis Policy Framework* was published, stipulating the policies and short- and long-term strategies underlying Dutch support for nine countries.<sup>72</sup> These *Crisis Policy Frameworks* were updated annually. In 2004, the approach was refined by the introduction of the annual *Grant Policy Framework*. This document contains the overall Dutch humanitarian policy and strategies, as well as specific policies and strategies for the focus countries and regions. The document provides criteria for funding, including the choice of sectors and types of support. The activities commonly funded include relief and the first steps towards rehabilitation ('humanitarian aid plus'). The *Grant Policy Framework* for 2005 lists twelve countries that may be supported in this way.<sup>73</sup> But aid may also be provided in relation to (food) crises occurring elsewhere.<sup>74</sup> The annual *Grant Policy Framework* and its predecessor the *Crisis Policy Framework* were mainly intended to provide guidance for NGOs wishing to apply for Dutch funding (see the chapters on the different case studies).

The concentration strategy does not imply that humanitarian aid cannot be provided elsewhere in the world to finance interventions in large-scale, acute emergencies resulting from natural disasters, epidemics or escalating conflicts. Decisions to provide Dutch support to these crises also taking into account the appeals of OCHA and the Red Cross Movement, depend on the following additional factors:

- whether the affected country has requested international support;
- the relative gravity and scope of the emergency;
- the support base of the local government and local organisations (local capacity and the scope for responding with local resources);

72 Bosnia-Herzegovina (reconstruction), Burundi, DRC, Iraq, Caucasian Republics, Rwanda (reconstruction), Sierra Leone, Sudan and Somalia.

73 Afghanistan, Angola, Great Lakes (Burundi, DRC), Iraq, North Caucasus, Uganda, Sudan, Somalia, West Africa (Côte d'Ivoire, Liberia, Sierra Leone).

74 In 2005 all of these were in sub-Saharan Africa.

- the contribution of other countries and donors.

In acute crises, activities include strict relief as well as rehabilitation in support of refugees and displaced persons, with a special focus on the most vulnerable. To this end, activities are supported in a number of specific sectors, i.e. shelter, food and food security, health care (including reproductive health), water and sanitation, protection, and repatriation and resettlement of refugees and displaced persons.

### 2.5.6 Strategies in response to recent developments in the field of humanitarian assistance

#### *Civil-Military Cooperation (CIMIC)*

In 2002, the Ministries of Foreign Affairs and Defence jointly published a policy paper on CIMIC (Beleidskader Civiel-Militaire Samenwerking), followed in 2004 by a set of guidelines. The latter define the central objective of CIMIC as ‘enhancing the success of peacekeeping operations’. The Dutch CIMIC strategy contains three elements. The first is to create a stable situation (force protection). The second is to enhance the acceptance of the peacekeeping forces among the population (force acceptance through winning the ‘hearts and minds’ of the population) by providing a concrete, but limited contribution to rehabilitation and (re)construction. The third and final element is to signal to the international community that peace operations create conditions for reconstruction. The central approach is ‘as civilian as possible, as military as necessary’.

CIMIC activities mainly involve small-scale reconstruction work carried out by peacekeeping forces; for example, small-scale rehabilitation and reconstruction of schools, water supply, and other infrastructure. But CIMIC is broader than reconstruction projects. In the view of the military, it involves the entire range of civil-military coordination in the context of peace operations. A core task of peacekeeping missions is to create a safe environment in which aid organisations can operate (the creation of humanitarian and developmental space). This requires ongoing coordination and information exchange among the military, humanitarian actors and government institutions in the region at issue. The activities of the military may comprise, for example, escorting transport of emergency relief supplies or providing aid directly in extremely inaccessible situations.

Strictly speaking, the objectives of the use of military assets to provide or support humanitarian aid and CIMIC are different. The deployment of military assets is

meant to support humanitarian effort; CIMIC is meant to enhance the success of the military operation.<sup>75</sup> CIMIC projects are part of the military operation and are considered essential to its success. For each rotation of Dutch contingents involved in peacekeeping operations (usually four months), an initial contribution € 50,000 can be provided by the Ministry of Foreign Affairs from the humanitarian aid budget.<sup>76</sup> One implication of CIMIC projects being part of military strategy may be that funds could be allocated on grounds other than strict needs-based considerations. In order to ensure coherence with humanitarian and foreign policy, projects are proposed by the military commander in consultation with the Netherlands embassy in, or responsible for, the country at issue. They are to be approved by the inter-departmental CIMIC steering group, consisting of staff of the Ministry of Foreign Affairs (the Humanitarian Aid Division and the Security Policy Department), as well as staff of the Ministry of Defence. Chapter 4 provides information on the Provincial Reconstruction Teams in Afghanistan.

#### *Internally Displaced Persons*

There is no formal statement of Dutch policy on IDPs. In 1993, the Netherlands advocated an expansion of UNHCR's mandate to deal with them, though noting that this could be seen as a violation of the sovereignty of nation states confronted with IDPs. Current Dutch strategy for support to IDPs is to adhere to the Deng Principles and Dutch humanitarian aid policy. In addition, the Netherlands has been supportive of the establishment of a separate IDP unit in OCHA and is stressing the necessity - depending on the emergency at issue - for a *de facto* lead agency to cover the needs of IDPs. In practice, Dutch humanitarian policy follows a pragmatic approach in supporting IDPs considered to belong to the population groups made particularly vulnerable by conflicts (see chapter 6).

The *Conflict Policy Frameworks* and the subsequent *Grant Policy Frameworks* have stipulated the ways in which the most vulnerable, including IDPs, may be supported. For IDPs, this includes the provision of funds for their resettlement. Funding may be provided from the humanitarian aid budget as well as from the Stability Fund. Eligible sectors include food, basic health care, shelter for returnees, and water and sanitation. The 'humanitarian aid plus' mode allows the creation of conditions that will facilitate the return of IDPs.

75 CIMIC was applied by the Netherlands during the Balkan crisis, in particular in Bosnia-Herzegovina between 1996 and 2003.

76 If required, the initial contribution of € 50,000, may subsequently be increased.

## HIV/AIDS

In 2005 an internal memorandum was written by the Humanitarian Aid Division in preparation for a future policy on humanitarian assistance and AIDS. It points out the current lack of a facility to provide 'structural relief aid' in famines that are partly caused by AIDS. It also notes that greater attention must be paid to HIV/AIDS in humanitarian action in emergencies caused by violent conflict.

The memorandum proposes the following strategies. The Netherlands will advocate giving attention to HIV/AIDS in the CHAP and the CAP. Agencies lacking policy and expertise on AIDS will be helped to develop them, but, where possible, preference will be given to agencies that already have such policies and capacities. The issue will be raised in annual and periodic policy dialogues with UN agencies and NGOs. Ministry staff will give attention to the HIV/AIDS issues in field missions, and staff will be trained in AIDS-related issues.

With regard to famine situations caused by the HIV/AIDS pandemic, the memorandum indicates the following dilemma. Humanitarian assistance is destined for short-term and contingent events, but emergencies induced by HIV/AIDS are structural and demand long-term support. At the same time, there is pressure to allocate funds from the humanitarian assistance budget to finance HIV/AIDS programmes and the food aid required in AIDS-affected countries and regions. The proposed strategy is to provide short-term humanitarian relief. Since the structural nature of the problem entails support that cannot be covered by temporary relief, the issue will be raised in consultations with WFP, UNICEF, UNFPA and UNAIDS. It may be decided to increase the level of long-term funding to these agencies from sources other than the humanitarian assistance budget. Finally, in AIDS-affected countries that have a structural development cooperation partnership with the Netherlands, bilateral development funding may be used to alleviate food shortages.

### *Improving accountability and quality and the Good Humanitarian Donorship*

As part of the efforts to strengthen the humanitarian aid system, it was aimed to actively promote the improvement of accountability and quality in the system as a whole. The Humanitarian Aid Division has actively supported a number of different initiatives in that respect. ALNAP, HAPI and the Sphere project have been supported financially, meetings of these organisations have been attended and their reports and research materials used by the staff of the Humanitarian Aid Division. In addition, support has been provided to the Humanitarian Policy Group of the

Overseas Development Institute (London), which conducts applied policy research in the field of humanitarian assistance.

The Netherlands has been one of the initiators and supporters of the Good Humanitarian Donorship initiative. The Humanitarian Aid Division and the Netherlands Permanent Representation in Geneva were involved in the initiative and have been actively pursuing follow-up activities mentioned in the implementation plan adopted at the Stockholm conference.

## 2.6 Organisation of Dutch humanitarian assistance

This section provides a brief overview of the organisation of the responsibilities for handling humanitarian assistance in the Ministry of Foreign Affairs. Details regarding aid management are provided in chapter 3. Within the Ministry of Foreign Affairs, the Humanitarian Aid Division is responsible for the policy-related, coordinating and implementing aspects of humanitarian aid. The Division is responsible for administering Dutch humanitarian funding. This responsibility is shared with the United Nations and International Financial Institutions Department (DVF), which handles the part of the humanitarian budget used to cover voluntary contributions to the core budgets of the UN Refugee programmes (UNHCR and UNRWA) and the World Food Programme (WFP).

The Humanitarian Aid Division is part of the Human Rights and Peacebuilding Department (DMV). This department was formed in 2000, when the former Human Rights, Good Governance and Democratisation Department was merged with the Conflict Management and Humanitarian Aid Department as part of the so-called 'Efficiency Operation', which aimed to structurally reduce the operational costs of the Ministry. The purpose of this merger was also to achieve stronger integration of the respective policies for human rights, good governance, peacebuilding and humanitarian assistance. Besides the Humanitarian Aid Division, two other divisions were created: the Human Rights Division (DMV/MR) and the Peacebuilding and Good Governance Division (DMV/VG). In 2005, a fourth division was created: the Security Sector Reform Division. The divisions share two support units: the Control Unit (DMV/CU), which is responsible for the support of financial management, and the Unit for Policy and Project support (DMV/BP), which is responsible for various administrative tasks.

The working methods of the Humanitarian Aid Division have incrementally changed during the time covered by the evaluation. The focus has changed from a spending department to that of a policy unit with a major funding function. The

Division is involved in dialogue with and coordinates its activities with the regional departments of the Ministry and the United Nations and International Financial Institutions Department. Coordination with the Security Policy Department (DVB) is also important, especially about issues of military support to humanitarian operations and civil-military cooperation. In some cases (e.g. the Balkan, Afghanistan, Sudan) taskforces consisting of staff members from different divisions have been formed, with a view to strengthening internal coordination and decision-making.

Coordination also takes place with Netherlands embassies in countries receiving humanitarian aid. The embassies have an advisory role with regard to the annual distribution of aid over the different countries and specific allocations to agencies, and are responsible for monitoring the implementation of the support provided. The Permanent Representations of the Netherlands with the United Nations (New York, Geneva and Rome) and the European Union (Brussels) play an important role in the coordination of policies: the former do so with the various UN agencies and ICRC, while the latter does so with the European Commission's Humanitarian Office.

Policy dialogue and coordination in the Netherlands have grown in importance. Much of the dialogue and coordination takes place between the Ministry of Foreign Affairs and the Ministries of Defence and of the Interior and Kingdom Relations. The Ministry of Foreign Affairs coordinates issues of military support to humanitarian operations and civil-military cooperation. The crises in Afghanistan and Iraq have resulted in a closer working relationship between the Ministry of Foreign Affairs and the Ministry of Defence on the need for coordination between civil and military partners. As mentioned above, this has led to the establishment of the CIMIC policy framework. The Ministry of Interior and Kingdom Relations coordinates civil protection activities in relation to immediate disasters in the Kingdom of the Netherlands.<sup>77</sup>

Since 1994, the Ministry of Foreign Affairs's coordination and policy dialogue with Dutch humanitarian NGOs has been intensified and takes place through periodic consultations between the Humanitarian Aid Division and the NGO community.

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<sup>77</sup> The Ministry of the Interior and Kingdom Relations wishes to be involved in coordinating civil defence activities in relation with disasters abroad. This issue is debated with the Ministry of Foreign Affairs, which is coordinating such activities.



## 2.7 Analysis

This chapter has given an account of the changing context of humanitarian assistance and of Dutch policy and strategies for humanitarian assistance. The conclusion drawn is that the current policy and strategies, in principle, are relevant and coherent; though this needs to be verified in their implementation. Strategies have been elaborated within a policy framework that has remained consistent over time. This overall observation is based on the following five arguments.

First, at the international level during the post Cold War era, the separation between humanitarian policy and foreign policy has been eroded in response to complex protracted emergencies. Nevertheless the objective of responding according to needs, and the adherence to humanitarian principles have remained central to Dutch humanitarian policy.

Second, in reaction to complex protracted emergencies, humanitarian response is also necessarily complex. Humanitarian assistance is carried out most effectively in conjunction with other responses such as peace-making, the (re)construction of governance systems and the recreation of functioning economies - involving diplomatic, political and possibly military intervention. In principle, the latter interventions and humanitarian action can be particularly effective if they are implemented in a multilateral framework, thereby avoiding the special interests inherent in bilateral action. Such multilateral intervention reinforces the key humanitarian principle of universality.

The Netherlands has sought to establish humanitarian aid within the framework of coherent action to be implemented in a multilateral context. At the same time, the Netherlands has striven for complementarity by matching its continuing support for the UN Department for Humanitarian Assistance and subsequently the UN Office for the Coordination of Humanitarian Affairs (OCHA) with support for the Red Cross and Red Crescent Movement and NGOs. Dutch policy has been to underline the complementarity of the European Commission Humanitarian Office (ECHO) to that of OCHA. Finally, complementarity has been pursued by using multiple channels to fund humanitarian activities.

Third, Dutch policy regarding countries entangled in complex emergencies is characterised by three complementary strands of action: provision of humanitarian aid for immediate relief and early rehabilitation, promotion of peace and security, and fostering reconstruction. Humanitarian aid has a central role and in the different policy documents its principles have not been contravened, for exam-

ple by inappropriate linkage to military activity. The Netherlands does not apply a narrow 'relief-oriented' conception of humanitarian assistance, but follows an opportunity-seeking mode, reflected in the 'humanitarian aid plus' approach.

Fourth, coherence between humanitarian aid and other related actions is achievable only through the development of a culture of coordination. The critical elements of such a culture include 1) identifying and supporting institutions with the functions of active leadership and sufficient management capacity; 2) creating structures defining the responsibilities of implementing partners; 3) instituting standards for planning and performance; 4) making implementing partners accountable for their performance. The Netherlands has instituted or actively supported these elements at different levels in the humanitarian system.

Finally, the promotion of a culture of coordination requires that donors themselves demonstrate good humanitarian practice. During the past decade, the Netherlands has attempted to build leadership through its consistent support for the United Nations and through actively engaging in critical debates on the responsibilities of partners, for example in global forums relating to standards and accountability. Most importantly, through being a leading member of the Good Humanitarian Donorship initiative, it has sought to establish, develop and implement good donor practices.

## 3 Financial and organisational aspects of Dutch humanitarian aid

### 3.1 Introduction

The previous chapter discussed the major elements and developments of Dutch humanitarian aid policy. This chapter provides information on financial and administrative aspects of aid implementation and discusses developments in the humanitarian assistance budget and expenditure as well as the distribution of Dutch humanitarian support over the different channels, sectors and geographical areas. Finally, aspects of the implementation are highlighted, such as the engagement of the Humanitarian Aid Division of the Ministry of Foreign Affairs in policy dialogue and coordination with other parties and the ways in which project cycle management is organised.

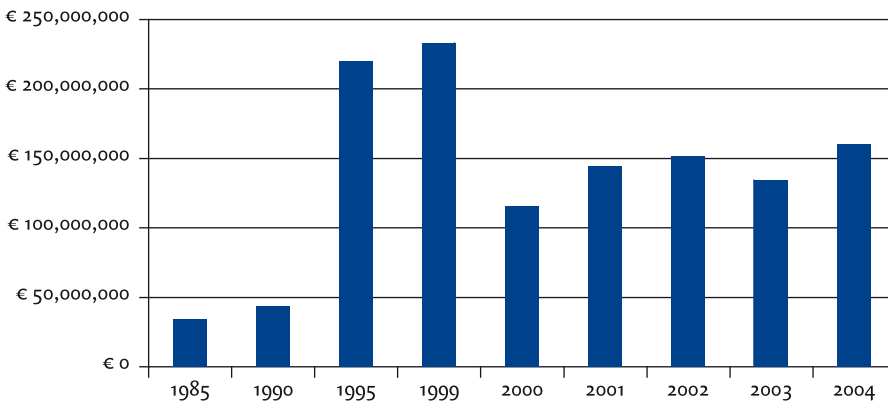
### 3.2 Humanitarian assistance: budget and expenditure

The growing number of chronic intrastate conflicts and natural disasters in the latter part of the last century and the first few years of the new millennium has resulted in an increase of humanitarian crises. In line with its humanitarian policy described in chapter 2, the Netherlands has been responding to this situation by steadily increasing expenditure on humanitarian assistance (see Figure 3.1). Expenditure showed a modest growth in the period 1980-1990, but rose sharply during the 1990s mainly in response to the humanitarian effects of the conflict in the Balkan region, as well as the crises in Rwanda, Sudan, Angola, Iraq and Afghanistan. In 1999, Dutch humanitarian assistance to OECD/DAC countries was 500 per cent of that in 1990.

The budget for humanitarian assistance for the period 1985-1999 also included funds for rehabilitation and peace-building activities, as well as assistance in response to human rights violations. In 2000, when the Human Rights and Peacebuilding Department was established (see also section 3.3), funds earmarked to support these activities became administered separately from the funds intended to support humanitarian activities. Since 2000, the humanitarian assistance budget has been solely reserved for financing emergency relief and initial

steps towards rehabilitation. As a result, the recorded expenditure on humanitarian assistance dropped sharply in 2000 and has not regained the € 200,000 mark. The slight drop in 2003 is attributable to a reduction in the overall budget for Official Development Assistance (ODA) and not to a lower budget for humanitarian aid in absolute terms at the beginning of the year (see Table 3.1).

**Figure 3.1** Netherlands expenditure on humanitarian assistance to OECD/DAC countries, 1985-2004<sup>78</sup>



#### Humanitarian assistance budget and expenditure, 2000-2004

According to the Explanatory Memoranda to the Budget of the Ministry of Foreign Affairs, the Netherlands spent just over € 1.2 billion on humanitarian assistance in the period 2000-2004. During this period, the budget for humanitarian assistance comprised six budget articles (see Table 3.1).

Three of them represent voluntary contributions (financing of the core budget<sup>79</sup>) to different humanitarian agencies, i.e. the United Nations Refugee Programmes UNHCR/UNRWA, the World Food Programme and a small contribution to the

<sup>78</sup> Based on information provided in overviews of the humanitarian expenditure submitted annually to Parliament by the Minister for Development Cooperation in the period 1973-2000, and on the Explanatory Memoranda to the Budget of the Ministry of Foreign Affairs 2000-2004. The figures only include emergency assistance to OECD/DAC countries (budget article 3.1 in Table 3.1 on the next page).

<sup>79</sup> Core budgets of agencies normally cover administrative costs, including salaries as well as costs related to programme implementation. Programme implementation may cover a combination of various interventions focused on relief and rehabilitation efforts in relation to man-made and natural disasters.

International Committee of the Red Cross.<sup>80</sup> Articles 3.1 and 3.2 comprise funds reserved to finance humanitarian projects and programmes in OECD/DAC countries and similar projects in non-OECD/DAC countries. The former is the most important budget category.

**Table 3.1** Humanitarian assistance budget, Art. 3 (x€ 1000), 2000-2004

Year	2000	2001	2002	2003	2004	Total
<b>Budget*</b>	228,650	159,449	202,558	213,962	180,968	985,587
<b>Total expenditure**</b>	218,096	250,218	259,402	232,063	249,915	1,209,694
<i>Expenditure per budget article</i>						
3.1 Emergency aid in OECD/DAC countries	115,597	144,176	151,731	134,344	160,349	706,197
3.2 Emergency aid in non-OECD/DAC countries	6,320	4,338	4,435	3,765	4,468	23,326
3.3 De-mining and small arms fund	16,273	16,056	15,638	13,856	0***	61,823
3.4 UN Refugee Programme (UNHCR/UNRWA)	54,776	58,249	60,198	52,698	57,698	283,619
3.5 World Food Programme (WFP)	24,958	27,227	27,227	27,227	27,227	133,866
3.6 International Committee of the Red Cross (ICRC)	172	172	173	173	173	863

\* Based on information on the original humanitarian aid budget provided in the Explanatory Memoranda to the Budget of the Ministry of Foreign Affairs, 2000-2004.

\*\* Based on information on actual expenditure provided in the Annual Report of the Ministry of Foreign Affairs, 2000-2004.

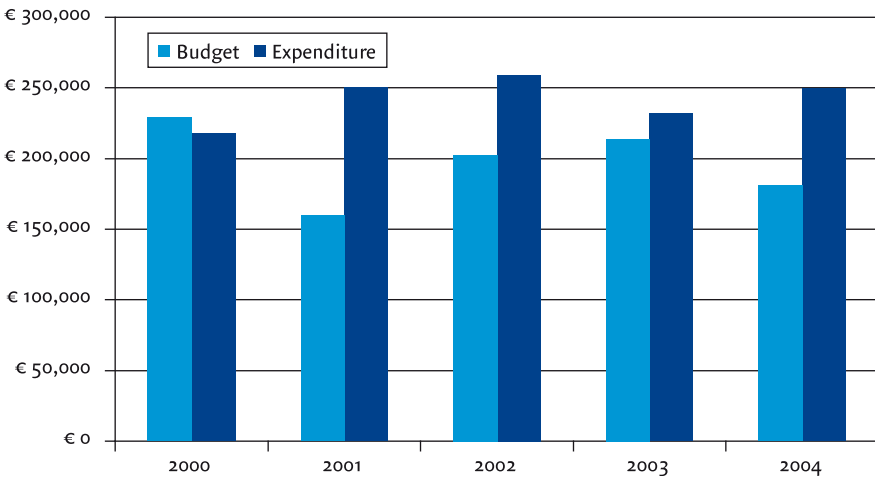
\*\*\* After the Explanatory Memorandum 2004 was published, it was decided that Article V-03.03 De-mining and small arms fund would be transferred to Policy Article 2 Stability fund.

80 This is a small non-ODA contribution which is part of the overall contribution to ICRC. The largest part of this contribution is ODA and is included in budget article 3.1. As of 2005, the contribution to ICRC from article 3.6 has been included in different budget articles.

Although ranging between € 218 million (in 2000) and € 259 million (in 2002), absolute levels of expenditure on humanitarian assistance were relatively stable during the five years from 2000 to 2005. The average annual expenditure of € 242 million constitutes some 6 per cent of Dutch ODA.

With the exception of the year 2000, annual expenditure has exceeded the budget originally reserved for humanitarian assistance<sup>81</sup> (see Figure 3.2). The pattern of expenditure illustrates that it is difficult if not impossible to set *a priori* realistic budgets for humanitarian assistance, as a result of the complex and often very dynamic nature of humanitarian crises and unforeseeable sudden onset natural disasters. It also demonstrates that the Ministry of Foreign Affairs has been able and willing to reallocate funds from its development budget to cover humanitarian needs whenever appropriate. This was the case in 2001 (when substantial funds were allocated to Afghanistan), in 2002, (when funds were spent on the food crisis in southern Africa), and again in 2004, (when additional funds were allocated in the context of the crisis in Darfur).

**Figure 3.2** Humanitarian assistance budget versus expenditure (x€ 1000), 2000-2004



81 Only in 2000 did the expenditure on humanitarian assistance not exceed the original budget shown in Figure 3.2. The reason for this is that during that year the planned expenditure on peace-building activities was transferred from the humanitarian aid budget to the newly created budget for peace-building, good governance and human rights. The change in budgets also explains the lower humanitarian aid budget for 2001.

It goes without saying that the almost continuous exceeding of set budget levels creates challenges in terms of financial planning.<sup>82</sup> If the budget for the next year is set lower than the actual expenditure of the previous year, a problem may occur in financing the humanitarian assistance programme. Budget constraints have, for instance, resulted in funds being diverted from rehabilitation to immediate relief. One instance of this occurred in the 'Humanitarian Plus Assistance' provided to southern Sudan in 2003 (see chapter 7).

#### *Distribution of expenditure, 2000-2004*

For the purpose of the evaluation, an inventory and an analysis were made of humanitarian aid activities on the basis of the substantive and financial information available in the Ministry's Management Information System (MIDAS / Piramide).<sup>83</sup> According to the financial information, a total of € 1,297,661,306 was spent on humanitarian assistance in the period 2000-2004. The support was provided to a wide variety of implementing agencies through 1,206 different financial allocations.<sup>84</sup>

#### *Types of emergency*

Most of the funds are allocated to alleviate the humanitarian effects of man-made crises. The majority of these are protracted in nature and are often compounded by natural disasters. This has always been the case in southern Sudan, where in 1998, for example, a severe drought in the province of Bahr el Ghazal had a serious impact on a population already affected by ongoing insecurity and warfare. As a result, a large amount of the support was provided in response to a combination of man-made and natural disasters. In contrast, only some six per cent of the total humanitarian expenditure was allocated in response to small- and large-scale acute emergencies caused by sudden or slow onset natural disasters and epidemics (see Table 3.2).

82 In 2005 a multi-annual budget was introduced, which may facilitate the planning of expenditure levels for humanitarian action in protracted crises. Moreover, it will contribute to the Netherlands being a 'predictable donor': one of the important elements of the Good Humanitarian Donorship initiative. Nevertheless, unless the predetermined budget is dealt with as a given, the problem of matching the demand for support with the budget available will remain, due to the dynamic and unforeseeable nature of humanitarian needs.

83 The following figures and tables are based on information derived from the Ministry's Management Information System (MIDAS / Piramide). Although the financial information provided in this system differs from that provided in the Explanatory Memoranda to the Budget and the Annual Report of the Ministry of Foreign Affairs, the MIDAS / Piramide data have been used because they allow breakdown by sector, channel and country.

84 Note that the number of allocations exceeds the number of interventions. This is because certain allocations were made to projects or programmes that were extended. For instance, during the evaluation period the Netherlands made 626 allocations to NGOs (excluding ICRC), covering a total of 433 separate interventions.

**Table 3.2** Dutch humanitarian assistance by type of crisis, 2000-2004

Crisis / disaster*	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
Man-made	916	75.9	€ 738,486,952	56.9
Natural	164	13.6	€ 79,689,132	6.1
Combined man-made and natural	126	10.5	€ 479,485,222	37.0
<b>Total</b>	<b>1,206</b>	<b>100</b>	<b>€ 1,297,661,306</b>	<b>100</b>

\* For the purpose of the evaluation, the type of assistance provided to the various categories of disaster was determined by IOB on the basis of the description of the allocation in the Management Information System.

#### *Relief versus rehabilitation*

As discussed in the previous chapter, it is the objective of Dutch humanitarian assistance to provide emergency relief as well as to support activities undertaken as initial steps towards rehabilitation. In the period 2000-2004, 45 per cent of the total humanitarian expenditure was allocated in support of providing immediate relief. A similar percentage was provided to activities that combined relief and rehabilitation, whereas 12 per cent was specifically allocated as initial rehabilitation assistance (see Table 3.3).

**Table 3.3** Dutch humanitarian assistance by category of assistance, 2000-2004

Type of assistance	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
Relief	508	42.1	€ 583,444,401	45.0
Rehabilitation	290	24.1	€ 159,599,350	12.3
Combination of relief and rehabilitation	408	33.8	€ 554,617,555	42.7
<b>Total</b>	<b>1,206</b>	<b>100</b>	<b>€ 1,297,661,306</b>	<b>100</b>

#### *Geographical distribution*

In accordance with Dutch policy, humanitarian aid is provided on the basis of needs. In principle, the Netherlands provides humanitarian assistance throughout the world. As Table 3.4 indicates, about half (54 per cent) of the funds pro-



vided in the evaluation period were earmarked for a specific country or region. Of the 46 per cent that was provided unearmarked, 32 per cent was provided as unearmarked contributions to the core budget of UN agencies and ICRC, while 14 per cent was provided as support to world-wide activities.<sup>85</sup>

**Table 3.4** Geographically earmarked humanitarian assistance, 2000-2004

Earmarked	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
Geographically earmarked support	1,077	89.3	€ 705,257,388	54.4
Geographically unearmarked support	129	10.7	€ 592,403,918	45.6
<b>Total</b>	<b>1,206</b>	<b>100</b>	<b>€ 1,297,661,306</b>	<b>100</b>

In the period 2000-2004, the Netherlands provided humanitarian assistance to a total of 86 recipient countries or regions.<sup>86</sup> Since 1999, when the first Conflict Policy Frameworks were published, the Netherlands has aimed to concentrate its assistance on certain regions and countries, which, as described in chapter 2, are considered the focus areas of Dutch humanitarian assistance. This geographical focus is also reflected in the way in which funding is provided. As a result, in 2000-2004, 73 per cent of the geographically earmarked humanitarian expenditure was provided to the various focus regions and countries mentioned in the Conflict Policy Frameworks (see Table 3.5).

It was furthermore decided to allocate substantial funding in reaction to the various chronic crises in sub-Saharan Africa. This emphasis is in conformity with overall Dutch development cooperation policy, which focuses on sub-Saharan Africa, and is also relevant because of the larger number of protracted and very serious humanitarian crises that occur in this part of the world.

<sup>85</sup> The category 'world-wide activities' comprises activities that are not focused on one specific country or region, but rather aim to contribute to global humanitarian assistance. The category therefore consists of many different types of activities, including contributions to quality initiatives (ALNAP, Sphere, etc.), global appeals for mine action, the training of staff of implementing organisations, UNDAC, conferences and workshops.

<sup>86</sup> A complete list of recipient countries and regions may be found on the CD-ROM accompanying this report.

**Table 3.5** Allocation of geographically earmarked humanitarian assistance to focus regions and countries, 2000-2004

	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
Support to focus regions and countries	762	70.7	€ 515,346,705	73.1
Support to other countries and regions	315	29.3	€ 189,910,683	26.9
<b>Total</b>	<b>1,077</b>	<b>100</b>	<b>€ 705,257,388</b>	<b>100</b>

Twenty-five of the 86 recipient countries or regions of Dutch humanitarian assistance in 2000-2004 are in sub-Saharan Africa. Together they received more than half (54 per cent) of the geographically earmarked humanitarian expenditure in that period. Other important regions receiving support are South Asia (mainly Afghanistan, and Indonesia), Europe (mainly Chechnya, Bosnia and Herzegovina, Yugoslavia - which also includes Kosovo - and Croatia) and the Middle East (mainly Iraq). Figure 3.3 provides insight into the geographical distribution of humanitarian expenditure.

**Figure 3.3** Humanitarian expenditure per region (%), 2000-2004

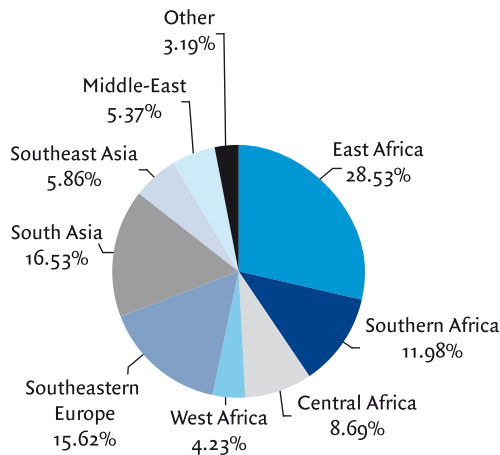


Table 3.6 underlines the effect of the efforts to concentrate the assistance, and provides an overview of the top 15 recipients of Dutch humanitarian assistance in the period 2000-2004. These countries or regions received 86 per cent of the geographically earmarked expenditure; the remaining 14 per cent of expenditure is distributed among 71 recipients. Only four countries from this list, namely Yugoslavia, Ethiopia, Eritrea and Mozambique, do not belong to those countries and regions designated as focus areas for Dutch humanitarian assistance in the Conflict Policy Frameworks. Looking more closely at the distribution of support by sub-region and country, it is clear there is a focus on Africa: nine of the 15 countries and regions mentioned in Table 3.6 are located in sub-Saharan Africa.

#### *Sectoral distribution of the aid provided*

The humanitarian assistance provided by the Netherlands covered a large number of sectors.<sup>87</sup> However, most of the interventions supported cannot be categorised under one single sector. Indeed, almost 50 per cent of the total expenditure was allocated to so-called multi-sector interventions (see Table 3.7). This category covers a mix of allocations and includes voluntary contributions to the core budget of different UN agencies as well as to the core budget of ICRC. For example, ICRC uses this contribution to provide support to a multitude of sectors ranging from nutrition and health care to tracing and uniting families. Most of these particular contributions are unearmarked and cannot be related to specific sectoral interventions. This category also includes contributions to the CAPs and Emergency Appeals. These contributions often relate to multi-purpose projects and programmes which commonly cover a number of sectors. A typical example would be a contribution to an agency for a programme or project which combines the management of a camp for refugees or internally displaced persons with the supply of water and sanitation and the provision of health care and of shelter.

The most important single sector, receiving about 23 per cent of the total expenditure, is food aid.<sup>88</sup> This category also includes unearmarked voluntary contributions to the core budget of the World Food Programme. Other single sectors receiving substantial funding by the Netherlands are mine action, health care and coordination. The support provided to other single sectors is considerably less

87 The information is based on the usually brief descriptions in the Ministry's management information systems MIDAS and Piramide of the objective(s) of the different programmes, projects and non-earmarked contributions. This information has been interpreted by IOB for the purpose of the evaluation.

88 This amount includes a contribution to the core budget of WFP, which is also used for WFP's operational and administrative expenditure, including salaries.

important in relative financial terms. However, the interventions financed cover essential humanitarian needs, like water and sanitation, shelter, psychosocial care, protection, demilitarisation and disarmament, and repatriation.

**Table 3.6** Top 15 recipient countries and regions of geographically earmarked humanitarian assistance, 2000-2004

Recipient	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
Afghanistan	78	7.2	€ 102,656,602	14.6
Sudan	144	13.4	€ 98,638,454	14.0
Yugoslavia	42	3.9	€ 52,482,411	7.4
Angola	82	7.6	€ 46,815,138	6.6
Regional Africa	32	3.0	€ 41,228,641	5.8
Ethiopia	36	3.4	€ 40,863,310	5.8
Eritrea	26	2.4	€ 34,069,147	4.8
Iraq	33	3.1	€ 33,735,888	4.8
DR Congo	55	5.1	€ 30,422,990	4.3
Indonesia	50	4.6	€ 24,241,768	3.4
Burundi	37	3.4	€ 23,418,207	3.3
Somalia	61	5.7	€ 22,476,160	3.2
Russian Federation	64	5.9	€ 20,559,004	2.9
Bosnia & Herzegovina	16	1.5	€ 18,942,644	2.7
Mozambique	25	2.3	€ 13,748,894	1.9
<b>Subtotal</b>	<b>781</b>	<b>72.5</b>	<b>€ 604,299,258</b>	<b>85.7</b>
Other (= 71) countries	296	27.5	€ 100,958,130	14.3
<b>Total</b>	<b>1,077</b>	<b>100</b>	<b>€ 705,257,388</b>	<b>100</b>

The fact that a large part of the Dutch humanitarian contributions falls into the category ‘multi-sector’ is confirmation of an integrated approach to humanitarian assistance. It also demonstrates that the Netherlands does not focus on sectors, but relies on implementing agencies to assess existing needs in order to determine an effective response. By providing the implementing agencies with flexible funding, support is ensured to ‘lower’ profile sectors and activities such as coordination and protection, which may at first sight have less tangible results. A drawback of this approach is the difficulty of clearly defining how Dutch support is divided over the different sectors.

**Table 3.7** Dutch humanitarian assistance by sector, 2000-2004

Sector	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
Multi-sector	338	28.0	€ 635,872,431	49.0
Food aid	127	10.5	€ 298,927,634	23.0
Mine action	70	5.8	€ 73,075,686	5.6
Health care (including reproductive care)	199	16.5	€ 65,597,814	5.1
Coordination and support systems	96	8.0	€ 59,875,475	4.6
<b>Subtotal</b>	<b>830</b>	<b>68.8</b>	<b>€ 1,133,349,040</b>	<b>87.3</b>
Other	376	31.2	€ 164,312,266	12.7
<b>Total</b>	<b>1,206</b>	<b>100</b>	<b>€ 1,297,661,306</b>	<b>100</b>

#### Distribution per channel

As indicated in the previous chapter, Dutch humanitarian assistance may be provided to a wide variety of implementing agencies, ranging from UN agencies, small and large non-governmental organisations (NGOs) located in the Netherlands, in other donor countries and in exceptional circumstances in recipient countries, to organisations belonging to the Red Cross and Red Crescent Movement, such as ICRC, IFRC and the Netherlands Red Cross.

Table 3.8 shows the importance the Netherlands attaches in its humanitarian assistance policy to implementing humanitarian aid through multilateral agencies and, in particular, to the coordination of aid through these agencies (as described in chapter 2). The bulk (69 per cent) of the assistance provided during the evaluation period was channelled through 25 multilateral organisations.<sup>89</sup> This percentage is similar to that in the early 1990s: in 1993, for instance, some 63 per cent of all allocations were channelled through UN agencies.<sup>90</sup> Almost 31 per cent of the assistance was channelled through 116 international and national

<sup>89</sup> Besides the UN organisations commonly involved in humanitarian action, this category also includes *ad hoc* support to *inter alia* NATO, the Organisation for Security and Cooperation in Europe, the Pan American Health Organisation and the International Humanitarian Fact Finding Commission.

<sup>90</sup> See page 77 of the evaluation report 'Humanitarian Aid to Somalia', Operations Review Unit, Netherlands Ministry of Foreign Affairs, 1994.

NGOs. This category includes ICRC (12 per cent of total expenditure) and 27 Dutch NGOs (11 per cent of total expenditure). The category ‘other channels’, with less than 0.5 per cent of total expenditure, includes a wide variety of organisations such as research institutions, consultancy companies, government (including local government) institutions in recipient countries, direct implementation by the Netherlands Ministry of Foreign Affairs and embassies, as well as a number of other Dutch ministries including the Ministry of Defence.<sup>91</sup>

The average size per allocation in financial terms differs considerably among the various channels. The average size of an allocation to ICRC was € 3.1 million, against € 1.9 million to multilateral organisations. This is partly because both ICRC and a number of the more important UN organisations like WFP, UNHCR and UNWRA receive unearmarked voluntary contributions for their core budget. In contrast, the average size of an allocation to an NGO is considerably smaller: € 385,000. In other words, handling the support provided to humanitarian interventions carried out by or through NGOs and INGOs is more labour intensive compared with handling the support provided through multilateral organisations and ICRC.

**Table 3.8** Channels used for Dutch humanitarian assistance, 2000-2004

Type of channel	No. organisations	Total allocations (%)	Total expenditure (%)
Multilateral	25	39.3	69.0
NGO/INGO*	116	56.1	30.6
Other	21	4.6	0.4
<b>Total</b>	<b>162</b>	<b>100</b>	<b>100</b>

\* The term International Non-Governmental Organisation (INGO) denotes an NGO working in a country other than its home country. An example is the Dutch NGO Cordaid which implements or supports projects abroad.

In line with the intention and efforts to rationalise Dutch humanitarian assistance, most of the assistance, amounting to almost half of the number of allocations and more than three quarters of total expenditure, is channelled through a small group of ten implementing organisations (see Table 3.9). The remainder of the support provided (53 per cent of allocations and 17 per cent of expenditure) is channelled through 152 implementing organisations.

<sup>91</sup> Expenditures covering CIMIC activities are funded from Policy Article 2 Stability Fund.

**Table 3.9** The ten most important implementing organisations, 2000-2004

Organisation	Type	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
WFP	Multilateral	101	8.4	€ 290,143,842	22.4
UNHCR	Multilateral	52	4.3	€ 286,662,642	22.1
ICRC	INGO	50	4.2	€ 155,721,137	12.0
UNICEF	Multilateral	95	7.9	€ 96,361,574	7.4
UNRWA	Multilateral	6	0.5	€ 81,315,079	6.3
OCHA	Multilateral	80	6.6	€ 54,577,939	4.2
Halo Trust	INGO	19	1.6	€ 34,845,127	3.0
UNDP	Multilateral	48	4.0	€ 32,379,062	2.5
Red Cross NL	INGO	89	7.4	€ 25,997,199	2.0
FAO	Multilateral	31	2.6	€ 24,567,621	1.9
<b>Subtotal</b>		<b>571</b>	<b>47.4</b>	<b>€ 1,082,571,222</b>	<b>83.8</b>
Other (=152) organisations		635	52.6	€ 215,090,084	16.2
<b>Total</b>		<b>1,206</b>	<b>100</b>	<b>€ 1,297,661,306</b>	<b>100</b>

The ranking of the multilateral organisations among the ten most important implementing organisations in 2000-2004 is also a strong indication of the importance the Netherlands attached to the role and function of multilateral humanitarian assistance.<sup>92</sup> Among the group of UN agencies, WFP and UNHCR stand out: together they receive a little over 44 per cent of the total humanitarian aid provided by the Netherlands.

A consequence of the Dutch preference for multilateral humanitarianism is that the aid is provided through a long aid management chain involving UN agencies and their implementing partners (commonly, international and national NGOs). The latter, being the last link in the chain, are responsible for the actual delivery of the assistance. One could argue that it might be more efficient to support NGOs directly, specifically taking into account the fact that the agency support costs for NGOs (one to three per cent of project costs) are lower than those for specialised UN agencies (13 per cent of project costs).<sup>93</sup> However, it may also be argued that the NGOs would not be able to respond and coordinate their response on the

92 A list of the top 50 implementing organisations may be found on the CD-ROM accompanying this report.

93 To date, there has been no analysis of the relative efficiency of different aid channels.

same scale as UN agencies (and ICRC) can. Given that the Netherlands emphasises the importance of a coordinated response to humanitarian crises, the preference for multilateral humanitarianism is relevant and logical.

**Table 3.10** The ten most important humanitarian INGOs, 2000-2004

Organisation	Allocations	Allocations NGOs (%)	Total allocations (%)	Expenditure	Expenditure NGOs (%)	Total expenditure (%)
ICRC	50	7.4	4.2	€ 155,721,137	39.3	12.0
Halo Trust	19	2.8	1.6	€ 34,845,127	8.8	2.7
Red Cross Netherlands	89	13.2	7.4	€ 25,997,199	6.6	2.0
Stichting Vluchteling	59	8.7	4.9	€ 18,602,112	4.7	1.4
ZOA Refugee Care	15	2.2	1.2	€ 11,937,486	3.0	0.9
Cordaid	21	3.1	1.7	€ 10,816,087	2.7	0.8
Samenwerkende Hulp Organisaties	3	0.4	0.3	€ 10,453,780	2.6	0.8
Norwegian People's Aid	17	2.5	1.4	€ 10,282,563	2.6	0.8
World Vision Netherlands	37	5.5	3.1	€ 10,024,162	2.5	0.8
Action Contre le Faim	30	4.4	2.5	€ 9,571,192	2.4	0.7
<b>Subtotal</b>	<b>340</b>	<b>50.2</b>	<b>28.3</b>	<b>€ 298,250,845</b>	<b>75.2</b>	<b>22.9</b>
Other NGOs & INGOs (=106)	336	49.8	27.9	€ 98,276,949	24.8	7.6
<b>Total</b>	<b>676</b>	<b>100</b>	<b>56.2</b>	<b>€ 396,527,794</b>	<b>100</b>	<b>30.5</b>

In the case of NGOs and INGOs, again the bulk of the assistance was channelled through a limited number of organisations. Three quarters of the total expenditure, amounting to more than half the number of allocations, was channelled through ten organisations, whereas the remaining 25 per cent was channelled through 106 NGOs and INGOs (see Table 3.10).



### 3.3 Organisation of the management of humanitarian assistance

#### 3.3.1 Ministry of Foreign Affairs and other ministries

This section briefly describes the cooperation and coordination of the Ministry of Foreign Affairs with other ministries in the Netherlands, regarding humanitarian assistance.

The Ministry of Foreign Affairs is responsible for the Dutch response to crises and disasters in countries other than the Kingdom of the Netherlands and the border areas in the neighbouring countries Belgium and Germany.<sup>94</sup> It is also responsible for coordinating this response with other relevant ministries.

Coordination takes place with the Ministry of Defence with regard to issues of military support to humanitarian operations and civil-military cooperation (see chapter 2). There is an intensive and good working relationship between the two ministries, as, for instance, demonstrated by the Ministry of Foreign Affairs taking part in the Ministry of Defence's identification mission for the Provincial Reconstruction Team in northern Afghanistan (see chapter 4). Both ministries are represented in an interdepartmental CIMIC group and have published a joint CIMIC policy document.

Furthermore, the Ministry of Foreign Affairs cooperates with the Ministry of the Interior and Kingdom Relations to coordinate civil defence activities in relation to immediate disasters. The Ministry of Foreign Affairs is not responsible for the deployment of means to protect civilians (the so-called civil defence assets), but provides the Ministry of the Interior and Kingdom Relations with information on the availability of such assets. Cooperation furthermore takes place with regard to the Urban Search and Rescue (USAR) teams that can be deployed in the case of urban disasters. This cooperation is considered to be good. However, cooperation with the Ministry of the Interior and Kingdom Relations regarding the EU disaster response is considered to be problematic. The major point of contention is that the Ministry of Foreign Affairs is not in favour of the establishment of a separate EU coordination mechanism for natural disasters parallel to the UN coordination mechanism (OCHA). The Ministry of Foreign Affairs fears this would lead to an overlap of functions, resulting in the ineffective and inefficient coordination of disaster response.

<sup>94</sup> Crises and disasters in the Kingdom of the Netherlands fall under the responsibility of the Ministry of the Interior and Kingdom Relations. In the border areas municipalities on either side of the border may work together or support each other.

### 3.3.2 Division of labour in the Ministry of Foreign Affairs and the role of Embassies and Permanent Representations

#### *Human Rights and Peacebuilding Department (DMV)*

Within the Ministry of Foreign Affairs, the Human Rights and Peacebuilding Department (DMV), more particularly its Humanitarian Aid Division (DMV/HH), bears direct responsibility for developing Dutch humanitarian aid policy and propagating this policy among relevant organisations involved in humanitarian assistance, as well as among other bilateral and multilateral donors and recipient countries. The Division is also responsible for managing the implementation of Dutch humanitarian assistance provided through humanitarian agencies and organisations. Other departments of the Ministry such as the United Nations and International Financial Institutions Department (DVF) and the regional departments are also involved in policymaking, but have limited responsibilities in terms of financing humanitarian action.

During the evaluation period, the Human Rights and Peacebuilding Department was responsible for the management of two thirds of the funds provided for humanitarian assistance; the remainder of the funds were administered by the United Nations and International Financial Institutions Department (see Table 3.11). The latter department is responsible for handling the part of the humanitarian budget that is used to cover voluntary contributions to the core budgets of the UN Refugee programmes (UNHCR and UNRWA) and the World Food Programme. The United Nations and International Financial Institutions Department handled less than two per cent of the total number of allocations provided to humanitarian aid agencies during the evaluation period, each allocation commonly consisting of relatively large sums of money (€ 5.0 million or more). In contrast, the Human Rights and Peacebuilding Department, handled almost 97 per cent of all allocations. The other 'budget holders' are insignificant in terms of handling funds and allocations.

In chapter 2, information was provided on the organisational set-up of the Human Rights and Peacebuilding Department. Furthermore, information was provided on the intended collaboration of the department's various divisions in order to develop and implement an integrated strategy which combines the provision of support for humanitarian relief operations and initial rehabilitation with peace building and good governance. In practice, the implementation of this strategy is proving to be cumbersome because the Department does not have a separate budget for financing integrated activities (i.e. a combination of emergency aid and

reconstruction support). Proposals for projects that could be financed as part of the Conflict Policy Frameworks could only be submitted to the Humanitarian Aid Division. As a result, the Peacebuilding and Good Governance Division managed only three allocations from the humanitarian assistance budget in the period 2000-2004.

**Table 3.11** Budget holders for humanitarian assistance, 2000-2004

Budget holder	Total allocations (%)	Total expenditure (%)
Human Rights and Peacebuilding Department	96.7	67.4
UN and International Financial Institutions Department	1.7	32.2
Other*	1.6	0.4
<b>Total</b>	<b>100</b>	<b>100</b>

\* This category includes the Security Policy Department (DVB) and four Netherlands embassies.

The Human Rights and Peacebuilding Department includes two support units: the Policy and Project Support Unit (DMV/BP) and the Controlling Unit (DMV/CU). The first, currently consisting of 8 staff members, provides support for programme and project management, including administering projects and registering project documentation. The latter, consisting of 7 staff members at the time of writing, provides support for the financial management of the divisions and the department as a whole. In total, both units include 3 staff members designated to provide support to the Humanitarian Aid Division.

#### *Humanitarian Aid Division (DMV/JHH)*

The different responsibilities and tasks of the Humanitarian Aid Division can be summarised as a combination of policy work and programme and project management. The importance and magnitude of policy work has increased considerably during the period covered by the evaluation. More particularly, the policy work of the Division involves liaising with departments and units within the Ministry of Foreign Affairs, Netherlands embassies and permanent representations to international organisations. It also includes policy coordination and policy dialogue with other ministries in the Netherlands, and the Dutch NGO community.

In the international context, dialogue takes place with other donors<sup>95</sup> including the European Commission and international humanitarian organisations, as well with a wide variety of other necessary contacts, including institutions that focus on researching and improving the quality of the humanitarian assistance system.

The Humanitarian Aid Division comprises a head and a deputy head, senior and junior policy officers and emergency aid specialists. The division of labour is largely along thematic and geographical lines. The head and deputy head form the management team of the Division. They mainly focus on overall management of the Division and the development and propagation of Dutch humanitarian assistance policy. Each policy officer is designated a certain geographical region or group of countries for which he or she acts as the focal point. The largest part of their daily work involves appraising proposals submitted for funding, monitoring the implementation of projects and programmes<sup>96</sup>, reviewing progress and end-of-intervention reports, and liaising with the different humanitarian aid agencies involved in the implementation of the various activities financed by the Netherlands. Senior policy officers often combine this task with the responsibility for a policy theme or themes (e.g. Good Humanitarian Donorship). Like their colleagues, the emergency aid specialists are responsible for the provision of Dutch humanitarian support to a particular geographical region or group of countries; they also have extra operational tasks in the case of an acute humanitarian emergency. The emergency aid specialists are responsible for managing the division's response in the case of such an emergency and provide support and advice to embassies involved in these situations. In order to fulfil these tasks they have undergone special training provided by UNDAC. If desired, they may also be enlisted by UNDAC as part of the UNDAC teams sent out for needs assessments and to plan humanitarian aid interventions. Similar to other policy and administrative staff of the Ministry of Foreign Affairs, the emergency aid specialists are involved in the Ministry's periodic staff rotation. This implies that the Humanitarian Aid Division has to rebuild its capacity base every three to four years.

When the Human Rights and Peacebuilding Department was established in 2000, the staff formation of the Humanitarian Aid Division was set at ten persons, i.e. one head of the division, two senior policy officers (one acting as deputy head), five policy officers and two secretaries. In 2001, the formation was extended to

95 For instance, the Netherlands has been one of the initiators of the Good Humanitarian Donor initiative.

96 For details about project cycle management, see section 3.5.

eleven persons by adding a senior policy officer cum emergency aid specialist. A year later, the size of the Division was extended with one policy officer, and in 2003 an additional senior policy officer joined. In 2004, the Division had thirteen staff: one head, three senior policy officers (one acting as deputy head), two emergency aid specialists, five policy officers and two secretaries.<sup>97</sup> In the past, it had sometimes proved difficult to fill posts. Consequently, the Division had to resort to engaging interns and trainees. Even though all formation posts are currently filled, the Division feels that interns and trainees are still needed in order to cope with the workload.

The major part of the work of the Humanitarian Aid Division consists of the management of the implementation of Dutch humanitarian assistance by humanitarian agencies and organisations. During the evaluation period, the Division has managed 1,130 financial allocations, which equals 94 per cent of the total number of allocations made from the humanitarian budget (see Table 3.12).

**Table 3.12** Number of allocations managed by the Humanitarian Aid Division per type of channel, 2000-2004

Type of channel	< 2000*	2000	2001	2002	2003	2004	Total
Multilateral	3	110	112	66	75	74	440
NGO/INGO	146	159	113	90	65	68	641
Other	6	9	12	11	7	4	49
<b>Total</b>	<b>155</b>	<b>278</b>	<b>237</b>	<b>167</b>	<b>147</b>	<b>146</b>	<b>1,130</b>

\* Although these allocations were agreed to before 2000, they still required administrative and/or management activity by the Humanitarian Aid Division during the evaluation period.

During the management cycle of an allocation, each of which involves concluding a separate contract or agreement with an implementing agency, there are several administrative steps to be taken. The management cycle involves several actors and is labour intensive (for details see section 3.5). As a rule, in the period covered by the evaluation the maximum contract period for a project or programme was one year.<sup>98</sup> Nevertheless, in reality, the actual contractual time span of the great majority of the allocations (62 per cent) was longer (see Table 3.13). This is

<sup>97</sup> For comparison, the strength of the unit in 1993 amounted to a head, five programme officers, one administrative officer and a secretary. Expenditure on humanitarian assistance in 1993 amounted to € 167.7 million (NLG 369 million) which was disbursed through 241 allocations (see Netherlands Ministry of Foreign Affairs, Operations Review Unit (1994). *Humanitarian Aid to Somalia*).

<sup>98</sup> As of January 2004, NGO projects can last up to two years (see section 3.4).

because the time span of projects or programmes is often extended due to bottlenecks occurring during implementation, whilst the budget remains the same. In such cases the term ‘budget neutral extension’ is used. The original time span of contracts also often needs to be extended because of belated reporting by implementing agencies, specifically UN agencies. This lack of timely reporting results in the inability to formally close an allocation. Administratively speaking, budget-neutral extensions of projects and programmes and undisciplined reporting by aid implementers involve additional and time-consuming action on the part of both the policy officers in the Humanitarian Aid Division and the staff of the support units.

**Table 3.13** Contractual time span of humanitarian allocations, 2000-2004

Time span	Allocations	Total allocations (%)	Expenditure	Total expenditure (%)
< 6 months	125	10.4	€ 22,547,221	1.7
6-12 months	338	28.0	€ 526,143,416	40.6
12-24 months	499	41.4	€ 516,544,266	39.8
> 24 months	244	20.2	€ 232,426,403	17.9
<b>Total</b>	<b>1,206</b>	<b>100</b>	<b>€ 1,297,661,306</b>	<b>100</b>

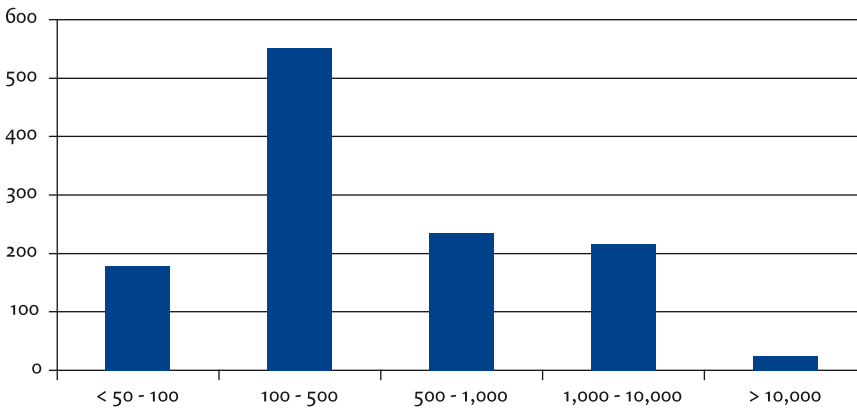
The larger part of the allocations (60 per cent) involves the provision of funding up to € 500,000 (see Figure 3.4).<sup>99</sup> Most of the allocations of € 5 million or more consist of support to very large interventions implemented by UN agencies, as well as voluntary contributions to the core budget of a number of UN agencies and ICRC. As noted earlier, the contributions to the core budget of UN agencies are handled by the United Nations and International Financial Institutions Department and commonly require little time from staff of the Humanitarian Aid Division. However, the fact remains that the Division has to handle many relatively small allocations intended to support projects and programmes.

According to the Humanitarian Aid Division this has an impact on its workload and it is claimed that the various administrative tasks are taking up a disproportional

<sup>99</sup> As mentioned, projects and programmes may consist of several phases which may be financed by consecutive allocations.

tionately large part of staff time which, all things being equal, cannot be used for necessary substantive work including policy development, involvement in international policy dialogue, as well as programme and project monitoring and evaluation in order to improve the quality of aid implementation.

**Figure 3.4** Humanitarian allocations per commitment category  
(x€ 1000), 2000-2004



Even though the staff capacity of the Humanitarian Aid Division has increased over the past five years, and the number of allocations has diminished (see Table 3.12), the Division indicates that the number of staff is still not sufficient to effectively and efficiently implement its different tasks. It pointed out that the Ministry has intensified its administrative and financial procedures, which also included the introduction in 2003 of a new labour intensive Management Information System (Piramide).

In order to cope with the substantial programme and project portfolio, during the evaluation period a number of changes were introduced in the system of funding humanitarian assistance. These changes were instituted not only to increase the efficiency of programme and project management, but were also inspired and induced by international efforts to foster accountable and effective management of humanitarian assistance, which among other things are reflected in the principles of Good Humanitarian Donorship.

Two different steps were taken. First, the Ministry of Foreign Affairs entered into Channel Financing Agreements with four major humanitarian UN agencies, i.e.

WFP, UNHCR, UNICEF and OCHA, as well as with ICRC. These agreements allow the Humanitarian Aid Division to allocate one large sum of money earmarked at appeal level to these agencies at the start of each calendar year, subject to standard reporting requirements. Compared with the provision of funding for individual projects and programmes, this is a much smaller administrative burden for both parties (see section 3.4 for a more detailed description of these agreements). Second, the funding arrangements for NGO projects were streamlined in order to reduce both the Division's and the NGOs' workloads (see section 3.4).

#### *Cooperation within the Ministry*

Within the Ministry, the Humanitarian Aid Division collaborates with a considerable number of departments and divisions. In the period covered by the evaluation, this collaboration has intensified. Besides the other divisions belonging to the Human Rights and Peacebuilding Department, the most important among these are the regional departments, the Security Policy Department, and the United Nations and International Finance Institutions Department. Within the Human Rights and Peacebuilding Department, the Humanitarian Aid Division and the Peacebuilding and Good Governance Division collaborate closely; for instance, in drafting the annual Grant Policy Frameworks.

The Humanitarian Aid Division engages the Security Policy Department mainly in matters of policy coordination and the coordination of interventions that may or do involve military support to humanitarian operations and civil-military cooperation. Discussions with the United Nations and International Finance Institutions Department mainly involve financing arrangements with UN agencies, as well as the overall performance of these agencies. The collaboration with the regional departments consists of policy work, e.g. when the Africa Department was developing the 'Africa Policy', and involves daily coordination activities (for instance, during the height of the Darfur crisis). As indicated in chapter 2, specific interdepartmental task forces are formed in order to facilitate coordination and simplify the decision-making process.

Financial and legal matters require collaboration with the Financial and Economic Affairs Department and the Legal Affairs Department. This takes place on a day-to-day basis.



### The role of Embassies

Netherlands embassies in countries confronted with crisis situations, particularly if the emergency is protracted, have consultative tasks as well as the task to oversee the implementation of Dutch humanitarian support. Typical activities involve:

- Situational monitoring of and reporting on political, emergency and humanitarian developments and providing policy advice to the relevant units of the Ministry of Foreign Affairs;
- Engaging in bilateral and multilateral diplomatic action, which includes a dialogue with the government in the country at issue;
- Consultation and policy coordination with the representations of donors and international and national organisations involved in the provision of humanitarian support;
- Participation in coordination mechanisms at country (or regional) level (e.g. participation in so-called CAP workshops, in which UN agencies, donors and NGOs participate to develop a consolidated appeal at field level);
- Providing policy and technical advice to the Humanitarian Aid Division regarding proposed humanitarian interventions which might be supported by the Netherlands;
- Monitoring of humanitarian interventions, as well as of implementing organisations supported by the Netherlands. Such monitoring may involve field visits.

The embassies do not have responsibilities to allocate or commit funding from the humanitarian aid budget. The responsibility for such allocations is vested in the Ministry; the entire humanitarian aid budget is also centralised. Prior to 2002, Dutch embassies could directly finance small humanitarian activities in the case of natural disasters or epidemics, whenever deemed appropriate. Funding was effected from a delegated annual budget of NLG 10 million (€ 4,537,802) up to a maximum of NLG 100,000 (€ 45,378) per embassy. The allocation process involved consultation with the Humanitarian Aid Division about the type of activity to be supported and size of the contribution, in order to assure that the activities matched the overall humanitarian efforts of the Netherlands.<sup>100</sup>

Detailed information on how the embassies are engaged in the different tasks mentioned above is provided in section 3.5 of this chapter, which describes project cycle management, as well as in the chapters dealing with the four case studies.

<sup>100</sup> In 2002, it was decided to centralise the delegated budget in order to improve coordination in the Ministry.

At this juncture, it may be observed that in practice the embassies experience constraints in the performance of their tasks. One of the bottlenecks mentioned by various respondents was the lack of sufficient staff capacity to carry out all the tasks in connection with the humanitarian assistance programme. This applies in particular to the field monitoring of activities supported by the Netherlands.

#### *The role of Permanent Representations to the UN and other international organisations*

The Permanent Representations of the Netherlands to the UN and other international organisations have the task to liaise with and oversee the overall performance of agencies that are involved in the implementation of Dutch humanitarian support.<sup>101</sup> Typical activities related to humanitarian assistance involve:

- Monitoring and reporting on the policy and administrative matters in the respective agencies, in order to provide advice to the relevant units of the Ministry of Foreign Affairs;
- Providing general information on the overall performance and quality of the respective agencies to the Humanitarian Aid Division on a regular basis;
- Engaging in bilateral and multilateral diplomatic action, propagating Dutch humanitarian policy in a dialogue with Permanent Representations of other donor countries as well as with the respective agencies;
- Consultation and policy coordination with donors and international organisations involved in the provision of humanitarian support. This includes the preparation of and participation in annual consultative bilateral and Executive Board meetings;
- Liaising between the Humanitarian Aid Division and the respective agencies on different matters, including the steps to be taken in the context of the Consolidated Appeals Process and the Channel Financing Agreements.

Detailed information on how the Permanent Representations are engaged in the different tasks mentioned above is provided in section 3.5 below.

The concentration of international humanitarian agencies in Geneva has resulted in the Netherlands Permanent Representation in that city being particularly engaged with matters concerning humanitarian assistance. Besides the day-to-day contacts with UNHCR, IOM, OCHA and ICRC, its staff have been actively

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<sup>101</sup> Not all Permanent Representations are involved in humanitarian assistance. In practice, the Representations to the UN in New York (OCHA and UNICEF) and Rome (WFP and FAO), as well as the Representation to the UN and other international organisations in Geneva (UNHCR, IOM, OCHA and ICRC) are involved.

involved in the operationalisation of the Good Humanitarian Donorship initiative (GHDi).<sup>102</sup>

The Permanent Representations contacted in the course of the evaluation indicated the constraints they faced when attempting to execute the above-mentioned tasks. In particular, the Permanent Representation in Geneva mentioned its limited staff capacity compared to that of some of the other donors that are also heavily involved in supporting humanitarian assistance. Moreover, capacity problems experienced in the Humanitarian Aid Division translate into increased pressure of work. It was noted, however, that Channel Financing Agreements have reduced the administrative burden of the Representations (see section 3.4). Finally, periodic staff rotations in the Ministry of Foreign Affairs and the Permanent Representations (and embassies) have sometimes led to discontinuity in working relations.

### 3.4 Administrative and financial arrangements with implementing agencies

#### 3.4.1 Channel Financing Agreements

During the evaluation period, the Netherlands entered into so-called Channel Financing Agreements with four major humanitarian UN agencies, as well as with ICRC. The preparation of these agreements started before 2002. The agreements were in accordance with the policy of the then Minister for Development Cooperation, which aimed to diminish project aid in favour of programme assistance, focused on performance measurement, and aimed to enhance donor performance. Furthermore, it was aimed to reduce the administrative burden of the Humanitarian Aid Division.

In 2003, Channel Financing Agreements were concluded with UNHCR, WFP and UNICEF. These agreements are supplementary to General Framework Agreements between the Netherlands and the respective agencies, which cover the annual Dutch contributions to the core budget of these agencies. In 2004, the Netherlands concluded Channel Financing Agreements with OCHA and ICRC.

Under the Channel Financing Agreements with UNHCR, WFP, UNICEF and OCHA, the Netherlands provides annual contributions to the appeals of these organisa-

<sup>102</sup> Even though GHDi was initiated by various donors at capital-city level, its operationalisation was mainly handled by the different donor representations located in Geneva where necessary in collaboration with their colleagues at capital-city level.

tions submitted through the CAP. In line with the appeal, these contributions are earmarked at country or region level, but the organisations are at liberty to disburse the Dutch funds to activities. Following the annual CAP launch, which commonly takes place in November, the Netherlands decides within two to three months on its contributions to the different agencies specified by country or region. The Channel Financing Agreements stipulate that the respective agencies have to be informed about this decision in February of the following year and that the transfer of funds has to be effected at the same time. In the course of the year, it is possible for the respective agencies to apply for additional funding from the Netherlands to cover the needs emanating from sudden emergencies or if humanitarian conditions in a particular country or region deteriorate.

Besides the changes in financial procedures, the Agreements also altered the reporting requirements. Rather than submitting separate reports for each individual allocation as was required in the past, the agencies have to submit their regular annual report on their activities and the annual audited financial statements. Additional contributions made during the course of the year to sudden emergencies, require separate narrative and financial reports. With regard to consultations, it has been agreed that representatives of the respective agency and the Ministry of Foreign Affairs will hold an annual meeting on the implementation of activities financed under the Agreement, at which both policy and management issues are discussed. Furthermore, either party may request additional discussions to be held on the progress of the activities funded.

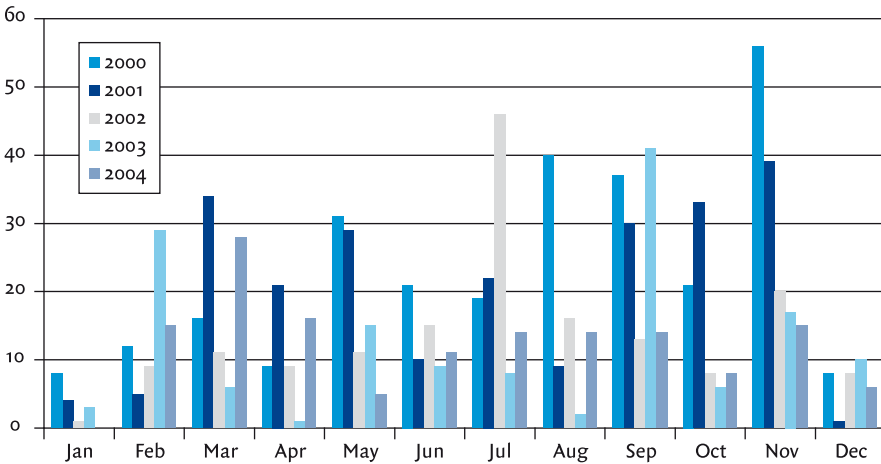
Under the Channel Financing Agreement concluded with ICRC, the Netherlands will make an annual contribution to the ICRC Emergency Appeal. In contrast to the agreements with UN agencies, ICRC receives its contributions unearmarked, the only proviso being that the funds are used for humanitarian activities in OECD/DAC countries. The Dutch contributions are commonly used to fund operations at headquarter level (15 per cent) and field activities (85 per cent). In addition to these contributions, ICRC may appeal to the Netherlands for additional funds designated to cover the costs of the organisation's operations in Non-OECD/DAC countries, as well as to fund operations in response to sudden onset crises that occur during the course of the year. The decision-making process and the timing of transfer of funds are similar to those described for the UN agencies.

The Channel Financing Agreements have improved the predictability and timeliness of Dutch humanitarian funding to the agencies involved. This is highly appreciated by them and is in line with the principles of Good Humanitarian

Donorship. In addition, the flexibility of humanitarian response has been improved by not earmarking Dutch contributions at activity level. This, in turn, allows the agencies to plan and design their responses and prioritise their support to protracted crises instead of to high-profile crises. It furthermore allows agencies to redirect funding without having to contact the donor first, which is conducive to fast response if needed. The agencies consider flexibility of funding to be more important than receiving the funds at the beginning of the calendar year.

It is clearly impossible for the agencies involved to disburse the funds received quickly at very short notice or even during the year if conditions change. In order to prevent the agency from having to refund the Netherlands at the end of the year if the funds provided have not been used up, the Channel Financing Agreement between WFP and the Netherlands has been amended. The amendment stipulates that in the case of unspent balances, WFP will be given the flexibility to transfer such balances to other relief operations within the same country. In exceptional circumstances, WFP may extend the terminal obligation date for spending Dutch funds.

**Figure 3.5** Humanitarian allocations committed per month, 2000-2004



As mentioned above, another objective for entering into Channel Financing Agreements was to reduce the administrative burden on both the Humanitarian Aid Division and the implementing organisations. The Agreements are the product of a process of mutual consent about striking the balance between

accountability and the shortage of capacity of both parties to implement detailed administrative procedures. It was thought that these arrangements would enable the Humanitarian Aid Division to spend more time on policy development and monitoring in order to improve the quality of humanitarian assistance if needed. In practice, this objective has not (yet) been reached, even though the Channel Financing Agreements have reduced the Division's workload somewhat. They also resulted in a more balanced disbursement of the humanitarian aid budget throughout the calendar year (see Figure 3.5).

The Division's workload has been reduced because the contributions are no longer earmarked at activity level, leading to a reduction in number of allocations (see Table 3.12). Furthermore, efficiency gains have been made because only one appraisal memorandum is required, which includes all contributions to be made to a single UN agency's activities covering different countries and regions. However, since it is required to enter individual contributions by country or region into the Management Information System, the workload for the supporting units has not diminished. It should also be noted that each additional contribution made to the agencies at issue during the course of the year requires a separate appraisal document and must be recorded in the Management Information System. In 2005, an intern working in the Division reviewed the effects of the Channel Financing Agreements. Her report indicates that the efficiency gains from the annual contributions made in the context of the CAPs have mainly been in terms of a reduction of the administrative burden.<sup>103</sup> In addition, gains have been made because of a reduction in the number of narrative and financial reports to be reviewed. At the same time the consultative process has been intensified.

According to the agencies, the changed reporting requirements have lightened their workload. Also, they consider that the new way of financing is very much in line with the principles of Good Humanitarian Donorship, which stipulate that donors should harmonise their reporting requirements. At the same time, however, the submission of separate reports covering additional funding is considered inefficient.

The unearmarked funding and the new reporting approach, however, make it difficult if not impossible to monitor or even trace the Dutch contributions at the intervention level. The Humanitarian Aid Division does not consider this a

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103 Dullemond, H. (2005). *Donor met beleid? Financiering van humanitaire hulp: een onderzoek naar de relatie tussen de mate van rationaliteit en de mate van effectiviteit van het Nederlandse kanaalfinancieringsbeleid.*

drawback, as long as it remains possible to assess the overall performance of the implementing organisations. Performance assessment is based on the review of annual reports, consultative meetings and discussion with other donors, and involves not only the Humanitarian Aid Division and Netherlands embassies in the countries at issue, but also the Netherlands Permanent Representations to these organisations. For details see section 3.5.

Due to their importance, the annual consultative meetings between the Ministry and the respective agencies warrant separate discussion because these meetings also serve to compensate for the Ministry's loss of an overview.<sup>104</sup> The Humanitarian Aid Division prepares these meetings and involves the agencies in setting the agenda. As indicated above, the agreements stipulate that the main purpose of the meeting is to review the implementation of supported interventions. The agenda may also include a review of humanitarian support and trends therein, as well as developments in the policies of the implementing organisation and the Ministry. In practice, however, the discussions during the annual consultations concentrate on strategic and higher level policy issues.

The agencies stated that discussions of policy issues might often require political and/or senior level representation on the part of the Netherlands. This was not always the case during the evaluation period. In 2005, however, the Minister for Development Cooperation participated in a number of these meetings. When asked about the relevance of these meetings, the agencies further indicated that both parties have to safeguard the continuity of the meetings and suggested that separate talks be held on policy issues and administrative matters. They furthermore indicated that a continuous dialogue might be accomplished through regular contacts. 'Day-to-day' contacts with staff of the Netherlands Permanent Representations are deemed to be very useful.

The Humanitarian Aid Division may also monitor the performance of the agencies through field visits. Field visits as part of a donor support group mission (see Box 3.1) take place on a regular basis and are considered useful, as is participation in consultative meetings of such donor support groups with the agencies. Finally, information on the performance of the agencies is provided by the embassies if priorities and staffing permit. The embassies experience constraints when it comes to regular monitoring at field level (see section 3.5.3).

<sup>104</sup> When the Humanitarian Aid Division first discussed the possibility of channel financing, it was thought that unearmarked funding would lead to the Division (and for that matter, the Netherlands embassies) losing their overview at the intervention level.

### Box 3.1 Donor Support Group field visits - ICRC

In 1997, ICRC initiated a Donor Support Group consisting of donors that annually contribute more than 10 million CHF. Once a year, high-level informal policy consultations are conducted between the ICRC and Group members. In support of and preceding these consultations, ICRC organises brief field visits for donors in order to consolidate their knowledge of and familiarity with ICRC's field operations. In addition to examining the scope and impact of ICRC operations and policies, these visits allow donors to review the relevance and suitability of their own policies and support to humanitarian programmes in actual field situations. Participation is limited to one participant per donor (head of the humanitarian aid division or equivalent from the capital) in one field visit per year, who (according to ICRC) should also participate in the annual consultative meeting of the Donor Support Group, in view of continuity.

In 2005, ICRC arranged two field visits: one to Liberia and one to Colombia. The five-day field visit to Liberia, covering a range of ICRC interventions, took place in March 2005 and involved representatives of Canada, Belgium, Norway, Denmark and the Netherlands. The subsequent donor report identifies strengths and challenges of ICRC's operation in Liberia, and possible roles for the donors in strengthening this operation in particular and overall humanitarian assistance to Liberia in general.

Donors, including the Netherlands, appreciate such field visits and consider them to be a valuable tool for assessing the implementation of humanitarian assistance at field level. Such visits allow identification and discussion of relevant issues. Inspired by ICRC's initiative, OCHA and UNHCR have also established Donor Support Groups involving their most important donors.

### 3.4.2 Contracts

#### *Streamlining the funding of NGO projects*

Crisis Policy Frameworks were introduced in the late 1990s, with a dual purpose. In the first place, these frameworks were drawn up to clarify and elaborate the operational policy to be pursued in major humanitarian crises in the different regions. At the time, different frameworks were in force for Bosnia, Burundi, DRC, Iraq, the northern Caucasian Republics, Rwanda, Sierra Leone, Somalia and Sudan. A second, perhaps more important purpose, was to simplify the procedures for NGOs wanting to submit funding proposals for humanitarian projects to



the Ministry. The Humanitarian Aid Division and the NGOs (including the Dutch NGOs) expected that these frameworks would lead to a ‘win-win situation’. The Humanitarian Aid Division could spend more time on policy development and dialogue as well as on overseeing aid implementation, whereas the NGOs would no longer be confronted with detailed bureaucratic rules and regulations. In other words, the rules of the game were rationalised. The Crisis Policy Frameworks had to be compatible with existing legal frameworks.<sup>105</sup> It was not intended to develop a new procedure, but rather to achieve as much as possible within existing rules by adopting a new working method.

After having applied the Crisis Policy Frameworks for the different focus regions and countries for some years, it was thought necessary to simplify them into one general framework.<sup>106</sup> Starting in 2004, an annual Grant Policy Framework for humanitarian aid is published in the Government Gazette. This document provides overall policy principles, conditions governing the eligibility of proposals, and a set of simplified administrative rules and regulations. It includes appendices with indicative budgets for specific countries or regions, as well as a number of additional funding criteria for specific crises.

In summary, the three major elements of the Grant Policy Framework are:

- Humanitarian projects in protracted crises may cover a period of 24 instead of 12 months, in order to diminish the flow of proposals for short-term interventions. Projects are only eligible when implemented in crisis areas listed in the appendices to the framework. Both the Humanitarian Aid Division and the NGOs expect that this approach will reduce the number of proposals and end-of-project reports, as well as related project correspondence. It is also expected that more projects will be completed in time, which will influence the large number of requests for project extension experienced thus far.
- Project proposals no longer require an analysis of the overall situation (including the political situation) in the country of implementation. Instead, the contextual description should focus on the specific setting in which the intervention will be implemented, i.e. the sector covered, mechanisms for coordination and collaboration with other actors. More importantly, the project’s objectives and results need to be formulated according to the

<sup>105</sup> Including the General Administrative Law Act and the Ministry’s internal rules and regulations (the Foreign Affairs (Grants) Framework Act, the Grant Regulations and the relevant policy frameworks).

<sup>106</sup> Applying separate regional Conflict Policy Frameworks was considered no longer satisfactory, since it proved very labour-intensive to develop and update them.

SMART principles (Specific, Measurable, Acceptable, Realistic and Time-related).

- The following procedure for reporting and financial procedures has come into force. For projects covering a period of 24 months, mid-term reporting is required. The report should provide information about deviations from the objectives and expected results in the proposal, and include an action plan and updated budget for the achievement of these (or revised) objectives. Revisions within the budget (for instance a decrease of the budget item for the supply of medicine and a concomitant increase for shelter) no longer require *ex-ante* approval, but should be part of the action plan. At the end of the project, a narrative and financial completion report must be submitted.

The new procedures are expected to provide the NGOs with more flexibility in project implementation. They will also reduce the volume of administrative and financial transactions between the Humanitarian Aid Division and the NGOs. The effect for the former is to free up time for policy and other substantive work; for the latter, it will diminish administrative costs. The change from *ex-ante* micro management to *ex-post* monitoring and control will lead to a more 'mature' type of implementation. Both parties will review the effects of the new approach in 2006.

### 3.5 From identification to reporting

#### 3.5.1 Appeals and proposals

As described in chapter 2, the Consolidated Appeal Process (CAP) guides Dutch humanitarian support to countries and regions characterised by chronic crises. In November of each year, the UN Office for Coordination of Humanitarian Assistance (OCHA) launches consolidated humanitarian appeals per country or region, in which relevant UN agencies present a joint strategy to alleviate human suffering in a crisis situation. In the consolidated appeal, the agencies present their proposed interventions including objectives, strategies and planned results for the following year. Each consolidated appeal also includes a budget for the various proposals. OCHA submits these consolidated appeals for funding to the donor community. In the case of the Netherlands, the appeals are forwarded to the Humanitarian Aid Division by the Permanent Representation of the Netherlands to the UN in Geneva.

For considerable time, the Netherlands has been a major advocate of using the consolidated humanitarian appeals as an important instrument for coordination and funding. Prior to and especially during the evaluation period, the Netherlands

strongly advocated the improvement of the quality of the CAP. Over time, the CAP has evolved from a collection of separate work plans of different agencies<sup>107</sup>, to an integrated, joint approach towards a crisis situation. However, critics of the current format and content of the CAP indicate that the document still lacks strategic direction and argue that its potential, as a planning document should be developed further (see chapter 5). Moreover, donors' decisions to provide funding to a certain CAP do not depend solely on its quality.<sup>108</sup> Rather, these decisions are governed by other factors, including donors' internal financial and administrative procedures and the political expediency to provide funds for a certain humanitarian crisis.

In cases of an acute crisis situation or a deterioration of a chronic crisis situation, the Dutch response is commonly guided by the so-called flash or emergency appeals respectively of the UN, the International Committee of the Red Cross (ICRC), and the International Federation of Red Cross and Red Crescent Societies (IFRC). Appeals issued by the UN and the ICRC are forwarded to the Humanitarian Aid Division by the Permanent Representation of the Netherlands in Geneva; those produced by the IFRC reach the Humanitarian Aid Division through the Netherlands Red Cross. At the same time, appeals are commonly posted on the websites of the respective agencies, allowing donors direct access.

Proposals submitted by non-governmental organisations (NGOs) to finance interventions in chronic crisis situations are guided by the Grant Policy Framework, which stipulates the required general conditions and criteria for proposals. These include: a thorough investigation of needs and a clearly defined target group; clearly defined activities matched with expected results, aims, instruments and indicators; an exit strategy; a clear and balanced budget matching the activities, with an explanation of each budget line that is not self-evident. The country annexes attached to the Framework provide specific conditions. NGOs are required to submit their project proposals directly to the Humanitarian Aid Division.

### 3.5.2 Appraisal and commitment

Upon receiving a consolidated appeal or an individual project proposal, the Humanitarian Aid Division approaches the relevant Netherlands embassy or

<sup>107</sup> Different respondents approached by the evaluation described the earlier CAPs as 'stapled wish-lists of UN agencies'.

<sup>108</sup> It was observed by OCHA that the Humanitarian Aid Division does not routinely provide feedback to OCHA on the quality of CAPs. Feedback of donors is considered instrumental in order to improve the quality of the CAPs where necessary.

embassies to provide advice on the appropriateness of the proposal or, in the case of a CAP, the proposed interventions in terms of the humanitarian situation in the country or region concerned. In addition, advice is solicited on the recent track record of the implementing organisation or organisations.<sup>109</sup> Where appropriate, relevant divisions within the Ministry of Foreign Affairs are also asked for their advice.<sup>110</sup>

Subsequently, the Policy and Project Support Unit and the Controlling Unit of the Human Rights and Peacebuilding Department review the budget proposal and inform the Humanitarian Aid Division whether there is sufficient room in the current humanitarian aid budget to support the proposal. If required, the Humanitarian Aid Division may solicit the agency or organisation that has submitted the proposal for additional substantive and financial information or clarification. In the case of a consolidated appeal, the Permanent Representation of the Netherlands to the specific (UN) agency is involved in obtaining the necessary information.

The Humanitarian Aid Division then produces an appraisal memorandum taking into account the advice provided by the relevant actors.<sup>111</sup> Appraisal memoranda follow a predefined format and commonly contain the following information: a brief overview of the proposed intervention, the budget, and an assessment of the relevance and appropriateness of the intervention in terms of Dutch humanitarian policy and procedures, as well as in terms of the needs, priorities and rights of the affected population. Finally, the memorandum proposes a financial commitment to the intervention(s), which has to be approved by the Controlling Unit prior to the final decision of either the Head of the Humanitarian Aid Division, the Director of the Department of Human Rights and Peacebuilding, or the Deputy Director-General for International Cooperation, depending on the size of the allocation. Subsequent to the decision, a contract is drafted in collaboration with the Policy and Project Support Unit and the Controlling Unit and sent to the contract partner. In the case of a consolidated appeal, the Permanent Representation of the Netherlands to the specific agency is asked to present the contract (in this case

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109 Commonly, the Netherlands Permanent Representations to the different UN agencies provide general information on the overall performance and quality of the respective agencies on a regular basis.

110 Note that the Humanitarian Aid Division may often have a fairly good insight into the quality of the different CAPs because the Netherlands, like other donors, can in principle be actively engaged in the development process of CAPs at field level. Indeed, some embassies participate in the so-called CAP workshops which involve UN agencies, NGOs and donors. However, availability of staff may restrict active participation.

111 The writing of the appraisal memorandum is formally the duty of the policy officer, but may be tasked to interns or trainees, in order to reduce the workload of policy officers.

called agreement) to the agency and to handle any negotiations. The Policy and Project Support Unit is responsible for handling procedures in the case of contracts other than agreements with UN agencies.

The appraisal procedure entails many different steps that must be recorded in the Ministry's Management Information System; this involves most of the actors mentioned. Though this is a laborious and time-consuming process for staff, the various agencies - including the Dutch NGOs<sup>112</sup> - informed the evaluation team that the time needed by the Humanitarian Aid Division to process proposals and come to a decision is considered appropriate. In addition, the NGOs mentioned that the procedures and formats to be used to submit proposals are clear and their application is not considered to be cumbersome. Overall, the NGOs consider the Netherlands to be more efficient in handling proposals than other donors. The recently instituted possibility to submit proposals with a two-year funding period is regarded as an important step to improve efficiency, both at the level of the NGOs as well as in the Ministry. Some NGOs suggest allowing proposals to be submitted in languages other than English and Dutch, which may facilitate their collaboration with implementing partners at field level.

### 3.5.3 Monitoring

Humanitarian aid activities financed by the Netherlands are implemented in various ways. Embassies are requested to monitor the implementation of the intervention as far as possible. This implies keeping track of the implementation of the intervention at field level and reporting back any irregularities or setbacks to the Humanitarian Aid Division. Monitoring commonly involves consultation with the local offices of the implementing organisation or agency, and may involve field visits. In addition, implementation is discussed at donor meetings. Most importantly, the embassies are expected to keep a close watch on developments influencing the emergency situation and concomitant changes in humanitarian conditions. Such contextual monitoring, whether conducted by embassy staff or based on information provided by donors and aid implementers, enables the embassy as well as the Humanitarian Aid Division to reassess the appropriateness of the intervention if necessary.

<sup>112</sup> Eleven main Dutch humanitarian NGOs responded to a questionnaire survey conducted as part of the evaluation. One of them thought the conditions for submitting proposals to be unnecessarily cumbersome, not conducive to improve the quality of proposals, and to unnecessarily lead to higher overheads and costs.

Active monitoring of Dutch-supported humanitarian activities, however, is constrained by the availability of sufficient numbers of staff at the embassy level and the often problematic conditions governing access to areas where the aid is implemented.<sup>113</sup> Factors mentioned are security conditions (Sudan and Somalia) as well as the geographical distance between the location of the embassy and the regions where the aid is provided (Democratic Republic of the Congo and Burundi<sup>114</sup>). For details see the case study chapters. In addition, other factors leading to insufficient monitoring are the establishment of priorities among the various tasks of the embassy and a lack of clear guidance for monitoring.

Where financial support is provided through Channel Financing Agreements (UN and ICRC) or as contribution to the core budget organisations, it is impossible to monitor specific Dutch-supported interventions, since such contributions are not earmarked at intervention level. In such circumstances, periodic monitoring is focused on the overall performance of the implementing agency. At the field level, such monitoring may be done jointly by the Netherlands embassy and representatives of other donors. This has for instance been the case in Sudan, where joint donor-agency field visits are increasingly taking place.

The head and staff of the Humanitarian Aid Division conduct periodic field visits, which invariably include visits to project sites and discussions with implementing agencies. These visits commonly involve embassy staff as well. Generally, each member of staff visits the field once a year.

In the case of UN agencies and ICRC, the monitoring at general level is done through day-to-day contacts of the Permanent Representation of the Netherlands with these agencies. Such contacts are an important source of information for the Humanitarian Aid Division. Furthermore, the Permanent Representations exchange information with the representations of other donors on the performance of the agencies. This has proven to be a very effective and efficient way of gathering information on the overall performance of the agencies. An important

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113 Since responsibility for the Humanitarian Aid budget is not devolved but is centralised in The Hague, most embassies located in crisis areas have no staff or insufficient staff specifically responsible for the management of humanitarian assistance. Rather, monitoring of individual projects and programmes are perceived as additional tasks. The willingness of headquarters in The Hague to deploy additional staff to embassies in countries with a humanitarian crisis may also depend on whether the emergency is considered to be 'high profile'.

114 Until September 2005, when an additional staff member was deployed in Bujumbura, the Netherlands embassy in Kigali, Rwanda, had to monitor humanitarian developments and Dutch-financed interventions in Burundi at long range. The Netherlands embassy in Kinshasa indicated that for most of 2004 and 2005 the lack of staff prevented them from visiting the eastern part of the DRC where Dutch-financed humanitarian activities were being implemented.

type of monitoring involves the participation of staff of the Humanitarian Aid Division in field visits by the different 'donor support groups' organised periodically by ICRC and several UN agencies, including OCHA (see Box 3.1).

Monitoring may in theory also take place during the annual bilateral consultations between the Ministry of Foreign Affairs and the various humanitarian aid agencies. However, in practice, these consultations are not exploited for monitoring. According to the agencies involved, the consultations mostly focus on general policy issues and not on the effectiveness and efficiency of the implementation of activities at field level.<sup>115</sup> According to the Humanitarian Aid Division, the latter issues are only put on the agenda if the embassies and Permanent Representations consider it necessary to address serious implementation problems at a higher level. Furthermore, the Netherlands participates in regular meetings of the governing bodies of international organisations, although humanitarian aid may not feature prominently on the agenda of such meetings involving agencies that are not solely concerned with humanitarian assistance, such as UNICEF.

Meetings in connection with the Good Humanitarian Donorship initiative also provide the Humanitarian Aid Division with information on the overall performance of implementing agencies, as do meetings of the Humanitarian Assistance Committee of the EU members and the European Commission. Finally, the Humanitarian Aid Division as well as embassies may commission evaluations of projects and programmes. In the period 2000-2004 this was done only to a very limited extent.<sup>116</sup>

Dutch humanitarian NGOs mentioned having regular contacts with policy officers of the Humanitarian Aid Division, for instance to debrief following a field visit. NGOs appreciate these contacts, which they regard as a sign of commitment by the staff of the Humanitarian Aid Division.

115 Bilateral consultations with agencies with which the Netherlands has concluded a General Framework Agreement that governs Dutch contributions for development work as well as a Channel Financing Agreement conditioning Dutch support for humanitarian action focus only partly on humanitarian assistance.

116 For instance, two evaluations covering NGO projects in DRC were commissioned by the Humanitarian Aid Division in 2005.

### 3.5.4 Reporting

The reporting requirements are contractually arranged between the Ministry of Foreign Affairs and the implementing organisation. Generally speaking, two different reporting formats exist.

The first pertains to UN agencies and the ICRC, who are funded through the above-mentioned Channel Financing Agreements. Reporting requirements stipulate that the agencies submit their overall annual reports, as well as audited financial statements. These substantive and financial reports are submitted to the Humanitarian Aid Division through the Permanent Representation of the Netherlands to the specific agencies. The fact that the annual reports are accepted and no specific additional reporting is required is greatly appreciated by the agencies involved, because the provision of specific donor-focussed reporting of different activities at field level (projects and programmes) is considered very time-consuming. Harmonisation of donor requirements towards reporting is one of the principles of the Good Humanitarian Donorship initiative. In this regard, the agencies consider the Netherlands to be one of the frontrunners among the donor community.

This type of reporting, however, also has a down side. In the first place, one may question whether these annual reports are indeed a useful means of accounting for the Dutch humanitarian contributions. The reports only provide information at a very general level and are not adequate for monitoring and evaluation purposes. Although the annual reports are based on information reported by the agencies' field offices, the process of collecting and consolidating data may not be transparent and headquarter staff interviewed during the course of the evaluation indicated that they cannot check which type of information is entered into the 'field-to-headquarter' reports and how the data are analysed. The generally long chain of management for most of the agencies (field sub-office - field office - country office - regional office - headquarters) is a contributing factor. In other words, the quality of the reporting depends on the quality and transparency of the agencies' results-based management system. According to the agencies themselves, the annual reports do not contain detailed information about the successes or failures of interventions, and critical information may often be filtered out at headquarters.<sup>117</sup> The agencies included in the evaluation mentioned that the Netherlands may receive additional and more detailed information about programme and

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117 A contributing factor is that the annual reports are also used for public relations purposes.



project implementation if required. They also stated that during the evaluation period no demands were made for more detailed substantive reporting.

The reporting structure of ICRC differs from the one described above. ICRC reports at the programme level (congruous with its appeals) through an audited annual report. At the same time, the organisation provides the Netherlands with a more detailed overview, which provides information on the actual use of the Dutch contribution. This enables these contributions to be traced geographically. In addition, ICRC produces mid-term reports, which provide narrative updates on its operations. ICRC also provides the results of its internal financial audit system to donors on its website; field audits are available upon request.

The second type of reporting has to be applied by other organisations receiving financial support. Upon completion of each intervention or project phase for which a separate allocation is made, the implementing organisations have to submit a narrative and a financial report to the Humanitarian Aid Division. In principle, mid-term reports may be submitted as well, but this has rarely been done because until the beginning of 2004 most interventions did not last longer than one year.<sup>118</sup>

When asked about these reporting requirements, all but one of the Dutch NGOs responding to the questionnaire survey regarded the reporting requirements for interventions lasting up to 12 months as fair and adequate and indicated that they experienced no problems in adhering to them. However, requirements for interim reporting on multi-annual programmes and projects were considered too detailed and cumbersome. Consequently, it was suggested that these requirements be streamlined. Some NGOs suggest allowing reporting in languages other than English and Dutch, which would facilitate their contacts with their implementing partners at field level. As to the quality of reporting, they observed that the maximum level of overhead costs NGOs may charge (three per cent and in the case of bulk food supplies one per cent) restricts their ability to properly monitor project implementation and affects the quality of their reporting on accomplishments.

The Humanitarian Aid Division flagged the timeliness of the reporting as an issue. Many implementing organisations and agencies often do not submit their reports on time. Late reporting is not tolerated and follow-up creates an administrative

<sup>118</sup> As noted earlier, since January 2004 NGO projects may last up to 24 months, in which case an interim report is required indicating any deviation from the original project proposal.

burden for the Humanitarian Aid Division and its support units. As mentioned earlier, undisciplined reporting by agencies and non-governmental organisations contributes to the prolonged duration (at least in an administrative sense) of the supported humanitarian interventions.<sup>119</sup>

UN agencies, ICRC and the Dutch NGOs involved in the evaluation expressed their opinion on the ways they receive feedback from the Humanitarian Aid Division on their reports. They considered timeliness of feedback not to be an issue. However, the feedback received tends to focus on financial matters and rarely mentions the substantive part of the reports. Agencies and organisations indicated that in their perception, the Humanitarian Aid Division pays more attention to financial accountability than to substantive accountability.<sup>120</sup> Moreover, some indicated that current feedback practice lacks incentives for improving their reporting and more importantly their interventions. A general lack of clarity about the use of their reports may also be perceived as discouraging.

UN agencies, the ICRC and also NGOs commission or conduct evaluations of their programmes and projects. These evaluations are made available to the Ministry of Foreign Affairs for use by the Humanitarian Aid Division. The actual use made of such evaluations was found to be variable.

### 3.6 Analysis

Over the past fifteen years, the Netherlands has modified its humanitarian policy in order to respond better to humanitarian emergencies. The policy is committed to integrated approaches to humanitarian aid, linking relief with rehabilitation and development through multilateral action. It stresses the assessment of the needs of recipients, as well as the value of improved performance through reporting and monitoring.

In line with this policy, the Dutch humanitarian aid budget and expenditure have increased significantly over the past fifteen years. Given the capacities and funds available, it is a logical approach to concentrate humanitarian assistance on a number of focus countries and regions, whilst maintaining sufficient flexibility to

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<sup>119</sup> In the event that an implementing organisation or agency does not report in time, the contractual time span of the allocation has to be adjusted and recorded in the Management Information System.

<sup>120</sup> This issue was clearly flagged by the Dutch NGOs responding to the questionnaire survey. Most consider the feedback as adequate and timely, but 30 per cent remark that the feedback is largely confined to financial aspects in the reports.

respond to emergencies in other parts of the world. In principle, regional concentration also enables an integrated approach in protracted crises.

By not focusing *a priori* on sectors, the Netherlands has relied on the implementing agencies to assess existing needs in order to determine an effective response. By providing the implementing agencies with flexible unearmarked funding, activities in 'lower' profile sectors are ensured.

The financial procedures for humanitarian assistance have been rationalised through Channel Financing Agreements with UNHCR, UNICEF, WFP, OCHA and ICRC, and by simplifying funding arrangements for NGOs. This is in line with international efforts to foster accountable and effective management of humanitarian assistance, reflected in the principles of Good Humanitarian Donorship. They furthermore improved the predictability and timeliness of Dutch humanitarian funding and limited reporting requirements. Finally, the unearmarked contributions under the Channel Financing Agreements have improved the flexibility of the agencies involved in the implementation of the Dutch humanitarian response.

The rationalisation process has reduced the administrative burden of both the implementing organisations and the Humanitarian Aid Division. However, according to the Division, the different administrative tasks are still taking up a disproportionately large part of staff time which cannot be used for necessary substantive work including policy development, involvement in international policy dialogue, as well as programme and project monitoring and evaluation. The latter are considered necessary to improve the quality of aid implementation. Even though the Division's staff capacity has increased over the past five years, and the number of allocations has diminished, the Division is still experiencing a lack of capacity. This is partly due to the fact that the Ministry has intensified its internal administrative and financial procedures, including the introduction of a new labour-intensive Management Information System (Piramide) in 2003. Capacity problems can only be solved by making use of interns and trainees to carry out programme and project management tasks.

The rationalisation process, and more specifically the introduction of unearmarked funding provided under the Channel Financing Agreements and their concomitant limited reporting requirements, has resulted in the Humanitarian Aid Division having to rely on information obtained through two types of monitoring. The first is institutional monitoring carried out by the Permanent Representations and the Humanitarian Aid Division, involving regular contacts,

annual consultative meetings, and meetings of donor support groups. The second is intervention-level monitoring conducted through field visits of staff of the Humanitarian Aid Division and embassy staff. Although both types of monitoring are considered useful, some constraints have been observed. First, the Permanent Representations are faced with insufficient staff capacity to fully exploit their monitoring tasks. Second, though the annual consultative meetings with the implementing agencies with whom the Netherlands has entered into a Channel Financing Agreement were intended to reduce the loss of the Division's overview at the intervention level, in practice they concentrate mainly on strategic and policy issues. Third, the capacity of the Humanitarian Aid Division restricts the number of field visits to be conducted. Fourth, the embassies do not have sufficient incentive to monitor interventions because they do not have responsibility for the humanitarian budget. Moreover, their staff capacity and experience with humanitarian assistance limits their ability to perform the required monitoring tasks. Another source of information consists of evaluations carried out by the agencies and by the Humanitarian Aid Division. It is observed that agency evaluations are used, albeit to a limited extent, whereas the Humanitarian Aid Division only infrequently commissions evaluations for its own purpose.

It may therefore be concluded that in the case of the UN agencies and the ICRC there is no strong focus on accountability at the intervention level. Rather there is a reliance on these agencies, which includes accountability at the institutional level. In contrast, accountability in relation to NGOs has remained focused at project level.

A final issue relates to the importance of an integrated approach towards crisis situations. The implementation of an integrated response is facilitated by the close collaboration of the Humanitarian Aid Division, the Peacebuilding and Good Governance Division and other relevant units in the Netherlands Ministry of Foreign Affairs. However, the units involved in the response to crisis situations operate separate budgets, each prescribing specific conditions for funding humanitarian assistance, peace-building and good governance, reconstruction and development as well as military and political interventions. To date, there is no (additional) separate budget to support projects or programmes which integrate relief, rehabilitation and reconstruction activities. This may imply that certain types of activities could end up not being funded in case proposals contain activities that may be defined as 'relief plus' activities that are largely focused on rehabilitation or may even be considered developmental.

## 4 Afghanistan

### 4.1 Background to the case study

This chapter contains the findings of the first case study that was conducted to inform the overall evaluation. It is based the multi-donor evaluation of the humanitarian and reconstruction assistance to Afghanistan 2001-2005 provided by Denmark, Ireland, the Netherlands, Sweden and the UK, which was undertaken in the period January-September 2005.<sup>121</sup>

The Dutch support to Afghanistan is described and assessed in the context of the overall joint donor intervention, of which it formed an integral part. Since it is often not possible to distinguish between Dutch and other inputs in assessment, in the concluding part of the chapter reference is made to the overall donor intervention.<sup>122</sup>

The development cooperation that took place in Afghanistan in the 1960s and 1970s had Germany, the United States of America and the Union of Soviet Socialist Republics as the main donors, before it was interrupted by a communist coup in 1978, to be followed by armed conflict up to the present time. In Pakistan, NGOs started solidarity-based aid to the 3 million refugees who had arrived there by the early 1980s.<sup>123</sup> This aid developed into NGO provision of cross-border humanitarian aid, and from 1989 onwards into rehabilitation and smaller development projects inside Afghanistan. Throughout the 1990s most UN agencies and NGOs maintained head offices in Pakistan, with limited staff based in Afghanistan.

<sup>121</sup> This chapter is based on the report of the multi-donor evaluation and also includes financial information for 2005; the full report of this evaluation may be found on the CD-ROM accompanying this report. The report is also available from the Information Office of Danida, the Danish Ministry of Foreign Affairs, ([www.um.dk](http://www.um.dk)).

<sup>122</sup> The evaluation of Dutch assistance to Afghanistan was undertaken by the team-leader and the deputy team-leader of the multi-donor evaluation who had supplementary consultations in the Netherlands in September 2005. It combines the evaluation of humanitarian aid with the aid for rehabilitation and development, including nation- and state-building, since the Afghan context does not allow for a sharp distinction.

<sup>123</sup> In contrast to the UN High Commissioner for Refugees (UNHCR), NGOs were not allowed to work with Afghan refugees in Iran, or prioritised those refugees.

The Netherlands started its Afghanistan engagement from the early 1980s with support through Dutch NGOs. Dutch funding increased throughout the 1990s and from the mid-1990s the Netherlands assumed an active role in the Afghan Support Group of donors. At that time the Dutch Minister for Development Cooperation was a driving force in establishing a unified UN coordination system and a coherent UN, NGO and donor policy towards the Taliban regime.<sup>124</sup> In the years prior to 2001, the annual humanitarian contribution from the Netherlands averaged some € 9 million.

As a result of 9/11, Afghanistan was placed at the centre of international politics and development cooperation. The Netherlands participated in the USA-led coalition attack 'Operation Enduring Freedom' on the Taliban regime and Al Qaeda in October 2001 and took part in the subsequent international provision of humanitarian and development aid, with grants of € 165 million from 2001-mid 2004<sup>125</sup> (this represented 3.5 per cent of its entire aid budget). Afghanistan has been defined as one of the chronic crisis areas in the developing world that should receive special attention from the Netherlands.

The fact that it provided more than 5 per cent of the total aid received by Afghanistan in the evaluation period makes the Netherlands one of the country's major donors.<sup>126</sup> The aid was supplemented with a military intervention, whose exact cost is unknown to the evaluation team but is thought to be roughly half the cost of the 'civilian' aid.<sup>127</sup> The Dutch humanitarian contributions exceeded the initial pledges at the Tokyo Conference in January 2002 and they were disbursed in full and on time, thus avoiding the criticism directed by the government of Afghanistan towards other donors for not materialising their pledges.

124 Taliban literally means 'student' (of Quaran schools). In the Afghan context the Islamic movement that held power between 1996 and 2001.

125 Prior to the evaluation, the donors involved in the multi-donor evaluation had commissioned three background studies, including an inventory of aid flows to Afghanistan, which provides an overview of the size of the grants and the channels used for aid provision. The bulk of the financial information in this report is taken from the report 'Aid Flows to Afghanistan' prepared by J. Cosgrave and R. Andersen, which is available on the CD-ROM accompanying the multi-donor evaluation report.

126 The largest donor was the USA, followed by Japan and the large EU member states. The Netherlands also contributed indirectly through the European Union and the World Bank; these contributions are not included.

127 According to estimates from Dutch military sources in Afghanistan.

## 4.2 The humanitarian crisis

### 4.2.1 The ethnic, political and gender situation

The present borders of Afghanistan were drawn as a result of a British-Russian compromise in the 19<sup>th</sup> century on the creation of a buffer state between their empires, and do not reflect the regional distribution of the country's ethnicities. Southern Afghanistan is mainly populated by Pashtuns, who make up approximately half of Afghanistan's total population of some 23 million.<sup>128</sup> Pashtuns also live in the adjoining parts of Pakistan. Northern Afghanistan is inhabited by Turkmen, Uzbek and Tajik ethnicities. The central part of the country is populated by Hazaras, who have traditionally held an underprivileged position in society, partly due to their allegiance to Shia Islam rather than to the Sunni Islam followed by the majority of Afghans. The Pashtuns were politically dominant until the changes in 2001, when the 'Northern Alliance', representing a diverse ethnic and religious opposition to the predominantly Pashtun Taliban joined Operation Enduring Freedom and ended up on the winning side. In the beginning of the 20<sup>th</sup> century the then King located Pashtuns in the North by force to strengthen his influence; many of them were displaced after the defeat of the Taliban. The balancing of the ethnicities has been a major concern for the nation-building endeavours of the present government.

Traditionally, Afghan society is male-dominated, with strong cultural and religious limitations to women's participation in public life and employment.

The Soviet invasion in 1979 resulted in war in which the resistance armies acted in the name of Islam as holy warriors, 'mujahideen', supported militarily and financially by the US, Western and Islamic countries. Competing mujahideen parties/armies were created, operating out of the refugee camps in Pakistan and Iran.

In 1989 the Soviet troops withdrew and in 1992 Kabul was conquered by the mujahideen, only to be subjected to civil war between their parties, which destroyed the city and killed or displaced half of the inhabitants. Most of the country was under the control of regional 'warlords' and local commanders. In the 1980s the mujahideen assassinated large numbers of educated people, notably teachers, while alleged communists were also killed or fled the country after 1992, depriving Afghanistan of a large part of its educated human resources.

<sup>128</sup> This is the official figure. However, the exact size of the population, influenced by migration patterns, is unknown. Estimates vary between 23-28 million.

Map 4.1 Afghanistan



The radical Islamist Taliban faction reacted against the chaos and atrocities with an armed uprising and took power in most of the country from 1994 onwards. It controlled all except the north-east region by 1998, where the Northern Alliance resisted their advance. The Taliban regime liaised with international militant Islamists and harboured Al Qaeda camps. However, its suppression of women and destruction of Buddha statues recognised as part of the world's cultural heritage, created international revulsion against the Taliban, which was not compensated for by the regime's reduction of opium production. Under the more orderly regulation of society by the Taliban, NGOs were allowed to play an important role as providers of humanitarian aid, including health, basic education, water and sanitation, and agricultural inputs.

The invasion by a USA-led coalition in October 2001 led to cooperation with the Northern Alliance and warlords and commanders. The Taliban withdrew to the south and south-east, where they have continued armed resistance. In 2005 there was an increase in attacks and kidnappings on the Iraqi pattern, which the government of Afghanistan has attributed to Al Qaeda.



#### 4.2.2 The humanitarian situation and the effects of the wars

The long conflict has impacted negatively on relations between the citizens and the state, has militarised society and has weakened traditional civil society structures and the social fabric. It caused massive destruction of the environment and traditional agricultural livelihoods and the deployment of large numbers of landmines. It inhibited development and forced six million Afghans to flee to Iran and Pakistan, from where some made their way to Western countries, and led to the displacement of approximately one million inside Afghanistan. While the production of narcotics (cannabis, and the economically more important opium/heroin) had started to grow in the 1970s, it boomed during the wars, and by 2005 Afghanistan accounted for almost 90 per cent of the world's opium production.

In 2004 Afghanistan ranked 173 out of 178 on the Human Development Index of the United Nations Development Programme and its geographic location makes the country prone to earthquakes, seasonal flooding and drought. The 2005 Afghanistan's Millennium Development Goals (MDGs) Report present a highly worrying picture of the humanitarian situation: '...nearly 40 per cent of the rural population cannot count on having sufficient food to satisfy their most basic hunger; 57 per cent of the population is under 18 years of age but with little hope of employment; in much of the country over 80 per cent of the people are illiterate; life expectancy is under 45 years.'

The report further documents that:

- Over a fifth of all Afghan children die before the age of five, nearly 40 per cent of the children under 3 years are underweight. Afghanistan has the third highest maternal mortality rate and is one of the countries with the highest rate of tuberculosis, young women constituting 70 per cent of the cases. Malaria is prevalent in 60 per cent of the country and there is a high risk of the spread of HIV/AIDS.
- Half of the school-age children are still out of school.
- Afghanistan has the lowest female literacy rate in the world.
- About 70 per cent of the rural population and 40 per cent of the urban population has no access to improved water.
- Only 6 per cent of the population has access to electricity.
- Forest cover has been halved since 1978. The water table has fallen in many areas.

The gravity of these problems has been reinforced by the fact that Afghanistan raises a mere 5 per cent of the GDP as internal revenue, and the drug economy

is estimated to equal 50-60 per cent of the legal economy. The concern for the consequences of the continued armed conflict has caused the government of Afghanistan to add a 9<sup>th</sup> MDG: Enhancing Security, stating that ‘...lack of security is a principal obstacle to the education and public participation of women, as well as to long-term investment for development.’

Despite all changes, Afghans remained strongly influenced by their culture, traditions and religion. Ethnic, tribal and family networks were safety nets in the absence of a functional state.

#### 4.2.3 The international response

From the capture of Kabul in 1996 and until the invasion of the Coalition in October 2001, most of Afghanistan was under the rule of the Taliban except for parts of Northern Afghanistan controlled by a coalition of ethnic minorities termed the Northern Alliance. The UN Security Council sanctions against the Taliban regime in 1999 limited legal interaction with the Taliban, restricted provision of assistance to humanitarian/reconstruction aid and instructed the avoidance of any form of assistance or collaboration that in effect could strengthen the Taliban administration.

Preparation for the provision of humanitarian assistance started simultaneously with the planning of the international military intervention against the Taliban, and commenced in October 2001 as a combination of airdrops of food packages and assistance delivered by mostly Afghan NGO staff who volunteered to stay on in Afghanistan during the bombing campaign. From December onwards the majority of UN agencies and NGOs shifted their offices and staff from Pakistan to Afghanistan, where they continued the humanitarian interventions while starting up rehabilitation programmes and then moving into more development interventions when the National Development Framework came into place in April 2002.

#### *The creation of the new Afghanistan*

The design of the new Afghanistan was expressed in the Bonn Agreement of December 2001 by the international community (with the USA and the World Bank in the forefront) and its Afghan partners. The Agreement established an Afghan Interim Authority (AIA) while the United Nations Assistance Mission to Afghanistan (UNAMA) was established to assist the AIA with the political and development processes and be the UN coordination agency. The Special Representative of the (UN) Secretary-General, Lakhdar Brahimi, headed the agency, planned as a ‘light footprint’ engagement. NATO was to provide security

under a UN mandate, through its International Security Assistance Forces (ISAF) in Kabul and later in the north of the country, while the USA-led coalition forces continued the war against the Taliban in the south and south-east. As a new institution in development cooperation, civilian-military Provincial Reconstruction Teams (PRTs) were created in November 2003 to combine the military intervention with provision of humanitarian and development aid.

At the Tokyo donor conference in January 2002, pledges of € 3.7 billion for humanitarian and development aid, including € 70 million from the Netherlands, reflected the urgent priority given to the rehabilitation of Afghanistan by the international donor community.

In June 2002 the AIA was transformed into the Afghan Transition Authority and Hamid Karzai was elected Chairman. A Constitutional Assembly, with 20 per cent female representatives, approved a new constitution for the Islamic Republic of Afghanistan in January 2004. In the presidential elections of October 2004, in which 78 per cent of the electorate voted in spite of the difficult circumstances, Mr. Karzai was elected president. Parliamentary elections took place in September 2005, thus finalising most of the transition to constitutional democracy with only slight delay. While the political process has been successful in this respect, it cost approximately € 120 million. As the new political system of Afghanistan requires 8-10 elections every decade, this is a considerable financial burden considering the country's revenue.

Early figures supported a positive outlook for economic recovery and growth, although the increase in 2002 and 2003 was at least partly due to reduced drought, income from expanded poppy production and rapid urban growth. The population of Kabul quadrupled from 2001 to 2005, largely driven by the revenue derived from the international community and by the large number of returning refugees seeking security and job opportunities. While some recovery can be observed, the economic prospects for Afghanistan are still uncertain and the ability of the Afghan state to raise domestic revenue is limited for the foreseeable future.

#### *The conditions for aid provision*

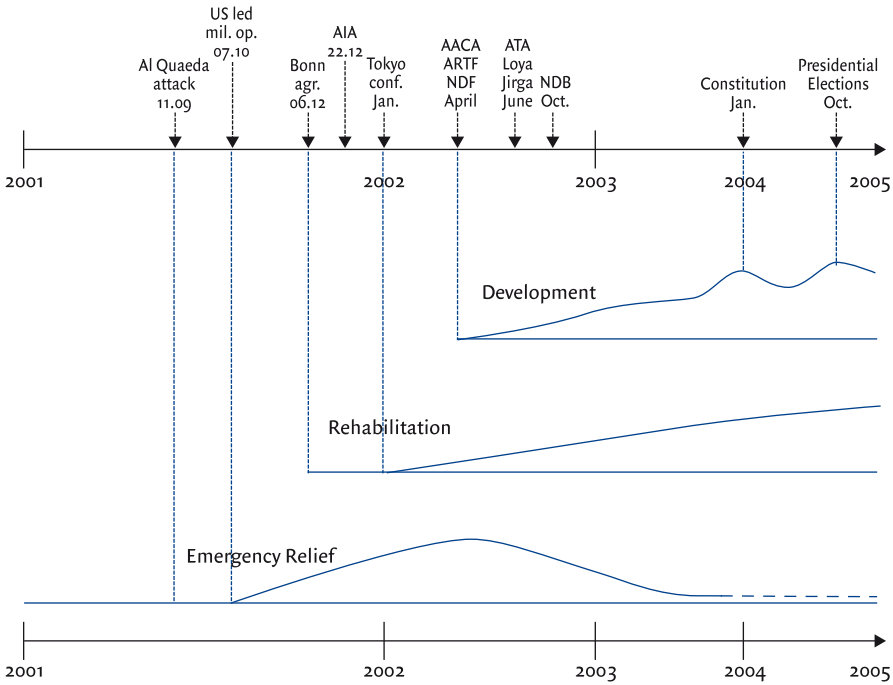
When the international community started to plan for their humanitarian involvement in Afghanistan by late 2001, it faced a number of challenges. Sporadic fighting was continuing in parts of the country, where the *de facto* power rested with commanders, warlords and self-appointed Governors. Kabul had been

taken over by one military faction, posing a threat to the forthcoming political process. Large numbers of people had been internally displaced by the bombing campaign. The central and local administrations were weak, both due to neglect by the previous mujahideen and Taliban governments and to the UN sanctions imposed since 1999. No international banking system functioned, infrastructure had been destroyed and large parts of the country were suffering from the effects of a drought.

The provision of aid since then has taken place in a continued context of challenges, which include:

- Slow progress in the establishment of the rule of law and the co-opting of commanders to positions of power, which has been conducive to reduced state legitimacy, continued human rights violations and land disputes.
- Weak management capacity and slow and uneven capacity building within the Afghan government, together with increased corruption, which has reduced the value of aid and is threatening the public credibility of the government of Afghanistan and the aid providers.
- A shortage of Afghans with management, foreign language and computer skills, which has led to competition and inflationary pay, draining both government and NGOs of core staff to the benefit of international organisations and private companies.
- The high visibility of international actors - including housing and transportation standards - coincided with rehabilitation being slower than either the population or government had anticipated, which resulted in anger being directed against the international actors.
- Logistical, security and economic factors, which caused rampant price inflation in the major cities, in particular in the capital, Kabul.
- Lack of baseline data, needs assessments and agreed benchmarks for rehabilitation and development, which inhibited the measurement of progress and impact.
- A sharp increase in poppy cultivation and opium processing, which has negatively influenced the state-building and humanitarian processes.
- Slow progress in the re-establishment of agricultural production and in increasing rural employment, which has added to the urban migration.
- Last, but not least, the continued conflict has increased the security risks, reduced aid provision to large parts of Afghanistan and increased the implementation costs.

**Figure 4.1** Timeline for emergency, rehabilitation and development interventions in Afghanistan, 2001-2005<sup>129</sup>



Moreover, the security problems have entailed increased transaction costs for aid delivery. The evaluation team did not come across any attempt to detail the scale of these costs and the aid providers did not generally perceive lack of funds as a problem. However, an unofficial estimate is an average ‘security overhead’ of 20 per cent. In respect of Kabul, this figure excludes indirect costs resulting from the high security environment of the aid community, time lost because of the limited freedom of movement in the city, and very high accommodation and other costs.

*The nature of the aid provided*

As illustrated in the timeline above, the aid provision to Afghanistan was mainly humanitarian until the establishment of the new Afghan Interim Authority (AIA), late 2001.<sup>130</sup> Because of the unusual conditions a large part of the aid to

129 The assistance levels shown in this figure are only indicators of increase and decrease, and are not based on statistics.

130 Prior to 2001, international and national NGOs had been the main implementers of assistance in Afghanistan, including provision of rehabilitation projects and small-scale development programmes in addition to emergency responses.

Afghanistan falls between and outside the standard categories. A significant part of the aid has been used for the support of the political process and for the stabilisation of the political situation in the country. After the National Development Framework (NDF) and the Afghan Reconstruction Trust Fund (ARTF) were established in 2002, the humanitarian aid was supplemented with, and gradually replaced by, rehabilitation and development aid. The aid through the ARTF is mainly used to cover the recurrent costs of the Afghan government, with a minor portion for reconstruction.

### 4.3 Response of the Netherlands

#### 4.3.1 Policy and strategies

In the autumn of 2001, the Netherlands Ministry of Foreign Affairs, through its different units including the Department of Human Rights and Peace Building (in particular its Humanitarian Aid Division), the Department for Asia and Oceania, the Department for Security Policy as well as other relevant departments and divisions, acknowledged there was an urgent need to decide and design substantial contributions to a multidimensional intervention in Afghanistan - a country still in conflict. Earlier experience had been mainly acquired through assistance-providing Dutch NGOs, such as the Dutch Afghanistan Committee and Novib (renamed Oxfam-Novib in 2006), and the UN organisations operating in Afghanistan and supporting Afghan refugees in Pakistan and Iran. In addition, the design of the intervention was informed and influenced by membership of other international organisations involved in Afghanistan, including the EU (as a political player and an operational aid-provider), the Red Cross movement, the international finance institutions (in particular the World Bank), and NATO. The head of the Afghanistan Assistance Coordination Authority and Minister of Finance from 2002-early 2005, Mr. Ashraf Ghani, also had an important advisory role for the Netherlands and other members of the donor community because of his central position in the government in relation to the donors, in addition to his World Bank background and charismatic leadership.<sup>131</sup>

When designing the intervention, the Dutch decision-makers thus considered not only the overall objectives for Dutch humanitarian and development assistance - life-saving emergency action and poverty alleviation in addition to the criteria of good governance, respect for the human rights, gender and environment con-

<sup>131</sup> As a consequence of its prioritisation of multilateral coordination, the Netherlands assisted the work of Mr. Ghani's office through the part-time secondment of a staff member of the Netherlands representation office for this purpose, while the Afghan government structure was still weak.

cerns - but also the international political imperatives of contributing to political stabilisation and the struggle against terror, later embodied through the military NATO involvement in Afghanistan.

In addition, what became a parameter of some importance in the Netherlands, as in other European donor countries, was the desire to reduce the influx of Afghan refugees and, later on, to return refugees and rejected asylum seekers to Afghanistan. Another issue with some background bearing on policy-making in the donor community at large was the perceived importance of developing counter-narcotics initiatives in Afghanistan.

The urgent priority given internationally to the Afghanistan crisis made it important for the Netherlands too to present quick and considerable pledges for aid, to facilitate their rapid implementation and to achieve visible results.

There were only limited and unsystematic attempts in similar donor countries to draw on the experience from participation in earlier complex emergency operations such as Bosnia and Kosovo, which bear some significant resemblances to the situation in Afghanistan. In the case of the Netherlands, the Ministry of Foreign Affairs ameliorated this problem by establishing an Afghanistan taskforce which was inspired and informed by an earlier Balkan group.<sup>132</sup>

The EU appeared to be of limited importance for the design of the aid strategy, while the EU Special Representative later acquired an important coordinating role for the member states, particularly in relation to state- and nation-building. During the evaluation period, the Netherlands sought guidance on political matters from the representational office of the EU in Afghanistan, which organised periodic meetings for the member states.<sup>133</sup>

While underlining Afghan ownership, the donor community at large including the Netherlands, accepted the USA, UN and World Bank designed 'Bonn model', emphasising the political processes and the minimum prerequisites for a functional (lean and efficient) state by prioritising the Ministry of Finance and the cre-

<sup>132</sup> The creation of the Afghanistan taskforce was considered successful, responding well to the requirements of the situation and improving future capacity for multi-dimensional responses.

<sup>133</sup> According to most of the donors and to the EU, the EU-coordinated intervention in Afghanistan has been limited. EU officials interviewed during the evaluation stated that the large member countries, including the United Kingdom, pursued their own policies, while the smaller donors attached more importance to EU guidance. However, they did not provide concrete examples to support this claim. The Netherlands played an active part in the endeavours to promote EU coordination through its position as (*de facto*) EU Chair Nation for 18 months during 2003-2004.

ation of a new police force and army. Not only has the USA been the largest donor nation; its political and military influence in the new Afghanistan is also uncontested.<sup>134</sup> The continuing conflict with Afghanistan's inherent security problems, and the commonly acknowledged threats from a growing drug economy, made it more difficult to diverge from the 'Bonn model' as a common umbrella and time-frame for the intervention in Afghanistan.

The Netherlands provided a significant level of humanitarian aid in 2001, primarily through OCHA, WFP, UNHCR and the ICRC. UNICEF and FAO received significant support for rehabilitation while NGOs drew support for both rehabilitation and development projects.

Subsequently, following a two-week fact-finding mission carried out by staff of the Ministry of Foreign Affairs to Afghanistan in early 2002, a decision was made to provide most of the Dutch aid through the main multilateral channels<sup>135</sup>:

- The UN organisations, with priority for the UNHCR for the repatriation of refugees and return of IDPs, and, from 2003, for election support through the UNDP.
- The newly created, World Bank administered, Afghanistan Reconstruction Trust Fund, whose main objective was to ensure the functioning of the Afghan state.

In addition, funding for NGOs was channelled through OCHA, and later the UN Assistance Mission to Afghanistan (UNAMA) when this organisation assumed the responsibility for coordination on behalf of the UN in 2002.<sup>136</sup>

While this prioritisation of aid was shared with other donors, the Netherlands stood out by the size of its contributions to the above channels and by the con-

<sup>134</sup> It is therefore interesting to note that the US Government Accountability Office, the investigative arm of Congress, stated in July 2005 that USAID had not developed a performance management plan to monitor projects, nor had it focused contractors' efforts on developing project-specific performance plans, and had lacked a comprehensive strategy to direct its efforts.

<sup>135</sup> An internal policy note of early 2002 mentions the following priorities: support for the UN in the implementation of the Bonn agreements; support for activities focused on closing the gap between relief, reconstruction and development; ongoing support for humanitarian action wherever needed; support for the Afghan authorities in order to take responsibility for the country's reconstruction and development process; support for coordination between government institutions and aid agencies; play a constructive role in ISAF. Other priorities were preventing large-scale production of narcotics as well as preventing Afghans from seeking refuge abroad and where possible supporting the return of refugees. Specific priorities for humanitarian and reconstruction aid included *inter alia*: institutional strengthening of the government; good governance, human rights, rule of law and democratisation; rural development; education; health; disarmament and de-mining; and attention for cross-cutting issues such as gender.

<sup>136</sup> In order to encourage NGOs to work together with the UN agencies and other actors.



centration of its aid to them. The Dutch contributions to the multilateral agencies have mainly been unearmarked as a reflection of the fact that throughout the evaluation period the Netherlands has strongly advocated Afghan leadership and has supported coordination within the aid community. While there were deliberations about a possible Dutch lead nation role in different sectors in the early phases of the intervention, the position of the Netherlands was that it preferred to be ‘the lead nation in coordination’. This strategy was intended to support the coordination structure established in Kabul with consultative and advisory groups, including the overall lead role of the World Bank and UNAMA, rather than promoting bilateral objectives. A consequence of this strategy was that Dutch support for NGOs was provided through the abovementioned UN organisations, without earmarking for Dutch NGOs, in order to support that the NGOs should be coordinated and fall in line with the rest of the Afghanistan intervention.

The military component<sup>137</sup> and its interplay with civilian aid through the Dutch Provincial Reconstruction Team (PRT) also received considerable priority after the Dutch PRT was established in October 2004. PRTs are relatively small deployments of troops who, in addition to military tasks, cooperate with civilian development and political advisors in the provision of aid at provincial level.

The Netherlands differed from some of the ‘like-minded’ donors by not giving direct preference in its strategy to the Dutch NGO experience, which included a comparative advantage in the agricultural (animal husbandry) and health sectors and in capacity building of national NGOs.<sup>138</sup> Instead, the Netherlands mainly stuck to the multilateral approach in taking the initiative to create an NGO fund administered by OCHA, later UNAMA.<sup>139</sup>

The Netherlands was the only donor to choose this option, which did not work out that well despite a Dutch national being seconded to strengthen UNAMA’s management capacity. UNAMA found it difficult to accommodate the fund with its other activities, and it was subsequently terminated. The Dutch NGOs were not happy with the arrangement whereby the bulk of funding was channelled through international NGOs, rather than through Dutch or Afghan NGOs.

137 The Netherlands has been one of the important contributors to the NATO-ISAF forces since their inception in 2003, and for 6 months in 2003-2004 was the nation in command of the force.

138 Represented by the Dutch Afghanistan Committee, Health Net and Novib, respectively.

139 Some of the difficulties encountered by the NGO Fund stem from the organisational change from OCHA to UNAMA.

A mid-term review<sup>140</sup> questioned the practical funding arrangements, including the cumbersome fund transfer procedure; UNAMA's lack of management and monitoring/evaluation capacity; uncertainty about the placement of responsibility and an absence of criteria 'which match donor/UNAMA interests with national priorities'. Moreover, the report highlighted the difficulty of placing such a funding mechanism with a UN mission, rather than with a UN agency with an implementing mandate, as this requires additional financial and human resources within UNAMA, and the fund's requirements set in train a selection process that '...created a bias towards well resourced, experienced Anglophone agencies'.<sup>141</sup> The consistent multilateral priority also meant that standard Dutch aid priority issues, like gender and environment, were only accommodated to a limited extent through the Dutch aid.

A Netherlands Representation Office was established in Kabul in 2002 to deal with aid, military, refugee and returnee matters, and to serve the Netherlands chairs both within the EU and NATO during the evaluation period. In 2004 the office was upgraded to embassy status. Together with the Dutch PRT in the province of Baghlan, it has created Dutch visibility at both national and provincial levels. The embassy has been staffed with five international staff members, two of whom work with aid, one of them concentrating on disarmament, demobilisation and reintegration, and security sector reform (recently the number of international staff has been increased to seven). This capacity did not allow the embassy to monitor or evaluate the Dutch aid or the performance of the providers of it.

#### 4.3.2 Response in financial terms

Dutch funding to Afghanistan is as follows:

- Humanitarian funding is used for framework agreements with UN agencies and the ICRC and for support, though limited, to NGOs. This budget is handled by the Humanitarian Aid Division and the activities funded by it are the main object of this evaluation;
- The rehabilitation funding, also handled by the Humanitarian Aid Division, is used for annual, voluntary funding of UN organisations and other agencies;
- Development funding is used for annual voluntary grants for the ARTF and UN organisations as well as for NGOs;
- The Peace Fund, later the Stability Fund, is used to fund stabilisation initiatives.

<sup>140</sup> At the request of the Netherlands, a two-member team undertook the review; one member was head of UNAMA's Monitoring, Evaluation and Analysis department and the other an external consultant.

<sup>141</sup> For details see UNAMA (2003). *Mid-term Review: NGO-Fund for Relief and Rehabilitation Activities in Afghanistan, Contribution by the Government of the Netherlands*. Kabul.

In addition, the Netherlands Embassy has provided smaller grants, primarily used for projects implemented by Afghan civil society organisations and international NGOs. This funding system has worked flexibly and well, without hampering the achievement of the Dutch aid priorities.

The Dutch strategy for aid to Afghanistan is reflected in the distribution of funds among the largest recipients in 2001-2004:

- The ARTF received 49 per cent of the entire aid (the main use of those funds has been to ‘run the Afghan state’ by paying the wages of some 240,000 employees in the public sector).
- The UN organisations received 40.5 per cent, mainly distributed among:
  - UNHCR, 12 per cent (repatriation of refugees and internally displaced persons).
  - OCHA and later UNAMA, 11 per cent (emergency aid in the beginning of the intervention, and including 2.5 per cent of the aid (€ 5.5 million) for the abovementioned Dutch-funded NGO fund with UNAMA).
  - UNICEF, 6.5 per cent, including the Back-to-School campaign and humanitarian aid.
  - The World Food Programme (WFP), 6 per cent, mainly for food-for-work and food-for-asset creation.
  - UNDP, 4.5 per cent, mainly for support to the constitutional and election processes.
- The ICRC received 4 per cent, their activities included restoring urban water supply.
- The International Organisation for Migration (IOM) received 1.2 per cent, related to repatriation of refugees and asylum seekers from the Netherlands.
- The German agency Bundesanstalt Technisches Hilfswerk received 1.2 per cent for support to the new Afghan police.
- Four NGOs, including three Dutch, received 3.6 per cent: Stichting Vluchteling (SV), 1.1 per cent; Health Net International (HNI), 0.9 per cent; The Dutch Red Cross, 0.9 per cent and the Danish NGO DACAAR received 0.7 per cent for rural water supply. To this should be added the abovementioned NGO-support through the UNAMA fund; supporting 23 NGOs, of which only three were Dutch (HNI, ZOA and Cordaid).
- The remaining few per cent of the Dutch aid was distributed over 26 recipients, some of them funded from the small grants programme of the Netherlands Embassy in Kabul. This included important support for protection of cultural heritage and civil society initiatives that have attracted limited assistance from the wider donor community.

In addition, € 10.8 million in humanitarian aid was allocated in 2000, bringing the entire Dutch aid to Afghanistan up to some € 230 million for 2000-2004.

Some € 53 million was budgeted for Dutch aid to Afghanistan in 2005. Of this, € 5 million was for PRT-related activities that started in the province of Baghlan in October 2004, further to fact-finding missions in March 2004. This included € 500,000 for larger CIMIC projects, which are administered separately from the remaining € 4.5 million that was labelled 'Facilitation Fund for Reconstruction'. The latter arrangement introduced a bilateral element into the hitherto consistent multilateral approach. The use of resources from the Facilitation Fund requires the approval of the Dutch Ambassador in Kabul. € 1.3 million of the € 5 million earmarked for Baghlan was to be used for PRT-related objectives from the Dutch contribution to the Afghan Stabilisation Programme in 2004, (which set out to promote the upgrading of provincial and district administration).

The initial design of the Dutch aid in 2001-2002 did not undergo major revision of its guiding policies until 2003 when, as a result of the change of government in the Netherlands, the focus on multilateral aid was widened to include substantial contributions still made through the multilateral channels but intended specifically to benefit nation- and state-building and stabilisation. This move has been influenced by the thinking that stabilisation and development should proceed in tandem - an idea that has been widely accepted in the international donor community.

Table 4.1 shows the pattern of Dutch allocations during the evaluation period.

### 4.3.3 The distribution of Dutch aid within Afghanistan

As indicated by map 4.2 (which does not differ significantly from the picture of the overall aid distribution, as the Netherlands mainly used the same distribution channels used by other donors), the security situation adversely affected distribution to the provinces in the south, while the northern provinces have been rewarded for siding with Operation Enduring Freedom from early on.<sup>142</sup> The areas hardest hit by the drought, such as Uruzgan and Zabul in the south, received very limited funding. So did provinces ranked high on WFP's Vulnerability Assessment and Monitoring, such as Ghor and Badgis in the north-west, while areas with less need for assistance, such as Baghlan and Kunduz in the north-east, have been prioritised. The high level of aid to some provinces is partly explained by money from

<sup>142</sup> Some further NGO projects financed through the UN-administered fund have been implemented in south and south-eastern provinces, but because of their limited scale they do not alter the overall distribution pattern.

**Table 4.1** Dutch major grants to Afghanistan 2001-04: sectors and channels (€ million)

	2001	2002	2003	2004	Total	Percentage of aid
<b>Humanitarian Funding</b>						
UNHCR	5.5	10.46	6.2	4.0	26.160	11.9
IOM	0.82	1.2			2.020	0.9
Mine Action (Halo Trust/UNMAS)	0.69		0.56	0.5	1.750	0.8
UNOCHA/OCHA/UNAMA	6.79	3.0		1.0	10.790	4.9
WFP	7.36	5.0		1.0	13.360	6.1
UNICEF	1.12			1.0	2.120	1.0
ICRC and IFRC	4.27	4.7			8.970*	4.1
NGOs		0.02			0.02	0.0
<i>Total Humanitarian Funding</i>					65.190	29.8
<b>Rehabilitation Funding**</b>						
UNICEF	2.7	9.0			11.700	5.3
UNAMA - NGO fund		7.85			7.850	3.6
NGOs	3.88	1.48			5.30	2.4
FAO	1.1				1.100	0.5
IFRC	0.46				0.460	0.2
UNDP	0.3				0.300	0.1
<i>Total Rehabilitation Funding</i>					26.710	12.2
<b>Development Funding</b>						
ARTF		35.0	35.0	35.0	105.000	47.9
UNDP	0.14		5.0	2.7	7.840	3.5
NGO/Civil society	5.1	0.35	0.02		5.470	2.5
UNFPA/UNOPS	0.8			0.03	0.830	0.4
<i>Total Development Funding</i>					119.140	54.3
<b>Stability Fund</b>						
The Afghan Stability Fund		2.0	0.04	2.7	4.740	2.2
US Embassy - symposium			0.036		0.036	0.0
UNDP (DDR),				2.0	2.000	0.9
PRT-related				1.3	1.300	0.6
<i>Total Stability Fund</i>					8.076	3.7
<b>Grand Total</b>					<b>219.116</b>	<b>100</b>

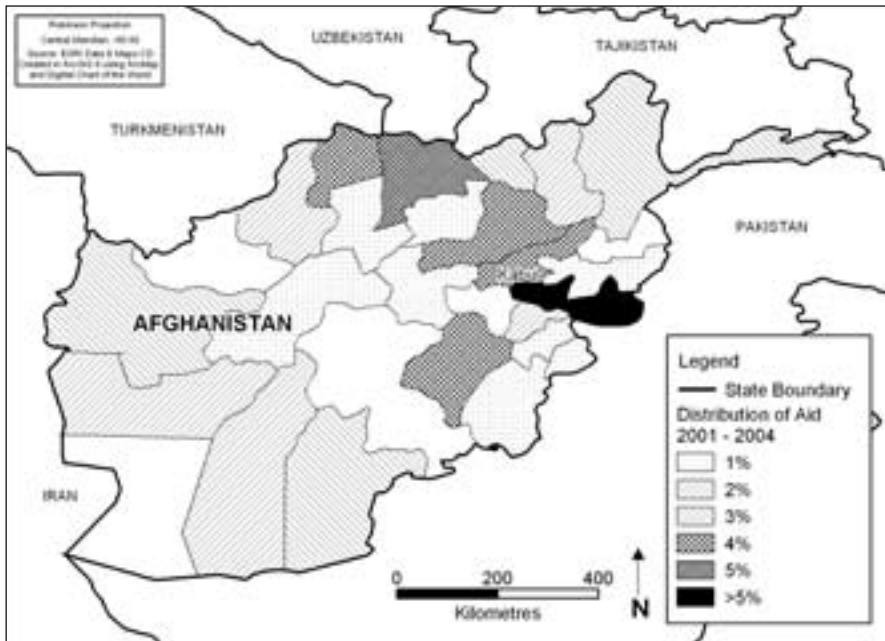
\* In the period 2000-2004, ICRC spent € 7.8 million from Dutch contributions in Afghanistan. This figure was provided by the External Resources Division of ICRC, since the Netherlands does not earmark its annual contributions to ICRC at country level, this disaggregated information does not appear in Ministry's management information system.

\*\* Funding for rehabilitation purposes is covered from the humanitarian budget.

Source: Cosgrave, J. and R. Andersen (2004). *Aid Flows to Afghanistan*. Channel Research, supplemented by information from the database of the Netherlands Ministry of Foreign Affairs.

the Afghanistan Reconstruction Trust Fund, used by the donors as a main funding channel for the public sector in order to pay the salaries of government officials.

**Map 4.2** Distribution of aid from the Netherlands to Afghanistan, 2001- 2004, by province (in percentage of total Dutch aid\*).



\* Corresponding to approximately € 170 million from different budget lines.

Source: Cosgrave, J. and R. Andersen (2004). *Aid Flows to Afghanistan*, Channel Research.

#### 4.3.4 The Netherlands and comparable donors

Table 4.2 below illustrates the distribution of aid to Afghanistan from a group of donors traditionally considered ‘like-minded’ with the Netherlands (Denmark, Ireland, Sweden and the United Kingdom) over different channels of implementation. The Netherlands stands out for its higher concentration of aid on the ARTF (public administration reform and economic management) and on the UN organisations as whole. The other donors have opted for a more diversified approach and have concentrated their aid more in main implementation channels:

- Denmark prioritises support for the education sector through the Afghan Ministry and the Danish NGO Danish Assistance to Afghan Rehabilitation

and Technical Training (DAART); Danish support for water supply is channelled through the Danish Committee for Aid to Afghan Refugees (DACAAR);

- Ireland prioritises humanitarian aid through Irish NGOs;
- Sweden has prioritised the health and education sector through the NGO Swedish Committee for Afghanistan (SCA);
- The UK has prioritised stabilisation: support for Afghan state-building with a large bilateral element of technical assistance in the aid. Counter-narcotics, and the related alternative livelihood initiatives, have been a priority for the UK, but the UK has given no priority to British NGOs.

Within this group of donors, the Netherlands is in line with the UK in its high prioritisation of aid to Afghanistan, 3.5 per cent of the total development aid in both cases, whereas the other donors vary between 1-2 per cent.

**Table 4.2** The twelve largest recipients of the aid provided by the five donors (in percentages) in the period 2001-2004

		The Netherlands		Denmark		Ireland		Sweden		UK	
1	ARTF	42.5	UNHCR	15.2	ARTF	19.7	SCA	17.9	ARTF	28.6	
2	UNHCR	13.5	DACAAR	9.9	Goal	9.2	UNHCR	16.2	UNDP	17.1	
3	OCHA	10.7	ARTF	9.8	UNICEF	9.1	UNICEF	15.6	ASP	7.6	
4	UNICEF	7.8	DDG	7.1	Concern	8.2	UNOPS	9.2	GoAf	7.2	
5	WFP	7.5	MRRD	7.0	Trócaire	7.3	ICRC	7.1	UNHCR	6.1	
6	UNDP	4.9	WFP	6.7	WFP	7.0	ARTF	6.6	WFP	5.1	
7	ICRC	4.6	MoE	5.7	UNHCR	6.2	WFP	5.5	UNICEF	4.6	
8	IOM	1.2	UNICEF	5.0	Christian Aid	4.2	GoAf	5.1	ICRC	2.3	
9	BTHW	1.2	ICRC	4.9	IFRC	3.5	OCHA	2.5	WHO	2.1	
10	SV	1.1	DAC	4.8	HALO Trust	3.0	AIAF	2.0	IOM	2.0	
11	HNI	0.9	UNDP	3.5	LOTFA	2.4	Forum Syd	1.9	UNMAS	1.2	
12	Red Cross-NL	0.9	DAART	2.8	AIAF	2.4	IOM	1.4	FAO	1.2	
	Others	3.2	Others	17.5	Others	17.8	Others	8.9	Others	14.9	
		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	

Source: Cosgrave, J. and R. Andersen (2004) *Aid Flows to Afghanistan*, Channel Research.

The concentration of the aid from the Netherlands on the multilateral channels and the corresponding policy of not prioritising Dutch NGOs are in line with the principles of Good Humanitarian Donorship. They have made it easier for the Dutch administrators of the overall Afghanistan intervention to pursue the overarching policy goals of creating a working state simultaneously with the accommodation of the immediate humanitarian needs. Comparable donors have shared this approach less consistently since they have assumed an additional responsibility for the development in certain sectors, within the overall division of labour in the donor community, and/or they have decided to capitalise on earlier aid investments in sectors where their national NGOs have acquired a specific expertise.

While this has meant that the Dutch NGOs have had less funding opportunities than NGOs from comparable governments with different funding approaches, it does mean that the Dutch government has had a freer hand to fund the activities of other international NGOs, either directly from the Netherlands or from the UN fund.

#### **4.4 Description and assessment of the interventions**

Below, the text will focus on areas in which it was possible to observe specific Dutch activities and/or where Dutch contributions have been particularly significant. Subsequently, the overall performance of the other implementation channels of particular interest to Dutch aid will be assessed and the activities will be evaluated in relation to the evaluation criteria.

##### **4.4.1 Intervention areas with significant Dutch inputs**

The sectors with significant Dutch inputs identified for closer examination are:

- The humanitarian sector as a whole, with assistance to UN agencies, ICRC, IFRC and NGOs;
- The repatriation of refugees and IDPs through the UNHCR. In this connection, the return of refugees and asylum seekers from the Netherlands will also be mentioned;
- The ARTF;
- The development aid provided through the Dutch PRT.

Although the latter two intervention areas have not been funded from the humanitarian budget, they represent important parts of the aid framework in Afghanistan, insofar as the humanitarian aid coexists with and leads into the simultaneously ongoing processes of rehabilitation and development. Furthermore, the stabilisation through the use of the military has been inextricably interwoven with the provision of aid in the Afghan context.



### *Humanitarian and rehabilitation projects*

The Netherlands has made substantial contributions towards meeting the basic humanitarian needs of the Afghan population in the education, health, water and sanitation, and livelihood sectors, and has funded humanitarian de-mining action regarded as a prerequisite for rehabilitation and development processes. Over the period under study a total of € 65.2 million, or 29.8 per cent of the Dutch aid to Afghanistan has been for humanitarian projects, and a further € 26.7 million or 12.2 per cent has been allocated to rehabilitation efforts.

### *Findings*

During the period October 2001 to mid 2002, the WFP and NGOs delivered humanitarian assistance to the large number of persons fleeing the fighting and ethnic persecution. Provision of food (and later food-for-work assistance and food-for-asset creation) allowed the rural population to partially re-establish their livelihoods.

During this early period, UNHCR and UNICEF were involved in assistance to the internally displaced; later they shifted their focus when the return of refugees who had fled to Pakistan and Iran picked up and demands for education increased. It is difficult to assess the impact of these early interventions because of the limited documentation and monitoring, high staff turnover and the absence of evaluations. However, the general lack of criticism from the Afghan authorities and private individuals and the high degree of voluntary return are strong indications that the humanitarian intervention has been successful.

In the education sector the 'Back-to-School' campaign, led by the UNICEF, has been successful. School enrolment increased from 50,000 in 2001 to five million children by 2005, including girls previously deprived of opportunities for public education. Priority has therefore been given to building schools, training teachers and introducing new teaching material, but policy development in the Afghan Ministry of Education has lagged behind. Given this massive enrolment, the challenge now is to improve the quality of the education, secure appropriate teaching facilities, and improve the planning and management capacity of the Ministry of Education.

With the introduction of the basic package of health services, the health sector has undergone a major restructuring. The Netherlands has funded this sector indirectly through the contributions to the Afghan Reconstruction Trust Fund, UN agencies and the ICRC. So far, the government of Afghanistan has lacked the

capacity and ability to assume its stewardship roles. Given the massive health problems faced by the Afghan population, not least the high child and maternal mortality rate, the health sector is in need of more comprehensive attention.

The Netherlands provided substantial support for the water and sanitation sector through the Danish NGO DACAAR. This effort to support the rural water supply sector is judged as both important and cost-effective, though early donor engagement to help establish an Integrated Water Resource Management system, that would also have benefited the agricultural sector, would have been welcome.

The livelihood sector has been highly prioritised, through support for the World Food Programme, the government's national programmes, such as the National Solidarity Programme (see Box 4.1 below) funded through the ARTF, IFRC's rehabilitation projects and NGO assistance provided through the OCHA/UNAMA administered NGO fund. Closely linked here is the support provided for humanitarian mine action, with funding for the Halo Trust and the United Nations Mine Action Service.

### Conclusions

All humanitarian interventions supported by the Netherlands are regarded as relevant and highly needed, though some were initially based on limited needs assessment and have not subsequently been monitored and evaluated. WFP has been criticised for being slow in formalising their dialogue with the government of Afghanistan and in shifting their focus from humanitarian to more rehabilitation-focused activities. The establishment of the UN trust fund saved the Netherlands much administrative work, but both UNAMA and the Dutch NGOs have raised objections to the arrangement and have questioned whether it has led to better alignment with the priorities set by the government of Afghanistan. The limited support provided for the agricultural sector also deserves mention, because of its importance to the Afghan economy and the substantial involvement of the Dutch Committee for Afghanistan in this sector prior to 2001.

An area of concern is how the shift from a system of aid delivery focussed on NGO/ UN assistance to a system increasingly controlled and managed by the Afghan government took place, albeit recognising the need for such a transfer of responsibility. The rather confrontational ways of the Afghan government in securing their control over funding sources reduced the willingness of the NGO sector to share their resources and knowledge, whereas the NGO sector had to adjust to the new reality of becoming government contractors and thus may have had to

tone down their advocacy role in order to secure funding. Now a major challenge for everyone involved in assistance provision and longer-term peace stabilisation is to find ways to realign these concerns, by promoting the best possible working arrangement between the government, the newly elected parliament and the NGO community. At the same time, NGOs and the nascent Afghan civil society must be allowed and encouraged to develop their roles as critical and constructive actors in a public discourse about Afghanistan's future.

#### Box 4.1 The National Solidarity Programme

*The National Solidarity Programme is a primary vehicle for the government of Afghanistan's social capital building, which has as an objective '... to lay the foundations for a strengthening of community level governance, and to support community-managed sub-projects comprising reconstruction and development that improve access of rural communities to social and productive infrastructure and services'.*

*All villages will receive uniformed support from the government, with the extent of the assistance depending on the number of inhabitants, and a coherent effort is being made to establish a common communal structure by setting up female and male Community Development Councils.*

*The programme is led by the Ministry of Rural Rehabilitation and Development and implemented by 21 facilitating partners, primarily NGOs, and supervised by an oversight consultant. Through a facilitation process the Community Development Councils are developing a Community Development Plan, prioritising 3 projects for subsequent funding and committing themselves to contribute at least 10 per cent of the project value. The Councils decide on the project implementer, while the facilitating partners and the oversight consultant oversee project implementation. The block grants are handed directly to the Community Development Councils, to ensure communal involvement and reduce corruption through greater transparency.*

*The programme is planned for expansion to all Afghan villages, estimated to be 20,000. By August 2005 it had reached almost 50 per cent of the target, having approved 12,000 projects, of which 80 per cent are in progress and 2,000 have been formally completed.*

### *Refugees and internally displaced persons*

The return and reintegration of refugees and internally displaced persons (IDPs) has been a high priority for the government of Afghanistan and donors, including the Netherlands. Indeed, the Netherlands has provided substantial financial support (€ 26.16 million, or some 12 per cent of the Dutch aid to Afghanistan) for UNHCR programmes to support the repatriation and to assist IDPs. The UNHCR has described the Dutch support as substantial and timely.

Further, the Netherlands and the European Commission have co-funded the IOM for the programme for the Reception of Afghan Nationals to Afghanistan (RANA),<sup>143</sup> and for the programme for the Return of Qualified Afghans. In addition, the IOM has managed the ARTF Expatriate Service Programme.

### *Findings*

During the evaluation period Afghanistan witnessed a massive return and reintegration of 3.5 million refugees and more than 1 million internally displaced persons. Both processes have been managed satisfactorily by the UNHCR, which assumed a lead agency role for IDPs in close collaboration with the Ministry of Refugees and Repatriation and that Ministry's provincial departments, and other UN agencies. The engagement has entailed assisting people to return from neighbouring countries and from IDP camps, providing shelter for those with rights to land, providing water and sanitation, and running some income generation projects. Protection and safe return has been a major concern throughout, not least for the remaining number of about 170,000 IDPs.

A general and notable concern is that the funding for return and reintegration has been substantially reduced since 2003, though the number of returnees remained at almost the same level in 2003 and 2004, and those then returning were generally poorer and more likely to be landless than the large number that returned in 2002. The Netherlands reduced its contribution from € 10.46 million in 2002 to € 6.2 million in 2003 and 4 million in 2004, a downscaling of 34 per cent compared to the general reduction of only 17 per cent of UNHCR's budget for 2004.

Further support and protection is also needed for the remaining group of internally displaced persons, including nomads, though efforts here should be concentrated on finding political or developmental solutions to the security and ecologi-

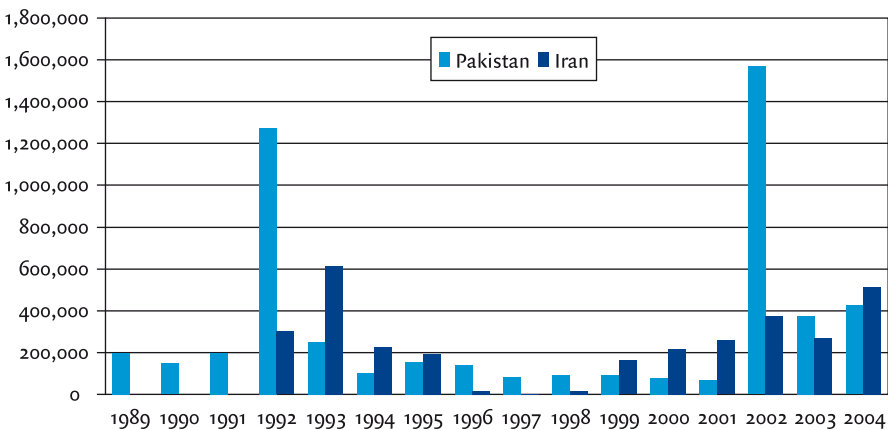
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143 The European Commission is the main donor to the RANA programme.

cal challenges that either inhibit return or prevent their permanent settlement. Such solutions are likely to require the active support of the donor community.

Finally, UNHCR has initiated an innovative and timely process between the governments of Afghanistan, Iran and Pakistan to shift the focus from refugee return to migration management. This initiative deserves the full backing of the donors, including the Netherlands as a major donor to the UNHCR.

**Figure 4.3** Repatriation to Afghanistan from Iran and Pakistan 1988/89 - June 2004



Source: UNHCR.

#### *Voluntary returnees and rejected asylum seekers*

The Netherlands has promoted voluntary return to Afghanistan and has gradually started to return rejected asylum seekers. Tripartite agreements have been established with UNHCR and the government of Afghanistan, and the IOM has been tasked to assist with re-entry and reintegration through the RANA programme, which includes vocational training and business start-up schemes. € 2.02 million has been allocated to the return schemes.

The IOM-managed RANA programme seems to be functioning well and to be adapted to Afghan realities. Through this programme a total of 290 Afghan refugees from the Netherlands returned during 2002-2004.

Two major concerns are noted. One is the protection of the returnees, given the government of Afghanistan and UNHCR's limited ability to protect and moni-

tor. The other, as pointed out in the IDP study,<sup>144</sup> is the mixed messages sent by UNHCR and other UN agencies: on the one hand, they acknowledge the difficult security situation in many parts of Afghanistan while, on the other hand, they still find it feasible to return Afghans from neighbouring countries and from Europe.<sup>145</sup> Given UNHCR warnings against massive return to Afghanistan, it might be questioned whether a policy of returning rejected asylum seekers is sustainable, especially if the programme is expanded. More time is needed for Afghanistan to improve the law and order situation and the judicial system in order to ensure that the necessary protection tools are in place.

### Conclusions

The massive task of assisting the return and reintegration of refugees and IDPs has been handled in a professional and innovative manner by the UNHCR; a similar assessment is made of IOM's, albeit limited, reintegration programme for returned asylum seekers. The UNHCR-driven shift in focus from refugee return to migration management and the successful ways UNHCR has of handling the lead agency role are experiences that could be transferred to future humanitarian interventions elsewhere. It can be concluded that the Netherlands has obtained good value for the aid funds allocated to this sector and the high level of Dutch support for the UNHCR reflects the encouraging results achieved.

### The Afghan Reconstruction Trust Fund

The Afghan Reconstruction Trust Fund (ARTF) was established as a World Bank administered multi-donor trust fund in mid-2002. It is jointly managed by the World Bank, UNDP, the Asian Development Bank and the Islamic Development Bank. ARTF contains two 'windows'. The first is for the recurrent costs of the budget, including civil service salaries, operations and maintenance, paying the salaries of about 240,000 public employees. The second 'window' is used to fund development projects listed under the Afghan National Priority Programme. By early 2005, US\$ 638 million had been made available for the Recurrent Window,

144 In 2003 a group of donors, including the Netherlands, decided to conduct a number of evaluations with a special focus on IDPs. A common framework was prepared (*Framework for a Common Approach to Evaluating Assistance to IDPs*. Danida, 20 October 2003). It included a 'Preliminary Study of Assistance to Internally Displaced Persons in Afghanistan' conducted as a background study to the joint-donor evaluation of humanitarian and reconstruction assistance to the Afghanistan and a study on Somalia whose findings are highlighted in chapter 6 of this report. A Synthesis Report summarised the findings of the different 'IDP studies': see Borton, J., M. Buchanan-Smith and R. Otto (2005). *Support to Internally Displaced Persons: Learning from Evaluations*. Stockholm: Sida.

145 See discussion in Chapter 9 Donor strategies and policies, in Marsden, P. and D. Turton (2004). *Preliminary Study of Assistance to Internally Displaced Persons in Afghanistan*. London: Background Paper prepared for the joint evaluation of humanitarian and reconstruction assistance to Afghanistan.

and US\$ 183 million for the Investment Window.<sup>146</sup> This includes unearmarked grants from the Netherlands of € 70 million, approximately 11 per cent of the total. The ARTF underwent a major evaluation in spring 2005.<sup>147</sup>

### Findings

The findings from this latter evaluation were reviewed by the evaluation team involved in this case study, and in all areas visited, it was checked whether government employees had received salaries in full and on time. It was found that this is mainly the case, and thus that ARTF serves the purpose of ensuring that government staff are paid regularly. The ARTF allows donors to express preferences for particular projects, but the Netherlands has not made use of this option.

The current evaluation confirms the main recommendations of the earlier ARTF evaluation which include:

- Continued support for the trust fund.
- The continued use of an independent Monitoring Agent, to monitor and review disbursements, payments, accounting and reporting for the activities financed by the ARTF.
- That the ARTF should be adjusted in the future, including:
  - Modified reporting requirements;
  - The establishment of a Policy Forum to allow the government of Afghanistan greater influence on (and information about) the priorities made;
  - While the Recurrent Window should be maintained, the Investment Window needs to pay particular attention to building capacity in public financial management.
- International consultants need to be placed under the control of the government of Afghanistan with clear performance criteria and their salaries need to be harmonised with local salaries.
- The principle of preferably not earmarking the ARTF donations be continued.
- Performance indicators and clearer targets for poverty reduction be established.

There is widespread agreement that the ARTF has been a useful funding channel, reducing the donor's administrative costs while ensuring compliance with government policy priorities. The transaction cost is low, while transparency is high,

<sup>146</sup> For further details see Afghanistan Reconstruction Trust Fund (2005). *Administrators' Report on Financial Status as of June 21<sup>st</sup>, 2005*.

<sup>147</sup> Scan Team (2005). *Assessment, Afghanistan Reconstruction Trust Fund, Final Report*.

though greater Afghan involvement is required, as is external pressure to speed up administrative reforms. National programmes such as the National Solidarity Programme, partly funded through the ARTF, are deemed important for national rehabilitation and development. Initial assessments of these are positive where there is a need to ensure national coverage.

### Conclusions

While the ARTF has fulfilled its intentions and should be continued with the abovementioned improvements, there is one further noted concern deserving attention. It is that without a consistent public sector reform, these funds will mainly be absorbed by government salaries, keeping the apparatus running rather than reforming it, leaving only limited funding available for reconstruction. Given the limited potential of the government of Afghanistan to generate revenue, donors will be expected to continue their contributions to the ARTF. This makes it necessary to have stronger donor emphasis on reforms, anticorruption measures and capacity building within the administration in order to ensure connectedness with the state-building process. As an important ARTF-funding nation, there is scope for the Netherlands to take a firmer stance on these issues.

### The Provincial Reconstruction Teams

Civilian-military Provincial Reconstruction Teams (PRTs) were created as a new institution in development cooperation, to combine the military intervention with humanitarian and development aid.

Two distinct types of PRTs operate in Afghanistan under the USA-led Coalition and under the ISAF peacekeeping mandate. The working conditions for the Coalition PRTs in the south, where armed conflict is still rife, differ markedly from those of ISAF in the north where the Dutch PRT is located. Nevertheless, since January 2005, both categories have been operating under the same Terms of Reference, including a paragraph on 'reconstruction' stating that 'Reconstruction projects should be carried out in accordance with the direction of the Islamic Republic of Afghanistan and align their work when possible with the NPP (National Policy Priorities).'<sup>148</sup>

Further expansion of ISAF-PRTs in other parts of Afghanistan was under way at the time of writing. It will include a new Dutch-led PRT in the province of Uruzgan.<sup>149</sup>

<sup>148</sup> The agreed Terms of Reference for the PRTs in Afghanistan (January 2005).

<sup>149</sup> In January 2006, it was decided to send Dutch troops to the province of Uruzgan, deployment of the contingent will be completed in August 2006.



Though only the military elements of the PRTs are formally integrated under ISAF, the civilian development and political advisors work closely with the military in the Dutch and other PRTs.

At the time of the evaluation, ISAF troops numbered around 8,000 (of which around 1,000 were assigned to PRTs); the total included 311 troops from the Netherlands (February 2005). ISAF has supported the cantonment of heavy weapons, the programme for disarmament, demobilisation and reintegration of ex-combatants (DDR), security for the Constitutional Assembly, and for the presidential elections. By contrast, the PRTs do not participate in poppy eradication or in the fight against other crime.

#### *The Dutch PRT*

A Dutch PRT was established in the relatively peaceful province of Baghlan in October 2004. Dutch staff are replaced every four months, based on hardship criteria, whereas in the other ISAF-PRTs the rotation is every six months. The Netherlands has allocated significant military and also some civilian technical assistance resources from the Ministry of Foreign Affairs to the PRT, the corresponding costs being borne by the Ministry of Defence and the development budget respectively. It is estimated (by PRT staff) that the annual cost of running the PRT was € 17 million.

A political advisor from the Ministry of Foreign Affairs was seconded to the PRT, with the responsibility of dealing with the humanitarian and development activities. Since it had been unable to acquire civilian reinforcements from the Ministry of Foreign Affairs, due to its restrictive staffing policies, the PRT hoped to be able to supplement its scarce civilian capacity with Dutch reserve officers provided from the Ministry of Defence.

The political advisor was provided with limited funding from the Ministry of Defence, initially for quick impact projects, and providing these were in line with the agreed six-monthly maximum amount of € 50,000.<sup>150</sup> In early 2005 the advisor was allocated € 5 million for an unspecified period of time under a separate budget of the Ministry of Foreign Affairs, of which € 500,000 was for larger civilian/military projects to be spent by the military. € 4.5 million were to be spent according to the regular Dutch aid policy, subject to approval from the Dutch

<sup>150</sup> According to the Dutch Guidelines for Civilian-Military Cooperation, the initial € 50,000 may subsequently be increased following advice of the Dutch embassy in Kabul and a positive decision in the inter-departmental CIMIC Steering Group.

Ambassador in Kabul. At the time of the evaluation team's visit in April 2005 no decision had been reached about how these funds were to be used. Finally, after a visit by the Dutch Minister for Development Cooperation to the PRT in March 2005, it was decided that an additional € 1.3 million of the Dutch support for the Afghan Stabilisation Programme should be earmarked for the provincial government of Baghlan to be deployed in collaboration with the PRT.

#### *Dutch PRT practice compared with other PRTs*

The PRTs share the overall objective of promoting stability, security and the effective outreach of the government of Afghanistan's authority in the provinces concerned. They contribute to this objective by maintaining a visible military presence, by gathering information for the Afghan government, the police and the intelligence service, and for the Coalition forces, by providing the newly established Afghan police with support and by supporting the provincial and local administration. In addition to this, practices and priorities vary a great deal; the evaluation team observed that the individual PRTs had limited knowledge about the activities of other PRTs.<sup>151</sup>

PRT literature distinguishes between different models. A distinctive feature of the 'British' model is the practice of patrolling in small groups that interact with the social environment. In the 'German' model, patrolling is done in a heavier, and thus safer, way, coupled with a higher prioritisation of the civilian element, which is kept distinct from the military element and manned by more senior staff, who undertake more demanding projects.<sup>152</sup> The Dutch PRT staff subscribed to the British model, but Dutch practice appeared to bear greater resemblance to the German model. For example, unlike the UK and Danish PRTs, the Dutch PRT patrol in larger units that include a medical unit, and distinguish themselves visibly from humanitarian agencies in not using white vehicles. The staff were, however, unaware of German practice, having evolved these practices independently.

Among the abovementioned 'likeminded' countries, Ireland stood out by not participating at all in the PRTs, while Sweden only participated on the military side. The UK and Denmark had a similar construction as the Netherlands, though despite having less funding for development activities compared with the Netherlands, they included development advisors. A concern noted in the sub-

<sup>151</sup> For example, the Dutch PRT had, on its own initiative, established and used training facilities for the new Afghan army (ANA), and the initiative was subsequently endorsed by the ANA lead-nation, the USA.

<sup>152</sup> A recent study describing the different models was conducted by Peter Viggo Jacobsen (2005). *PRTs in Afghanistan*, Danish Institute for International Studies.

sequent debates on possible redeployment of the present PRTs is that the lack of a uniform PRT structure and a common humanitarian strategy limits the ability to transfer responsibility between PRT nations.

### Findings

The PRTs have been criticised by NGOs and others for blurring the distinction between humanitarian and military spheres. Those carrying out the work in the Dutch PRT are conscious of the need to avoid confusion and to provide an enabling work environment for the NGOs. Nevertheless, the term 'Provincial Reconstruction Teams' reflects a way of thinking out of touch with the reality experienced. A more appropriate term would be 'Provincial Stabilisation Teams'.

Though its deployment is small compared with other post-conflict areas, the Dutch PRT has successfully contributed to the political stability through a visible and friendly presence in most corners of the province. The presence of the PRT is appreciated not only by the authorities and international aid providers but also by the local population.

On the development side, neither the quick-impact projects (like the repair of a mosque), nor the planned more comprehensive development projects being carried out in collaboration with the provincial government, or possibly, NGOs, appeared to be well informed about national Afghan policies. The PRT approaches to needs assessment and implementation were based on a 'common sense, bottom-up approach' rather than on informed decisions and coherent strategies. This is probably attributable not only to the limited expertise on development matters among the staff, but also to a perceived time pressure for delivery during short assignments, which promotes a 'just do it' approach with limited concern for impact and sustainability. However, the larger PRT spending had to be approved by the Dutch Ambassador to ensure overall coherence with Dutch Afghanistan aid policy.

### Conclusions

It was found that the Dutch PRT had performed well on provision of stability. The staff should be commended for their ability to combine the show of force with cultural and political sensitivity. Yet the fast rotation of staff means there is still room for improvement in the institutional PRT memory through more elaborate hand-over mechanisms.

In terms of the humanitarian and development activities, the staffing of the PRT is low in relation to the professional challenges. It would appear to be difficult to remedy this, given the limited recruitment possibilities open to the Ministry of Foreign Affairs for this purpose. When combined civilian-military interventions are given higher political priority, it is necessary also to consider the consequences in terms of sufficient and adequate staffing. In addition, there is reason to believe that the civilian PRT activities are not very cost-effective when they move beyond small projects that can be implemented by the military resources that are at hand. Nevertheless, ambitions about the role of the PRTs in social development in Afghanistan still seem to be high, if rather vague, in particular activities related to improving local governance. This concern is illustrated by the above-mentioned, relatively important Dutch allocations for PRT development activities, which are not in line with the otherwise prevailing Dutch priorities for Dutch aid to Afghanistan.

In addition, the allocation of more than € 5 million from the development budget for the PRT activities is not entirely consistent with the overall policy guidelines for Dutch CIMIC activity, which stipulate that the six-monthly contribution should initially be € 50,000, but may be subsequently increased with other relatively minor contributions. Apart from this, the Dutch PRT activities and practices are in line with these guidelines.

Given the background above, the best contribution the Dutch PRT makes to an enabling environment for development is its provision of security and stability, while PRT development projects in relatively stable situations should be limited to small quick-impact projects coherent with the development priorities of Afghanistan.

#### **4.4.2 Assessment of the main implementation channels**

##### *The United Nations agencies*

The evaluation team formed a generally positive impression of the UN agencies they examined, including the main providers of Dutch assistance mentioned below:

UNHCR, as discussed above, is successfully carrying out the role of lead agency for refugee and IDP return and reintegration, funded with € 26.12 million from the humanitarian budget.

UNDP has been the main implementing agency for support to the Bonn process; the support includes involvement in organising the elections and in improving security through the DDR process. The Netherlands has supported the UNDP by providing € 0.3 million from the humanitarian aid budget, € 7.85 from the development budget and € 2 million from the Stability Fund. The scale of the organisation's involvement has been impressive, but there has been criticism of its efficiency and effectiveness, and of low visibility and lack of transparency. However, the voter registration and electoral support programme, an integrated UN project, was successful and could serve as a model for future elections.

UNICEF has been involved in education, health, and water and sanitation, funded by the Netherlands with some € 13.8 million from the humanitarian budget. The implementation of the 'Back-to-School' campaign is regarded as a success, although quality and teacher training now need to be prioritised to sustain the initial results. The health and nutrition programmes proved to be cost-effective interventions, but staff shortages in the water and sanitation sector reduced the ability to closely monitor assessments and implementation.

UNMAS (UN Mine Action Services) coordinates the mine action activities in Afghanistan, for which they have been supported with € 1.06 million from the Dutch humanitarian budget. Various programmes for de-mining and mine awareness are being implemented through NGOs, the majority of them Afghan, and the programme is generally regarded as one of the world's best mine action programmes. An upcoming challenge is to shift the responsibility for mine action to the government of Afghanistan while maintaining the strict prioritisation and quality control that are currently in place.

WFP has played a major role in humanitarian and rehabilitation efforts, in keeping alive millions of Afghans in need of food and work and for the re-establishment of their livelihoods. Their total support from the Netherlands has been € 13.36 million, drawn from the humanitarian budget. Their system for Vulnerability Analysis and Mapping has proved to be an important tool for the aid community to document levels of humanitarian needs and thus prioritise areas for the provision of assistance. However, criticism has been levelled at the WFP's continued distribution of wheat, its slowness in orienting itself towards rehabilitation and development goals, and its unwillingness to coordinate efforts and establish a dialogue with the government of Afghanistan.

OCHA played a major role in the coordination of assistance and policy in 2001 and prior to that, and in the process leading up to the signing of the Bonn agreement. In March 2002 the organisation was replaced by UNAMA, headed by Special Representative of the UN Secretary-General, Mr. Brahimi. UNAMA took over the overall UN coordination role. The management of the NGO fund illustrates the challenges of a 'light footprint' UN mission entering into project management while primarily staffed and equipped to facilitate and coordinate a broad political process.

#### *International organisations and NGOs*

The ICRC and the IFRC have successfully continued their long-term engagement in Afghanistan, including the broad range of activities mandated by the Geneva Convention and supplemented by health, emergency (including for drought victims) and IDP assistance. These projects were supported by the Netherlands with € 8.97 million from the humanitarian and € 0.46 million from the reconstruction budget. While the overall quality of ICRC activities was highly appreciated by all stakeholders, one may question its justification for being strongly involved in urban water projects, as that involvement has grown more out of the availability of funds than out of the ICRC mandate and comparative strengths.

The IOM, supported with € 2.02 million from the Dutch humanitarian budget, has involved itself in a number of activities, ranging from assisting with the repatriation of exiled Afghans to the reintegration of former combatants. While the RANA programme supported by the Netherlands has proved a success, IOM's activities are spread too widely and there are marked differences in quality between its various programmes.

The NGO sector received € 0.02 million from the Dutch humanitarian budget for relief activities and € 5.36 for rehabilitation, while a further € 7.85 million was made available for NGO rehabilitation projects through the UN administered NGO fund and € 5.47 million for NGOs and civil society organisations from the development budget. The support was provided for a large number of NGOs, including international NGOs such as DACAAR and the Swedish Committee for Afghanistan, Dutch NGOs, and a number of smaller Afghan NGOs. In addition, support was provided for the research activities of the Afghan Research and Evaluation Unit. The Afghan NGOs and civil society organisations appreciated the considerable capacity building that Novib undertook pre-2001 and their continued involvement in this field. Likewise, the mine action community judges Halo

Trust to be a very competent mine action agency, and Health Net has a good reputation in the medical field.

#### 4.4.3 Assessment of the interventions related to the evaluation criteria

Since the Afghanistan intervention by the international community set out to support the same overall objectives embodied in the abovementioned Bonn consensus, it is not possible to make a sharp distinction between the Dutch intervention and the overall intervention. Moreover, the Dutch intervention has prioritised the support for the multilateral aspect, rather than pursuing separate areas in accordance with its own priorities.

##### *Relevance*

Overall, the interventions supported by the Netherlands, whether humanitarian or otherwise, are highly relevant to the needs of the beneficiaries and to government of Afghanistan policies, while compromises have been made in relation to the standard aid priorities of the Netherlands regarding support for gender and the environment. The relevance of the civilian aid provided by the PRT is still unclear.

##### *Coherence*

There is general coherence between the application of the political, stabilisation, humanitarian, rehabilitation and development aid instruments. The interplay between stabilisation, aid and the ISAF Provincial Reconstruction Teams, including the Dutch PRT, has made it possible to obtain synergy from their contribution towards stabilisation and the creation of an aid-enabling environment.

##### *Connectedness*

The aid has been well connected with the policy of Afghan authorities and with the holders of political power. At provincial and district levels, and towards traditional Afghan civil society and the beneficiaries, a more mixed picture was observed. The PRT has connected well with the local power structure, but not with the national development priorities. The connectedness of the ARTF with the rehabilitation and development of the Afghan state might have been strengthened by being more closely coordinated with necessary reforms to the administration.

Regarding the connectedness of the humanitarian aid with the subsequent simultaneous priority to rehabilitation, development and stabilisation, including nation-, state- and peacebuilding, it would hardly have been possible to sequence very differently, since all the problems were simultaneously present. This is not to say that the interaction between donors, the government and aid implementers

and coherence between different aid instruments could not have been better. The limitations of the various consultative and advisory groups, the ARTF which was primarily used for salary payment, UNAMA's light footprint and restricted capacity, and the World Food Programme moving slowly from relief to rehabilitation were not conducive to optimally linking relief, rehabilitation and development. Some gaps remained however, because programming for emergency relief, rehabilitation and development largely went on in parallel.

### *Coordination*

Although a comprehensive aid coordination structure was put in place in Kabul from early on, in which the Netherlands played an active part, in practice, the coordination of the various sectors has been uneven. There has been a general disconnection between the capital and the provincial and district levels, where coordination systems have often been deficient, including in relation to the Dutch and other PRTs. The Dutch aid has been consistent in its priority to coordination as a reflection of the work of the Afghanistan taskforce in the Ministry of Foreign Affairs.

### *Effectiveness*

In terms of effectiveness, the record of assistance provided to Afghanistan is mixed. The most positive results relate to the provision of humanitarian aid, especially the return of refugees from the neighbouring countries and of internally displaced persons and the rehabilitation of the water supply. Nation-building has effectively materialised the objectives of the Bonn Agreement, based on substantial support from the donor community, including the Netherlands. State-building has been effective in relation to the key budgetary and fiscal functions, but there has been little progress in most other parts of the state, including the key justice sector. Recent Dutch support for the Afghan Stabilisation Programme is a contribution to remedying this situation. The Netherlands has made effective contributions to stabilisation and the strengthening of the state, less so to rehabilitation and development.

### *Efficiency*

It was difficult to obtain the information needed to be able to assess efficiency, but all the indicators appear negative: difficult logistics, high security overheads, inflated support costs and high manpower expenses due to capacity buying. There has been little incentive to focus on efficiency due to the ample availability of funds. The civilian aid provided by the PRTs has been particularly expensive in terms of funding and manpower. Regarding the timelines of aid provision, the



overall picture is positive where the quick Dutch funding and aid design has been a positive contribution - with the notable exceptions of civil service reform outside the Ministry of Finance in Kabul, and justice reform, where the initiatives have been very slow to get off the ground.

Unfortunately, an initiative by the Netherlands in 2004, to establish benchmarks for the rehabilitation process did not receive sufficient support and follow-up from other donors or the Afghan government.

## 4.5 Conclusions and issues

### 4.5.1 Conclusions

As mentioned earlier, Dutch aid to Afghanistan has been given and deployed within a difficult context in which the entire donor community has joined forces to obtain results. The conclusions below relating directly to the Netherlands must, therefore, be seen in conjunction with the overall conclusions for the intervention as a whole, of which the Netherlands are part and parcel.

#### *Conclusion on the contribution of the Netherlands*

Overall, the Dutch model for aid provision to Afghanistan was designed and implemented quickly and proved able to contribute effectively and efficiently to accomplishing the objectives it was set up to attain. The Dutch strategy for aid provision differs from most other major donors in its consistent priority for the multilateral and mainly unearmarked approach. In this way, the objectives of the Dutch intervention have been fulfilled to the extent that significant results have been achieved in terms of resolving a large part of the humanitarian challenge represented by the refugees and IDPs. This has been done by contributing to the materialisation of the new Afghan polity endorsed by the Bonn Agreement through the ARTF and by the contributions made to the UNDP as well as through the stabilisation effort by the ISAF contribution, including the Dutch PRT.

In addition, the contributions by the Netherlands (and other donors) to multilateral agencies have had a positive impact on the overall functioning of the new Afghanistan. The Dutch strategy of giving priority to humanitarian interventions in the beginning of the evaluation period, to be followed up later by giving priority to state-building through the ARTF and to stabilisation has resulted in well-timed responses to the most important needs.

Given its sizable aid contributions, one could have expected the Netherlands to have taken a more active stance on the problems found in relation to governance and the environment, which pose a threat to the future development of Afghanistan, as well as on the difficult but important issue of continued suppression of women. The question thus arises whether the generally consistent multilateral approach has entailed sacrificing opportunities for influencing development in Afghanistan more actively. For example, where the important agricultural sector in Afghanistan has not received very much donor support, it might have been appropriate to build on the existing Dutch NGO and other resource base in this sector. Although such support would have required funding from non-humanitarian budget lines of the Ministry of Foreign Affairs, this should have been possible given the ease with which extra funding was found for the PRT-related activities.

The most significant bilateral initiative of the Netherlands in the evaluation period were the allocations for civilian PRT activities in Baghlan. This move is somewhat out of line with the overall policy of multilateral coordination, since these activities have been only partly coordinated with the existing development priorities.

While the overall conclusion is that the Dutch PRT has done a good job in relation to security and stabilisation, there is a need to re-think the level of ambition for its contributions to rehabilitation and development activities. If its ambitions are high, the prioritisation of the civilian PRT staff resources should also be given high priority, and the CIMIC Guidelines should be revised.

#### *Conclusions on the aid to Afghanistan*

The aid provided by the Netherlands and the other donors involved in this case study, combined with internal Afghan political stabilisation and economic recovery, has produced successful responses to the humanitarian challenge, to the need to rehabilitate vital parts of Afghan society and polity, and, to a certain extent, to sustainable development.

In particular, the following accomplishments are noted:

- The realisation of the political process, which has seen a visible government installed, the new constitution adopted, and a president elected in a way that promoted peace, stabilisation and regime legitimacy in the eyes of the majority of the population.
- The promotion of stability by the DDR Programme and the PRTs.

- The promotion of return of refugees, agricultural development and reduced numbers of victims from mines through significant progress in de-mining.
- The establishment of basic requirements for a working state apparatus in terms of a Ministry of Finance able to manage budgetary and fiscal functions in cooperation with the ARTF and the exercise of effective state authority over most of the territory.
- Mainly adequate responses to the humanitarian imperative in terms of emergency aid through food-for-work programmes, which have reduced the impact of drought and have rapidly and successfully resolved a large part of the refugee and IDP problem.
- Some progress in meeting the basic needs of the population, most notably in primary education where 5 million children now attend school, improved access to water and sanitation, and some of the development programmes. By contrast, progress in health and short-term livelihoods still leaves much to be desired.

Without questioning these commendable results achieved under very difficult conditions, the evaluation team has found the overall progress in rehabilitation and development to be less stable. Below the surface, political stabilisation is less firmly rooted than at first appears. Open conflict with the Taliban still continues. Endeavours to unite the nation through coalition building under democratic procedures have had unintended consequences. Parts of the state have been captured by political appointees, including former warlords and commanders. These lack the necessary management motivation and capacity and are prone to corruption and crime, thus jeopardising the credibility of nation- and state-building.

The numerous elections required by the new system lead to long periods of impasse, as they entail the replacement of the higher echelons of the civil service. While such 'democratic excesses' may be unavoidable in a difficult transition period, they might have been counteracted by higher donor priority for strengthening the justice sector to facilitate the development of anti-corruption policies in relation to the functioning of the Afghan state. Instead, much donor emphasis has focused on the provision of the minimum requirements for the work of the Ministry of Finance, through the establishment of 'parallel systems' of internationally paid and funded project staff. To a certain extent, this has been more about capacity buying than capacity building. The overall result has been to create extreme discrepancies in the remuneration of staff supposedly doing the same work.

At present, political stability has not been matched by security. Insecurity has resulted in a concentration of aid in the most secure parts of Afghanistan (the capital and the central and northern regions), at the expense of some of the most needy parts of the country. This imbalance has reduced the overall effectiveness and coverage of the aid provided.

In conclusion, the evaluation finds that aid to Afghanistan has produced important results at a high financial cost due to difficult security and logistical problems, and the aid has been unevenly distributed between regions and communities. A sustainable impact will require the donor community to take an active stance to promote the rule of law and the institution of measures against corruption. Moreover, for achieved impacts to be sustainable, it will be necessary to continue development and peacekeeping support to Afghanistan over the long-term and be prepared for different peace-building and conflict scenarios.

#### 4.5.2 Issues

##### *At the policy level*

A reaffirmation of the long-term commitment to support the development of Afghanistan for at least the next ten years is needed, taking into account Afghanistan's potential for generating revenue potential as well as the need for flexible aid provision in the event of new, major changes in the political and security environment in Afghanistan. In the Netherlands, a future commitment up to 2008 was already foreseen during the evaluation period; however, the evaluation team believes that an even longer time horizon for development aid and stabilisation is needed.

The future needs will supposedly mainly be related to the rehabilitation, development and security budget lines, whereas continued humanitarian support at a smaller scale will be needed for refugees and IDPs and in readiness for any natural disasters.

The Netherlands should continue their support to UNHCR's and the Afghan Ministry of Return and Repatriation's programmes to ensure that the remaining caseload is able to return and that the increasingly vulnerable refugee population is assisted.

Continued support for the ARTF is needed, while ensuring the formal inclusion of the government of Afghanistan in a policy forum and the gradual hand-over of increased financial control to the government.

The Dutch PRT needs to consider a stronger focus on its areas of comparative advantage: provision of stability and support for the security sector, while its engagement in development activities makes most sense within small projects that are to help establish a government presence.

Efforts already under way must be redoubled to bring other donors and the government of Afghanistan to agree about a benchmarking system for assistance provision.

#### *At the administration level*

As is the case for the other donors, the knowledge management and monitoring capacity of the Ministry of Foreign Affairs needs to be further strengthened in relation to the accumulation and use of experience gained from complex emergencies. Sufficient and adequately skilled manpower is needed to manage participation in costly and complicated aid interventions, to enhance the coherence between the use of political, military, humanitarian and development instruments, and to ensure realistic political analyses of the local contexts and greater emphasis on needs assessment and stocktaking. This may require some reorganisation within the offices concerned and the application of additional recruitment criteria, given that staffing levels are unlikely to be expanded.

The distribution of aid in an insecure conflict area easily becomes geographically skewed to the detriment of its long-term impact. Awareness of the problem within donor agencies may be limited, since the assessment and monitoring of needs are themselves limited. Furthermore, aid provision easily becomes accompanied by steep cost inflation and tough competition for limited staff resources, to the detriment of the local public sector. Sound professional awareness of these problems, and appropriate and adequate countermeasures on the part of the whole donor community are therefore important. Given its strong stance and reputation as an advocate of the multilateral approach, the Netherlands would be in a good position to carry forward these issues.

Against the background of the experiences from Afghanistan, there is a need to review the existing Dutch CIMIC guidelines in order to ensure that they will prove useful and be observed through the civilian aid set up by the Dutch military.

Particular emphasis is needed on the definition of the tasks to be performed by the military, the coherence of these tasks with the Dutch humanitarian and development policies and with the national priorities, and in relation to the non-military expertise required to materialise the tasks.

Considering the still existing needs for support to the agricultural sector in Afghanistan, which overall has been a low donor priority, it should be reviewed whether the future Dutch aid to Afghanistan can make use of the comparatively strong Dutch resource base in this sector.

## 5 Great Lakes Region of Africa: Burundi and Democratic Republic of the Congo

### 5.1 Background to the case study

The evaluation of Dutch humanitarian assistance to Burundi and the eastern part of the Democratic Republic of the Congo (DRC) was the second case study that would inform the overall evaluation.<sup>153</sup> The sample of interventions selected for the case study is made up of projects or programmes implemented by five agencies in Burundi and Tanzania and four agencies in Congo.<sup>154</sup> The evaluation is based on a review of documentation and data held by the Ministry of Foreign Affairs, other publicly available documentation, and on information communicated by the agencies to the team through text, interviews, and field visits to six distinct project sites in the three countries concerned. The evaluation team investigated the implementation of humanitarian assistance in the field in Makamba (Burundi), Kibondo (Tanzania), Kalemie, Uvira and Goma (Democratic Republic of the Congo).

The instability in the Great Lakes Region of Africa since 1993 has led to a severe humanitarian crisis. The estimated death toll from violence in the last seven years is three million in the Democratic Republic of the Congo (DRC) and up to 300,000 in Burundi; in addition, up to 600,000 Burundi refugees have fled into Tanzania.

During the period 2000-2004, the Netherlands Ministry of Foreign Affairs allocated € 53 million to humanitarian operations in Burundi, Democratic Republic of the Congo and for Burundian refugees in Tanzania. This contribution financed operations that were part of an international response to a notorious complexity of local wars, caused by related factors of an ethnic and economic nature. Humanitarian operations were coordinated with peacekeeping and peace-build-

<sup>153</sup> The full evaluation report is available on the CD-Rom accompanying this report.

<sup>154</sup> UNDP, FAO, OCHA, Cordaid in Burundi, and CARE in Tanzania. In DRC: WFP in North Katanga and South Kivu; Save the Children, World Vision and the local NGO ASRAMES in North Kivu. Like the other case studies, the evaluation investigated the interventions and not the agencies as such. Broader implications of humanitarian aid and Dutch policy in the region were examined when they affected the local reality.

ing initiatives, also supported by the Netherlands, but implementation was essentially handled by UN agencies, ICRC, NGOs, and their local partners. In the context of broad political change in 2005, many humanitarian operations shifted from relief to rehabilitation and reconstruction. This scenario may offer insights in emergency assistance and rehabilitation in fragile and unstable environments.

## 5.2 The humanitarian crisis

### 5.2.1 Burundi

In the last thirteen years, two political processes have run in parallel in Burundi: the civil war that started in 1993 with the assassination of the first democratically elected Hutu president, and the peace process, which began officially in Arusha in June 1998. The Arusha process, which came about after the failure of several internally negotiated power-sharing agreements, has lasted seven years. The conflict was staged as a classical guerrilla war, involving little-known forces operating out of remote areas and across borders, while the government remained in overall control of the main towns.

On 16 November 2003, the government of President Buyoya signed a ceasefire agreement which consolidated an agreement reached in 2002 with two rebel groups (the CNDD-FDD faction led by Jean-Bosco Ndayikengurukiye and the PALIPEHUTU-FNL faction led by Alain Mugabarabona). In May 2004, the former African Union peacekeeping mission was replaced by the United Nations Mission in Burundi (ONUB, *Opération des Nations Unies au Burundi*). Significant international diplomatic involvement supported implementation of the agreement. Since the signing of the ceasefire agreement the cessation of hostilities has been respected, except by the PALIPEHUTU-FNL located around Bujumbura. The communal elections on 3 June 2005, which led into the presidential elections on 19 August 2005, were peaceful, and observers are now more optimistic than in the past.

Data on the humanitarian needs in Burundi are often contradictory and difficult to generalise, as they change rapidly with the evolution of conflict over the evaluated period, and the empirical basis is weak. The number of internally displaced persons provides a simple but weak indicator of vulnerability. OCHA data<sup>155</sup> provide evidence of a gradual drop in the totals, from 281,000 in 2002 (when fighting

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155 OCHA (2005). *Humanitarian Appeal Great Lakes Region 2005: Mid-Year Review, June 2005*.



was at its worst) to 145,000 in 2004, and declining thereafter.<sup>156</sup> Many Burundians have fled the country, mainly to Tanzania, where they are residing in refugee camps.

The social indicators provided by the World Bank<sup>157</sup> are disquieting. With annual population growth above 1.9 per cent, Burundi is Africa's second most densely populated country. From a growth rate of 30 per cent in 1997, the economy has shrunk to zero or slightly above zero growth. The Bank estimates that rural poverty has grown by 80 per cent since 1993. School attendance has dropped from 70 per cent to 44 per cent and over 50,000 people visit nutrition centres every day. UNDP's Human Development Index ranks Burundi 169 out of 177.<sup>158</sup> The under-5 mortality rate is 190 per 1,000 live births and life expectancy at birth is 40.4 years. The average fertility is 6.16 children per woman and the maternal mortality rate is 800-300 per 100,000 live births. The rate of HIV infection is increasing, although the difficulty of obtaining a reliable diagnosis, particularly in the countryside, means that the level of prevalence is not known.<sup>159</sup> The primary school enrolment rate amounts to 51 per cent and the literacy rate is 49.2 per cent (UNDP 2003). Salaries of civil servants are still paid by the central government, but coverage of services has been withdrawn from remote rural areas. In many locations, private clinics and pharmacies, in addition to international NGOs, have effectively replaced the Ministry of Health. This overall situation may lead to feelings of despondency and to regression making the population more prone to the appeal of militants to resolve the situation by violent means.

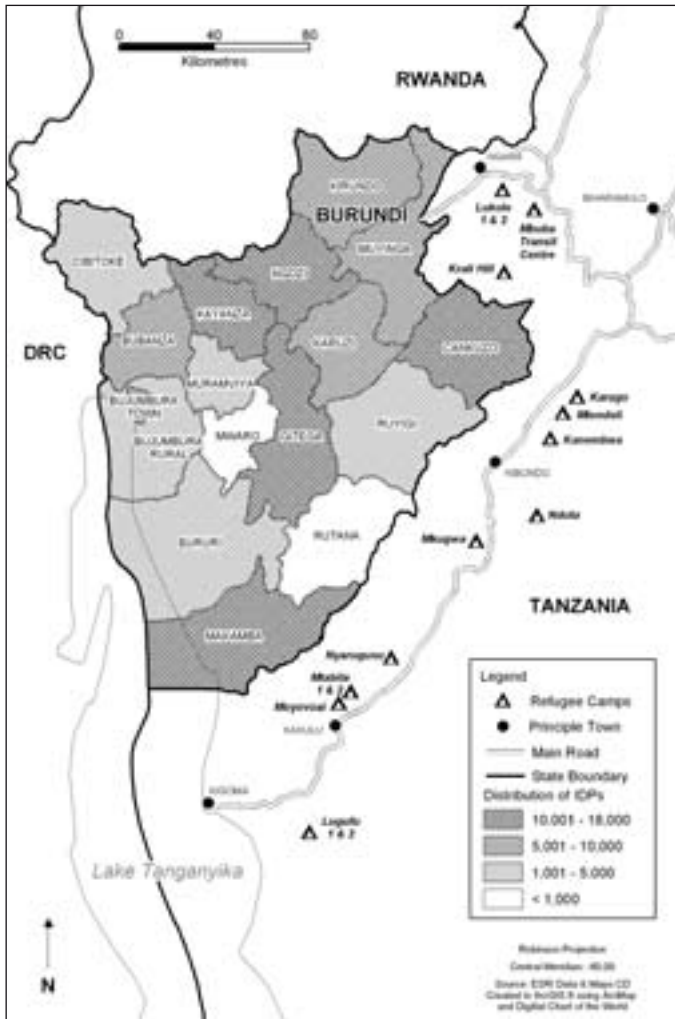
<sup>156</sup> Other sources have indicated larger numbers of IDPs. For example in a report published in June 2000, Action Aid Burundi stated that 12 per cent of the total population is displaced. It is not clear whether this assessment also includes refugees.

<sup>157</sup> World Bank (no date). *Burundi: An Interim Strategy 1999-2001*, Report No 19592-Bu, Macroeconomics Unit 3, Africa Region.

<sup>158</sup> UNDP (2004). Human Development Index, 2003.

<sup>159</sup> OCHA Burundi gives the following figures: 9.4% urban, 10.5 per cent semi-rural, and 2.5 per cent in rural areas (<http://www.reliefweb.int/ochaburundi/>). Rwanda, with a comparable social makeup has 10.8 per cent of the rural and 11.6 per cent of the urban population aged 12 and above as being seropositive, according to DFID statistics (Rwanda Country Strategy Paper, 1999).

**Map 5.1** Burundi: distribution of IDPs by province and refugee camps in Tanzania (June 2005)



Source: Based on information from OCHA, 2005.

### Burundi refugees

At the time of the evaluation, about 240,000 Burundian refugees were living in camps in Kagera and Kigoma regions in Tanzania, which border Burundi. Another estimated 400,000 live among the local population.<sup>160</sup> Three of these camps are in

<sup>160</sup> UNHCR (2005). Briefing Note 5 April 2005.

Kibondo district, one of the least developed parts of the country, with a very poor infrastructure.

Under a tripartite agreement concluded between the United Republic of Tanzania, Burundi and UNHCR, all camps with a refugee population of under 10,000 will be closed. This is an attempt to consolidate camps that are slowly emptying as Burundian refugees leave as a result of UNHCR's voluntary return programme. In April 2005, the Tanzanian government closed the Karago camp in Kibondo. Karago's refugees were moved to neighbouring Mtendeli camp, where they received the same assistance. More than 158,000 Burundian refugees have been repatriated since UNHCR started its voluntary return programme from Tanzania in March 2002. UNHCR planned to assist an additional 85,000 to return in 2005, but the pace of returns has slowed: 7,800 in the first three months of the year, compared to more than 11,000 a month in mid-2004.

### 5.2.2 Democratic Republic of the Congo

The Democratic Republic of the Congo (DRC) has experienced large- and small-scale armed conflicts since 1996. In 1996 this was the result of the cross-border security implications of the 1.6 million refugees from Rwanda<sup>161</sup> and Burundi to the Kivu Provinces, and the political transition in Kinshasa. The latter culminated in the dismantling of the refugee camps, a rapid military offensive from the east and the south of the country by rebels and foreign-supported elements, and the overthrow of the regime of president Mobutu in May 1997. The profound humanitarian consequences were mostly felt in the east, because of forced displacement and widespread human suffering.

The DRC is struggling to recover from a devastating six-year conflict that continues to destabilise Central Africa and caused immense suffering to the country's civilian population. It is known as 'Africa's first world war' because of the involvement of at least six nations in the region. The conflict began in August 1998, after the central government, allied with rebel forces, challenged Rwanda and Uganda. The country was rapidly engulfed in a conflict characterised by extreme violence, mass population displacements, widespread rape and the collapse of public services.

<sup>161</sup> Hutu militias, *interahamwe* and members of the former Forces Armées Rwandaise were amongst the Rwandan refugees who fled to Kivu following the change of government in the wake of the genocide of 1994.

The broader health consequences of the war have been similar in nature but much greater in scale compared with other conflicts over the past two decades. In a series of four mortality surveys, the International Rescue Committee (IRC) documented that between 1998 and 2002, an estimated 3.9 million people died as a consequence of the war. These data show that the Congolese conflict has been the world's most deadly since the end of the second World War. However, the humanitarian disaster has drawn relatively little response from the international community.

Following the ceasefire agreement in Lusaka (Zambia) in July 1999, conflict started to decline. In 2000 the UN Security Council sent a peacekeeping mission to the DRC (MONUC), with a mandate to use all necessary means to fulfil its mission.<sup>162</sup> This force has gradually grown to 17,000, underscoring the degree to which the national government has difficulties exerting its authority over the entire country, which is half the size of the European Union. Conflict continued on a lower scale through 2005 as various armed factions fought for influence and territory. Most conflicts are in the east of the country, where other nations have provided support to some of the armed factions. There is evidence of fragmenting military hierarchies, as well as the continued presence of armed groups originating in neighbouring countries.<sup>163</sup>

DRC's transitional government has begun the disarmament, demobilisation and reintegration process for former combatants. It aims to return to further normalcy, including the conduct of democratic elections planned in July 2006. Future stability - especially in the eastern parts of DRC - will highly depend on the commitment and capacity of national and local leaders to implement democratisation and the reintegration process.

All three regions (North Kivu, South Kivu, North Katanga) visited during the evaluation receive returnees from neighbouring countries. In Masisi district, North Kivu, returnees arrive from Rwanda. Many returnees to South Kivu found their property already occupied by other people or confiscated by local authorities, which has forced them to settle in urban centres. The UN expressed its concern

<sup>162</sup> Chapter 7 of the UN Charter.

<sup>163</sup> Many parts of eastern DRC witnessed frequent security incidents during 2004 and 2005, with militia attacking villages and civilians. In November 2005, the UN reported that 1,047 households were plundered by rebels in North Kivu. In South Kivu, armed groups of FDLR and Mayi-Mayi continue to create instability in most of the parts of the territory of Lubero and in the south-east part of Béni (UN OCHA Humanitarian Situation Report, November 2005).

about this development, which could lead to social tensions in already fragile communities.<sup>164</sup>

UNDP ranks the Democratic Republic of the Congo as number 167 on its Human Development Index. As with Burundi, figures on humanitarian needs are difficult to generalise. The DRC has experienced large-scale food insecurity since armed conflicts began in 1996. Localised conflict continues in many parts of the east and the ongoing insecurity and degraded social, economic and physical infrastructure are having a major impact on health and nutrition status, and education. The social indicators are alarming. Life expectancy at birth is 43.1 years and the adult literacy rate is 65.3 per cent. Chronic malnutrition rates are 10-15 per cent in relatively peaceful areas like Kinshasa, and as high as 25 per cent in eastern areas with high insecurity, such as the provinces of North Kivu, South Kivu and the Ituri district of Province Orientale.<sup>165</sup> Some of the serious health threats such as pulmonary plague have diminished, thanks to international support. Others, like a recent cholera epidemic in parts of South Kivu and in Kalemie, still cause high levels of mortality among the vulnerable population. WHO has reported cases of measles and meningitis in North Kivu and in the province of Tanganyika.<sup>166</sup> Water and sanitary conditions are very poor. According to the UN, only 9 out of 100 households in North Kivu have proper latrines.

Finally, the region suffers from landmines and natural disasters, such as the eruption of the volcano close to the town of Goma in January 2002, which devastated part of the town's commercial centre and the densely populated surrounding rural area. South Kivu recently experienced floods and landslides.

<sup>164</sup> Ibid.

<sup>165</sup> According to a national survey conducted by UNICEF in 2003.

<sup>166</sup> The victims are often family members and dependents of soldiers who live in appalling hygienic conditions in public buildings.

**Map 5.2** Eastern DRC: distribution of IDPs by province



Source: Based on information from OCHA, 2005.

### 5-3 Response of the Netherlands

The Netherlands is an important provider of humanitarian aid to Burundi, (together with the European Commission, the United States, Sweden and the United Kingdom), and to the Democratic Republic of the Congo (together with the European Commission, the United States, Canada, Japan, Belgium and the United Kingdom). In the period 2000-2004, the Netherlands allocated a total of € 53,841,197 to support humanitarian activities in Burundi, Tanzania and the

DRC.<sup>167</sup> Both in Burundi and the DRC the majority of the assistance was channelled through multilateral organisations. The remainder was provided through NGOs, including one local NGO in the DRC (see Table 5.1).

**Table 5.1** Allocations of humanitarian assistance in Burundi and the DRC 2000-2004

Type of organisation	Burundi (%)	DRC (%)
Multilateral organisation	72.6	55.7
Dutch NGO	27.1	25.9
Other*	0.1	-
NGO in other donor country	0.2	-
ICRC**	-	8.9
Local NGO	-	8.5
Dutch Red Cross	-	1.0
<b>Total</b>	<b>100</b>	<b>100</b>

\* Netherlands Embassy in Kigali.

\*\* In the period 2000-2004, ICRC spent € 1,866,938 from Dutch contributions in Burundi; the figure for the DRC was € 6,835,890. This information was provided by the External Resources Division of ICRC, since the Netherlands does not earmark its annual contributions to ICRC at country level, this disaggregated information does not appear in Ministry's management information system.

Source: Management Information System of the Ministry of Foreign Affairs.

The main sectors supported in Burundi are multi-sector<sup>168</sup>, food aid and agriculture. Important sectors in the DRC are multi-sector, health care (including reproductive health care), and food aid.

#### *Humanitarian aid policy*

The Netherlands has provided humanitarian support to Burundi since 1996. Humanitarian assistance to the DRC started in 1997, after the Mobutu regime ended. Though the Netherlands has bilateral development cooperation relations with Uganda and Rwanda, no such relation exists with Burundi and the DRC.<sup>169</sup> In conformity with the overall objective of humanitarian aid policy, the humanitarian support to Burundi and the DRC primarily aims to 'contribute to the relief of life-

<sup>167</sup> The total expenditure for Burundi in this period was € 23,418,207 and for DRC € 30,422,990.

<sup>168</sup> This category covers a mix of activities and includes voluntary contributions to humanitarian agencies, framework agreements, as well as contributions to the CAP and Emergency Appeals.

<sup>169</sup> These bilateral development relations allow long-term structural cooperation.

threatening human needs, in particular those of women and children' (see chapter 2). The support also focuses on rehabilitation efforts.<sup>170</sup>

**Table 5.2** Sectors supported in Burundi and DRC, 2000-2004

Sector	Burundi		Democratic Republic of the Congo	
	Expenditure	Percentage	Expenditure	Percentage
Multi-sector	€ 9,463,555	40.4	€ 10,594,923	34.9
Food aid	€ 3,607,783	15.4	€ 6,639,436	21.9
Agriculture	€ 2,713,014	11.6	€ 1,375,217	4.5
Psychosocial care / Trauma processing	€ 2,311,887	9.9	---	---
(Reproductive) Health care	€ 2,265,616	9.7	€ 7,835,855	25.7
Coordination and support systems	€ 1,425,248	6.1	€ 3,474,675	11.4
Income generation / Employment	€ 700,000	2.9	---	---
Education	€ 600,171	2.6	---	---
Repatriation	€ 309,515	1.3	---	---
Protection	€ 21,418	0.1	€ 278,785	0.9
Shelter			€ 224,099	0.7
<b>Total</b>	<b>€ 23,418,207</b>	<b>100</b>	<b>€ 30,422,990</b>	<b>100</b>

Source: Management Information System of the Ministry of Foreign Affairs.

Apart from providing humanitarian assistance focused on immediate relief and rehabilitation, the Netherlands endeavours to assist both countries with improvement of security and stability, which should lead to long-term resolution of the crisis. This support, which is provided in the context of a regional approach for the Great Lakes Region, involves contribution to conflict resolution, conflict prevention and good governance. In particular, peacekeeping and reconciliation initiatives are supported, and the Netherlands engages in political dialogue with governments, at national and regional level. Support to demobilisation, disarmament, reintegration and security sector reform is provided through mul-

170 See Netherlands Ministry of Foreign Affairs (1999 and 2001). Policy Frameworks Burundi and DRC, 1999 and 2001.



tilateral and state institutions. Different units of the Ministry of Foreign Affairs are involved and activities are funded from budgets other than the humanitarian assistance budget.<sup>171</sup>

The reconstruction of society is supported by funds for the demobilisation and reintegration of former combatants and for security sector reform.<sup>172</sup> In order to strengthen the regional approach and coordination, the three Netherlands embassies covering the Great Lakes Region, namely Kigali (which also covers Burundi), Kinshasa and Kampala, have recently stepped up their mutual consultations, including those with the Africa Department in the Ministry of Foreign Affairs.<sup>173</sup> As yet, no comprehensive policies have been formulated for Burundi and the DRC that might include support for humanitarian, reconstruction and development activities.<sup>174</sup>

Dutch policy on humanitarian aid for Burundi and the DRC applies international principles of humanitarian aid, and focuses on the more vulnerable. It emphasises linkages to long-term development and underlines the need for close international coordination in order to better align and connect relief, rehabilitation, and reconstruction activities. Dutch efforts in Burundi and the DRC are guided by the Consolidated Appeals Process.

In the period 2000-2004, immediate relief was provided in order to alleviate acute humanitarian needs. Support was provided to small-scale rehabilitation activities

171 The regional approach does not feature humanitarian assistance very prominently. The Ministry of Foreign Affairs's policy note *Great Lakes (Beleidsnotitie Grote Meren)* of 2004 primarily focuses on the promotion of peace, security and stability as well as good governance. This, in turn, contributes to the fact that the regional approach is not strongly reflected in the activities funded by the Humanitarian Aid Division.

172 Part of these activities are directly financed by the Netherlands, part from the World Bank's multi-annual Demobilisation, Disarmament and Reintegration Programme for the Great Lakes Region. In 2002, the Netherlands provided € 100 million to the trust fund created for this programme. This contribution was not drawn from the budget for humanitarian aid.

173 In September 2005, a regional conference was held in Kampala, and involved the Ambassadors of these three embassies and the Director of the Africa Department. The participation of the Netherlands Embassy in Dar es Salaam was foreseen, but did not materialise. Interestingly, the Humanitarian Aid Division was not included in the preparations for this meeting. The meeting resulted *inter alia* in the decision to strengthen the regional approach in particular regarding the following themes: peace and security, good governance, economic growth and poverty; sustainable water and environmental management. With respect to monitoring humanitarian activities it was envisaged to conduct a joint monitoring mission involving the embassies in Kigali, Kampala and Kinshasa (verslag regionale ambassadeursconferentie Grote Meren 29-30 september 2005 te Kampala, Uganda).

174 For instance, the Netherlands has taken care to not raise undue expectations among the government of Burundi that it may wish to enter into bilateral relations. However, the issue is being debated in the Ministry and options are being reviewed. When the Minister for Development Cooperation visited Burundi in August 2005 on the occasion of the inauguration of the newly elected president, no commitments were made to include Burundi among the Dutch partner countries having a long-term bilateral development relation with the Netherlands.

where necessary and feasible. Gradually, the focus shifted from being solely on relief, to incorporate rehabilitation. This approach, also called 'humanitarian aid plus' (*aide humanitaire élargie*) is in line with that of other donors.<sup>175</sup>

The population groups supported in Burundi include the internally displaced, Burundian refugees who have fled to Tanzania, returning refugees and other vulnerable groups. These groups are supported in order to improve their access to food and food security, basic health care and psychosocial care. Support has also focused on rebuilding socio-economic infrastructure. Over time, priority sectors and themes have largely remained the same and include basic health, food supply and food security, as well as to a lesser extent projects and programmes focused on the reconciliation of ethnic groups and institutional capacity building. The support mainly concentrated on Bujumbura Rural Province, on provinces bordering Tanzania, and on refugee camps in western Tanzania harbouring Burundian refugees.

The assistance to the DRC mainly targets east Congo: notably North and South Kivu Provinces (including what became North Katanga), and Maniema and Ituri districts of Orientale Province. It focuses on the internally displaced as well as their 'host communities'. As in Burundi, these groups receive support to improve their access to food and food security and basic health care. For the Kivu Provinces in particular, the latter includes the delivery and distribution of essential drugs and medical supplies and involves small-scale rehabilitation of the health infrastructure at the local level. Activities in basic health care must include active involvement of the population and efforts to improve access to health facilities for the most vulnerable. During the period 2000-2004, supply of food gradually gave way to support for activities to improve food security, although therapeutic and supplementary feeding of children has remained important.

The food aid and support to overall food security are exclusively financed through UN agencies, as is support provided for refugees and for the rebuilding of the socio-economic infrastructure. NGOs wishing to qualify for funding needed to have substantial experience of working in Burundi and the DRC respectively, and have to play a constructive role in the Common Humanitarian Action Plan (CHAP). In the DRC, the Netherlands supports the recent initiative of donors and the UN to establish a mechanism of Pooled Funding, which aims to channel unearmarked

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175 The approach was discussed at donor meetings held in Ottawa (1998), New York (1999) and Paris (2000).

contributions to the UN through a central account managed at the discretion of the UN Humanitarian Coordinator.

With respect to the longer term, the Grant Policy Framework 2005 states that humanitarian assistance to both countries is likely to continue, with increasing emphasis on sustainable rehabilitation activities. With respect to east Congo, the need to provide humanitarian assistance will remain in the near future, although with an increased emphasis on a transition to development. Many regions are still inaccessible, due to sporadic outbreaks of violence; even if the elections are successfully concluded in July 2006<sup>176</sup>, the transition to democracy and economic recovery will be slow and laborious. The Framework notes that for Burundi, the repatriation and reintegration of refugees will take a considerable time. Multi-year projects and programmes will therefore have to include the flexibility to reorient their focus on more sustainable activities where feasible, or to quickly shift to acute emergency support in the event of a deterioration of the humanitarian situation. Finally, the Framework emphasises that proposals for new projects and programmes will have to include an exit strategy ‘outlining the extent to which the transfer of an activity might be made to tie in with other existing structural aid activities’ (Grant Policy Framework 2005, p.10). Indicating such an exit strategy ‘would re-emphasise that emergency aid is finite, but it will also prevent false expectations in countries with which the Netherlands does not have a structural aid relationship’ (ibid.).

### Management

As described in chapters 2 and 3, the Humanitarian Aid Division provides humanitarian aid under a number of guidelines that are very relevant to the situation in the region and to the agencies through which the funds are channelled. Each of these criteria relates to addressing weaknesses that have been identified in the past.<sup>177</sup> Needs are well identified in the project proposals (even if precise updates are infrequent due to lack of situational monitoring and surveys); continuity of funding adds to the strength of the operations. Project cycle management, especially of NGO projects, has been strengthened, and the decision to finance a consecutive phase of a project depends on the results accomplished. It is important to note that the Netherlands supports humanitarian activities that could link up to development programmes in the future through capacity building. As will be

<sup>176</sup> In the referendum held in December 2005, the large majority of the voters (84.3 per cent) supported the country’s new Constitution.

<sup>177</sup> See for instance Steering Committee of the Joint Evaluation of Emergency Assistance to Rwanda (1996). *The International Response to Conflict and Genocide: Lessons from the Rwanda Experience*. Copenhagen: Ministry of Foreign Affairs/Danida.

discussed in the following sections of this chapter, this is particularly significant in the health sector.

The Humanitarian Aid Division receives funding proposals for programmes of one to two years' duration, which are reviewed by the policy officer responsible for the Great Lakes Region. Based on knowledge of the crisis and on advice from the relevant embassy, a funding decision is taken. The assistance is managed through monitoring by the three aforementioned embassies.<sup>178</sup>

Although good working relations exist and formal and informal information exchange takes place between the Humanitarian Aid Division and other relevant units, there is no sustained and formal platform for policy development for the Great Lakes Region comparable to, for example, the Afghanistan and Sudan Task Forces (see chapters 4 and 7). This implies that it is not so easy to organise joint political and humanitarian reviews involving the different departments and units in the Ministry (humanitarian aid, peace-building and development, policy advice). Ministry staff interviewed expressed the need for more structured coordination.

Discussions with embassy staff and project managers revealed that staff resources in the embassies in Kigali and Kinshasa have been insufficient to conduct independent monitoring of the projects and programmes supported. Periodic field visits are hampered by distance and huge travel difficulties and the changing security situation, especially in eastern DRC.<sup>179</sup> The embassies' role in terms of overseeing and providing advice on humanitarian activities is limited to discussions at capital city level with agencies and donors on overall priorities and funding mechanisms to influence humanitarian aid. There is limited specialist knowledge in the embassies and staff are highly dependent on operational agencies and other donors for analysis and information.

The responsibility for knowing and planning humanitarian response sits uneasily in the Ministry, because the Humanitarian Aid Division is staffed with only one policy officer, who is directly responsible for developing operational policies and managing project and programme cycles of humanitarian assistance to the

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<sup>178</sup> The embassy in Kigali is responsible for the assistance to Burundi but not for the Burundi refugee camps in Tanzania, which fall under the responsibility of the embassy in Dar es Salaam. Eastern DRC falls under the responsibility of the embassy in Kinshasa.

<sup>179</sup> Burundi is covered by the embassy in Kigali, but in September 2005, an additional staff member was deployed in Bujumbura to cover the Burundi programme. The embassy in Kinshasa is located at a great distance from the eastern DRC.

Great Lakes Region. Continuity has been problematic: between December 2002 and May 2003, the Great Lakes files changed hands twice. Due to a shortage of manpower, delays in the processing of applications built up. There were significant delays in payment of instalments due to the introduction of the Ministry's new Management Information cum Financial System (Piramide) in the spring of 2003.<sup>180</sup> Among agencies experiencing delays in receiving funding instalments from the Ministry were World Vision, UNDP and Care Netherlands, who indicated that this impacted negatively on the implementation of their programmes or projects.

Funding arrangements with a number of agencies and NGOs have been simplified as described in chapter 3; this has facilitated their work. The monitoring of activities implemented by UN agencies is very general.

## 5.4 Description and assessment of the interventions

### *Profile of aid*

At the beneficiary level, Dutch humanitarian aid in Burundi and Tanzania arrives in IDP and refugee camps (the case of the projects implemented respectively by Cordaid in Burundi and CARE Netherlands in Tanzania), as well as in villages where refugees and IDPs are returning (the reintegration programme financed through UNDP). Targeted categories of beneficiaries of Dutch humanitarian aid also include generally vulnerable people who are not displaced. One example of this is Cordaid, which is supporting Primary Health Care Centres in Burundi.

In the DRC, Dutch humanitarian aid, which is targeted to all vulnerable people, arrives at the level of Health Centres (activities implemented by the Congolese NGO Association Régionale d'Approvisionnement en Médicaments Essentiels (ASRAMES), and Save the Children) and feeding centres (support provided through World Vision). The aim of these organisations is to work closely with the local population and existing structures to respond to urgent crisis situations, and to prevent health and nutrition emergencies. Below, information is provided about each of the projects included in the case study.

<sup>180</sup> At the time of the evaluation, considerable improvements had been made in handling applications made by NGOs. The processing period for applications is short: in 95 per cent of the cases, applications have been processed within the 13 weeks stipulated in procedures of the Grant Policy Framework. However, from time to time there are still delays because the applying NGO has not fulfilled all requirements or has submitted its proposal too late. As indicated in chapter 3, the Ministry meets most of the Dutch NGOs concerned twice a year on a bilateral basis and every time insists on a timely introduction of new proposals.

### 5.4.1 Burundi

#### *UNDP: Community Assistance Umbrella Programme (CAUP)*

The programme functions as a bridge between emergency and development aid and is part of UNDP's Country Cooperation Framework (CCF 2002-2004). The Netherlands has contributed € 2,719,000 out of a total budget of US\$ 26,535,736. The overall objectives of the programme are: to contribute to the sustainable reintegration of the populations affected by the crisis (returnees or displaced persons) and to strengthen community capacity so that people can resume and improve their livelihoods.<sup>181</sup> In this context, CAUP provides support to activities of reconstruction and rehabilitation of social infrastructures and housing, agricultural production, and also income-generating activities. Construction projects (houses, schools, health centres) must ensure that beneficiaries have access to health, sanitary facilities, potable water and primary education. In agricultural projects and income-generating activities, particular attention is given to environmental protection.

The programme applies a participatory approach, and specifically aims to involve the communities assisted in order to increase 'ownership' and ensure sustainability. CAUP's objective is to assist people receiving support to identify their own priorities and be directly involved in the implementation process. The initial phase of the programme started in June 1999 and was evaluated by UNDP in December 2001. That evaluation recommended extending the programme from January 2002 to December 2004. The second phase of CAUP is pursuing identical objectives compared to the first.

The programme is owned by the Ministry for Reintegration and Resettlement of Displaced Persons and Returnees. The implementing partners are international and local NGOs each having responsibility for one or more specific projects.<sup>182</sup> At the implementation level, the programme works closely with provincial and communal authorities, as well as with technical services and formal and informal organisations representing the population supported.

The programme structure includes a Project Development Unit, a Monitoring and Evaluation Unit and an Administration/Finances Unit. The Burundi Ministry for Reintegration and Resettlement of Displaced Persons and Returnees is involved in

<sup>181</sup> The programme is located in Mwaro, Kirundo, Karuzi, Gitega, Muramya, Muyinga, Kayanza, Karuzi, Gitega, and Ngozi.

<sup>182</sup> Hence the name 'Umbrella Programme'.

the selection and approval of projects to be implemented under the programme and in monitoring their implementation.

In Karuzi Province, two projects were implemented by the Italian NGO *Comunità Impegno Servizio Volontario* between September 2001 and June 2003; they aimed to rehabilitate social infrastructure in Karuzi province and they included 22,500 beneficiaries. The International Rescue Committee undertook a rehabilitation and reconstruction project covering another 36,000 beneficiaries during July 2000 to February 2002. Dorcas Aid International started an integrated food security project in 2002, which was subsequently taken over by Tearfund. The project included 10,000 households. In Ngozi Province, the Norwegian Refugee Council rehabilitated social infrastructure, water systems and housing during the period April 2001 to January 2002. In Kanyanza Province, *Action Contre le Faim* enhanced food security and reduced malnutrition by facilitating access to natural resources, agricultural input and credit. This NGO also provided nutritional advice. Some 13,500 beneficiaries were reached between January 2001 and April 2004. In Muramvya Province, the local NGO *Centre d'Étude et de Formation en Gestion de l'Eau et de l'Environnement* rehabilitated social infrastructure, focusing mainly on drinking water and schools during 2002.

Outputs and outcomes were difficult to identify because UNDP's documentation at programme level was contradictory, and Ministry files do not contain specific project information. According to informants however, the rehabilitation of infrastructure has assisted communities to rebuild livelihoods and has facilitated the reintegration of returning refugees and IDPs.

#### *OCHA: Coordination of humanitarian assistance in Burundi*

OCHA has three field offices in Burundi coordinated by its headquarters in Bujumbura. At the time of the evaluation, the UNDP Resident Representative functioned as the Humanitarian Coordinator. The Netherlands provided € 1,249,600 of a total budget of US\$ 3,408,170 between January 2001 to December 2005.

OCHA is responsible for the Common Humanitarian Action Plan (CHAP) and the Consolidated Appeal Process (CAP). Its activities include monitoring the humanitarian situation, undertaking assessments of population needs, and overall coordination. The latter is carried out by means of UN/NGO contacts, other inter-agency planning forums, thematic groups and meetings at provincial level. OCHA participates in early warning systems on food security established by FAO, WFP,

UNICEF and a number of NGOs. OCHA supports decision-making and response by providing and sharing information management systems. OCHA is also facilitating the Good Humanitarian Donorship initiative, which is being piloted in the country.

The CAP has evolved into a programming document, including situation analysis, a framework for action and sector requirements. Nevertheless, it shows several weaknesses. The CAP document lacks specific programming indicators. Morbidity, mortality and nutrition data are drawn from incompatible sources, and the data are not presented in a way that changes over time become clear. The narrative part of the document is not very specific and lacks qualitative information. There is no link between the appeal process and previous evaluations commissioned by agencies. Furthermore, the mid-term reviews of the CAP provide updated needs assessments, but they do not give information on results achieved by interventions. Subsequent CAPs do not go into the consequences of under funding previous appeals, which may create the impression that the appeals are inflated. The CAP does not include sufficient information on structural problems; instead, it largely focuses on resource flows. It is based on a one-year programme cycle, which is appropriate in circumstances of acute emergencies but may not be appropriate for circumstances of protracted crises.

*FAO: Programme for emergency supply of essential agricultural inputs to rural households affected by displacement, climatic hazards and precarious living conditions*

The programme consists of several projects to which the Netherlands contributed € 1,638,163 during 2000-2004. The following projects were supported:

- Distribution of seeds and tools to IDPs, repatriated households and chronically vulnerable households, with a special focus on gender relations. Chronically vulnerable groups are children-headed households, isolated old people, Batwa (forest hunter/craftsmen populations associated with the pigmies), and chronically ill persons, including households with a family member infected with HIV/AIDS. Temporarily vulnerable people are IDPs, returnees and those affected by drought. Seeds and tools are distributed in the two main farming seasons.
- Support of vulnerable households in vegetable production and home gardening in urban and peri-urban areas, also with a special focus on gender relations. This aims to increase income-generating opportunities and food security.



- Support to farmers' groups in commercial seed production at the communal level, including support to seed multiplication institutes for the production of high quality early germinating seeds.
- Support to the Ministry of Agriculture in order to coordinate emergency agricultural operations.
- Support to the coordination of emergency agricultural assistance and the strengthening of early warning systems and food security surveillance mechanisms.

The first three projects aimed at distributing seeds and tools. The most important inputs provided to 309,000 households affected by drought and conflict were beans, maize, sorghum, vegetable seeds and hoes. Regions covered include Ruyigi, Makamba, Rutana, Cankuzo, Muyinga and Bururi. Dutch funding for the seeds and tools programme was pooled with funding provided by other donors and agencies including Belgium, Sweden, ECHO, USAID, the United Kingdom, Japan and the African Development Bank.

The FAO distribution programme was able to target vulnerable households, and set up efficient and effective delivery mechanisms that take into account agro-ecological conditions, climatic conditions and population movements. Seed and tools were delivered periodically, and their quality is appreciated by beneficiaries. The programme contributed to improving the food security of 75,000 vulnerable households, and to the strengthening of local NGOs and early warning systems.

FAO became the lead agency for emergency activities in the agricultural sector. It coordinated efficiently and effectively with UN organisations in the food security sector, with OCHA, the Burundi Ministry of Agriculture and its provincial departments, as well as with the NGOs involved in distributing agricultural inputs at provincial level. However, the identification procedures of households in need of these inputs need to be strengthened, taking into account existing power relationships within society. With increased stability, FAO should prepare for the eventual hand-over of responsibilities to the Ministry of Agriculture and the programme should develop an exit strategy. In view of the lack of capacity of the Ministry of Agriculture, FAO's development department should plan possible future assistance.

#### *Cordaid: Basic Health Care Programme*

Since 2002 the Dutch government and ECHO have provided support for the Dutch NGO Cordaid's Basic Health Care Programme in Burundi, which covers the prov-

inces of Bururi, Makamba, Bubanza and Cankuzo. The overall objective of the programme is to contribute to an improvement of the quality of life and the quality of health treatment for the population in general and that of the vulnerable population in particular. The programme aims to improve the access of the population (especially the vulnerable) to primary health care both geographically and financially, ensure better quality of health treatment in health centres, ensure permanent availability of essential drugs and other medical supplies, and promote community participation in order to improve the continuity of the health system. It also includes the protection of vulnerable groups such as IDPs, pregnant women and children from exposure to diseases by providing shelter, with particular emphasis on reproductive health. Dutch funding amounted to € 802,012 out of a total budget of € 4,245,491 from September 2002 to October 2005.

The case study reviewed the implementation of the programme in the province of Makamba where the health situation is considered to be one of the worst in the country. The expected results in the short term are:

- 90 per cent of the IDPs and resident population have access to primary health care offered by the existing government health structures;
- The health infrastructure and the equipment are adequate;
- The staff working in the various health facilities are competent and motivated and beneficiaries are satisfied with the quality of the treatments and the way they are treated;
- A stable supply system of essential drugs has been put in place in the province's seven health centres; beneficiaries are effectively involved in health management and in the system of cost recovery;
- The population (resident and IDPs) is becoming less vulnerable to malaria and respiratory infections.

The intended short-term results have been largely achieved, with 90 per cent of the needy population having access to primary health care services. Vulnerability to respiratory infections and malaria have been reduced by the programme. Personnel are competent, even if in some cases not highly motivated. Some expressed concerns about insufficient income and the temptation to use public resources for private use. Friction has occurred with the community health committees. Although the health centres supported still suffer from periodic disruption in supply that affects their effectiveness, the infrastructure is considered to be appropriate and sustainable.

*CARE Netherlands: Community Services and Education Project in refugee camps located in Kibondo district, Tanzania*

The project is a sectoral component of the overall support provided to the refugees, which involved more donors and agencies. Since 1993, support to refugees in Tanzania has been led by the Tanganyika Christian Refugee Service under the mandate of UNHCR. The project is implemented by Care Netherlands through Care Tanzania and the Tanzanian NGO Southern Africa Extension Unit (SAEU). Its overall objective is to provide community mobilisation services and education to the Burundi refugees living in Mtendeli refugee camp and Nduta refugee camp in Kibondo district in western Tanzania (see Map 5.1). The project initially focused on overall community development among the refugees through formal and informal education at the secondary level, but subsequently aimed to assist the refugees in preparing them for their future repatriation to Burundi and their reintegration in that country.

The activities include the construction and rehabilitation of classrooms, production and repair of school furniture, provision of educational material, recruitment of teachers from among the refugee population, training of teachers and school committees, vocational training, caring for vulnerable individuals, awareness raising on HIV/AIDS and gender based violence, and a variety of activities focused on fostering peace and reconciliation, which may include counselling of individuals.

The Dutch Relief and Rehabilitation Agency (DRA)<sup>183</sup> started the project in 1998 with funding from the Dutch government and UNHCR. It is similar to projects implemented by other partners of UNHCR in other refugee camps in western Tanzania. Other partners involved in Mtendeli and Nduta refugee camps are UNICEF and the Refugee Education Trust. When the handover of the implementation by DRA to the local NGO Caritas Kigoma failed in 1999, the Tanzanian NGO Southern Africa Extension Unit (SAEU) became the local implementing partner in 2000.

Care Netherlands is responsible for the overall management and monitoring of the project, as well as for substantive and financial reporting to the Humanitarian Aid Division. Care Tanzania is responsible for managing the local implementing partner SAEU and provides support to strengthen the capacity of that organisa-

<sup>183</sup> DRA was established in 1993 by three Dutch NGOs in reaction to the policy of the then Minister for Development Cooperation who aimed to increase the implementation capacity among the NGO community in the Netherlands. In July 2001, DRA became Care Netherlands.

tion.<sup>184</sup> Dutch funding, covering the period March 1998 - April 2006, amounted to € 1,839,650 out of a total budget of € 4,833,695.

The project targets the entire refugee population, but puts special emphasis on the most vulnerable: children, adolescents, the elderly and women. Through their representatives and committees, the refugees themselves are responsible for the selection of vulnerable people to be supported.<sup>185</sup> Besides the assistance provided by the project, the refugees receive other support and the camps are well managed. However, problems have been caused by the prolonged stay of many of the refugees and the restrictions imposed by Tanzanian refugee law (for instance, on free movement of the refugees outside the camps and on opportunities to engage in productive work or trade).

The provision of community services and education to refugees (teaching material and textbooks covering the curriculum used in Burundi, teacher training, skills training and activities focused on counselling and reconciliation) is appropriate. They provide structure to day-to-day life of the people, some of whom have been in the camps for almost a decade. As part of a larger campaign on sexual and gender-based violence (SGBV), led by UNHCR and IRC, the project's attention to curb such violence has led to positive results and the number of incidents has dropped significantly.<sup>186</sup> On the other hand, a reduction in WFP's food rations in October 2004, and in February and June 2005 due to pipeline and funding problems partly resulting from the Darfur and tsunami crises, led to tension, increased domestic violence, low school attendance and a decrease in voluntary work. WFP doubts that these problems were so prevalent.

In general terms, the refugees enjoy relatively high standards of living, due to the provision of health facilities, education and food. However, for many years they have lacked prospects for the future and opportunities to engage in meaningful activities. Unemployment, poverty and especially the continuing dependency on

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<sup>184</sup> The Tanzanian NGO Southern Africa Extension Unit (SAEU) is a non-profit education and training NGO. It was established in 1984 by the Commonwealth Secretariat, UNHCR and the government of Tanzania to provide training and education to South African exiles living in Tanzania. Following the return of the exiles to South Africa in the 1990s, SAEU reoriented its activities.

<sup>185</sup> Typical project outputs in 2004 included: reconstruction of 60 classrooms and 40 latrines, three teachers' offices; five small-scale income-generating activities for 300 beneficiaries; 14 training courses, including computer training for youngsters, involving 668 participants; peace education campaigns in primary and secondary schools, and workshops involving other camp members; 41 awareness campaigns and meetings, 18 training courses and workshops on sexual and gender based violence protocols (SGBV). Counselling and medical testing of 1,145 persons; provision of training, equipment, IT support to improve SAEU's capacity.

<sup>186</sup> Rooijmans, E. (2002). *Peace and Conflict Impact Assessment of a Community Services and Education Project in two Burundian refugee camps, Western Tanzania*, SAEU and Care Netherlands.

external support have a negative influence on social life. The project is trying to address that situation by providing the refugees with opportunities to engage in activities that should improve the skills and capabilities they will need when they eventually return to Burundi. In short, the specific needs of the refugees during their long stay in the camps are being addressed.

However, at this juncture, with repatriation a realistic option, the project must be further reoriented and must tailor its future activities accordingly. In that context, the project has missed a number of opportunities to prepare the people for their return. First, the small-scale income-generating activities have largely failed because the refugees are officially not allowed to leave the camps to sell their products and the Tanzanians are not allowed to enter the camps to engage in trading. Many of the female refugees living in the different camps were provided with sewing machines and were trained in tailoring. This resulted in an increase of production of clothes, but has also led to competition among producers. Refugee women in the camps covered by the SAEU project noted that their fellow refugees in other camps were provided with more and better machines after attending training courses. Some refugees noted that they would have preferred other types of vocational training or would have liked to become involved in agricultural production outside the camps. The latter is not an option, due to restrictions imposed by the Tanzanian government.

The second missed opportunity arose because the Tanzanian and Burundian governments were hesitant to allow refugees to remain in Tanzania for a longer period or to allow their integration in that country and denied their right to secondary education. As a result, agencies found it difficult to provide assistance in secondary education. UNHCR only funds primary education. SAEU and its partners have to support secondary education with much more limited resources than those available for primary education: for example, primary school teachers receive a salary, whereas secondary school teachers are only provided with incentives. Restrictions on collecting wood and building materials outside the camps affect the rehabilitation and construction of schools. The refugees have frequently raised the lack of adequate teaching materials with SAEU, who did not consult the camps' teachers, which resulted in the wrong material being procured. The enrolment rates for secondary education have remained low.<sup>187</sup> Some of the refugees wanting to become teachers asked SAEU to contact UNICEF to get them enrolled

<sup>187</sup> In Mtendeli camp some 13.6 per cent in the age category of 14-20 years enrolled in secondary education as opposed to 9.8 per cent in Nduta camp). These rates are unsatisfactory compared to the 90 per cent enrolment rates for primary education. (Rooijmans, 2002).

in teacher training so they could take up jobs as teachers upon their return to Burundi. Collaboration between SAEU and UNICEF, however, proved insufficient.

The third missed opportunity is the lack of agreement among agencies on common standards for incentives (in kind or in cash) for voluntary community work, which has led to low morale among the refugees.

These examples indicate that neither the project nor the agencies dealing with Burundian refugees in camps like Mtendeli and Nduta are very flexible in taking into account the changing situations and the specific needs of some of the refugees. The project implementers, Care and SAEU have not yet formulated a 'cross-border approach'; this has implications for the current possibilities of enhancing the repatriation process.

It is doubtful that refugees who are long-term camp residents will easily adapt to rural life upon their return to Burundi. They have lost their farming skills because the Tanzanian authorities have not allowed them access to arable land around the camps, with the exception of some vegetable gardens and a few limited areas. In addition, returnees may only take assets up to a limit of 50 kilograms, and if UNHCR provides them with transport to return to Burundi, they cannot take livestock with them. At the time of the evaluation, UNHCR was considering revising its policy, to enable returning refugees to bring back assets acquired in the camps above the allotted 50 kilograms, like sewing machines and livestock. This will also require the collaboration of Tanzanian and Burundian customs. The problem of shared refugee assets, such as a sewing machine, could be solved by ensuring that on their return to their home areas, people are compensated or provided with a similar asset. If procedures governing the return process would be flexible, it is expected that the refugees will be more willing to return to Burundi. In the event this may turn out not be the case, the refugees interviewed made it very clear that they would stay in the camps until the last minute in order not to lose their means of earning an income.

A final remark can be made on project management. The fact that the project was funded through a Dutch NGO working through a local partner provided added value in reporting and capacity building. However, one may question the rationale behind a management chain involving three parties: Care Netherlands, Care Tanzania and the local NGO SAEU.

#### 5.4.2 Democratic Republic of the Congo

##### *World Food Programme: Protracted Relief and Recovery Operation (PRRO) for war-affected victims and vulnerable groups*

The World Food Programme (WFP) provides long-term assistance to displaced persons, returnees and vulnerable groups in northern and eastern DRC. The assistance is part of a nation-wide Protracted Relief and Recovery Operation (PRRO), which focuses on groups that have lost their coping mechanisms. For eastern DRC, WFP operates a food pipeline involving rail and road transport from the port of Dar es Salaam in Tanzania through Uganda, engaging private contractors. International and local NGOs are used to provide the food to the beneficiaries. The PRRO does not organise general food distributions to the overall population, but focuses on vulnerable groups. During 2002-2005 the total budget amounted to € 29.66 million, of which the Netherlands provided unearmarked funding amounting to € 4,375,650 between January 2002 and December 2005.

WFP targets vulnerable groups, including IDPs and *in situ* population. Specific groups are households with severely malnourished persons, especially children, female-headed households and households headed by unaccompanied minors or elderly persons without other support. As part of the PRRO, WFP and its partners implement different activities focusing on reinforcing the self-reliance of refugees and IDPs, including food-for-work projects and the delivery of seeds and tools. The increased access to areas resulting in a widening of humanitarian space, together with special operations to airlift food and non-food items into areas in northern Katanga have improved food security throughout the DRC.

In eastern DRC, support is provided to a wide variety of projects undertaken by other agencies and NGOs.<sup>188</sup> These projects include vulnerable groups like refugees, IDPs, former child soldiers, women who have been victims of sexual violence, and severely malnourished people. The provision of food relief is gradually giving way to rehabilitation activities like food-for-work projects and other activities focused on strengthening the food security of resettled IDPs and refugees.

WFP provides generalised reports on outputs and outcomes covering the PRRO as a whole. The outcomes are reported using information provided by the agency's implementing partners. The actual number of beneficiaries (1.4 million, of whom

<sup>188</sup> NGO structures in eastern DRC have remained relatively strong during the years of conflict.

65 per cent are females<sup>189</sup>) has proved to be 24 per cent higher than the originally planned figure. In order to meet additional needs in the eastern part of the country, WFP's country office has resorted to two strategies: in some cases, targeted beneficiaries were provided with full rations for a short period of time, alternatively the people were provided with smaller rations. A total of 53,275 metric tons of food was provided, of which 60 per cent was distributed in the eastern DRC (Ituri, North and South Kivu, North Katanga). Some 38 per cent of all food supplied was distributed through supplementary and therapeutic feeding programmes.

The relief assistance contributed to saving the lives of the targeted populations. However, the impact on the prevalence of acute malnutrition among children under the age of five in the areas covered is difficult to define, due to constant population movements. Moreover, considerable numbers of new beneficiaries in very poor state continue to emerge from previous inaccessible areas. As a consequence, local malnutrition rates remain high (for example in North Katanga). Regarding the 'recovery component' of the PRRO, reportedly some 62 per cent of the targeted population, including a large number of resettled IDPs, have resumed economic activities.

In order to maximise sustainability, there is a need to reinforce the capacity of WFP's implementing partners, mainly local NGOs which may take over from international NGOs when these phase out their support. To date, reinforcement of the capacity of local NGOs has not received sufficient attention in WFP's plans.

The food aid provided through WFP and its partners has been used to support relevant activities. Good results have been achieved despite temporary disruptions in supply. However, throughout the country there is a lack of needs-based criteria to determine beneficiary lists. Consequently, inclusion and exclusion of beneficiaries vary among WFP's implementing partners. As they have not always determined vulnerability in relation to displacement or social status, only those living in accessible areas have been included. Moreover, results monitoring at

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<sup>189</sup> In its Memorandum of Understanding with 37 implementing partners (UN agencies, NGOs), WFP informed them about the agency's commitment to gender issues.



beneficiary level is weak; the staff interviewed during the evaluation maintained that localised insecurity prevented such monitoring.<sup>190</sup>

#### ASRAMES: Distribution of essential medicines

The Congolese NGO ASRAMES, located in Goma, was established in 1993. MSF-Holland is one of the organisation's founding members and remains closely linked to it; MSF-Holland was a member of the board of ASRAMES until mid-2003. The main activities of ASRAMES are the procurement and distribution of drugs and medical supplies to government health centres and NGOs in eastern DRC, and training and technical assistance to the health sector. Gradually, ASRAMES has become the main actor in large parts of eastern DRC and a substitute for the defunct official health structures in North Kivu and Maniema. The organisation's work is highly appreciated by all stakeholders including Congolese authorities, international NGOs and major donors. The European Commission has financed ASRAMES through ECHO and EU-PATS<sup>191</sup> since 2002 to improve the population's access to the health services. The Netherlands has financed parts of ASRAMES programme through 11 consecutive allocations between 1997 and 2004. All ASRAMES projects have been co-financed by ECHO and the EU-PATS programme of the European Commission, with the Dutch NGO Novib (currently Oxfam-Novib) as intermediate partner.

The case study reviewed the activities of ASRAMES between 1999-2004. In this period, the organisation received € 3,591,838, with € 2,866,800 being donated in the period 2000-2004<sup>192</sup> from the humanitarian aid budget in four consecutive allocations. Until 2003, ASRAMES was a direct partner of the Humanitarian Aid Division. As of 2003, Health Net International worked as the intermediate organisation between the Dutch government and the ASRAMES's spin-off CIF-Santé.<sup>193</sup> The decision to include Health Net was based on the fact that it was an offshoot of MSF-Holland, intended to deal with recovery activities.

190 WFP's *Évaluation finale de l'opération d'urgence 10280.0 d'assistance aux PDI, retournés et groupes vulnérables au Nord et à l'Est de la RDC* (23 juillet au 14 août 2004), revealed a poor relationship between actual food delivery and levels of food insecurity among beneficiaries. It concluded that no acute hunger was detected during the operation, and that there was little evidence of its impact on the nutritional conditions of those receiving support, due to the lack of sufficient numbers of nutritional surveys. An evaluation of WFP assistance to IDPs conducted in January 2004 points at the lack of criteria to define needs, and found that WFP depends on its local implementing partners for such information.

191 The EU-PATS programme has provided funding for health sector related programmes in DRC since August 1994. The main objectives are increased access to health services, the combating of epidemics and the capacity building and coordination of health structures.

192 The end date of the project period reviewed was 31 March 2005.

193 CIF-Santé was the former public health department of ASRAMES.

The funding and organisational structure of ASRAMES is very complex. In April 2004, ASRAMES formally split up into independent and incorporated structures. The main part of the organisation consists of ASRAMES's essential drugs procurement and supply office. The second is CIF-Santé, which works like a consulting agency, providing public health training, consultancy and information services. Together with Novib, ASRAMES started the provision of technical assistance to the local government's Inspection Provinciale de Santé.

The major objectives of the projects supported by the Netherlands are to ensure permanent availability and accessibility of essential drugs and medical equipment at community health centres that are implementing primary health care policies, as well as for humanitarian organisations; to foster rational prescription and use of essential drugs; and to improve performance and rational use of resources in the health sector in North Kivu province. ASRAMES covers 19 health zones in North Kivu.

ASRAMES and CIF-Santé have made a substantial contribution to the improvement of the provincial health system at the policy level by introducing policies for cost-recovery and strengthening the organisational performance of local structures. They have enhanced the management capacity of the provincial structures of the Ministry of Health and the quality of services, i.e. mainly the prescription of medicine. The availability of essential drugs in health structures has improved. The approach applied by ASRAMES has been taken as an example in other provinces and is financially viable, provided donors continue their support to other aspects of the health infrastructure.

The accessibility of health services and the supply of essential drugs to the very poor remains an issue of concern, mainly because the poor cannot afford to purchase essential drugs or pay the consultation fees at health centres. Their access to these services remains limited, and the ASRAMES programme has only contributed to improving services to the existing users.

The monitoring of the programme through the Netherlands Embassy in Kinshasa left much to be desired. In addition, delays in funding occurred. The added value of the two international NGOs supporting ASRAMES is not clear; neither is the organisation's accountability.

Dutch policy for the health sector in eastern Congo focusing on emergency and rehabilitation has been relevant and effective. However, it could be even more

effective if it were also to focus on support for further reconstruction and future development.

*Save the Children UK: Emergency Health Programme*

Save the Children UK is implementing an Emergency Health Programme in North Kivu, South Kivu and Katanga.<sup>194</sup> During the period March 2000-April 2005, Dutch funding which was channelled through Save the Children Netherlands amounted to € 2,138,799.

The programme's objectives are to increase the preparedness of the population and the government's health structures for potentially epidemic health emergencies (e.g. measles and HIV/AIDS), to reduce the mortality caused by acute malnutrition to less than five per cent in nutrition centres, and to supply medicines in selected regions. It is also intended to build up the capacity of the Ministry of Health institutions in the provinces and sub-provinces in order to maintain minimum standards at these facilities, to improve children's access to basic health services and to improve the health education of former child soldiers and other children excluded from schooling. In 2003, the target group was estimated at 445,000 persons, which also included resettled refugees, displaced persons and former child soldiers.

For 2003 the following outputs were envisaged:

- Establish health service facilities in Goma, Mutwanga, Kalemie;
- Reduce mortality levels in nutritional centres and meet Sphere standards;
- Re-establish preventive activities in health centres with low vaccination coverage;
- Be prepared to intervene in the event of medical emergencies;
- Establish alternative financing mechanisms to facilitate access to health services; and
- Provide overall information and advocacy regarding the health situation in the region.

The activities are being implemented in a region characterised by persistent insecurity leading to the disruption of family units due to violence and displacement and high levels of morbidity. However, the health needs among the population are

<sup>194</sup> In North Kivu, the programme covers Kirotshe, Rutshuru, Kayina, Lubero, Kyongolo, Ocha, Mutwanga, Mweso and Masisi; in South Kivu it covers Fizi, Nundu, Uvira, Lamera, Katana, Walungu, Mwenga and Kaziba, and in Katanga activities are implemented in Kalemie and in Moba.

also structural and result from long-term under-investment in the government's health facilities.

The activities related to the improvement of nutritional status and prevention of epidemics and HIV/AIDS have been reported as very successful. The activities related to strengthening of the health structures, which can be considered to fall into the 'grey' area of rehabilitation and reconstruction, have progressed slowly as a result of intermittent periods of high instability and insecurity.

The increasing importance in Save the Children's programming of strengthening social capital and providing psychological support raises questions about the relevance of programmes of relatively short duration whose funding arrangements are limited in time. The latter result a higher levels of staff turnover than would be warranted by local conditions<sup>195</sup> and compromise the programme continuity. The decision to continue funding the programme beyond 1999, as well as Save the Children UK's efforts to ensure continuity in these programmes, have been the correct approach. In order to increase the programme's impact and to ensure that capacities are strengthened in the longer term, medium- to long-term funding might be considered, perhaps involving budgets other than humanitarian aid.

#### *World Vision Netherlands: Kirotshe - Rwanguba Health and Nutrition Programme*

In 1998, World Vision Netherlands started two health and nutrition projects covering the Kirotshe and Rwanguba health zones located around Goma in North Kivu Province. The projects were implemented by World Vision DRC and aimed to provide emergency health and nutrition services to vulnerable population groups, particularly IDPs and their host communities through supplementary and therapeutic feeding centres. Both projects merged into one programme in 2003. In the period October 2001 to December 2005, the Netherlands provided € 2,159,215 towards the total budget of US\$ 4,995,388. Four extensions were granted because of the continuously high rate of malnutrition in the area.

The increased accessibility of some parts of North Kivu resulting from decreasing conflict allowed World Vision and other agencies to commence or expand their relief activities in 2001 and 2002. World Vision gradually increased its coverage by extending the number of feeding centres. As a result of the gradual improvement of the nutritional status of the target population, the programme's approach changed from relief to rehabilitation in early 2004 (see Box 5.1).

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<sup>195</sup> Staff contracts do not last longer than the funding committed to the organisation.

**Box 5.1** Change in objectives of the Kirotshe Health and Nutrition Programme**Objectives in 2001**

- Reduce malnutrition in line with international standards by the provision of monthly food rations to families of malnourished children admitted to feeding centres;
- Increase capacity amongst health personnel and local NGOs;
- Reduce impact of IDPs on the nutritional condition of the host community;
- Increase overall coverage of the expanded programme of immunisation to 100 per cent amongst the age category of 0-11 months and 90% in the category 12-59 months;
- Provide health and nutrition education in order to improve the living conditions at the household level.

**Target group in 2001**

- 7,440 children under five from host population and IDPs to receive nutrition and medical support;
- Of this total number of children, 6,480 will receive supplementary feeding in Supplementary Service Centres and 960 will be treated at the Therapeutic Feeding Centre.

**Objectives in 2004**

- Provide nutritional and medical treatment for malnourished children through therapeutic and supplementary feeding centres;
- Increase the food production capacity at the community level in 21 localities through the provision of agricultural inputs and technical advice;
- Strengthen the capacity of 39 health centres in the project area with special emphasis on the expanded programme of immunisation and reproductive health.

**Target group in 2004**

- 9,231 children in nutrition component;
- 21,184 children aged 0-11 months to be covered by the expanded programme of immunisation;
- 6,897 pregnant women to be vaccinated;
- Support to 19 farmer groups to establish community plots to demonstrate home gardening;
- Support to 78 health centre staff and 21 feeding centre staff.

The final phase focused on reproductive health and food security. Due to the termination of Dutch humanitarian funding, phasing out was to be completed by the end of 2005.<sup>196</sup>

The findings below are partly based on the results of an evaluation commissioned in June 2005 by the Humanitarian Aid Division<sup>197</sup>, which were verified by interviews carried out during a brief visit to the programme sites. By providing nutrition and medical support as well as improving food security through the provision of seeds and tools to the families of children admitted to the feeding centres and establishing home gardening demonstration plots at these centres, the intervention has had a positive influence on the nutritional status of the families involved. The programme has successfully assisted the government's vaccination campaigns by supplying medical equipment and maintaining the cold chain for vaccines. Finally, the capacity of the health and feeding centres has been reinforced by the training of staff.

The programme's recent focus on capacity building and food security is appropriate. Although World Vision may phase out the programme's component financed by the Netherlands, it will continue to work in the province. If the organisation does phase out its supplementary feeding activities, it should avoid adversely affecting the nutritional status of the population. One way of doing so could be to promote appropriate nutritional practices, including hygiene and food preparation among the mothers who accompany their children to the feeding centres. In order to sustain the programme's results, increased training is needed for local beneficiaries to encourage sound health and nutrition practices. The training of 'peer groups' may yet have a trickle-down effect, but so far the impact of these groups appears minimal and there is still much ignorance within individual families about correct health and livelihood strategies.

## 5.5 Assessment of the interventions related to the evaluation criteria

### Relevance

Having defined the priority beneficiaries of Netherlands-funded humanitarian assistance, the evaluation team, which conducted the case study, reviewed the needs of all categories of people, whether displaced or not. It is concluded

<sup>196</sup> World Vision envisages reorienting the programme's activities and focusing on HIV/AIDS as of 2006.

<sup>197</sup> See World Vision (2005). *Evaluation of the Kirotshu/Rwanguba Health and Nutrition Programme, Eastern Democratic Republic of Congo, implemented by World Vision, preliminary report, August 2005.*

that the projects and programmes supported are relevant, in line with overall needs assessed, and that their outcomes are tangible and positive. However, this does not imply that *all* the needs have been assessed. Though the policy of the Netherlands is to address the most urgent needs, there is a pattern of neglect of particular population groups. In eastern DRC and in Burundi, and also in the Dutch-funded projects, there are groups that receive limited or no assistance. Besides the overall problem of geographical coverage of humanitarian assistance, this problem is related to gender and ethnicity. For instance, there is a marked lack of attention for women who have been victims of rape (which has reached epidemic proportions in eastern DRC), and for forest-based ethnic groups (such as the Batwa in Burundi).<sup>198</sup> This reflects an inability of agencies to respond to needs that donors may not have regarded as a priority. Lack of coverage may result in sowing the seeds of future social instability.

Second, there is an observed inability to deal with structural issues of poverty and the lack of local capacities. This inability originates in the limited interface of foreign agencies, including international NGOs, with the population: their dialogue takes place through management committees, or local implementing partners (local NGOs). The latter are often treated merely as sub-contractors, since enhancing their capacity is commonly not part of the objectives of the interventions financed.

Finally, relevance is diminished by the lack of timely needs assessments when access becomes possible. Although some agencies conduct surveys, the application of quantitative and qualitative indicators is limited, due to data availability. In addition, most survey findings are commonly not used by other agencies.

### Effectiveness

All agencies have encountered severe operational constraints. Their impact is limited by contextual factors, in particular the continued weakness of the state, the prevalence of an unregulated, understaffed and underfunded health service, insecurity, difficult logistics, or simply poverty. As Burundi's public administra-

<sup>198</sup> The focus on basic needs (food and physical health) is leading to the neglect of gender-based needs such as trauma, sexual violence, and to the ignoring of the cultural implications of the crisis to the population in particular the relation to local social structures. These issues have been flagged by NGOs since 2003, but were only explicitly referred to in the Grant Policy Framework of 2005. It should be noted that the evaluation team which conducted the Great Lakes case study visited a project of the Dutch NGO Transcultural Psychosocial Organisation in Burundi involving traumatised victims of the conflict; this project was not evaluated as it was not part of the sample selected in the Terms of Reference.

tion is in a better state, the operational context in that country is more favourable than in the DRC. However, in both countries, resource management is weak.

Given these constraints, the various humanitarian interventions have been effective, with technical standards generally well implemented. The challenging logistics in the DRC have reduced penetration on the ground (large areas remain out of bounds). Agencies have been assisted by the peacekeeping missions in Burundi and in Congo. Although coordination meetings could be conducted more systematically, there is significant interaction between the aid agencies and the peacekeeping forces (carried out through exchange of information, the use of air services, occasional escorts and securing of assets) concerning the security of humanitarian personnel.<sup>199</sup>

Logistical bottlenecks have been addressed where possible, and processes of consultation established with authorities have been appropriate. Performance in aid delivery has been generally good; exceptions are breakdowns in WFP's food pipeline in eastern DRC and occasional delays in the supply of medicine and outdated drugs in Burundi. It should be noted that this satisfactory performance is largely realised by external agencies and international NGOs, which are currently confronted with a transition from relief to rehabilitation and reconstruction. Their performance is affected by the ongoing lack of capacity of public services, particularly in the DRC. The international agencies rely on the capacities of local NGOs and user committees to provide support to the beneficiaries. Some agencies, such as WFP, are fully dependent on the last link in the 'aid delivery chain' formed by international and local NGOs, which are responsible for drawing up lists of beneficiaries and actual food distribution, as well as reporting results. Capacity problems among the partners may also result in reducing effectiveness. Surprisingly, international agencies engage in building local capacities in a very limited way, which is not conducive to aid effectiveness in the long run.

### Efficiency

Efficiency of aid delivery is largely defined by the contextual conditions such as distance, insecurity and procedures governing deployment in the field. As in the other case studies, it was difficult to obtain the information needed for the assessment of the efficiency. Nevertheless, it can be concluded that the overall efficiency

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<sup>199</sup> The peace-keepers have to operate with limited means and as much as possible in cooperation with local authorities. Protection has not always been available. For instance, in June 2004 WFP's offices and warehouses in Kalemie were looted while peacekeeping forces were setting up road blocks to contain crowds about a kilometre away.



of operations in the eastern part of the DRC was low, mainly because of the constraints imposed by distance and ongoing insecurity. Efficiency also depends on how humanitarian aid is organised. The international model of aid delivery commonly entails a management chain that involves UN agencies, ICRC and international NGOs, each mostly working through local partners who actually supply the assistance to the beneficiaries.

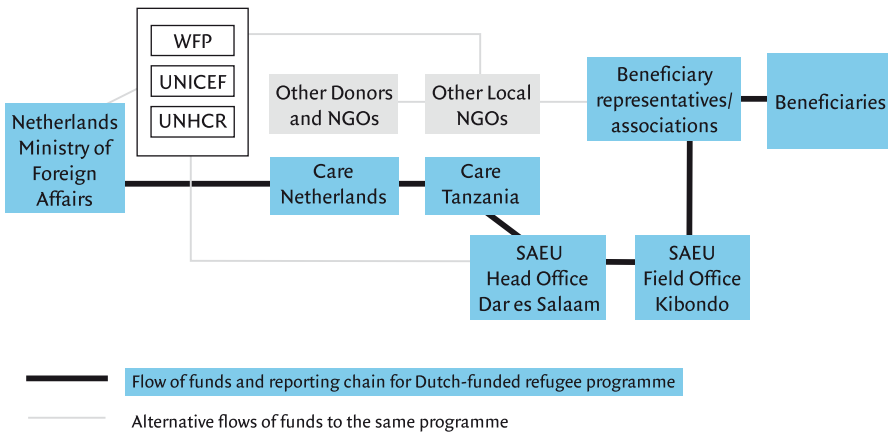
This approach has its advantages. First, it enables the external agencies to make use of locally available capacity, thereby expanding their own, often limited, capacity. Second, UN agencies, ICRC and the larger international NGOs are better positioned to coordinate the aid effort. Third, this approach can be considered rational from the perspective of donors, who would be faced with high transaction costs if they were to enter into separate contractual relationships with a myriad of local implementing organisations. Fourth, the involvement of local implementing partners may be conducive to building institutional capacities in the recipient country.

There are also disadvantages that could be addressed, as this approach commonly entails an unnecessarily long management chain resulting from sub-contracting among agencies; a consequence is that the flow of information may be insufficient, or the information is not regularly updated - or both. This, in turn, affects decision-making and thereby effectiveness. Long aid management chains are not conducive to efficiency either, as demonstrated below by the simplified example of the funding for activities in the project for Burundian refugees in Kibondo refugee camp in Tanzania (see Figure 5.1).

The Ministry of Foreign Affairs provides funding to the Dutch NGO as well as alternative funding to the UN. The UN on their part, as well as other international donors and NGOs, fund the same programme in the same refugee camp; this funding is presented as alternative flows in grey in Figure 5.1. The Dutch NGO works through its local office, which maintains contacts with the local implementing partner, the Tanzanian NGO SAEU. SAEU also receives direct funding from the UN. Although this does not mean that an activity is funded twice, one may question the value of having two channels instead of a single one, in terms of cost, responsibility and accountability. Secondly, the implementing partners do not work directly with individual beneficiaries but work through local committees and beneficiary representatives (in this case, refugee representatives and refugee committees), which is conducive to building local capacities and promoting ownership at the beneficiary level.

One of the consequences of this management chain, however, is that information flows through a large number of institutions, which may lead to loss of information and a weakening of accountability. The problem is exacerbated by different understanding of strategic intentions, the importance of monitoring and what should be monitored, and high levels of staff turnover; a general dilution of institutional ownership may occur. In the final analysis, the delivery of quality aid depends on the last link in the chain, which comprises organisations in direct contact with the population. These are often monitored the least, and have limited capacities.

**Figure 5.1** Example of an aid management chain: Aid to Burundian refugees in Kibondo camp, Tanzania



### Connectedness and coherence

Most donors, including the Netherlands, are justifiably reluctant to directly engage with public structures where these are characterised by poor governance and poor accountability. The alternative is to work directly through the UN system, ICRC/IFRC and international NGOs, which, in turn, work through local partners. Often this mechanism of aid delivery, albeit not very efficient as demonstrated above, is fairly effective. However, there is generally a failure to take account of the capacity of these partners, and capacity-building activities are not usually part of humanitarian interventions because of the conservative view that humanitarian assistance should not be used to solve structural problems.

There is also a tendency among donors to phase out too quickly when the emergency is considered to be ‘over’ and it is time to recommence development to alleviate more structural needs. In certain cases, like ASRAMES in the DRC, the Netherlands has declined to extend its funding of subsequent phases of projects from the humanitarian aid budget because the project objectives do not comply with the conditions of the Grant Policy Framework. Although the organisation at issue has been informed in a correct and timely manner about this decision, one may question whether sufficient attention has been paid to finding other sources of funding.

The overall performance of humanitarian aid in terms of addressing acute needs and assisting in early rehabilitation is good. The aid, however, does not take structural vulnerabilities sufficiently into account. This also applies to the projects supported by the Netherlands, which tend to treat structural vulnerabilities as if they are situational and temporary. The current approach to humanitarian assistance in Burundi and the DRC is characterised by limited possibilities of dealing with connectedness (short-term assistance addressing structural causes) during the emergency phase.

In general there is coherence between humanitarian aid, peacekeeping, political mediation, and the support for reconstruction activities like demobilisation, disarmament and reintegration of former combatants (DDR) and security sector reform. Although the latter activities were beyond the remit of this evaluation, a few remarks about them are in order.

The peacekeeping missions in Burundi and DRC have had an overall positive effect on improving stability and creating a sense of stability among the population. They have also enabled humanitarian agencies to have wider access to the population. However, in the DRC and in Ituri district of Province Orientale, in particular, low-level conflict has continued and has resulted in considerable casualties among the peace-keepers.

The Netherlands provides support to both the humanitarian component and the other components (peacekeeping, DDR, and security sector reform) of the international response. The latter activities are not financed from the humanitarian aid budget, but from other budget lines. They are also managed by other units in the Ministry of Foreign Affairs. This division of responsibilities has not been very conducive to the integrated planning of humanitarian and other types of response. As mentioned above, the Dutch embassies covering the Great Lakes Region have

recently stepped up their mutual consultations and coordination of Dutch programmes covering reconstruction activities. At the same time, the Netherlands is careful to avoid raising undue expectations among the governments of Burundi and the DRC that it may wish to enter into a bilateral development relation with either of the two countries. This implies that currently the transition process in the economic sectors is not supported.<sup>200</sup>

## 5.6 Conclusions and issues

### 5.6.1 Conclusions

A number of conclusions follow from the above findings. The first is that Dutch humanitarian assistance to Burundi and the DRC has been relevant and effective, in terms of Dutch policy as well as the needs on the ground. Through an integrated approach it combines the funding of life-saving humanitarian activities with support for peace negotiations and support to create stability through Security Council mandated peacekeeping forces in the region. There is a strong connectedness between humanitarian aid and conflict resolution.

Secondly, although not all the humanitarian activities succeeded in achieving all their objectives, they have been able to meet most of the needs of the people reached and have saved lives. Overall, Dutch-supported humanitarian activities have succeeded in narrowing the gap between relief, and rehabilitation and development. The evaluation team established that many of the interventions it scrutinised were able to pursue activities that take the longer-term issues into account. Examples are the gradual phasing-out of food relief in favour of support to foster food security, and health programmes and projects that also focus on building the capacity of local health structures. In sum, the ‘humanitarian plus’ approach has combined the provision of immediate relief and the contribution to initial rehabilitation.

The third conclusion relates to the longer-term outlook. It may be assumed that normal and stable conditions may return in Burundi and the DRC in due course. However, this may take a considerable time in Burundi and even longer in the DRC, which implies that humanitarian assistance will be required for some time, although its nature and direction will progressively change from relief to reha-

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200 Providing development aid to Burundi and especially to the DRC will be challenging in view of the weak government structures in these countries. However, the lack of prospects of economic recovery for the population may hold the danger of continued instability, even if the political and governance structures are adequately restored.

bilitation. Besides humanitarian assistance, the Netherlands is also providing support for reconstruction in both countries. The reconstruction activities are not financed from the humanitarian aid budget but from the Stability Fund and the Theme-based Co-financing Fund for rehabilitation (TMF). Both funds have until now mainly been used to finance activities promoting security sector reform and the disarmament and demobilisation of former combatants and their reintegration in society. Since the Netherlands has no structural bilateral development relations with Burundi or the DRC, no other major funding mechanisms are available to support economic recovery in either country. As a consequence, Dutch policy and modes of financing for Burundi and the DRC do not offer sufficient prospects for the provision of long-term economic assistance to populations which have been caught up in prolonged conflict and face largely collapsed public services. On the one hand, this may be considered a missed opportunity. On the other, it may be argued that other donors who have traditionally had a bilateral relationship with Burundi and the DRC may be better placed to provide such assistance.

The fourth conclusion is that the regional approach envisaged for the Great Lakes Region (Dutch assistance to Burundi and the DRC that focuses mainly on resolving and preventing conflict and restoring governance - and debt relief in the case of the DRC) should resolve the crisis in the long term. Humanitarian assistance does not feature very prominently in the regional approach, as witnessed by the lack of attention given to humanitarian aid in the policy note for the Great Lakes Region of 2004 and during the regional conference of the Dutch Ambassadors and the Director of the Africa Department held in Kampala in September 2005. That conference, in which the Humanitarian Aid Division did not participate, was specifically organised to strengthen the regional approach and regional coordination. Its outcome has not yet resulted in creating a basis for a comprehensive approach that could bring about a better linkage between humanitarian assistance and assistance for reconstruction and longer-term development.

Finally, it is concluded that decision-making and monitoring of aid implementation are constrained by the limited staff capacity of the Humanitarian Aid Division and of the embassies in the region. The capacity is not sufficient to conduct the necessary analytical work needed as a basis to achieve fully informed decisions on future interventions. As a result of its limited staff resources, the Humanitarian Aid Division has only one person covering humanitarian issues and activities in Burundi, the DRC and Uganda. Due to the limited resources, the staff at the Netherlands Embassy in Kigali (which also has to cover Burundi) and the staff at

the Embassy in Kinshasa seem to be involved more deeply in policy matters other than humanitarian aid. The embassies monitor the humanitarian situation in Burundi and in the DRC largely via a wide variety of contacts with other donors, agencies and the government. In contrast to this type of situational monitoring, results monitoring at the implementation level has been weak because of time constraints, other priorities, and the sheer distance between these embassies and the localities where the various interventions are being implemented. This is particularly the case for the Embassy in Kinshasa. The Embassy in Kigali, which mainly deals with the Dutch development programme in Rwanda, has experienced problems in covering humanitarian activities in Burundi; these were solved in mid-2005 by posting a member of staff to Bujumbura.

### 5.6.2 Issues

The evaluation raises four issues. The Netherlands will remain involved in providing a mix of humanitarian and transitional assistance to Burundi and the DRC in the foreseeable future. Depending on how the political stability in both countries progresses, the nature of the support to be provided will gradually change from relief and early rehabilitation, to reconstruction.

The first is the need to explore possibilities to improve the management of knowledge of the humanitarian situation at the country level. As mentioned, the staffing levels in the Humanitarian Aid Division and the Netherlands embassies responsible for Burundi and the DRC proved critical in relation to the tasks to be undertaken. The Humanitarian Aid Division and the embassies could invest in strengthening their analytical capabilities in order to align these with the ambitions defined by Dutch humanitarian assistance policy. This may enable the Humanitarian Aid Division and the embassies to better integrate information provided by third parties, such as ECHO's network of technical experts in the country, other humanitarian agencies, and donors. In the event that staff resources cannot be expanded sufficiently, the alternative might be to join forces with other donors in order to create a separate capacity to conduct situational monitoring and to monitor the performance of humanitarian interventions.

Second, in view of the improbability that the Netherlands will enter into a fully fledged bilateral aid relationship with Burundi and the DRC in the foreseeable future, the possibility of increasing the funding of rehabilitation and reconstruction activities from the current Stability Fund and the Theme-based Co-financing Fund for rehabilitation (TMF) could be considered. If necessary, these funds may be expanded. Alternatively, the parameters defining which types of interventions

are to be financed from the humanitarian aid budget may be reconsidered, in order to allow the funding of activities that focus on capacity building, structural support to health and social services, and psychosocial needs of a protracted nature.

Third, it may be worthwhile to intensify the efforts to strengthen the regional and integrated approach to the Great Lakes Region by better linking humanitarian assistance to simultaneous support for peace-building and stabilisation, nation-building, reconstruction and economic development. Such an approach would entail designing a comprehensive and flexible package of support consisting of humanitarian and other types of assistance in order to avoid gaps in programming for emergency relief, rehabilitation and development.

Finally, population-based rather than sector-based approaches currently applied in the needs assessments underlying the CAPs could be encouraged. Such population-based approaches would include all population groups located in a certain area, or particularly vulnerable groups. The different needs of these beneficiaries would need to be taken into account in order to provide them with support in an integrated manner instead of addressing each different need by sectoral projects and programmes.





## 6 Somalia

### 6.1 Background to the case study

In March 2004 the Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs commissioned the evaluation of humanitarian assistance to internally displaced persons in Somalia, 1999-2003. It was one of a number of evaluations set up by a group of donors.<sup>201</sup> Their purpose was to look at the assistance and protection provided for internally displaced people (IDPs) throughout the world, with the object of finding ways of improving that provision. The Netherlands took responsibility for the evaluation in Somalia and, working in a reciprocal relationship with Denmark, Sweden and ECHO, undertook not only to examine the effects of Dutch assistance, but also to take into account, as far as possible, the assistance provided by the other European donors. This chapter is based on the full report of the evaluation, which may be found on the CD-ROM accompanying this report.

The assistance was funded either through the Consolidated Appeals Process (CAP), or bilaterally through the Red Cross and international NGOs. Table 6.1 gives the sums provided by the four European donors; Table 6.2 gives the sums provided by the Netherlands through various channels.

The Somalia case study aimed to assess the effect of humanitarian assistance on the lives and well-being of IDPs. During the course of the evaluation, however, it became clear that although the Terms of Reference for the evaluation focused on IDPs, the interventions to be studied did not. Rather, they focused on vulnerable populations in Somalia, which may include IDPs. In addition, although most of the governmental and UN organisations have committed themselves to the United Nations Organisation's *Guiding Principles on International Displacement* (the Deng Principles, see below), they had no specific policies for IDPs. It was also

<sup>201</sup> Denmark, Sweden, the Netherlands, USAID and the European Commission Humanitarian Office (ECHO). The results of these studies were published in Borton, J., M. Buchanan-Smith and R. Otto (2005), *Support to Internally Displaced Persons: Learning from Evaluations*. Stockholm: Sida.

pointed out that not only would identification for the purpose of targeting assistance be dangerous for IDPs, it would also be impractical because displacement has been a norm in Somalia for at least 15 years and large numbers of IDPs have simply merged with other vulnerable groups, especially in urban areas. Therefore, no agency or NGO was in a position to identify IDPs on a meaningful scale. These circumstances forced a modification of the evaluation approach: IDPs remained a focus of investigation, but for investigative purposes they could only be seen as part of a generally vulnerable population. Finally, it also became clear that the humanitarian support existed largely to promote and support the ongoing peace process in Somalia.

**Table 6.1** Financial contributions to humanitarian activities in Somalia from the Netherlands, Denmark, Sweden and European Commission (ECHO), 1999-2003

Donor	Contribution to the CAP (US\$ )	Other contributions (US\$ )	Total (US\$ )
Netherlands	12,091,464	8,884,292	20,975,756
Denmark	5,147,901	22,494,849	27,642,750
Sweden	6,823,214	23,191,033	30,014,247
European Commission (ECHO)	1,672,697	13,887,234	15,559,931
<b>Total</b>	<b>25,735,276</b>	<b>68,457,408</b>	<b>94,192,684</b>

Source: Evaluation Terms of Reference, March, 2004.

The evaluation itself was constrained by the overall state of insecurity and breakdown of transport facilities, which limited access to certain parts of the country. Random outbreaks of violence made it impossible to visit some of the interventions that should have been examined. A further constraint was the lack of detailed documentation for individual interventions.

The enquiries were to be wide-ranging, covering the relevant ministries and offices of the donors, and the European and US offices of the relevant UN agencies and international NGOs working in Somalia. The European and US offices were questioned in order to analyse policies, but as the immediate administration of assistance in Somalia took place in Nairobi, it was there that the day-to-day operations on the ground could first be assessed. Field teams were then sent to the three *de facto* regions of Somalia to evaluate the aid activities.

**Table 6.2** Type of organisations supported by the Netherlands outside the CAP/ Somalia, 1999-2003

Organisation	Total no. of Allocations	Total NL funding (US\$)	Total NL funding (%)
Multilateral organisation	4	681,743	7.7
Netherlands NGO	15	3,571,346	40.2
NGO in other donor country	9	1,311,064	14.8
International NGO	1	34,361	0.4
Netherlands Red Cross	2	302,553	3.4
ICRC*	4	2,625,323	29.5
Local NGO	1	342,151	3.8
Other	1	15,751	0.2
<b>Total</b>	<b>37</b>	<b>8,884,292</b>	<b>100</b>

\* In the period 1999-2003, ICRC actually spent € 3,863,000 from Dutch contributions in Somalia. This figure was provided by the External Resources Division of ICRC, since currently the Netherlands does not earmark its annual contributions to ICRC at country level; this disaggregated information does not appear in Ministry's management information system.

Source: Evaluation Terms of Reference, March, 2004.

## 6.2 The humanitarian crisis

Somalia's history since its independence in 1960 has been tangled, but because of the country's strategically important geographical location, much of it has been influenced by the Cold War. As in so many other instances, the regime was corrupted, at least in part, by the enormous sums of money showered on it by the protagonists in that conflict. The decline and end of the Cold War in the late 1980s brought a corresponding decline in 'aid', which added to Somalia's financial difficulties created by its defeat in the 1977-1978 war with Ethiopia. That war had brought the legitimacy of Siad Barre's government into question. The government's response to its resulting rapid loss of control was to launch a series of brutal attacks on regions and people it deemed to be insurgent. For example, in 1988, the government used the military and militias to attack and destroy Hargeisa and Burao, Somalia's second and third largest cities; 600,000 people fled to refugee camps in Ethiopia and Djibouti.

**Map 6.1** *De facto administrative areas of Somalia in 1999-2005*

survived and Somalia became a 'failed state'. Sectarian clan leaders in the north-west seized the moment to create their own state and, in May of that year, an area roughly coterminous with the colonial region of British Somaliland became the 'Republic of Somaliland': a small state which has remained unrecognised by the rest of the world ever since. In the rest of the country a 'criminal economy of looting' developed in which massacre, rape and inter-militia fighting, accompanied by the widespread theft of livestock became the norm. That situation, combined with drought and famine led to an estimated death toll of 500,000, to approximately 1,500,000 refugees and to an unknown but enormous number of displaced people. In 1992, the Consolidated Inter-Agency Appeal remarked that 'virtually the entire population in Somalia is in need of relief assistance'. Conflict was increased in parallel with - if not as a consequence of - the USA-led UNITAF

(United Nations Task Force) intervention from December 1992 to March 1995. Fighting also compelled the UN peace-keepers and much of the international aid community to leave.

But, from 1993 to 1998, the numbers of IDPs declined steadily, despite continued violence. The possible reasons for the decline include an initial overestimation, but the ability of Somalis to adapt and so to resettle themselves should not be underestimated. A major difficulty for the evaluation (which is described below) was the invisibility of displacement when the displaced have merged with other vulnerable people in search of work, largely in urban areas. At the time of the evaluation, the number of IDPs was thought to be about 375,000. A further difficulty was pointed out to the evaluators by UN agencies and NGOs: any attempt to distinguish IDPs and specifically to assist them would probably result in them being attacked by other, equally vulnerable, people. In the case of Somaliland, IDPs not originally from the region kept a very low profile for fear of brutal removal by the *de facto* state's forces.

A tripartite division of the country has gradually emerged; the breakaway Republic of Somaliland is one part and the other two are Puntland, which has not declared itself independent, but is autonomous with a *de facto* government in Garowe, and south and central Somalia, which remains anarchic.<sup>202</sup> At the time of the evaluation, the violence was principally in the largest of the three parts of Somalia, south and central, where there was no semblance of a central government. A relatively small exception was a low-level conflict, about the border between the Republic of Somaliland and Puntland, on the Sool Plateau. The gradual hardening of these 'boundaries' resulted in a change in displacement. In south and central Somalia violence resulted in repeated, but sometimes short-lived displacement. The Republic of Somaliland was relatively secure and offered a home to substantial numbers of IDPs, but it decided to evict IDPs from other parts of Somalia who were deemed to be foreigners. Puntland, also relatively safe, was a common destination for those displaced from south and central Somalia, but is a region in which it is very difficult to maintain a livelihood.

At the time of the evaluation, the situation described above had had two main consequences: one was a high rate of displacement, but from various sources, often very variable in numbers and, equally often, fairly short-term in nature. The

<sup>202</sup> Puntland is roughly coterminous with the departments of Bari, Nugaal and the northern half of Mudug. Its north-western border is with Somaliland, which incorporates the departments of Awdal, Woqooyi Galbeed, Togdheer, Sanaag and Sool.

other consequence was the virtual absence of formal IDP camps, which led to the near impossibility of identifying them.<sup>203</sup> The crisis was chronic, with acute periods, and IDPs would settle where they thought they would be most likely to find work.

In 2000, a Somali National Peace Conference was held in Djibouti under the aegis of the Inter-Governmental Authority on Development (IGAD); it led to the formation of a Transitional National Government. The initiative failed, not least because it involved up to twenty warlords, each with his own private army, but it did plant the seed for future attempts at rebuilding a state. A peace process emerged, again with the help of IGAD, but this time supported by the states surrounding Somalia, and by Egypt, Yemen, the USA and the European Union. This process had a major bearing on aid policies

Prior to the collapse of the state, Somalia, like much of the rest of Africa, had become increasingly urbanised, a process which has been accelerated by conflict. Nonetheless, some estimates suggest that 40 per cent of the population is made up of nomadic pastoralists. The centre of governance and social cohesion for nomads throughout the world is the clan - empires and states are of interest only as obstacles to pastoral movement. Some of the conflict in Somalia was opportunistic raiding led by clan chiefs, both to secure assets and to extend their control of range lands. But it is important to recognise that many extended mini-wars were fought between members of the same clan and that even more of the faction-fighters were led by people uninterested in any sort of clan fiefdom. This issue matters, because many aid agencies intervening in Somalia have been tempted to work for a solution based on clan structures. It is necessary to keep in mind the fact that 60 per cent of the population is not pastoralist, and that extended family relationships have been more important for protection than clan membership.<sup>204</sup> Urbanisation will increase once peace has been achieved and clans will decline in importance, just as they have in, for example, Scotland and Ireland.

In summary, the overall context for humanitarian assistance in Somalia was one in which there was no overall state and, hence, no obvious indigenous partners. More than half the population was confronted by random, unpredictable violence, generated in the interest of asset grabbing. Displacement was periodic, random

203 Sizeable IDP camps did exist in Puntland, but, at most, were home only to a tenth of the total number of IDPs.

204 The dominant clans are very large, and while people are aware of springing from a particular clan, they give precedence to the sub-unit: the extended family.

and massive, but the displaced were largely invisible. In the areas of greatest need (mostly south and central Somalia) violent conflict repeatedly forced implementing agencies and NGOs to abandon projects and programmes and to evacuate staff. Partition and violence prevented the practical organisation of country-wide programmes, in practice interventions consisted of bundles of projects. In south and central Somalia, project continuity was a rarity, expatriate staff had frequently to be evacuated, and indigenous staff often joined the displaced. It should be noted that all monitoring was inevitably at a distance and principally from Nairobi.

An incidental consequence of this history is that there are no reliable indicators. Among the most recent indicators published are those offered by the UNDP in its 'Human Development Index' in 1995 and 1996.<sup>205</sup> In both years, sectoral statistics were given, but their reliability is dubious. Since that time, the country has been dropped from the report; roughly the same pattern may be seen in the World Bank's *World Development Report*. Table 6.3 gives some of the salient figures drawn from the UNDP; all that can be said of the situation at the time of the evaluation is that it had certainly deteriorated.

**Table 6.3** Some basic indicators for Somalia 1995-1996

Year	HDI* Rank	Life Expectancy (years, at birth)	Adult Literacy (%)	Gross School Enrolment (%)	Public Health Expenditure (% of GNP)
1995	166/174	47.0	27.0	7	0.6
1996	172/174	47.2	24.9	7	0.6

Source: UNDP, *Human Development Report*, 1995, 1996. \*'Human Development Index'.

It is also necessary to recognise the extent of the physical damage done to what prior to the collapse of the state had been a meagre set of infrastructure and social institutions. Health care, water supply and sanitation, education and communications had all been minimal before the descent into chaos, and that descent ruined the greater part of what little had existed. Massive investment is called for, not least because it will not be adequate simply to restore the *status quo ante*.

<sup>205</sup> UNDP, *Human Development Report*, 1995, 155-7; 1996, 135-7.

## 6.3 Response of the Netherlands

### 6.3.1 Humanitarian policy

As mentioned, Dutch humanitarian policy is based on the standard international principles:

- The humanitarian imperative, which demands a response to alleviate the suffering of the most vulnerable people.
- Assistance should be designed to meet the situation it actually addresses and with the object of rebuilding capacity and self-sufficiency.
- Assistance should be impartial and should be non-discriminatory.
- Assistance should be free of political influence from any of the parties concerned.
- In conflicts, sovereignty should be subordinate to the provision of impartial humanitarian aid.

In the case of Somalia, though these principles were adhered to as far as possible by the Netherlands; they do, at least in part, assume the existence of a state and its apparatus. Policies for a country that has effectively been partitioned and lacks an overall government call for a nuanced version of the principles. Simultaneously, another set of principles are operating, as the Netherlands has accepted the United Nations Organisation's *Guiding Principles on Internal Displacement* (commonly known as the 'Deng Principles, see Box 6.1).<sup>206</sup> The Deng Principles are essentially a bill of rights for IDPs, but also loosely assume the existence of a state apparatus in the countries in which the IDPs are displaced; crucially, they assume a situation in which IDPs can be assisted *en masse*, as, for example, in camps. Because, with relatively small exceptions, this was largely not so in Somalia - in the main, IDPs merged with other vulnerable people, usually in urban areas - the Deng Principles were largely aspirational.

The various Policy Frameworks for humanitarian aid in the period 1999-2005 stipulate that the main aim of Dutch policy for Somalia was to achieve an optimum balance between acute lifesaving activities and initial steps of rehabilitation. Throughout this period it was considered important to achieve a reasonable balance between programmes and projects aimed at rehabilitation and capacity building in Somaliland and Puntland, and the provision of acute aid in central and southern Somalia. The most recent policy frameworks, e.g. the Grant Policy Frameworks for 2004 and 2005, have indicated that the Netherlands does not

<sup>206</sup> Thus named because their originator and major champion was Francis Deng.



intend to become involved in a very substantial way in reconstruction activities in Somalia now or in the future. This suggests that the focus of future humanitarian aid could shift to the provision of acute emergency assistance.

Major eligible sectors for Dutch humanitarian assistance throughout the period remained largely the same: health care, water and sanitation, food and food security, de-mining, support for peace-building initiatives, and shelter for displaced persons and refugees returning home. Wherever possible, projects and programmes were supposed to actively involve the local population. Basic health care interventions must include a cost-sharing component wherever possible, and activities should be designed to raise public awareness of hygiene and reproductive health.

#### **Box 6.1** Guiding Principles on Internal Displacement (abridged)

- Internally displaced persons (IDPs) shall enjoy the same rights and freedoms under international and domestic law as do other persons in their country. They shall not be discriminated against in the enjoyment of any rights and freedoms, on the ground that they are internally displaced.
- National authorities are responsible for providing protection and humanitarian assistance for IDPs within their jurisdiction.
- These Principles must be applied without discrimination of any kind - race, colour, sex, language, religion or belief, political or other opinion, national ethnic or social origin, legal or social status, age disability, property, birth or any other similar criteria.
- Certain IDPs - children, unaccompanied minors, expectant mothers, female heads of households, people with disabilities and the elderly - shall be entitled to the protection, assistance and treatment which take into account their special needs.
- All authorities shall respect their obligations under international, human rights and humanitarian law, such as to prevent the conditions that might lead to the displacement of people.
- Every human being shall have the right to be protected against arbitrary displacement from her or his home or place of habitual residence.
- Every human being has the right to respect for her or his family life.
- All IDPs have the right to an adequate standard of living. Competent authorities and the international community must ensure the provision of essential food and potable water, basic shelter and housing, appropriate clothing and essential

medical services and sanitation. The full participation of women in planning and distribution must be ensured.

- Every human being has the right to be a person before the law.
- No one shall arbitrarily be deprived of property and possessions.
- IDPs must be enabled fully to enjoy the right of freedom of thought, religion and expression; of freedom to look for work and to engage in economic activities; of freedom of association and of community participation; and of freedom to communicate in their own language.
- Every human being has the right to education.
- National authorities are primarily responsible for humanitarian assistance within their territories. International humanitarian organisations and other appropriate actors have the right to offer assistance for IDPs and such offers should not arbitrarily be refused or ignored. International humanitarian organisations and other appropriate actors should give due regard to the protection needs and the human rights of IDPs and take appropriate measures in doing so. In all these matters, special efforts should be made to ensure the full and equal participation of women.

Source: Office of the High Commission for Human Rights (1998).

In practice, actual Dutch policy for Somalia could be discerned only by looking at the development of what it supported. Although the crisis was chronic, it was still humanitarian and there were frequent, random moments of acute need; the capacity to deal with these was not neglected, but the principal focus was on creating the conditions for the re-establishment of a viable state. Hence the concentration on activities conforming to the second international humanitarian principle: namely that the assistance should be designed to meet the situation it actually addresses and with the object of rebuilding capacity and self-sufficiency.

This evaluation was charged with examining the needs of displaced people and the support given them; the concern for such people illustrates Dutch policy, since the final goal is the creation of the conditions for possible return or, alternatively, for resettlement elsewhere in the country. The overall challenge for Dutch policy was successfully to link humanitarian assistance to peace building, security, reconciliation, reconstruction and, eventually, to development cooperation.

Somalia being a 'failed state', meant that the customary partners in a programme of assistance (government, ministries, agencies and departments) were absent;

continuing conflict, a breakaway state (Somaliland) and a continuing, if uncertain, peace process all complicated matters yet further. The result was that the aid interventions were administered by a large, loosely linked, quasi-governmental association of intervening and interested bodies in Nairobi. These bodies included, among many others, the Netherlands Embassy, the embassies of the other donors, the EU, many UN agencies, the Red Cross/Crescent family, a large number of international NGOs, the World Bank and so on. The extent of their engagement varied; the agencies and NGOs were directly engaged in Somalia, the Netherlands Embassy was very active in Nairobi, but its members of staff were not permitted to visit Somalia, and the World Bank was largely an observer.

### 6.3.2 Sectoral funding in Somalia

The period covered by this evaluation was from 1999-2003, during which the four donors provided just over € 78.6 million in 203 allocations. The channels for funding, for all four, are shown in Table 6.4; the table reveals the marked differences in policy between the donors and shows the Netherlands' singular commitment to multilateral funding.

**Table 6.4** Proportions of donor funding by channel

Donor	CAP (%)	Emergency Appeal (%)	Individual Intervention (%)	Frame Agreement Component*
Netherlands	62.3	10.4	27.3	-
Denmark	14.4	12.3	28.8	44.5
Sweden	29.2	20.1	42.0	8.7
ECHO	-	-	100	-

\* The 'Frame Agreement Component' refers to long-term funding for the Danish De-Mining Group and the Danish Refugee Council and is not earmarked for specific interventions.

Source: data provided by each of the four donors.

In the period under evaluation, the Netherlands contributed approximately € 24 million to humanitarian activities in Somalia.<sup>207</sup>

<sup>207</sup> Somalia was the eleventh of the top fifteen countries assisted in the period. The figure is approximate because the ToR expresses the sum in US dollars, the evaluation worked in Euros and the results depend on the rate of exchange.

**Table 6.5** Agencies and activities funded by the Netherlands through the CAP

Agency	Activities
UNICEF	Education, Health, Mine Action, Protection/Human Rights/Rule of Law, Water and Sanitation.
WFP	Food.
UNDP	Coordination and Support Services, Economic Recovery and Infrastructure, Mine Action, Multi-Sector, Protection/Human Rights/Rule of Law, Security.
UNHCR	Multi-Sector (incl. Refugees and IDPs).
UNFPA	Health.
UNOCHA	Coordination and Support Services.
UNESCO	Education, Protection/Human Rights/Rule of Law.

Source: Management Information System of the Ministry of Foreign Affairs.

**Table 6.6** NGOs and operations funded by the Netherlands, 1999-2003

Organisation	Sector/activity	Period	Amount (€)*
Care-Netherlands	Health	2000-2003	290,408
with Care-Somalia	Civil Society	2000-2004	367,034
Care-International	Civil Society	1998-2000	32,666
with Care-Somalia	Civil Society	1999-2000	251,693
Care-USA	Economic Recovery and Infrastructure	1998-1999	33,154
Cooperazione Italiana, Nord-Sud	Health	1998-2004	644,355
Cordaid AMREF & Trócaire	Ec. Recovery and Infrastructure	2002-2003	51,998
Danish Refugee Council	Ec. Recovery and Infrastructure	1998-1999	59,052
Dutch Relief and Rehabilitation	Mine Action	2001	153,335
Halo Trust	Health	1998-1999	62,605
MSF-Belgium	Health (incl. Vaccination)	1999-2004	2,497,015
MSF-Holland	Multi-Sector, Water and Sanitation	2002-2005	449,072
Norwegian People's Aid	Multi-Sector	1998-1999	35,665
Novib	Water and Sanitation	1999	14,974
Quest Consult	Health	2002-2003	197,932
Red Cross Netherlands	Water and Sanitation	1997-2000	218,248
SAWA Netherlands	Health	2002-2005	580,101
World Vision			

\* Because funding periods exceed those of the evaluation, these figures should not automatically be related to funding totals.

Source: Management Information System of the Ministry of Foreign Affairs.

The diversity of the Netherlands' response is shown in Tables 6.5 and 6.6; in an acute emergency, food aid, health care (including emergency feeding) and water and sanitation are all immediate responses. The other sectors in that table are usually responses on the road to recovery. The pertinence of this point will become clear in the analysis of the interventions. Support outside the CAP was generally in response to specific appeals by the multilateral organisations, the ICRC and the Netherlands' Red Cross, Dutch and other NGOs and, in one case, a Somali NGO.

#### 6.4 Description and assessment of the interventions

This section is based on interviews with donors and agencies in their European and United States headquarters and their embassies and offices in Nairobi, and on investigations in Somalia. The latter included visits to places in which IDPs and other vulnerable people were living. The teams held conversations with IDPs, refugees and returnees, either as individuals or in groups. In addition, the teams met a range of local people and members of other agencies: these informal meetings influenced the teams' judgements.

Most interventions visited by the evaluators were funded through UN agencies, which do not account for their activities per intervention, but only nationally, per programme. Since in any given nation, UN programmes cover most, if not all, sectors, this means that there is no useful reporting, monitoring is virtually impossible and any subsequent evaluation lacks essential information. Determining expenditure on specific interventions is possible only in the case of NGOs (which usually do report adequately); because of the insecurity and political difficulties in Somalia, however, NGO projects formed the minority of cases to which the evaluation team had access. Multi-sectoral donations, which are frequently, and laudably, unearmarked (particularly those from the Netherlands) cannot easily be tracked to specific interventions.

A small digression is necessary here because the issue of not earmarking has direct relevance to the situation in Somalia. Earmarking, which means that the donor specifies how the funds are to be used, is common practice. In the chaotic circumstances prevailing in Somalia, earmarking, with a few exceptions, limits the capacity of the major agencies (principally the UN and the Red Cross family) to react flexibly to rapidly changing circumstances and needs. The Netherlands is to be commended for the extent to which it does not earmark funds, but this policy should be met with responsible and adequate accounting from the recipient agencies.

Funding was rarely directed specifically to IDPs and only a few interventions were solely focused on them, partly because, in many cases, they lived with other vulnerable groups. When applying for funds some NGOs included IDPs as part of their target, though not, it should be noted, in any application to the Netherlands. Whatever might be specified in the applications, no NGO interviewed in Nairobi or in Somalia by the evaluation team thought it possible or desirable specifically to identify IDPs separately from the generally vulnerable. The only UN agency that mentioned IDPs as targets and received Dutch funds was UNDP; the funding was used for multi-sector and economic recovery programmes as components in a frame agreement. In response to the various CAPs, Dutch funds were allocated to health, education and multi-sector in an appeal for aid for refugees and IDPs. As in the case of the NGOs, the agencies also agreed that in most cases it was either impractical or dangerous to identify IDPs. In one minor exception, UNICEF intervened to assist IDPs in fourteen incidents of fire, flood or cholera in IDP settlements in Bossaso and in Hargeisa. It is questionable whether the intervention in Hargeisa was actually targeted specifically at IDPs, since the evaluation team found no settlements in Somaliland confined to IDPs.

**Table 6.7** Sectors funded by the four donors

Sectors	Total Funding (€ million)	Proportion of Funding (%)	Number of Allocations
Health Care	18.63	23.7	55
Multi-sector	11.72	14.9	29
Water and Sanitation	7.91	10.1	18
Education	7.21	9.2	14
Food Aid	6.85	8.7	11
Economic Recovery	6.44	8.2	15
Peace Promotion	6.38	8.1	22
Mine Action	5.77	7.4	11
Other	7.66	9.7	28
<b>Totals</b>	<b>78.57</b>	<b>100</b>	<b>203</b>

Source: Analysis of data provided by each of the four donors.

In effect, Somalia was partitioned by the donors and their projects formed a patchwork in the three separate regions. Table 6.7 gives the amount of funding provided by all four donors for each sector. Below, the descriptions and assessments of

those Dutch interventions which could be visited or about which useful information could be gathered have been grouped by sector and presented per region.

#### 6.4.1 Health

In the period under evaluation, almost 19 per cent of Dutch funding, € 4.55 million, went to support the health sector; some further funding came from unearmarked, multi-sectoral funding, but this sum cannot be quantified. This particular sectoral division is somewhat arbitrary, since supplies for emergency feeding come under food aid, and water and sanitation is a sector on its own; both are central to health care.

The term ‘failed state’ means that all the social functions commonly backed by the state, in whatever form, have ceased to operate. Prior to the collapse, Somalia’s health service was minimal; it was destroyed, sometimes deliberately, and there is now no such service. This state of affairs has persisted for several years, so Somalia also lacks health professionals of all kinds. Most of those trained prior to 1991 have either emigrated or become refugees and little, if any, training has been possible since.<sup>208</sup> In many areas, medical infrastructure has also been destroyed or damaged. In consequence, the Netherlands, in common with other donors, uses funds from the humanitarian budget not only for the kinds of care necessary in an acute emergency, but also for general primary and curative health care and for the support of hospitals and all their varying functions.

Collectively, all four donors made 55 financial allocations specifically for health care; thirteen were from the Netherlands and covered a number of activities; some were to multilateral agencies, others were in response to individual project proposals.<sup>209</sup> Several other sectors are closely allied to health care: food aid, water and sanitation and economic recovery are all examples.

Many health conditions are common to all three regions and are a constant part of almost every health intervention. Tuberculosis, diarrhoeal diseases (including cholera), malaria and measles are all common. Post-natal mortality is among the highest in the world, a situation exacerbated by the nearly universal female genital mutilation (FGM). Scabies and other parasitic conditions are common

208 A marginal exception may be seen in Somaliland where some health services have emerged and are professionally staffed by people who have returned from surrounding countries, Europe and the USA.

209 The multilateral donations were to UNICEF and UNFPA, project funding went to MSF-H and Cordaid and its partners.

and overcrowding leads to the rapid spread of respiratory disease. HIV/AIDS is an increasing threat.

*Somaliland:* The Netherlands supported UNICEF's immunisation and ante-natal care, principally in two mother and child health centres (MCH), which came under the wing of Somaliland's nascent health ministry. The centres did not cater for in-patients, but they did have delivery rooms, laboratories and dispensaries; medicaments and delivery kits were supplied by UNICEF. The people attending these centres, commonly sited near compounds of vulnerable people, were returnees, some refugees, local people and IDPs. It is difficult to say how many of the latter were assisted, partly because of the government's policy of expelling many of them and partly because it is difficult to distinguish displaced persons from other vulnerable people. UNICEF works closely with local communities and groups and engages in matters to do with hygiene, nutrition, child rearing, recreational drugs (principally *qat*), HIV/AIDS, sexually transmitted diseases and FGM. UNICEF has estimated that the incidence of HIV/AIDS in Somaliland is 0.8-2.0 per cent (the Somaliland AIDS campaign was funded by Denmark). Throughout Somalia, psychosocial problems, particularly traumas associated with violence, are widespread. SCF-Somaliland employs a psycho-social officer, but the evaluation team found no evidence of the existence of any others elsewhere.

Though Somaliland has private clinics and dispensaries, usually in the larger towns, the fees they charge mean that only a small elite among IDPs can make use of them.

*Puntland:* Since 1997, Médecins sans Frontières-Holland (MSF-H), has run two hospitals in Galkacyo, one with 120 beds, the other with 20.<sup>210</sup> Fees are charged to maintain the health service, but since IDPs and other vulnerable people often cannot meet them, they do limit access.

In the north of the region, MSF-H, Care, UNICEF and the WFP have all responded to outbreaks of cholera in Bossaso. In one such intervention (June 2003), MSF-H succeeded in confining mortality to 2.5 per cent of cases (compared with 6.2 per cent in an earlier outbreak). UNICEF, supported by Dutch funds, also surveyed the nutritional status of 1,077 children in Bossaso (including IDPs, for whom malnutrition was thought not to be a major problem) and discovered that the rates were similar to those in the rest of the country, even though the region was relatively

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210 Galkacyo could not be visited because it was affected by the temporary suspension of ECHO's flights.



peaceful.<sup>211</sup> Other problems addressed by MSF-H and UNICEF were widespread diarrhoea and acute respiratory infection, both consequences of overcrowding. Thirty-six per cent of displaced children below the age of two had not been immunised against measles; polio coverage of those under five was greater: 89 per cent.

*South and central Somalia:* Health projects, like all others, were repeatedly compromised by violence, a condition which severely limited coverage as well as continuity. In Wajid, World Vision, supported by the Netherlands, has a small hospital, mainly concerned with preventive health care, but also runs a number of MCHs and health posts. The latter can only deal with the most urgent cases, and insecurity means that World Vision cannot staff campaigns of prevention or mobile clinics.<sup>212</sup> There is another small hospital, managed by MSF-Belgium, in Hudur. There are larger hospitals in Mogadishu, where Red Crescent (implementing partner for the ICRC) runs the Hanano hospital to which an MCH is attached. The ICRC runs Kisane hospital for war trauma patients and SOS Kinderdorf International runs a hospital for children and mothers. The latter has an outpatient department with 200 consultations per day, obstetric surgery, nutritional services and a TB treatment centre. It is well kept and is effectively staffed. There are some minor technical flaws, particularly the sterile/septic circulation system. Part of this intervention is a four-year nurse-training programme and each periodic admission to the course registers 20 new students.

This brief account demonstrates the major difficulty for the region; as a result of the insecurity, coverage is opportunistic rather than planned. It is notable, for example, that there are no interventions in Kismayo, a major port south of Mogadishu.

### *Issues and discussion*

The central issues in health care were:

- Coverage: a consequence of insecurity is that outside Mogadishu, south and central Somalia has little in the way of health care facilities. Facilities in the other two regions are limited (MCHs, a few dispensaries, small clinics and isolated hospitals). Peace and, possibly, unification, will be necessary for the situation to improve.
- The cost clients face to access services: most vulnerable people (including IDPs) cannot afford either the charges or the costs of medications. Some

211 Severely malnourished: 3.2 per cent; global acute (moderately) malnourished 3.5 per cent.

212 World Vision's activities could not be visited because of the interruption in ECHO's flights.

attempt is made to ensure that the poorest receive free treatment in hospital clinics, but because there are few hospitals, their reach is very limited. There is a need to reconcile conflicting needs: the health-care needs of vulnerable people and the need to make health facilities sustainable.

- Cultural issues, particularly FGM, aspects of hygiene and attitudes to HIV/AIDS: huge change is necessary, but is inevitably slow. Some courageous indigenous NGOs (particularly women's organisations in Hargeisa) are engaging (often at serious physical risk) in this work, but they lack social or peer support and funding.
- An increasing incidence of HIV/AIDS: at the time of the evaluation, apart from sporadic surveys by international agencies, attempts in clinics to spread awareness and education, and the work of women's NGOs, there was little evidence of serious activity by the two *de facto* governments.

A viable health service depends on networks of facilities from, for example, local health-care workers, MCHs and dispensaries through local surgeries to hospitals and, ultimately to a major central hospital (or hospitals) able to accept referrals. It is clear that such networks cannot exist easily, if at all, in a splintered country. The Netherlands and the other donors supported health care at all levels, but the greatest effort was in the various forms of primary health care, including vaccination and immunisation programmes. These could be seen as foundation stones for a future national system of care.

#### 6.4.2 Water and sanitation

Eighteen allocations were made for the sector, of which eight totalling € 2.15 million came from the Netherlands - most of them were to UNICEF. Somalia is a semi-arid country, which means that water and sanitation, even without a war, are a major developmental challenge. In the north, there are no perennial rivers and the water table can be several hundred metres below the surface. In south and central Somalia, most water is of poor quality and often not drinkable and, in some areas, the groundwater is so saline that it cannot be used. In urban areas, particularly in Mogadishu and Hargeisa, supplies have been stretched by rapid urbanisation. In the regions of Wajid and Gedo, IDPs have about two litres of water per day; the recommended minimum is fifteen litres. Inadequate sewage disposal often leads to water contamination and the spread of waterborne diseases.

UNICEF has been active in constructing water kiosks, rehabilitating old systems, constructing latrines, training operators and promoting hygiene in all three

regions. It has coordinated its activities and linked provision with education in hygiene, nutrition and child care.

*Somaliland:* When Hargeisa was destroyed in 1988, the water infrastructure was also destroyed. Water has to come from a source twenty kilometres away and several hundred metres below the city, major work is to be undertaken to restore and improve the necessary infrastructure. In addition to the activities listed above, at the time of the evaluation UNICEF was engaged in improving the water supply to the State House compound in Hargeisa, home to some 18,000 people including returnees and IDPs, but it is work in progress and partly depends on the major infrastructural work for the city.<sup>213</sup> When the evaluation team visited the site, water supplies were completely inadequate: four kiosks were served by a central municipal source through a 4 cm pipe. Water was available for only a few hours each day, frequently at night. The price was US\$ 0.03 per 25 litres, the average per capita income was US\$ 0.3. In the Mohammed Mooge compound, the Danish Refugee Council was supporting an IDP entrepreneur in the production of latrine slabs for households.

*Puntland:* Diakonia has developed a deep borehole at Burtinle, in Nugaal, which is shared by the town and a nearby settlement which harbours an unknown number of IDPs. In Bossaso, UNICEF was engaged in improving water supplies for compounds and building kiosks for its distribution. It also responded to outbreaks of cholera in most of Puntland's urban areas. The WFP has also supported the construction of latrines and drainage in IDP settlements in food- for-work schemes.

*South and central Somalia:* Nine IDP sites were visited in the region and in most of them water supplies were minimal and sanitation was very poor (three of them had no latrines). In the Polytechnic School compound in Mogadishu, in which 3,500 returnees and IDPs live, there were only 34 latrines. UNICEF and Action Contre le Faim are conducting anti-cholera and chlorination campaigns in Mogadishu. Insecurity throughout the region makes it virtually impossible to develop the infrastructure necessary for sustainable water supplies.

#### *Issues and discussion*

- Somalia is a semi-arid country and water is a scarce resource. Much infrastructure for its provision was destroyed in the conflict (particularly in Hargeisa, Somalia's second largest city).

<sup>213</sup> This particular operation was funded by Denmark.

- Increasing urbanisation is putting pressure on specific areas where adequate infrastructure was either never in place, or has been destroyed by conflict.
- The cost of water for vulnerable people, together with the inadequacy of supply, can inhibit its use for hygienic purposes.
- Adequate sanitation for vulnerable people, particularly in compounds, scarcely exists.

As in all other sectors, the major difficulties are for vulnerable people and little meaningful distinction can be made between those who are IDPs and those who are not. Much activity is in patchwork improvement, maintenance and education; some, as in Hargeisa, is in restoring or patching up infrastructure deliberately destroyed in the conflict. Widespread infrastructural improvement depends on a satisfactory resolution of the peace process.

### 6.4.3 Education

Towards the end of Siad Barre's regime, public education in Somalia had virtually collapsed. By 1999, few schools were operating, 90 per cent of the facilities had been destroyed; some had become sites for returnee/IDP compounds. In 2002, the Swedish International Development Cooperation Agency (Sida) found that only 14 per cent of Somali children were enrolled in schools, and few of them were IDPs. There is an acute shortage of trained teachers and technicians: fewer than 40 per cent of the teachers are trained, many lack even primary education; they are also very poorly paid. Adult literacy had fallen from its pre-war level of 24 per cent to 19 per cent. Somalia needs its educational system and accompanying infrastructure to be recreated.

Each donor responded individually to the appeals addressed to them all, but collectively, they supported conventional, compensatory and adult education; they also supported education in rights and democratisation. Although this sector received only a little over nine per cent of the total funding for the period (14 allocations), it is, nonetheless, the most emblematic support for the peace process.

The Netherlands provided € 250,000 in support of education activities. In association with Sida and the NGO Diakonia, it funded the production of a curriculum and textbooks for use throughout the country. Somaliland refused to accept the publications until its national emblem was printed on the cover. This was the only instance of direct support by the Netherlands for education, but its substantial donations for multi-sectoral activities, which include large sums for UNICEF, pro-

vided indirect support. The most remarkable direct support came from Sida in its work in Puntland (see below).

*Somaliland:* WFP provides school meals in 23 Somaliland schools. The evaluation team visited one of them, a school in the Sheikh Noor returnee/IDP camp, which had been built with support from UNHCR and provided with textbooks by UNICEF.<sup>214</sup> It was designed for 670 pupils, but at the time of the evaluation had enrolled 1,180. To cope with this demand, teaching was in shifts; upper primary teaching took place in the mornings and lower primary pupils were taught in the afternoons. Girls and boys attend lower primary classes in roughly comparable numbers, but the number of girls declines at the more advanced level. Classes catered for 70-80 pupils per room, lower numbers than in most other schools. Cleaning and security are the responsibility of a Community Education Committee, but, like the rest of Hargeisa, the school has inadequate supplies of water for any purpose. In public education, school fees are between US\$ 1.00 and US\$ 3.00 per month.

*Puntland:* In many ways, Puntland is the most educationally remarkable region of the three. Diakonia has renovated or built twelve primary schools and provided some equipment; UNICEF and UNESCO have provided textbooks. But the most noteworthy uses of humanitarian funds were in Garowe, where a teacher training college was built and developed, and the university-level Puntland Community College was also supported. In the latter, fifteen members of staff provide courses in management, administration, English, accounting and information technology. The Adventist Development and Relief Agency provides education and training for 50 or more displaced girls aged between fifteen and eighteen.

Throughout Puntland, in both towns and villages, Diakonia supports the education of women in, for example, functional literacy, reading, writing, numeracy, hygiene, HIV/AIDS, sexually transmitted diseases, breast-feeding, immunisation, human rights and FGM. Other bodies have given support to women's organisations and UNICEF runs open-air literacy session for women in Bossaso.

*South and central Somalia:* There are schools in Mogadishu and other urban areas, but the fees quoted to the evaluation team were remarkably high at US\$ 6.00 per month. Few, if any, vulnerable people could have afforded them. Schools were on

<sup>214</sup> The visit occurred during the school holidays, so it was not possible to check the details of provision by any of the three agencies.

holiday at the time of the fieldwork of the evaluation and, unlike the other two regions, it was not practicable for pupils and their families to gather at schools to answer evaluation questions.

#### *Issues and discussion*

- Cultural attitudes prevent girls from attending school beyond the lower primary level. But adult women are enthusiastic about adult education wherever it is available. This suggests that change could be encouraged.
- Given the collapse of the state and of educational structures, compensatory education is necessary for both women and men. In effect, two generations have come to adulthood without education. The long-term effects of this on, among many other issues, the development of peace, call for sustained and careful analysis.
- Infrastructure is inadequate, teachers and materials are in short supply, there is massive overcrowding in classrooms and many would-be pupils are excluded.
- Teacher training and teachers' salaries and the costs of education for the poor are all serious issues.

IDPs were at no greater disadvantage in education than all other vulnerable people, except in the sense that in their search for work they are more mobile than others and, consequently, their children are less able to attend classes. The desire for secular education (because of the wider curricula available in secular, as opposed to Koranic, schools) among people at every level merits considerable attention.

#### **6.4.4 Food aid**

From 1999-2003 there were eleven allocations for food aid, of which five, totalling € 6.85 million, were provided by the Netherlands. Among the four donors, the Netherlands provided the bulk of the funds for food aid which was largely channelled through WFP. In 2000-2004 the need for food aid had declined from previous levels; in all three regions it varied, depending on factors of climate and security (droughts and floods inhibit production and violence disrupts production and distribution). Vulnerable people, including IDPs, cannot afford adequate supplies of food in periods of intense need and they are frequently dependent on the WFP. In all three regions, the WFP responded to food needs provoked by cholera, fires in returnee/IDP compounds, floods and the four-year drought throughout northern

Somalia.<sup>215</sup> It was able to do so because it has offices and resources in each of the three regions.

During the period evaluated, UNICEF conducted nutritional surveys which allowed annual general monitoring and the monitoring of acute emergencies. The rates of global acute malnutrition among displaced children tended to be about 15 per cent and severe acute rates around two per cent. Compared with rates for the whole of Somalia (global acute 17 per cent, severe acute 3.5 per cent), this does not seem too bad. But comparisons are odious; both rates are produced by poverty, by poor child rearing and by poor health and, in the case of displaced children, it is noteworthy that 85 to 99 per cent of their food is bought rather than produced.<sup>216</sup> Specialised food for dealing with malnutrition is included in the budget for health.

*Somaliland:* In 2003, WFP provided school meals for 23 schools; it also engaged in food-for-work schemes in the Mohamed Mooge compound in Hargeisa.

*Puntland:* In 2004 the WFP identified seventeen schools in the region for which it proposed to provide school meals. In conjunction with UNICEF it distributed substantial quantities of food to the destitute, disabled and aged victims of the drought. The agencies had planned a one-off allocation of 104 kg of food per family, but this was halved in the face of inadequate funding.

*South and central Somalia:* Prior to the failure of the state, this had been the most fertile and productive part of the country. It, too, was afflicted by drought, but large numbers of farmers had been expropriated by violent factions, and recurrent conflict further disrupted food supplies. In Walak, for example, several families were dependent on local charity and were forced to share meals together. IDPs in Bakool and around Mogadishu manage on one meal a day. WFP, which has four offices in the region, responded to immediate crises, but insecurity inhibited the community activities possible in the other two regions.

#### *Issues and discussion*

- Sporadic conflict, drought, occasional floods and the expropriation of many small farmers, all led to periodic needs for nutritional responses.

<sup>215</sup> At the time of writing this report, Somalia is severely affected by a severe drought, which has led to food shortages and to the need of humanitarian assistance in a large part of East Africa.

<sup>216</sup> Norwegian Refugee Council, 2004.

- The ability to respond quickly and effectively to emergencies depends on the presence of agencies when there is no emergency.

UNICEF's monitoring has made possible the coordination of food aid with other responses to emergencies; in its absence, it could have taken up to six months to establish food pipelines.

#### 6.4.5 Economic recovery and infrastructure

There were fourteen allocations for this sector, seven totalling € 2.02 million from the Netherlands and seven from Denmark. Most of Somalia's infrastructure had been destroyed in conflict or had not been maintained; this affected individual households and the Somali economy as a whole. Effective links between the different economic sectors, both national and local, must be restored. It is also necessary to facilitate the recreation of the IDPs' household economies, which is particularly difficult for the large number of people for whom a return to nomadic pastoralism is impossible.

Possibilities for recovery differ in each of the three regions. Somaliland is relatively secure and has a functioning economy, particularly helped by the diaspora. Puntland's economy is also recovering, but although there are some stable areas, south and central Somalia continues to stagnate.

*Somaliland:* The Somaliland Road Authority has, with the support of the Danish Refugee Council, employed 200 workers (some were said to be IDPs) in a road rebuilding programme.<sup>217</sup> In partnership with the International Labour Organisation (ILO), the Council supports activities like bush clearing in projects for minor roads. It has also offered training in road engineering for four IDPs. At the beginning of the evaluation period, the Netherlands funded UNDP in a low-cost housing project in a large compound at Koosar village, a few kilometres from Burao. The project had an unhappy history, but has been followed by another project in the same place, designed by the ILO to involve the beneficiaries, particularly women, to a far greater degree. A second project has been established at Aden Saleban, a nearby village. At the time of the evaluation, the ILO had not received funding for these projects and they were in abeyance.

*Puntland:* Road building and other forms of reconstruction took place in the region, but the funding of these activities was outside the remit of this evaluation.

<sup>217</sup> The Danish Refugee Council's activities in Somalia are funded by both donors.



South and central Somalia: Despite pockets of stability, random violence prevented programmes of reconstruction from beginning.

#### Issues and discussion

- Implementation was almost entirely in Somaliland where, compared with the rest of the country, a greater economic recovery demonstrated the benefits of a peace dividend as opposed to continuing discord in a collapsed state.
- Vulnerable people, including IDPs are usually the last to benefit from economic recovery.
- Women's interest in low-cost housing should be paramount, but they are largely prevented from taking waged work and have little or no say in village management.

Reconstruction helps economic recovery, which, in turn, has a positive effect for much of the population; but IDPs usually benefit only when they are no longer displaced. Improvements were delivered in Somaliland through the *de facto* government, which was efficient because it was programmatic. The UNDP, followed by the nascent ILO programme, showed that people are able to rehabilitate themselves, but these programmes also highlight gender problems. Low-cost housing is obviously important in social reconstruction; attention should be paid to the issue of funds for the ILO project.

#### 6.4.6 Peace promotion, protection, human rights and rule of law

'Peace promotion' refers to programmes and interventions directed towards recovering a viable state. In periods of emergency, protection may mean actions directly in support of the protection of life, but has more to do with creating the conditions in which normal society can operate; such society is protective of its citizens. Human rights are summarised in the UN Declaration and their achievement and reinforcement is a mix of advocacy and, as in protection, the conditions have to be created for their recognition.<sup>218</sup> The rule of law would be a natural consequence of a successful outcome from the peace process.

Violent conflict led to the collapse of the state; in much of the country it continues to dominate daily life and spawns numerous violations of human rights. The central aim in this sector is the elimination of these violations through actions in the household, the community and the *de facto* states. It is difficult to give a number

<sup>218</sup> The United Nations Millennium Declaration of September 2000 includes a summary statement of human rights.

for allocations under these headings; 18 were made to peace promotion and human rights, but others, made to civil society, capacity building and research could be included. Much of the activity in other sectors may be seen as tangential support for these issues and prompts the suggestion that many of the interventions were chosen because they were laying the foundations for future peace.

Among the four donors, Sweden provided the bulk of the financial support to this sector, namely € 6.04 million. The Netherlands provided € 111,000 and supported UNICEF in a major survey of child protection.<sup>219</sup> This survey noted that 29 per cent of adults and 31 per cent of children said that their families had been affected by rape. Half of the perpetrators are never found and 15-20 per cent of the victims died. It also pointed out that there are about 200,000 former child soldiers in Somalia and several thousand children living and working on the streets.

*Somaliland:* UN agencies and NGOs have engaged in sustained advocacy related to the peace process, democratisation and good governance at various levels in the *de facto* government and in the communities. The Danish Refugee Council, UNICEF, Médecins Sans Frontières, Novib (renamed Oxfam-Novib in 2006), Save the Children Fund, Care, Life and Peace Institute, War-torn Societies International, We are Women Activists and others have been advocates for the rights of women and children.<sup>220</sup> Many of them have campaigned against FGM as part of community-based education and training. The Danish Refugee Council has had considerable success in modifying traditional justice, particularly in the matter of revenge killings. The government of Somaliland has shown signs of resenting all this activity because it infringes governmental responsibility: it is the state's prerogative to make and change laws.

*Puntland:* Most of the agencies and organisations operating in Somaliland are also working in Puntland on the same issues and with similar results.

*South and central Somalia:* Very little can be done in this sector, since random violence is still widespread.

219 Children are defined as people below the age of eighteen.

220 'We are Women Activists' is a consortium of 23 Somali women's NGOs involved in education and training for, among others, IDPs and was funded for this campaign by Diakonia (itself funded by the donors). War-torn Societies is now known as WSP-International (WSPI).

### Issues and discussion

- Conflict resolution and the re-establishment of a viable (and just) Somali state.
- Violence against women, including FGM.
- Child protection covering orphans, child soldiers, children living and working on the streets and the dependence of poor families on child labour for survival.
- Most agencies interviewed by the evaluation team took the view that protection is a key function of the clan system and seemed not grasp that clans are a pastoralist phenomenon. The consequences of basing a solution on the clan system in a rapidly urbanising country remained unexamined.

As a whole, this sector is part of ‘humanitarian plus’ assistance; because it addresses the whole of Somali society, it is also beneficial for IDPs. Such a long period of catastrophe has, inevitably, produced a large number of very vulnerable people among whom it would be invidious to construct a hierarchy. The evaluation team’s encounter with the acceptance, by agencies and organisations in both Nairobi and Somalia, of the easy clannist solution to social reconstruction (supported by all the major warlords and is in existence in Somaliland), should be taken into account. Since the Netherlands and the other donors have supported the peace process, they should, if they have not already done so, look very carefully at the kind of peace that they are fostering.

#### 6.4.7 Mine action

Eleven allocations were made by the four donors to this sector, with large contributions from Denmark and too a lesser extent Sweden. The Netherlands provided € 270,000 in two separate allocations to the Halo Trust and the Danish De-mining Group.

Mine action deals with the problems created by landmines and unexploded ordnance (UXO: bombs, rockets, ammunition of all kinds and explosives). Wherever practical, these are cleared and destroyed; where this is impractical or simply not cost-effective, they are mapped and marked. Country-wide statistics do not exist, but large numbers of Somalis are killed or maimed by mines and UXO when collecting fuelwood or water; more women than men are affected. Apart from killing and maiming, mines and UXO make productive land and roads unusable.

Landmines are either laid systematically in minefields, or placed at random along roads. Humanitarian mine clearance is slow and expensive because all mines

must be cleared and the agency responsible must certify the clearance. It has also to be negotiated with governments and communities, which usually adds between three and six months to the period. At the time of the evaluation, this sector was, with one exception, unique in operating only in Somaliland.<sup>221</sup> This is because it depends on settled conditions and a viable state in which mines are no longer laid. In 2000 and 2001, the UN Mine Action Programme tried to establish offices throughout the country, including south and central Somalia, but insecurity in all three areas forced it to withdraw.

A survey, which ran from May 2002 to March 2003, showed that 357 communities in Somaliland were affected by mines and that there was a total of 772 suspected hazard areas. One serious problem arose because people collect mines and UXO; they extract explosives from the former (for use, for example, in creating water holes) and believe that the latter can be used for their protection. The practice is fraught with danger and also makes complete clearance more difficult. The Halo Trust (supported by the Netherlands) and the Danish De-mining Group (DDG) have radically differing approaches to the problem. The former believes that an innovative mechanised attack on mines is the most effective. It uses huge tractors and diggers, which it has ingeniously modified and strengthened, to clear mine fields and clusters of randomly laid mines. The cost of machinery is high, but fewer personnel are involved.

The DDG opts for less technical operations which involve local communities and has a staff of eighty in two de-mining and two UXO teams. Complete de-mining would undoubtedly be valuable for everyone, but it is impracticable and needs must be prioritised. The Halo Trust and the DDG clear mines only where there is a positive benefit for specific populations, or for strategic facilities like roads and airstrips. DDG also has a comprehensive mine education and training programme and hopes to hand over its activities to an indigenous organisation.

Both NGOs operate separately for the sake of safety, but they do cooperate in the use of equipment. Results have been impressive: the Halo Trust have cleared 50.5 million square metres of land, destroyed '460 antipersonnel mines, 120 anti-vehicle mines and 331,937 UXO'.<sup>222</sup> The Danish De-mining Group has cleared 1.8 million square metres of land and destroyed 1,104 anti-personnel mines, 540 anti-vehicle mines and 39,741 UXO.

<sup>221</sup> In 2004, a mine action group was set up in Puntland and a Landmine Impact Survey was launched, but these activities fell outside the scope of this evaluation.

<sup>222</sup> [icbl.org/lm/2004/somaliland](http://icbl.org/lm/2004/somaliland).

### Issues and discussion

- Advocacy is a vital and painstaking element in mine action; people must be persuaded that UXO, in particular, is very dangerous and that hoarding it is both unwise and deeply anti-social.
- Eventually, Somalis must be trained to take over the responsibility for organising and carrying out all the elements of mine action. Early attempts to arrange for this in Somaliland must be extended nation-wide as soon as a viable state has been restored.
- The mine action required for the entire country is likely to be at such a large scale that it is necessary to plan beyond the present exit strategy.

Everyone benefits from mine action and distinctions between categories of vulnerable people would be meaningless. It is important to realise that it is the most disadvantaged who are in the greatest physical danger (when collecting water and fuel, or hunting in mined places) and are frequently ignorant of the dangers. The future challenge lies in the nation-wide extension of activity.

### 6.4.8 Trans-sectoral interventions

Nearly 10 per cent of the funding for the period was devoted to activities like capacity building, research, coordination and support mechanisms and so on. The Netherlands provided € 1.07 million.

Examples include:

- OCHA, with Dutch support, has a special responsibility for IDPs and is playing an increasing role in Puntland and Somaliland. In both regions it is focusing on the protection of the displaced and on awareness raising, training and workshops. The agency came late to the scene and its first priority was to familiarise itself with the needs, capacities and circumstances of the IDPs, a process still in operation at the time of the evaluation. Its immediate, and central, impact was to bring effective coordination between field teams, the *de facto* governments and the communities in all aspects of interventions. The importance of coordination is reflected in the scale of Dutch support for it.
- WSP International (formerly War-torn Societies Project International) is investigating socio-economic issues in governance and legal systems in Puntland.
- SCF-Denmark has run successive programmes for children in Somaliland and trains the judiciary, the police and religious and community leaders in human rights.

These activities belong to the transition from emergency to reconstruction and development; it is important to realise that they are only practicable in relatively peaceful circumstances. Little has been possible in the largest and most populous region of south and central Somalia.

## 6.5 Assessment of the interventions related to the evaluation criteria

Judgements under the six evaluation criteria varied in Somalia, depending on which of two linked sets of objectives for the interventions are considered. One set is to do with meeting the immediate needs of people who have been or are being affected by the humanitarian crisis; the other is intervening in a manner which facilitates the re-establishment of a viable state. An obvious example may be seen in the support for third-level education in Puntland. Apart from providing a few jobs in construction work, the support was ineffective in addressing the immediate needs of the vulnerable, but was a shrewd and efficient means of supporting a return to normality.

A second consideration is the partitioning of the country: Somaliland declared itself as a state, Puntland acted as if it was a state but did not declare independence, south and central Somalia was a region of violent chaos. This situation immediately compromised programmes, which were frequently reduced to bundles of opportunistic projects. In the largest part of the country, activities often had to be abandoned and started again, sometimes elsewhere, which undermined effectiveness, efficiency, connectedness, coherence and co-ordination, even though the interventions were always relevant to needs.

*Relevance:* The evaluation particularly aimed to examine the relevance of the interventions to the needs of IDPs. With very small exceptions, no agencies or NGOs intervened specifically on behalf of displaced people, but did so by not distinguishing them from other vulnerable people. There were no irrelevant interventions, but virtually all sectors were relevant to a range of people from the very vulnerable to the relatively secure.

*Effectiveness:* Health interventions took two forms: emergency interventions in response to problems posed by floods, drought and violence, and interventions which went towards a health service, particularly for the vulnerable. The former were particularly effective when rapid response was achieved and, in the north at least, permanent availability of health services is being maintained. The latter interventions were very effective in making front-line facilities (primary and repro-

ductive care) available near the compounds of the very vulnerable. But many of the very poor, including IDPs could not afford the costs.

Water and sanitation interventions were effective, but, in many places, major infrastructural work was needed for supplies to be adequate. Education was effective, but coverage was limited by partition and conflict; in most areas, it was confined to primary education (Puntland was one exception, nurse training in Mogadishu was another) and most activity was in the north. Gender problems must be addressed, because girls generally managed only to attend low-level primary education, yet where adult education was available, older women were enthusiastic.

Food aid was only intermittently needed and was effective in meeting occasional crises. Interventions to promote economic recovery and infrastructure were also effective, but were largely confined to the north. Mine action was very effective in the areas in which it could operate.

Peace promotion, protection, human rights and the rule of law is more problematic. Some protective activities were effective, but the final judgement of the effectiveness of this allied group of activities as a whole is contingent on the outcome of the peace process. If that succeeds, then the group of interventions will have been successful, if it fails then, whatever intermediate benefits it might have produced, its objective of long-term effectiveness will have failed.

*Efficiency:* Because conflict made sustained activity very difficult in south and central Somalia, most interventions were inefficient since they were repeatedly interrupted by violence; that said, they were as efficient as they could be given the situation. For the country as a whole, partition was a limiting factor; together with violence it resulted in fragmented programmes. In considering Somalia as a single entity (which was the understandable position of the donors), fragmented programmes are inefficient by definition. Viewed in terms of the efforts made by agencies and organisations to overcome the problems caused by division, all the interventions that the evaluators could inspect were efficient, albeit costly. The evaluation team encountered no inefficient interventions in any sector in either Puntland or Somaliland. For a programme of assistance designed to meet a chronic emergency, there were some surprisingly expensive projects in health and education, but these were justified because, in effect, they were in support of the peace process; almost any expense of human and financial resources is justifiable in the event of a restored and just state.

*Coordination:* Very little coordination could take place; the partitioning of the country and lack of national governmental partners produced a situation in which coordination could only be achieved locally. Towards the end of the evaluation period, OCHA began to take charge of the situation and unquestionably improved matters; but it, too, is dependent on the outcome of the peace process for thorough coordination to be possible.

*Coherence:* All interventions were coherent with the peace process and in Somaliland and Puntland they were generally coherent with the policies of the local administrations. But the relationship (coherence) of those two governments to the peace process is very uncertain and depends on the outcome of particular power struggles. Most importantly, the interventions were either developmental or proto-developmental in character (addressing the ‘gap issue’ between relief and development), while simultaneously maintaining the capacity to respond to recurring emergencies.

*Connectedness:* Almost by definition, interventions were disconnected by violence, by quasi-national political structures which had to be worked with, but which could not be recognised, and by the semi-covert nature of the donors’ support for peace. Almost the only Somali-wide action encountered by the evaluation was the publication by UNESCO and UNICEF of a national school curriculum (a good example of a developmental activity), but Somaliland refused to accept it until its ‘national’ emblem was printed on the cover. The cover was thus modified and although this was expedient, the propriety of doing so could be debated.

## 6.6 Conclusions and issues

### 6.6.1 Conclusions

The specific objective of this evaluative case study was the provision for IDPs and it produced five main findings:

- The humanitarian crisis Somalia is entangled in is chronic rather than acute. Given a partitioned country and sporadic, but frequent, insecurity, and the absence of a viable state, humanitarian assistance was the correct, and also the most practicable, response.<sup>223</sup>

<sup>223</sup> The phenomenon of the chronic humanitarian crisis, along with that of the ‘failed state’ is increasing. The concept of the ‘gap issue’ does not quite cover the point that there are only two ways out of a chronic crisis: one is to begin to introduce developmental projects and programmes as much as possible, the other is for the crisis to relapse into its acute phase.



- Support for IDPs as a specific group among the vulnerable is not, in practice, an objective, either for donors or for agencies; while the Netherlands clearly realised the value of the Deng Principles in support of IDPs, the IDPs themselves did not wish to be classed as IDPs since they believed that such a categorisation would make them more vulnerable. The evaluation team agrees with this view.
- Interventions were in support of the Somali peace process and, hence, relevant to widespread need. There is no basis on which to judge whether or not the assistance was specifically proportionate to the needs of IDPs.
- Humanitarian aid was provided on the basis of the humanitarian imperative. It was also used by the donors to support the (still largely unsuccessful) process directed towards restoring a viable Somali state. Partition and insecurity resulted in patchy coverage, which negatively affected the effectiveness and efficiency of the interventions.
- The types of project supported by the Netherlands were predominantly those associated with 'humanitarian aid plus'; these types of more 'developmental' project actively support the peace process.

The interventions supported by the Netherlands and the other donors had a part in laying the socio-economic foundations of a peace settlement and are to be commended. Valuable lessons were learnt about the mobility of IDPs and their ability to survive by taking on menial jobs; they form a significant part of the newly urbanising poor. This is an Africa-wide (if not world-wide) phenomenon. It also became clear that attempting special activities or policies for IDPs in a chronic national emergency is counter-productive, since the majority live outside camps and are indistinguishable from other vulnerable people. It is also the case that to identify them could lead to their victimisation. Self-help schemes, like the ILO's low-cost housing projects, are extremely valuable forms of assistance, since they promote community involvement and go some way towards dealing with gender inequity.

### 6.6.2 Issues

Much depends on the ultimate outcome of the peace process and the resolution of partition. But attention should be paid to the nature of the proposed state structures and appropriate responses should be planned for the differing eventualities. The following points arise:

- The Dutch policy of providing funds multilaterally and without earmarking is of the first importance, particularly in acute emergencies, but also in chronic emergencies in which periods of instability are endemic. In order to maintain

this policy, it is essential to work with the major agencies in constructing the means for adequate monitoring and evaluation.

- If a state emerges, then a different mode of planning for interventions is called for, since the move from emergency assistance to assisting in the establishment of development will be a reality, rather than an aspiration. Unearmarked funding allows flexibility in the volatile circumstances of an emergency; it would be useful to examine the benefits of such funding in more settled circumstances.
- Gender issues must come high on any agenda. Discrimination against women is humanly damaging, and the appalling effects of FGM and HIV/AIDS must urgently be addressed.
- Attention should be given to improve the content of multi-lateral agency reporting.
- Somalia is not the only 'failed' state and is unlikely to be the last. Attention should be given to the differences that the absence of a government can make to the delivery and organisation of humanitarian assistance.
- International concern for IDPs must take into account that they do not follow consistent patterns. The issue of whether they should be considered as special cases among the generally vulnerable must, in the light of their situation in Somalia, be re-examined.

## 7 Sudan

### 7.1 Background to the case study

The evaluation of Dutch humanitarian assistance to Sudan was the fourth case study that would inform the overall evaluation.<sup>224</sup> The activities of ten agencies were to be investigated, not to evaluate the agencies *per se* but to evaluate two aspects: the Netherlands decision to support them as instruments of Dutch humanitarian policy, and the implementation in relation to these policies.

The Netherlands started to provide assistance to Sudan in 1975 following the end of the First Sudanese Civil War. From 1975 to 1989 almost all Netherlands aid to Sudan was bilateral and supported development activities. A small amount of Netherlands aid was provided during those years through UN and European Community institutions. From 1989 the Netherlands provided multilateral humanitarian aid to Sudan through Operation Lifeline Sudan (OLS)<sup>225</sup> and from 1994 the provision of development aid ceased because Sudan was categorised as a 'country in conflict' and therefore did not qualify for development aid.

From 1983-1998 the Netherlands was the third largest donor to Sudan and for five years during the 1990s it was the largest donor. Other major donors at this time were Germany, USA, Japan, UK, Italy, Norway and Canada. In addition to providing humanitarian assistance, the Netherlands actively supported the UN system, particularly through OLS, but also from the mid-1990s the Netherlands sought to achieve peace in southern Sudan through diplomatic and material support to the Inter-Governmental Authority on Development (IGAD). Three notable aspects of the Netherlands approach in Sudan before the evaluated period were: support for

224 This chapter is based on the full report of the evaluation, which may be found on the CD-ROM accompanying this report.

225 Operation Lifeline Sudan (OLS) was a tripartite agreement to allow humanitarian access in both southern and northern Sudan. In northern Sudan UNDP worked through the Government in disbursing aid. UNICEF had the coordinating role in southern Sudan. Nairobi was the centre for the coordination of OLS, though until 2005 many coordination activities were carried out in Lokichoggio in Kenya.

multilateral action, strong support for the satisfaction of humanitarian needs and strong support for the peace process. These policies continued during 2000-2004. The relation between diplomatic and humanitarian actions was significant.

## 7.2 The humanitarian crisis

Sudan is suffering a number of interconnected humanitarian crises. The first crisis is that of poverty: even though the World Bank Country Brief says Sudan has a rich potential for development, it is one of the world's poorest countries and ranks 138<sup>th</sup> of 175 countries in the UNDP Human Development Index. In 2004 some 40 per cent of the population lived below the poverty line of one dollar a day. The infrastructures for transport, health and education are underdeveloped.

By 2004, gross domestic product was growing at 6.4 per cent. Much of this growth was due to the export of oil, which started in 1999. Oil exports of 275,000 barrels a day in 2004 were then at four times the level of home consumption. The income from oil has not yet significantly reduced the level of poverty in most of Sudan.

To an extent this poverty can be explained by a harsh physical environment and by a number of environmental hazards such as droughts, floods, insect infestations like locusts and diseases such as malaria and meningitis. These environmental factors interact with cultural, social and political-economic factors to create a chronic emergency of poverty, particularly in the peripheral areas of the country. But compounding the effects of chronic poverty are the results of civil conflict such as displacement, damage, military spending and interference with the maintenance of livelihoods. To these can be added the direct humanitarian catastrophes of deaths, injuries, and violence against populations that have strongly affected southern Sudan for fifty years and Darfur since early 2003.

Violence in Sudan was largely linked to a series of civil conflicts including the First Sudanese Civil War (1955-1972), The Second Civil War (1983-2005) and the Darfur Crisis (2003-present). The First and Second Civil Wars are Africa's longest running civil conflict and have been commonly interpreted as ethnic-based 'clashes of civilisations' in which the Muslim north has been in conflict with the Christian south. In truth, in both southern Sudan, as in Darfur, many on both sides of the conflicts are Muslim; in the south, Christians are in fact a small minority of the population. The 'ethnic' contrasts in Darfur are much less marked than have been portrayed in media reports.

Both conflicts are more accurately understood as being between the Khartoum-focused core of the state and the peripheral areas of the south, west and east: thus the conflicts have a common structure. It is noteworthy that much of the Sudanese army is now stationed in eastern Sudan, in an attempt to control a ten-year-old conflict there that involves a minority group, the Beja, and in order to protect the oil pipeline to Port Sudan.

### 7.2.1 Southern Sudan

The two civil wars, with a ten-year intermission<sup>226</sup> displaced huge numbers of people as well as killing perhaps 1,500,000. The principal combatants were the army of the government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/A). The government supported several militias; several splinter groups of the SPLA were also involved in conflict at different times. Conflict between ethnic groups, notably the Dinka and Nuer became incorporated in the civil war, as did the struggle for control of the oil fields. Map 7.1 shows geographical locations in southern Sudan.

Conflict became normality in southern Sudan; even as late as 2004, at any time about ten per cent of southern Sudan was inaccessible for humanitarian assistance due to security constraints. Thus, together with a state of chronic underdevelopment, conflict made living conditions in southern Sudan among the most difficult in the world. In 2003 severe acute malnutrition was at 4.5 per cent: this condition entails a high risk of death. Malnutrition is so common that a nutritional emergency is declared in southern Sudan only when global acute malnutrition reaches 15 per cent; in other countries the emergency level is 10 per cent.

Around 50 per cent of the population suffers malaria; routine under-one measles immunisation reaches only 12 per cent: both are major killer diseases. No more than 20 per cent of the people use safe water and as few as 10 per cent access satisfactory latrines. In 2000 the primary school completion rate was 2.4 per cent (less than one per cent for girls).

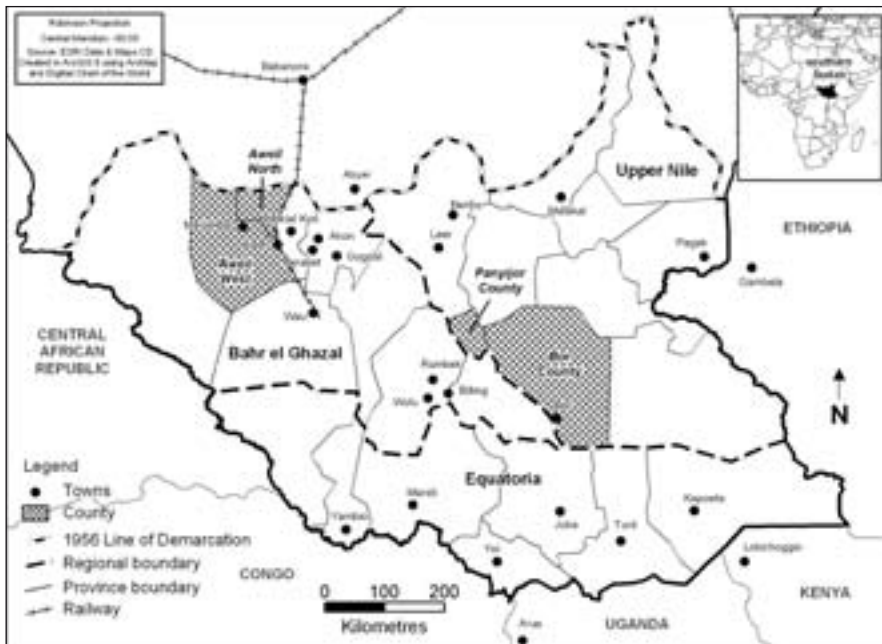
During 2002 an unknown number of people were living displaced within southern Sudan<sup>227</sup> and up to four million internally displaced persons (IDPs) may return to southern Sudan by 2007, with perhaps half a million refugees from Uganda,

<sup>226</sup> In truth the period between 1972 and 1983 can better be seen as a cease-fire than peace, because the promises of the 1972 Addis Ababa Accords, which were intended to allow significant regional autonomy, were never honoured.

<sup>227</sup> Brookings-SAIS Project on Internal Displacement, November 2002.

Kenya, Ethiopia and the Democratic Republic of the Congo.<sup>228</sup> Refugees and some IDPs returned throughout the period considered by the evaluation. Returnees had been absent for up to 20 years and most needed, and will continue to need, support while resettling. Aspects of the conflict, for instance data on the numbers of bombing attacks by the government and attacks by ground forces are shown in the time line annexed to the full report contained in the CD-ROM. Such attacks created food insecurity in 1998-1999, 2001, 2003 and 2004. Map 7.2 shows the difficulty of access for humanitarian relief in southern Sudan in mid 2002. Episodes of violent conflict occurred between the government and SPLM/A until 2005. The SPLM was at that time the *de facto* government in southern Sudan; it had a number of secretariats that were regarded as proto-ministries. Though less widespread from 2002, violence continued to be associated with the Lord's Resistance Army (LRA)<sup>229</sup> and inter-tribal conflicts.

**Map 7.1** Locations in southern Sudan



228 The number of IDPs of southern Sudanese origin is not known. It is thought that some four million were in northern Sudan and the government of Sudan plans their return to southern Sudan by 2007. There was an unknown number of IDPs in southern Sudan: for example 30,000 around Malakal town. Some IDPs were from northern Sudan (for example, the Nuba Hills); the evaluation encountered and interviewed IDPs from Darfur in northern Bahr el Ghazal.

229 The LRA is a group of some 1,500 Ugandans opposed to the present government of Uganda. It has used the 'LRA Triangle' of Eastern Equatoria as a base for attacks on northern Uganda. At times in 2000-2004 they attacked local Sudanese.

**Map 7.2** Air access in southern Sudan, July 2002

Attempts to create peace in southern Sudan were started in 1993 by the Inter-Governmental Authority on Development (IGAD). The Naivasha Peace Accords were signed in 2003 and the Nairobi Comprehensive Peace Agreement signed in January 2005.<sup>230</sup>

The humanitarian situation in southern Sudan 2000-2004 can be summarised as a chronic emergency with local severe emergencies related to conflict of various sorts. The most significant activity in resolving the humanitarian emergency was negotiation of peace.

### 7.2.2 Darfur and Chad

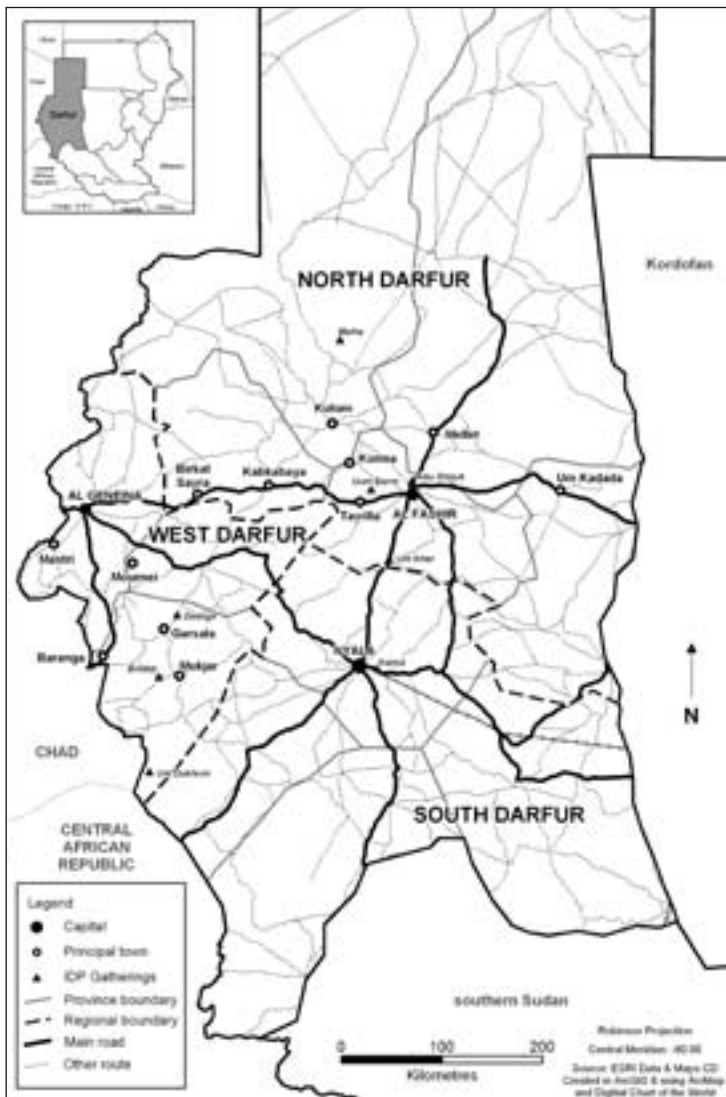
Though the main outbreak of conflict was early in 2003, violence began in the 1980s. Although most Darfuris are Muslims, over 40 per cent are not Arabs<sup>231</sup> and were alienated by Khartoum's policies of Arabisation. There were also disputes

<sup>230</sup> The Agreement gives autonomy to southern Sudan, a vote on independence in 2011, restriction of Islamic law to the north and sharing of income from resources, principally oil.

<sup>231</sup> Strictly speaking, very few Sudanese are Arab; Rashaida, who are Arab, are in conflict with the government.

between settled farmers and pastoralists, loosely described as Fur and Zaghawa. Subsequently, famine, to which the government in Khartoum made no effective response, increased alienation, to cause region-wide unrest. Both crops and live-stock were diminished; many men migrated in search of jobs; depopulation led to drastic changes in the patterns of land ownership; all these elements led to substantial instability. Map 7.3 shows geographical locations in Darfur.

Map 7.3 Locations in Darfur





The extent of the Darfur emergency can be measured by the number of deaths, the number of displaced and the total of those affected by conflict. Numbers of excess deaths<sup>232</sup> are very uncertain; in March 2005 the Emergency Relief Coordinator estimated that 180,000 had died from hunger and disease during the previous 18 months, but this figure did not include deaths from violence. The Coalition for International Justice<sup>233</sup> estimated in April 2005 that, since February 2003, 140,000 had died violently and that the total excess deaths were in the order of 400,000. The number displaced gives another measure of the emergency; from September 2003, when some 200,000 were displaced, the number of IDPs in Darfur increased to 1,600,000 by October 2004.<sup>234</sup> At that time 200,000 Darfuris were refugees in Chad.<sup>235</sup> A third measure of the emergency is the number of ‘conflict affected’, which was 2.2 million in September 2004. By August 2005 the ‘affected population’<sup>236</sup> was recorded at 3,381,646<sup>237</sup> living in 338 locations in Darfur.

**Map 7.4** Land access to Darfur and eastern Chad



232 Deaths beyond those that would be anticipated in ‘normal’ conditions.

233 [www.cij.org](http://www.cij.org)

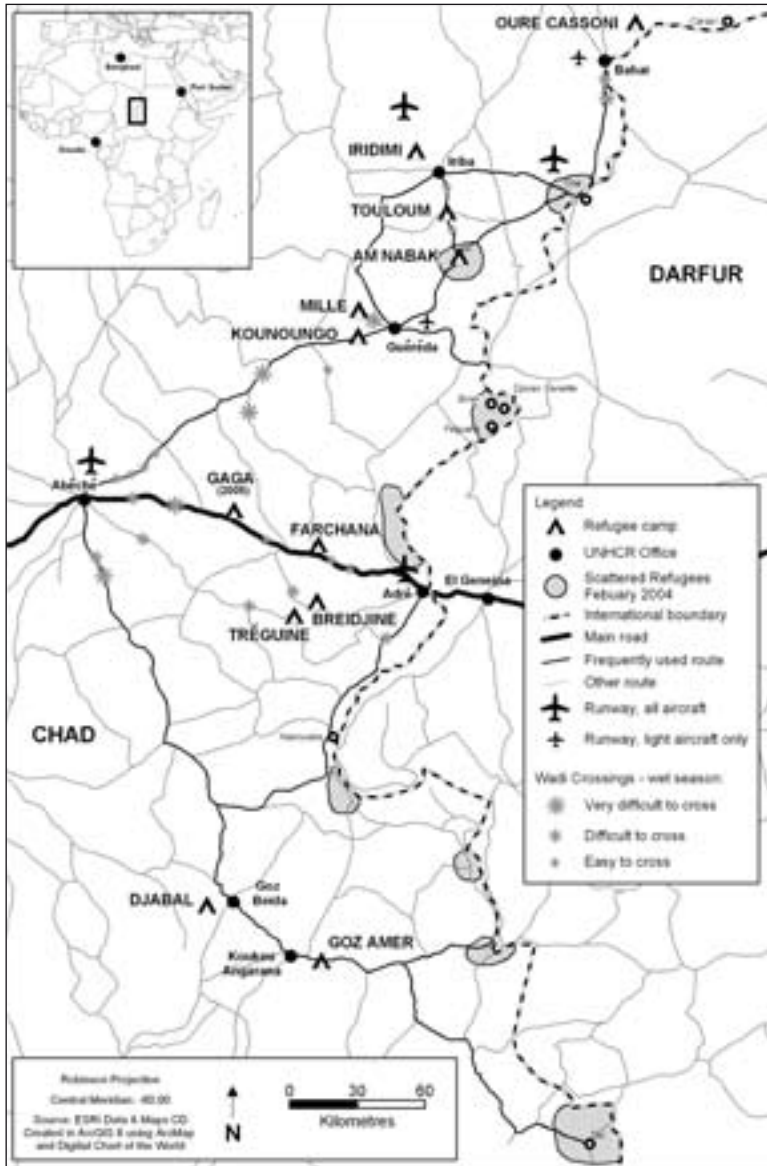
234 Mengistu A. and D. Christensen (October 2004). *Darfur Humanitarian profile*, Main Report, OCHA.

235 This figure subsequently increased. Different authorities cited conflicting totals. A number, including OCHA, agreed on about 1.8 million IDPs in Darfur.

236 ‘Affected population’ included those who had not been displaced.

237 OCHA’s Humanitarian Information Centre (HIC) in Darfur.

Map 7.5 Locations in eastern Chad



Most of the killed and displaced are Massalit, Fur or Zaghawa. Many of their home villages had been burned out in attacks by militias and, it is said, by the government. Many IDPs have been forced to move from the bases of their livelihoods and were therefore in urgent need of basic survival goods and services. There is a

huge and continuing need for the provision of relief supplies and services. There is also a continuing need for protection against violence, including sexual violence which has affected many women and girls.<sup>238</sup> The difficulty and danger of securing access to the affected population has restricted the possibility of humanitarian intervention. In both Darfur and Chad, the securing of adequate supplies of food by land transport was problematic, as the affected populations increased in 2004. The three main land routes are shown in Map 7.4.

Eastern Chad became involved in the Sudan emergency from April 2003 as a refuge for some ten per cent of people displaced from their homes in Darfur. They first settled near the frontier; many were destitute and unable even to make a shelter; they were also at risk of attack from Darfur. From September 2003, UNHCR and WFP began to support refugees, but their numbers increased. In January 2004, UNHCR began to move refugees to camps 50 km from the border; by the end of 2004, some 200,000 refugees were accommodated in eleven camps. Supplying the needs of refugees during the rains was very difficult and some transport was by air. The development of a trans-Saharan transport route eased the problem. Map 7.5 shows locations in eastern Chad, including refugee camps, and indicates problems of access.

In brief, the Darfur and Chad emergency is acute and ongoing.<sup>239</sup> In Darfur this involved the negotiation of humanitarian access to avoid famine. In eastern Chad the emergency involved negotiation to allow a safe location for refugees.

#### Box 7.1 A Synthesis of six evaluations of humanitarian action in Darfur

*On the basis of four real-time evaluations: an OCHA-led interagency study, UNHCR activities in Chad, and evaluations by Oxfam and CARE, and two post-implementation evaluations by MSF-H and UNICEF, three critical issues were identified: a crisis of **operationality**, the limited **coherence** of humanitarian action and other aspects of the response, and the relative failure of the humanitarian enterprise to **learn** from previous experiences.*

<sup>238</sup> Médecins Sans Frontières (2005). The Crushing Burden of Rape, Sexual Violence in Darfur. Briefing paper by Médecins Sans Frontières, International Womens Day, 8 March 2005.

<sup>239</sup> Ongoing attempts to create peace in Darfur resulted on 5 May 2006 in the signing of a peace agreement between the government and one of the rebel movements, the Sudanese Liberation Army. This led on 9 May to a Security Council decision to deploy a UN peace keeping force in Darfur. On 6 May, the Dutch minister for Development Cooperation announced in Abuja that she is prepared to host a donor conference later in the year to discuss reconstruction in Darfur.

The crisis of **operationality** involved slowness in donor and agency response to the crisis and limitations of reach, surge capacity, and competence in the global system. It took 12 to 18 months from February 2003 to firmly establish humanitarian operations. Four factors caused this tardiness: the Sudanese authorities' politicisation of access, the size and remoteness of Darfur, the delicacy of North-South peace negotiations, and competition from higher political profile emergencies elsewhere. By September 2004, 88 per cent of the two millions affected were reached. Thereafter, as the affected population increased, aid agencies were running to catch up. There were also questions about the adequacy of the assistance provided and uneven coverage among sectors. In September 2004, of the accessible populations 70 per cent received food and 67 per cent primary health care. But only 40 per cent had potable water and 42 per cent sanitation: overall coverage of accessible persons hovered in the 60 per cent range. Protection activities, including protecting women from violence, were given particular attention and the response achieved a better than usual balance between protection and assistance activities. No UN agency, however, had a clear mandate to protect IDPs, and NGOs carried out this activity; only a small proportion of the NGOs were regarded as effective in terms of their expertise. Many international staff were first missionaries. The MSF study noted: 'There has been a shift in focus in the activity of "humanitarian" agencies from delivery to human rights and protection advocacy and this is detracting from operational capacity.'

In the matter of **coherence** the issue was not of integrating humanitarian action, but rather of how the various pieces of the international engagement in Darfur fitted together. In fact, at its core the humanitarian crisis was a political crisis with humanitarian repercussions. Higher priority given to advocacy, however, did not produce the necessary reinforcing political, diplomatic and military action. Some agencies, noting tensions between advocacy and operations, gave clear priority to the latter. Few significant donors and diplomatic missions provided strong support for the humanitarian operation in Darfur through funding, secondment of personnel and advocacy.

**Lessons** from other theatres outside of Sudan have gone largely unrecognised. Agency analysis of the Darfur context was weak.

Source: Minear, L. (2005). *The International Response to the Darfur Crisis 2003-2005*, presentation to ALNAP Biannual Meeting, 8 - 9 December 2005. See also Minear, L. (2005). 'Lessons learned: Darfur' in ALNAP *Review of Humanitarian Action in 2004*, Overseas Development Institute, London.

### 7.3 The Netherlands response to the crisis

In the period 2000-2004, the Netherlands spent a total of € 98,638,454 to support humanitarian activities in Sudan. Most of this support from 2000 to early 2004 was for the humanitarian crisis in southern Sudan. About half of the funds were provided in 2004 in response to the crisis in Darfur.

Three features distinguish the Netherlands response: first, the aim to ensure that Sudan retains its sovereign integrity, second, the effective use of diplomacy in negotiations of humanitarian issues, and third the prioritising of the peace process in southern Sudan. This last may have delayed response to the Darfur crisis. Throughout the period 2000-2004, humanitarian assistance to southern Sudan was managed through the Netherlands Embassy in Nairobi. The sovereignty issue then led to the transfer of control to the Netherlands Embassy in Khartoum in January 2005. Both Darfur and Chad crises were managed through that embassy.

In the period 2000-2004 the Ministry of Foreign Affairs published annual Conflict Policy Frameworks. These provided annual country indicative budgets and policies. The frameworks focus on NGOs but give the objectives of the Netherlands, including those related to the CAP.

A review of the policies and strategies outlined in these frameworks shows that throughout the period, the Dutch humanitarian aid programme in Sudan aimed at providing support to acute lifesaving activities and interventions designed to have a more lasting effect.<sup>240</sup> Broadly speaking, the following sectors and themes were eligible for funding: food and nutrition, health, water and sanitation, education and peace building. The supply of food included therapeutic food interventions, food security programmes focusing on the improvement of veterinary health, the supply of seeds and tools, and improvement of local marketing. Assistance to basic and reproductive health care was to include the improvement of access to health services for vulnerable population groups, activities focusing on the training of health personnel and capacity building of local health structures. Wherever possible, community involvement and cost recovery were to be an integral part of the interventions. The improvement of the water and sanitary conditions was to focus both on internally displaced persons and other vulnerable population groups. Interventions would also need to focus on health education, capacity development and cost sharing. The basic education interventions were to

<sup>240</sup> It should be noted that the Netherlands also provides support for good governance and reconstruction funded from budgets other than the humanitarian aid budget.

focus on internally displaced and other vulnerable groups in society. Finally, different national and local interventions in support of peace building were eligible to receive support. In addition to these types of support provided in the context of the chronic humanitarian situation, in 2004 and 2005 major support for acute lifesaving activities was provided to the victims of the Darfur conflict.

The Netherlands provides humanitarian assistance for Sudan through a diversity of channels. UN agencies, national and international NGOs are all eligible for funding, though the preferred channel is the UN system, coordinated by OCHA. The UN Interagency Consolidated Appeal for the Sudan Assistance Programme (ASAP) is the major organising principle underlying the international response to Sudanese humanitarian needs. The Netherlands provides funding to UN agencies only if they consolidate their funding requirements in the ASAP. It prefers to support NGOs that are involved in the Common Humanitarian Action Plan (CHAP), which precedes the CAP process. However, even though MSF-H and ICRC are outside the CHAP, the Netherlands funds them.

Dutch support for southern Sudan was channelled through Operation Lifeline Sudan (OLS) of which UNICEF was the principal coordinator. Not all the NGOs supported by the Netherlands were members of OLS. MSF-H, for reasons of impartiality, and ICRC, for reasons of neutrality, remained outside OLS and the CHAP, but informed the CHAP process of their action. Generally, though, only NGOs working in the context of OLS in south Sudan are eligible for support. The Netherlands prefers to fund NGOs which have experience in Sudan and whose activities have been financed before. All the NGOs in the evaluation sample met these criteria.

In the period 2000-2004, approximately 65 per cent of Netherlands assistance to Sudan was channelled through multilateral organisations, while 35 per cent was channelled through international non-governmental organisations. Eighteen per cent of Dutch funding was to Dutch NGOs and one per cent via the Netherlands Red Cross. The major 'sectors' supported by the Netherlands through these channels are multi-sector<sup>241</sup> (36.1 per cent), food aid (20.8 per cent) and health care (13.5 per cent), see Table 7.1.

241 This category covers a mix of activities and includes voluntary contributions to humanitarian agencies, framework agreements, and also contributions to the ASAP and Emergency Appeals.

**Table 7.1** Netherlands support for Sectors in Sudan, 2000-2004

Sector	Expenditure (€)	Total expenditure (%)
Multi-sector	35,646,043	36.1
Food aid	20,483,635	20.8
Health care	13,268,507	13.5
Agriculture	7,271,702	7.4
Coordination and support systems	6,294,089	6.4
Other	5,678,936	5.7
Water and sanitation	3,090,140	3.1
Education	2,393,323	2.4
Reintegration and rehabilitation	1,090,220	1.1
Capacity building	1,035,630	1.1
Repatriation	999,900	1.0
Psychosocial care / Trauma processing	699,816	0.7
Disaster preparedness	465,546	0.5
Protection	220,967	0.2
<b>Total</b>	<b>98,638,454</b>	<b>100</b>

Source: Management Information System of the Ministry of Foreign Affairs.

The Netherlands contribution can be measured against the ASAP. In the period 2000 to 2004 the international donor community allocated a total of US\$ 1,155,250,114 to ASAP, of which the Netherlands provided 8.3 per cent. The major donors were the United States, the European Commission, the United Kingdom, Japan and the Netherlands. The way the monies were used was similar for all donors: most went to food aid and multi-sector interventions including coordination.

The provision of Netherlands aid to organisations is shown in Table 7.2. Emergency food dominates, with contributions to WFP; it is noteworthy that two thirds of all donor aid was for food.<sup>242</sup> Transporting food was very costly because of the poor transport infrastructure, the long distances and seasonal conditions. Support to UNICEF is second - much of this is explained by the role UNICEF played in OLS. UNHCR's budget reflects the issues of other national refugees in Sudan, and returnees to the south. Together, WFP, UNICEF and UNHCR account for more than half the expenditure by the Netherlands and fulfil the commitment to the multilateral route required by existing Dutch policies.

<sup>242</sup> Financial Tracking System of OCHA.

**Table 7.2** Netherlands support to agencies in Sudan, 2000-2004

Organisation	Type	No. of allocations	Expenditure 2000-2004 (€)	Total expenditure (%)
WFP	Multilateral	11	26,281,752	24.9
UNICEF	Multilateral	16	19,626,388	18.6
ICRC*	NGO	3	11,809,389	11.2
UNHCR	Multilateral	3	7,498,395	7.1
Stichting Vluchteling (NL)	NGO	18	5,185,826	4.9
SHO (NL)	NGO	1	5,000,000	4.7
FAO	Multilateral	6	4,749,018	4.5
Save the Children Fund UK	NGO	13	3,197,047	3.0
ZOA Vluchtelingen zorg (NL)	NGO	5	3,133,448	3.0
MSF Holland	NGO	14	2,893,826	2.7
WHO	Multilateral	2	2,743,200	2.6
OCHA	Multilateral	5	2,704,267	2.6
Action Contre le Faim	NGO	7	1,780,536	1.7
MedAir	NGO	5	1,352,945	1.3
Vétérinaires Sans Frontières	NGO	5	1,079,679	1.0
Red Cross Netherlands (NL)	NGO	1	1,000,000	0.9
Care Netherlands (NL)	NGO	2	797,213	0.8
IRC (Sudan)	NGO	1	739,561	0.7
Remedial English & Science Course Centre	NGO	3	651,155	0.6
Enfants du Monde	NGO	3	522,623	0.5
Tearfund GB	NGO	3	441,932	0.4
ADRA (NL)	NGO	2	403,269	0.4
Christian Mission Aid	NGO	3	346,392	0.3
The Carter Presidential Centre	NGO	2	346,234	0.3
NOVIB (NL)	NGO	2	310,639	0.3
UNDP	Multilateral	1	208,602	0.2
Transcultural Psychosocial Organisation (NL)	NGO	1	177,193	0.2
Care International	NGO	1	171,510	0.2
DGIS	Other	2	127,794	0.1
MSF Belgium	NGO	1	48,440	0.0
Oxfam	NGO	1	32,413	0.0
World Vision (NL)	NGO	1	20,695	0.0
<b>Total</b>		<b>144</b>	<b>105,381,381</b>	<b>100</b>

\* The figure for ICRC covers three specific allocations to ICRC as well as € 7,742,927 ICRC spent in Sudan from Dutch unearmarked contributions. The latter amount does not appear in detail in the Ministry's management information system, but was provided by the External Resources Division of ICRC. Hence the total of Table 7.2 differs from the other tables related to Sudan.

Source: Management Information System of the Ministry of Foreign Affairs and ICRC.



Lead Dutch NGOs received substantial support, but others were not excluded. Save the Children (SC-UK) and Action Contre le Faim (ACF), both linked to Dutch organisations, also received support. In the case of IFRC, contributions were assessed as Netherlands support to IFRC's global appeals, usually, according to the Netherlands Red Cross, at 10 per cent of the appeal.<sup>243</sup>

Humanitarian aid was allocated on the basis of an exchange of views on needs, the ASAP and development issues that takes place periodically between the Netherlands Embassies in Khartoum and Nairobi and the Humanitarian Aid Division of the Ministry of Foreign Affairs. These discussions centre on the ASAP plan developed by the Office of the Humanitarian Coordinator, but also consider broader development issues. Up to January 2005, responsibility for southern Sudan lay with the Netherlands Embassy in Nairobi; subsequently, responsibility transferred to the Netherlands Embassy in Khartoum. Nominal responsibility for Chad rested with the Netherlands Embassy in Abuja until May 2005 when the newly-opened Netherlands Embassy in Cameroon assumed responsibility for Chad. But, as Chad was treated as part of the Darfur crisis, *de facto* operations were overseen by the Netherlands Embassy in Khartoum.

Information on the humanitarian crisis needs to related to the conditions in the field. Some of the knowledge on these conditions is available in UN and NGO briefings and reports as well as information provided by other donors represented in Sudan. This was augmented by a limited number of field visits made by staff from the Netherlands Embassy in Khartoum and staff from the Netherlands Ministry of Foreign Affairs. The Nairobi Embassy staff were able to make a limited number of field visits to oversee operations in southern Sudan. There was little direct monitoring of project activities. Fuller reporting of activities, especially those of unearmarked funding would give a better idea of the progress of implementation. The Netherlands overview of the situation in Sudan has improved in 2004 and 2005, because staff from The Hague have been seconded to the Netherlands Embassy in Khartoum temporarily. Even with these extra staff, the Netherlands Embassy in Khartoum continued to experience difficulty in overseeing operations. From January 2005, information on these activities should improve, thanks to the Netherlands representative in the Joint Liaison Office in

<sup>243</sup> It is difficult to identify specific Netherlands-funded IFRC activities in Sudan because annual consultations took place over global requirements. This is part of the general difficulty in tracing unearmarked funds.

Rumbek<sup>244</sup>, even though that officer has not specifically been tasked for humanitarian assistance.

The embassy staff interviewed supported the broad drive of Netherlands humanitarian policy, including the preference to use multilateral channels of aid. They noted, however, that there was variable performance in UN agencies in the field, such as UNICEF's weak performance in Darfur, and therefore they favoured some interventions by international NGOs, with more assurance of performance and reporting on the delivery of humanitarian assistance. The Netherlands Embassy in Nairobi was concerned that humanitarian funding had declined relative to funding for reconstruction and considered that it was very important that humanitarian funding should be maintained for southern Sudan in view of ongoing humanitarian needs.

The Netherlands led and chaired the donor group on humanitarian and development action in southern Sudan. The respondents emphasised that by not being directly involved in the peace negotiations, the Netherlands was able to help establish a shared humanitarian and development agenda in south Sudan. They also emphasised that because there was a long-term presence of a Sudan-focused official in the Netherlands Embassy in Nairobi, significant institutional capacity and learning was available. At the time of the evaluation, the coordination of UN activities in southern Sudan was still being carried out in Nairobi though the relevant Netherlands embassy had become the one in Khartoum. In the short term this may cause a problem for the Netherlands participation in coordination activities, because most donor coordination and aid agencies for southern Sudan are in Nairobi. In the long term, though, the transfer to Khartoum carries an important signal about the Netherlands commitment to the unity of Sudan and the validity of the peace agreement. The evaluation team was impressed by the analysis of the context of the southern Sudan intervention, not least because it was not built on a simplistic analysis of the war being essentially one of Christians versus Muslims.

In Khartoum, other donors emphasised how important it was that the Netherlands representative coordinated with the Americans and the British at the highest level, to drive an agenda that emphasised access in Darfur. Here again there was strong support for the Netherlands policy negotiation position and a recognition that given the substantial turnover of US and UK Embassy staff in Khartoum, the continued presence of senior staff at the Netherlands Embassy was of huge benefit for

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<sup>244</sup> The Netherlands, UK and Norway share the Rumbek office.

the institutional memory and capacity for continued negotiation.<sup>245</sup> The importance of the Dutch role as local chair of the European Union in 2004 and 2005 was also acknowledged.<sup>246</sup>

To support reconstruction and rehabilitation in southern Sudan, during 2005 the Netherlands played a key role in seeking to develop a Joint Donor Office in Juba<sup>247</sup> and establish Multi-donor Trust Funds to support the government of Sudan's use of oil money to allow the reconstruction of southern Sudan.

## 7.4 Description and assessment of the interventions

### 7.4.1 Southern Sudan

Netherlands-supported activities implemented by five agencies were evaluated in southern Sudan: UNICEF, SCF-UK (in two activities), IRC and Enfants du Monde. The evaluation of Enfants du Monde activities located in the city of Wau was carried out via Khartoum, because Wau is under the control of the government of Sudan and is not accessible from southern Sudan. All other evaluations were carried out from Nairobi, for reasons of access and because until 2005 activities in southern Sudan were managed through the Netherlands Embassy and agencies in Nairobi.

#### UNICEF

The Netherlands donated € 10,486,800 for UNICEF's operations through the 2003 and 2004 ASAPs. These unearmarked donations included a substantial additional contribution in November 2004. There was also an earmarked contribution for security and staff safety in November 2004. Contributions by all donors to the ASAPs for southern Sudan were € 24,428,410 in 2003 and € 26,818,666 in 2004: a total of € 51,247,076 for the two years.

The objectives of UNICEF programmes were to ensure a rapid and effective response to emergencies arising from conflict or natural disasters, build the capacities of Sudanese authorities and other counterparts, promote community-

<sup>245</sup> The Netherlands has been an observer at the peace negotiations concerning Darfur held in Abuja, Nigeria and has supported the team of negotiators of the African Union. In addition, financial support has been provided.

<sup>246</sup> This period covered the actual chairing of the EU in the second half of 2004 as well as the fact that the embassy represented Ireland and Luxemburg which chaired the EU respectively in the first half of 2004 and the first half of 2005. Though additional staff was temporally seconded to the embassy, staffing levels remained critical throughout 2004 and 2005, when the crisis in Darfur intensified and the peace negotiations in connection with southern Sudan entered their final phase.

<sup>247</sup> The office was inaugurated in May 2006.

based approaches in collaboration with local partners, re-establish and expand basic social services (health care, nutrition, safe drinking water, improved sanitation and basic education) for children and women and to accelerate initiatives for girls' education.

Strategically, activities were designed to respond to the chronic emergency and develop capacity in counterpart organisations. In 2003 Netherlands-supported UNICEF activities in Sudan were in the following programmes: Health and Nutrition; Water and Environmental Sanitation; Basic Education, Rights, Protection and Peace Building; Planning, Research, Monitoring and Evaluation; Community Capacity Building and Communication and Advocacy. UNICEF activities supported by the Netherlands during 2004 in southern Sudan included: Basic Education; Water and Environmental Sanitation; Health and Nutrition; HIV/AIDS Awareness and Prevention; Child Protection and Youth Participation; Community Capacity Development; Quick Start Community Improvement; Information and Communication; Policy Planning and Monitoring; Support for Operation Lifeline Sudan; Emergency Preparedness and Response and Security.

All activities were relevant to needs and there was an appropriate balance between the support of immediate needs, and transitional activities. Food, health, safe water and basic education need continuing support in the continuing chronic emergency.

The Netherlands investments in health and nutrition, water and environmental sanitation, and basic education helped significantly to reduce death and suffering and increase coverage for children and women, particularly in under-five health, girls' primary education and safe water. There were limited achievements in sanitation and vaccination campaigns. Coverage of some areas such as Upper Nile was difficult and made worse by the insecurity.

Some technical problems restricted efficiency. In education, large class sizes, lack of trained teachers, lack of materials, unimaginative pedagogy and limited community support for schools (payments for teachers, repairs to buildings) led to inefficiency. The unimaginative pedagogy in schools contrasts, though, with the effectiveness of the use of drama in child protection, and water/environmental sanitation community sensitisation.

From 2003 the UNICEF Health Programme started to strongly emphasise prevention; this would increase efficiency through reducing the need for curative activi-

ties. The innovative use of Plumpynuts<sup>248</sup> and high-energy biscuits allowed malnutrition to be treated at home. Treatment of malnutrition at home reduced the rate of defaulting. Health record cards provided through Dutch funding kept track of vaccination progress, even after migration.

UNICEF's management abilities were stretched, however, by the wide scope of the organisation's activities. In some cases UNICEF was unable to supervise, monitor and coordinate adequately; ways in which this impacted included a delay in the systematic recording of water quality data and a failure to maintain cold chains. Against this must be weighed the huge physical and security difficulties UNICEF faced. It is not possible to identify any other agency that could have been more successful.

Unearmarked funding gave much-valued flexibility in resource allocation. UNICEF used this resource strategically to support activities that were not high profile but were essential to operations. For this reason much was spent in transport or travel. Research in the Sudanese legal system, strengthening the SPLM secretariats<sup>249</sup> and in creating the *Baseline*<sup>250</sup> are examples of efficient use of investment to underpin the transition to a New Sudan with less need for humanitarian aid.

On connectedness, capacity building of governmental, community and individual capabilities, and development of supportive materials, UNICEF showed awareness of the need to prepare for a new and different future, not just return to the *status quo*. The Information Centres<sup>251</sup> show this awareness, as do girls' education, the fostering of children's rights and preventive health. The Netherlands investment was used to support these transitional activities.

Coherence was achieved across a humanitarian space (some of which was under UNICEF control though much was not) by advocacy, persuasion, training and joint policy development. Partnership with the SPLM increased in importance, as the SPLM took control of some joint committees. But SPLM depended greatly on UNICEF support.

<sup>248</sup> Plumpynut is a nut-based paste in plastic packets with which children feed themselves. One packet provides one third of daily food needs. It can be used, with low defaulter rates, in home-based therapeutic feeding.

<sup>249</sup> SPLM secretariats are proto-ministries.

<sup>250</sup> New Sudan Centre for Statistics and Evaluation/UNICEF (2004). *Towards a Baseline: Best Estimates of Social Indicators for southern Sudan*, NSCSE Series Paper 1/2004. This document provides authoritative estimates of a range of social data on southern Sudan.

<sup>251</sup> Information Centres provide access to internet, library and videos for young people, developing their knowledge of a more modern world and skills that will be needed in the rebuilding of Sudan.

UNICEF successfully coordinated OLS, in which the government of Sudan, SPLM/A, other UN agencies and NGOs participated: this helped the coordination of its own programmes. UNICEF was also the focal agency for six of the sectors in which Netherlands funds were used: health and nutrition, water and sanitation, basic education, emergency preparedness and response, information and communication, and child protection and youth participation.

#### *International Rescue Committee*

The Netherlands donated € 1,312,791 to Stichting Vluchteling<sup>252</sup> for the period 1 August 2001 to 28 February 2006. Stichting Vluchteling, which does not implement activities, transferred this to the International Rescue Committee (IRC), which had worked in southern Sudan since the early 1980s. Stichting Vluchteling's own resources, and contributions of USAID, and UNICEF totalled € 2,113,134.

The IRC's objectives were to provide 260,000 people with sustainable primary health services and to continue providing 215,000 with access to primary health care. Strategically, IRC aimed to meet essential relief needs but also build the capacities of indigenous and displaced populations. A sustainable programme of primary health care was to be achieved through the promotion of a community-managed infrastructure linked to emerging civil structures in health management. Regional training centres were an important element; community health workers and mother and child health workers were trained in these centres. These activities are critically important for the health of local people.

Implementation centred around 46 primary health care centres and units, managed by Village Health Committees, and included providing water and sanitation services. Capacity building involved training health workers and other Sudanese staff; this was carried out in two regional training centres in Bahr el Ghazal and Upper Nile.

During the first years of the period evaluated, primary health care facilities were supported, though with a declining number of patients. From the end of 2001, IRC focused on the quality and range of services within existing health facilities. There were problems of under-staffing and delays in delivery of drugs and materials such as mosquito nets and food for inpatients. In 2004, IRC handed over some of its water and sanitation activities to other NGOs and to the Sudan Relief and

<sup>252</sup> The Dutch NGO Stichting Vluchteling does not implement assistance programmes, but acts as a funding partner for international and national NGOs operating in refugee situations.

Rehabilitation Association, the relief and rehabilitation wing of the SPLM, but it is not clear that this improved effectiveness. In practice, water and sanitation activities fell far short of Sphere standards and several staffing, logistical and security constraints reduced the efficiency of IRC's interventions.

IRC has its own funds and can afford a degree of independence so that it did not need to be constrained by the coordination intentions of OLS. Cooperation with UNICEF was, however, quite successful: for example, UNICEF drilled boreholes for IRC. Communication between agencies was good and competition between them was neither intense nor harmful.

IRC works with the Secretariat of Health, but county health departments scarcely exist. It has a good relationship with and supports local authorities. For the continuity of its activities, rather than expensive short-contract expatriates, IRC prefers 'Sudanisation': the use of local staff, who can, in time, be trained to deliver a more sustainable service. IRC will hand over management and administration of the primary health units to communities, though as yet they are not fully capable of taking over.

The channelling of funds through Stichting Vluchteling was valuable in terms of monitoring the IRC interventions. The Humanitarian Aid Division of the Ministry of Foreign Affairs considers that this monitoring work is helpful. Stichting Vluchteling's information and advocacy activities focused on the Dutch public are also considered valuable.

#### *Save the Children-UK Community Animal Health Programme*

Between June 1998 and December 2004 the Netherlands provided € 1,221,395 to Save the Children-UK (SC-UK) for its Animal Health Programme involving training, capacity building and vaccination in southern Sudan, (Bahr el Ghazal and Upper Nile). Since 1991 SC-UK has supported food security and the development of social cohesion through complementary programmes in livestock, fishing and the distribution of seeds and tools. The purpose of the programmes is to build household food security and rebuild local coping mechanisms. In May 1994, SC-UK had established a livestock project in northern Bahr el Ghazal, central Upper Nile and northern Bor County. Initially, SC-UK was involved in rinderpest eradication, but after this was achieved it switched to vaccination against a wider range of diseases.

The files provide no information on financial support of other donors to the programme. Other forms of support were provided by Oxfam, who seconded a project officer in 1999, and UNICEF, who provided material support and training.

The SC-UK strategy was first to intervene directly through vaccination and treatment of animal disease, initially with particular emphasis on the elimination of rinderpest. Second, it developed institutions and trained people to build local capacity. Third, the NGO gave technical support, for example by the development of a cold chain. Fourth, it prioritised serving the needs of vulnerable people, particularly women and children. Livestock underpins the cultures and economy of southern Sudan: in Dinka and Nuer societies it creates social standing, wealth and options for trade. Livestock contributes 20-60 per cent of food consumed. The chronic emergency marginalised livestock keepers and eroded normally robust coping mechanisms. Animal health services had collapsed. It was appropriate that the Netherlands supported an intervention that would aid the recovery of the mainspring of the economy.

The rinderpest campaign was a significant achievement and in July 2002 Sudan was declared provisionally free from rinderpest on a zonal basis<sup>253</sup> and moved to a phase of intensive disease surveillance.

There were other areas of varying success. In the school-based projects to build skills in animal husbandry, only 16 per cent of the goats were being milked and the children, rather than the intended caretaker, tended the herd. The goat loan scheme was more successful: pregnant goats were lent to poorer members of the community who could keep the offspring to start their own herds. This model of good practice, developed by SC-UK, was taken up by *Vétérinaires sans Frontières-Belgium*. The Netherlands discontinued SC-UK's funding in 2003, one year earlier than had been expected, due to a reduction in the availability of funds. SC-UK then worked with the Sudan Relief and Rehabilitation Association (SRRA) to explore ways of privatising the animal health service. This did not succeed, but the effort demonstrated willingness to address sustainable solutions with local authorities. Also, the Netherlands sought other donors when a shortfall in its own funds became apparent.

SC-UK had initially provided full area coverage for rinderpest. Later projects in a wider range of diseases used point coverage: this increased effectiveness and effi-

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253 'Clearing out rinderpest's last reserves', FAO, 2002.



ciency. But staff turnover and transport costs reduced efficiency. The cold chain in south Sudan remained incomplete, also reducing efficiency and ability to vaccinate livestock in several areas.

Field staff met regularly to coordinate experience and discuss best practice and current challenges. They reported monthly to SC-UK's office in Lokichoggio, Kenya which gave feedback to each staff member and to Nairobi. SC-UK coordinated with the SRRRA, which is involved in most SC-UK projects. They also met county coordinators to share experience and discuss constraints. To maximise coverage and prevent overlap, SC-UK attended coordination meetings in Nairobi and southern Sudan. It also coordinated with other organisations such as FAO and Vétérinaires sans Frontières-Belgium, but disagreed strongly with all the other organisations over charges for rinderpest vaccinations, SC-UK taking the view that these were inadvisable and irrational.

SC-UK developed links between its projects, and addressed the gap between relief and development through strengthening local capacities to the extent that was possible.

#### *Save the Children-UK Community Water and Sanitation*

The Netherlands provided € 978,587 in the years 2000-2004, to support the provision of better access to safe drinking water and sanitation in southern Sudan and build capacity in Gogrial County, Aweil South, Bieh State, Phou State, Bahr el Ghazal and Upper Nile. USAID provided supplementary funding and WFP provided some technical support staff. The amount of supplementary funding is not known.

SC-UK started activities in southern Sudan in 1991 within OLS and was involved in the water sector from 1994. Implementation of the community-based water supply project was in partnership with SRRRA's Water and Environmental Sanitation sector. This project aimed to provide safe water and promote hygiene in Gogrial and Aweil South. Three activities supporting the strategy were hand drilling, hand-dug wells, and promotion of hygiene and sanitation. The latter was carried out in schools. Eight ten-member Sudanese teams carried out hand drilling. Hand digging is used only where hard substrate inhibits drilling. In 2003 the project was handed over to the European Commission's Humanitarian Plus Programme; the Netherlands provided transitional funding. The hand-over was delayed in Brussels and the Netherlands agreed to a further three-month, no-cost extension.

SC-UK's project addressed the fundamental needs of local people. A water management committee and caretaker ensure that water points remain functional and safe. Between 2001 and 2003, when SC-UK was operating, the UNICEF Sentinel Sites Surveys<sup>254</sup> show that access to protected water sources increased from 32 to 46 per cent in SPLM areas of southern Sudan. SC-UK constructed 151 safe water points and repaired a further 137: all the SC-UK water points visited during the evaluation were operational and heavily used. Those constructed in 2003 and 2004 were well maintained, fenced and cleaned: they had effective water management committees. Older water points suffered poor maintenance, had little or no fencing and were not kept clean. Unlike older latrines, which seemed not to be used because of pit collapse during the rainy season and poor maintenance, newly constructed household latrines were used effectively and clearly illustrate a change in behaviour. This difference reflects the effectiveness of the hygiene promotion programme.

A number of problems limited efficiency. Initially, a large staff turnover reduced the efficiency of SC-UK projects, and staff they had trained moved to other organisations. By 2003 and 2004, however, SC-UK was maintaining a well-trained and committed local staff. Because shortage of staff made monitoring inadequate, in 2002 SC-UK decided that it would restrict coverage to areas with adequate staffing. Transport costs were high and the transport of equipment and spares was almost impossible during the wet season. To overcome this problem of transport, SC-UK successfully coordinated well digging with other organisations such as UNICEF. SC-UK attended coordination meetings in Nairobi and south Sudan to optimise coverage and prevent overlap. With UNICEF and the Overseas Development Institute, SC-UK has led post-conflict water supply and sanitation policy development, and institutional development in southern Sudan.

The linking of SC-UK projects addresses the gap between relief and development through continued strengthening of local capacity. Water and sanitation projects reduce illness and maintain health; the construction of water points within villages and near schools reduces time spent in obtaining water. Thus resilience increases, people are able to spend more time in productive work, and livelihood capacities are strengthened.

<sup>254</sup> UNICEF has instituted a series of monitoring sites to allow the collection of reliable statistics on socio-economic phenomena.

*Enfants du Monde-Droits de l'Homme (EM-DH) Psychosocial Support and Rehabilitation of Vulnerable and War-affected Children*

Between June 2001 and June 2005 the Netherlands donated € 522,623 for the provision of psychosocial care and the rehabilitation of war-affected children in Wau town, an enclave controlled by the Sudanese government in Khartoum, but surrounded by SPLA territory. Wau can be accessed via Khartoum only. The Netherlands was the main donor, EM-DH also provided some funding.

The programme was implemented at four locations within Wau town: Eastern Bank IDP camp and Salvation IDP camp, the EM-DH psychosocial centre and the civil prison. The original programme had started in 1999, after violent conflict in 1998 and the effects of the 1998-1999 famine, when 75,000 IDPs arrived in a short time. Initially ECHO provided support, but from 2001 the Netherlands was the sole donor and the Netherlands Embassy in Khartoum reported positively on the programme on several occasions. Dutch funding had been intended to end in June 2004. EM-DH requested an extension to allow activities to continue until funding from the French government became available.

The objectives were to improve children's health and nutritional status and reduce the trauma of displaced and war-affected children aged 8-14. This was extended to children aged 6-16, in response to evidence of need. The strategy was to restore traumatised children to some form of normality, to allow their transfer to schools. Four groups of children were covered: those who attended the Centre for three months, those in prison, those in IDP camps and street children. Those living in difficult circumstances - IDPs, unaccompanied children, traumatised children, children of dysfunctional families and those with mental and physical disabilities - were admitted to the psychosocial centre. Most of those admitted were IDPs. Two-thirds were boys, of whom 58 per cent were found to be suffering post-traumatic stress disorder. In the prison EM-DH also dealt with women with children under two years.

Wau is a devastated city, cut off from normal supplies, communications and connections and is a place where a large number of children are in danger or traumatised; the programme addressed these problems.

EM-DH implemented most of the planned activities and included some others as need and opportunities became clear. Activities included improving children's health and nutrition, promoting health and nutritional awareness, offering trauma counselling for war-affected children and enrolling children in basic edu-

cation. The funds were used efficiently, in the sense that more was accomplished than had been anticipated and additional activities were taken on in the face of great need. This meant, however, that resources had to be spread more thinly. The prison programme was limited to two hours per week. Some street children were enrolled in a carpentry course. Certain activities, such as the treatment of girl street children, could not be carried out.

EM-DH is a member of the child protection steering committee based in Wau, which is led by UNICEF and works with WFP. Because of the isolation of Wau and the difficulty of communication, the only coherence possible was with the policies of local authorities. The local Ministry of Agriculture, the police and the administrative council were all supportive of EM-DH's work.

#### 7.4.2 Darfur and Chad

In Darfur and Chad the activities implemented by five agencies were evaluated. WFP activities were examined in both Darfur and Chad, those of Action Contre le Faim (ACF) and Médecins sans Frontières-Holland (MSF-H) in Darfur, and those of UNHCR and IFRC in Chad.

Many people in Darfur have been identified as IDPs. Initially many of them gathered together for protection from the conflict, but the camps themselves with their humanitarian assistance have attracted more people. The responsibility for IDPs has remained a difficult issue; initially, UNHCR had been unwilling to take responsibility for IDPs in Darfur, so the Netherlands argued for IOM to be given this function. That agency was not able to engage in protection, however. Subsequently, UNHCR grudgingly accepted the responsibility at the request of the UN Secretary-General in 2005, but had limited success. Given the staffing of their offices in Sudan at the time of the evaluation, neither organisation has the capacity to address the needs of IDPs.

#### *World Food Programme in Darfur*

Of the total figure of € 8,149,500 given by the Netherlands for WFP's operations, some € 7.1 million was for Darfur. The period funded was 2004 and 2005. The contribution was not earmarked but was to support food supplies, logistics, and air transport for victims of the Darfur conflict both in Darfur and in Chad. By June 2004, other donors for WFP's € 160,032,827 Darfur emergency operations included Australia, Canada, the European Commission, Finland, Germany, Luxembourg, New Zealand, Spain, the UK and the USA.

The objectives of the food provision were to save lives in the Greater Darfur region, improve and maintain nutritional status, support access to education for IDP children and support the return of IDPs when it became feasible. An estimated 1.18 million beneficiaries would need 121,869 metric tonnes of supplies (quantity based on an annual needs assessment, 2003). Some 87 per cent of these supplies would be through general food distributions. Total costs were a little below € 540 per tonne. In the logistics programme, the Netherlands contributed € 5.4 million for 120 ex-military off-road trucks and supported the Humanitarian Air Service.

WFP's objectives are consistent with the overall objectives of Dutch humanitarian assistance and the highest priorities for people affected by conflict. The types of commodity supplied were appropriate. It was not possible, however, to access all IDPs but 15 per cent of the food was provided for needy non-displaced people.

There were no extreme death rates, starvation, disease and epidemics, and famine was averted. WFP supplied some 90 per cent of the food provided in Darfur. Twenty four per cent of those 'not adequately reached' were in a far worse case.<sup>255</sup> Field staff of Médecins sans Frontières informed the evaluation that there was a noticeable deterioration in nutritional status as a consequence of relatively short gaps in WFP's food pipeline. However, all respondents agreed that WFP was the central actor in avoiding a famine in 2004 and that mortality rates declined after mid-2004. There was, however, a problem of malnutrition and in September 2004 four per cent of IDP children were experiencing severe acute malnourishment and 17 per cent global malnourishment. The provision of intensive feeding was delayed and there was a high defaulter rate.<sup>256</sup>

The fleet of ex-military trucks needed modification and there were some problems in their use, due to their age. WFP considers that its supply chain is still weak in view of the expected number in need of food. The Humanitarian Air Service was both necessary and effective.

In 2004 events moved so rapidly and demand was so great that needs assessments could not be undertaken. Registration and verification processes were not adequately utilised initially but subsequently were successful in reducing errors of inclusion and exclusion. Since the evaluation was not given access to reports at

255 WFP (2004). *Emergency Food Security and Nutrition Assessment in Darfur, Sudan, October 2004* (provisional report).

256 Defaulter rate refers to the proportion of those who fail to complete a course of treatment. If therapeutic feeding is provided in centres, mothers must attend full-time. This interferes with their ability to supply the needs of the rest of their family.

sub-office level, little can be said except that in 2004 there was virtually no monitoring. Monitoring is now improving. In common with all other actors, management in the first part of 2004 was very poor - this was a consequence of a lack of personnel in the early stages of the crisis. The situation is improving, but it is still difficult to find enough people willing to work in Darfur. At the time of the evaluation, WFP contingency planning extended to 2006. The evaluation team considers that emergency food will be needed until at least the end of 2007.

#### *Action Contre le Faim (ACF) in Darfur*

The Netherlands donated € 556,800 for the period May 2004 to June 2006 for the provision of emergency therapeutic and supplementary feeding centres for victims of the Darfur conflict. There is no information on other donors. The ACF's objectives were to reduce the risk of mortality related to severe and moderate acute malnutrition, to prevent, detect and treat moderate acute malnutrition cases and to train home visitors to detect malnutrition and give follow-up treatment.

The Dutch funds were used for therapeutic and supplementary feeding stations in Kebkabiya (town and 'locality'), as well as for a feeding station and blanket and general feeding<sup>257</sup> in Abu Shok. At the time of the evaluation, action outside the town of Kebkabiya had ceased because of insecurity. ACF was also involved in general food distributions to 90,000 people.

Therapeutic, supplementary and blanket and general feeding are all priorities for people affected by the conflict. Around both centres ACF managed to reduce the rates of malnutrition to a little below normal endemic levels. The major limitation to effectiveness is beyond ACF's control; it can only work in relatively secure areas. The training of home visitors has been effective, not only in improving understanding of the problems, but also in educating people in the camps.

ACF used material inputs, especially from WFP, efficiently. Human resources, especially those employed in home visits, were efficient. The rate of defaulters from the feeding programme was unacceptably high: 60 per cent. This may perhaps be explained by the negative response to the impersonal and 'prison-like' conditions of the therapeutic feeding centre. ACF deployed 12 expatriate staff and some 200 Sudanese; turnover among the expatriate staff is high.

<sup>257</sup> Blanket feeding consists of the provision of food to a specific category within a certain population, for instance, children under five and nursing and lactating mothers. General feeding consists of the provision of food to an entire population.

Supplementary feeding centres and blanket or general feeding are emergency responses, which should end with the stabilisation of the conditions they set out to meet. Through its home visitors, ACF is trying to ensure that the effects of its activities survive its departure, but that is the extent of what it thinks is possible in filling the gap between relief and development. Coordination takes place principally through weekly OCHA meetings, but ACF also coordinates with NGO's in less formal meetings.

#### *Médecins sans Frontières-Holland (MSF-H) in Darfur*

During 2004 the Netherlands gave a total of € 412,782 to MSF-H for the provision of medical emergency assistance for victims of the Darfur conflict in Garsila, Deleig, Um Kher, Mukjar, Bindisi (West Darfur). The total project budget for 2004 was € 2,257,500, with other funds provided by DfID and ECHO.

The objectives were to reduce mortality and morbidity by nutritional monitoring and rehabilitation, and to supply basic health care, outpatient treatment at Garsila Hospital, water and sanitation, and advocacy. The associated activities were: therapeutic and supplementary feeding for under fives, including home-based care, family rations and non-food items; support for primary health centres; support for Ministry of Health facilities where they are present or for establishing clinics; and women's healthcare (ante-natal care and rape treatment); well rehabilitation and digging, hand-pumps, chlorination and latrine construction. MSF-H also engaged in lobbying and advocacy.

MSF-H intervened early when few other humanitarian actors had responded. At the time of the evaluation, it was still the only international body present in some rural areas. In February 2004 there had been a 50 per cent death rate and 50 per cent defaulter rate in therapeutic feeding, but by March (when no other agencies were operational) both rates were much reduced and death rates remained below 10 per cent for the rest of the year. The low numbers of defaulters contrasts with high default rates in other agencies. Supporting home-based health care when possible gave social and medical benefits, as mothers were not separated from the rest of the family if a child was malnourished; community-based feeding programmes using the technological innovation of Plumpynut were very effective. MSF-H served 1,604 with therapeutic feeding and 4,288 by supplementary feeding. It treated 570 inpatients and 189 cases of rape. Their advocacy in relation to rape was a contentious issue for some other agencies; it led to two of their senior staff being imprisoned for a short period in June 2005.

MSF-H uses sophisticated logistical systems and is more dependent on expatriate staff and support from its home base than other NGOs. This would seem to be less cost effective, but given the dire situation and the high standards of medical service provided, the results justify the additional cost.

As MSF-H was the first on the ground, coordination issues arose only when the UN family and other international NGOs arrived. MSF-H found itself doing more than medical interventions, including food relief, water supply and sanitation. At the time of the evaluation the NGO was trying to develop an exit strategy from some of the camps. Simultaneously it opened up more rural areas but it found difficulty in locating partners in the international NGO community. MSF-H noted that capacity in the Ministry of Health was very weak, which meant the ministry could not be a strong partner.

#### *World Food Programme (WFP) in Chad*

The Netherlands contributed to two linked WFP humanitarian activities in Chad. One, in June 2004 for € 792,000, was to support the supply of emergency food. The second was € 198,000 for the support for the Chad Humanitarian Air Service. Neither contribution was earmarked. During the course of the programme, planned targets for providing commodities increased from 13,878 tonnes for 72,500 recipients to 31, 281 tonnes for 180,000 recipients.<sup>258</sup> Other donors were USA, UK, Canada, France, Switzerland, Germany, Norway, Japan, Finland and private contributors.

The objectives of WFP's provision of food were to cover the food needs of refugees in camps or with Chadian families, either through blanket feeding or through general distributions, selective feeding programmes, food-for-work and income-generating schemes and, if possible, to facilitate repatriation by providing returnees with food packages. The Humanitarian Air Service was to be inter-agency and had passenger and light cargo capacities.

Darfuri refugees in Chad, whether they had settled or were in camps, had little capacity to support themselves. The increasing influxes of refugees put great pressure on local food resources because in less than a year the population of semi-desert eastern Chad increased by a quarter, so refugees and local people suf-

<sup>258</sup> The first revision, in February 2004 increased food provision to 7,346 tonnes and revised the total budget for Chad upwards to € 8,303,828. The second revision, in June 2004, increased provision to 10,057 tonnes and the total budget for Chad was revised upwards to € 23,389,301.



ferred food shortages. It was both necessary and justifiable to provide food for both groups.

By January 2004, some 100,000 refugees had settled on the Chad side of the border. It was difficult to provide them with food because of their remoteness, insecurity and the lack of roads, commodities, vehicles and staff. From mid-January, WFP fed refugees who had been moved to camps. It was easier to supply refugees in camps but it was only at the end of 2004 after the opening of the Benghazi supply route (see Map 7.4) that supplies became reliable.<sup>259</sup> During 2004, WFP managed to supply 75 per cent of the ration to refugees in camps. Refugees outside camps received much less.

When a June 2004 survey<sup>260</sup> revealed considerable malnourishment, WFP introduced blanket supplementary feeding in northern and central camps for 55,000 children and women for over six months. One fifth of the beneficiaries were to be from villages near the camps, because surveys had shown their malnutrition was identical to that of refugees.

WFP was initially understaffed and few of the staff had any experience of emergency operations. Securing suitable local staff was unusually difficult because Chad has a very low level of development. An experienced team was provided during 2004 and the situation improved. Coordination was weak in the early phase of the emergency: this reflected limited human and material resources and the rapidly evolving situation. By October 2004 it would have been appropriate for more UN agencies to be involved.

By October 2004, WFP had moved from acute emergency to transitional activities, such as food-for-work. It would be wise to strengthen links to WFP's Country Programme's activities in Chad to cover adequately the needs of local people. The WFP contingency plan is for 150,000 additional refugees.

### UNHCR in Chad

In February 2004, the Netherlands donated € 445,867 to UNHCR for the year 2004 to the appeal for € 21,723,414 to support 110,000 refugees. There were 14

<sup>259</sup> The initial supply route was via Cameroon. This was not capable of supplying the additional refugees. From August 2004 a new route via Benghazi and across the Sahara desert was successfully used.

<sup>260</sup> Tomezyk B., E. Dunne, M. Chang, S. Fedele, L. Tally and C. Blanton (2004). *Emergency Nutrition and Mortality Surveys Conducted among Sudanese Refugees and Chadian Villagers in North-East Chad, June 2004*, Centers for Disease Control, Atlanta.

other donors. Then in July 2004 - based on the Revised Supplementary Appeal for € 45,791,267 - the Netherlands contributed an additional € 445,425 to support up to 200,000 refugees in 2004-2005; again a further € 3,644,714 was provided in 2004. Both contributions were unearmarked. The strategic plan was to pre-register and support refugees on the border, develop camps 50 km from the border, relocate refugees to the camps and fully support them pending the possibility of repatriation. UNHCR would promote refugee rights, including safe entry into Chad, and ensure that the massive influx of refugees did not result in conflict with local populations.

During the first half of 2004, the lack of adequate vehicles and the limited numbers of staff reduced the possibility of reaching and assisting refugees who had settled near the border. After a slow start, ten camps were created in the course of 2004; the main problem was the difficulty of finding adequate underground supplies of water in the semi-desert environment. Even in mid-2005, half of the sites still had problems in meeting Sphere standards for water and at various times it had to be trucked in to fill 15,000 litre water bladders. Water supply remains UNHCR's biggest problem, but they have been resourceful in tackling it, for example in using satellite imagery.

Each camp was initially intended to be for 6,000 to 8,000 refugees, but with spontaneous settlement outside it, Bredjine camp had almost 40,000 refugees in mid-2004. UNHCR responded by contracting IFRC (see next section) to quickly develop another nearby camp: Tréguine. Severe malnutrition was identified in mid-2004; by early 2005 the situation of refugees had been stabilised with WFP help. Mortality rates had been low, but WFP surveys showed severe wasting.

Logistics were difficult for much of 2004 and 88 airlifts were needed. At the height of the transport emergency, French military aircraft were used. The only significant problems of humanitarian access during 2004 related to the difficulty of transport during the long wet season. Protection was not a large problem. UNHCR hired Chadian gendarmes, including females, to protect camps and though there were some attacks on women collecting wood, rape was not on the scale of Darfur.

Local people near camps, whom UNHCR defined as living within five kilometres of any camp, received more assistance than those on the border. Assistance consisted of goods and services to support health and nutrition by allowing access to camp facilities, using the same admission criteria as for refugees. Local children were given access to selective feeding, health facilities and schools.

After six months of intervention, UNHCR was still ‘fire-fighting’ and lacked an overall strategy. This was partly due to the slowness of headquarters’ response to the emergency and to the flawed handover from two emergency response teams in late 2003. The emergency teams were unable to prepare an adequate plan of action in the time available. Matters improved in mid-2004 with the assembly of a competent management team.

In the volatile situation of the early phase of the emergency, coordination was weak and there were few partners. The French military flights of commodities and materials and French protection against raids on the border were examples of coherence. This involvement of the French military did not compromise neutrality. A key element in coherence was the coordination of activities between UNHCR and WFP in food aid, nutrition, health, water and sanitation, supported by NGOs through the UNHCR camp management system.

#### *International Federation of the Red Cross and Red Crescent (IFRC) in Chad*

UNHCR and the government of Chad asked IFRC to set up and manage the Tréguine refugee camp in June 2004 at a time of major health and nutrition problems and when nearby camps were overcrowded. Under a framework agreement IFRC became the camp-managing organisation. In July 2004, the Netherlands agreed a donation of € 1,000,000 to the IFRC through the Netherlands Red Cross. The total Revised Appeal for Sudanese refugees in Chad (July 2004) was for € 9,297,000. There were 12 other donors (national Red Crosses and governments).

The Netherlands contribution was earmarked for assistance for the Tréguine camp. The period of the investment was July 2004-December 2005 and was to cover camp management, including camp construction, registration and protection of refugees, security, the distribution of food, nutritional interventions and sanitation. IFRC was to develop the capacity of the Chadian Red Cross to allow their take-over of camp management.

Tréguine camp was to be a fresh start for refugees living in a degraded environment dangerous to their survival. There had been problems of water supply, sewage disposal and health; there had been security incidents. Both the refugees who had been moved to Tréguine and those left behind would directly benefit; hence the creation of the camp was consistent with the needs and priorities of the beneficiaries.

Because the present IFRC Head of Delegation in Chad had been a member of the Field Assessment and Coordination Team that planned the intervention, the development and management of the camp went smoothly. The camp manager had previously worked in comparable innovative activities; this also facilitated the management process.

The opening of the camp was delayed by problems of water supply. Oxfam UK solved these, producing a valuable surplus for contingencies, and the camp, which had an innovative layout, was quickly and effectively developed to a good standard, meeting and exceeding Sphere standards. The distribution of rations and other necessities were well-organised and thorough. IFRC has a three-month stock of food for contingencies sufficient for 40,000 refugees. There is a need to ensure, in conjunction with WFP, that these stocks are rotated.

The first six months in Tréguine were spent in setting up structures to maintain refugees in good health and in starting educational activities. By the end of 2004, the emphasis had switched to preparing for contingencies and to developing the social services. A notable achievement was the precise identification in 2004 of the ten per cent of the camp population who were vulnerable and the actual nature of their vulnerability. Trained refugees did the identification. The information is useful for tailoring responses to meet specific needs.

By the end of 2004, IFRC had begun to support activities enhancing livelihoods. These activities will continue until mid-2006. The IFRC exit strategy is through a transfer of responsibility to Chadian Red Cross; progress in training has been uneven, however. Significant achievements have been made in enhanced community participation in management, advancing the status of women and youth participation. In early 2005, IFRC agreed to take over the management of the troubled Breidjine camp, using the management model of Tréguine camp.

The channelling of funds through Red Cross Netherlands was valuable in allowing a quick response with initial funding by the Red Cross. Its involvement also helped in the publicising and advocacy of the Dutch government's investment, though the Red Cross did not directly monitor the operation.

## **7.5 Assessment of the interventions related to the evaluation criteria**

In providing humanitarian support to Sudan, the Netherlands has strongly prioritised multilateral interventions. As well, the Netherlands has been involved in

donor coordination, backed up by diplomatic action. This is perhaps the main characteristic of Dutch humanitarian aid to Sudan. Although diplomatic action *per se* was not evaluated, its relevance and importance for humanitarian action is noted.

### Relevance

All the interventions were relevant and some were particularly well-considered in relation to the needs of the populations, the governments and *de facto* powers, and to Dutch humanitarian policies and the differing natures of the crises (acute in Darfur and Chad, chronic but with acute episodes in southern Sudan). They were also relevant in relation to the progress of peace negotiations in the south and the underlying low level of development of Sudan.

### Effectiveness

Problems of access due to conflict and difficulties in transport particularly in the wet season created severe problems, and some parts of the interventions were ineffective. For example, as operations in Darfur were limited to areas where safe access was achievable (such as urban and peri-urban areas), an unknown number of people were not reached. Water and sanitation were problematic in Darfur and lack of water a severe limitation in Chad. In southern Sudan the effectiveness of operations also varied with accessibility. The Netherlands carefully selects its NGO implementers on the basis of their competence and capacities. If, however, support is to the UN system, the Netherlands has no such control, since the UN agencies select their own implementing partners. WFP performed satisfactorily in Darfur<sup>261</sup>, but other UN agencies performed less well.<sup>262</sup> A major achievement was the avoidance of famine with high mortality rates, particularly in Darfur.

### Efficiency

As also mentioned by other investigators and in other evaluation reports, the international response to Darfur and Chad was slow. The Netherlands was also slow but no more so than others and it was said that delay was partly through the desire to maintain the momentum of the North-South Peace Process. The embassies and Ministry of Foreign Affairs were moderately efficient in gathering information through (limited) field visits, coordination with other donors and information-sharing with UN agencies and INGOs. The transfer of responsibility

<sup>261</sup> Their provision of commodities in an area where MSF-H had already arranged to do so caused additional costs for that agency.

<sup>262</sup> The difficulties of UNHCR in responding to the needs of IDPs have been mentioned; UNICEF also achieved limited success in Darfur.

for southern Sudan to Khartoum created some problems, because much donor coordination was still based in Nairobi and the Khartoum Embassy had difficulty in monitoring events; the opening of the Rumbek Liaison Office in January 2005 was conducive to alleviate this problem.<sup>263</sup>

The question of using skilled expatriate staff as opposed to local staff arose. It seems that in acute emergencies like Darfur there may be no alternative to expatriates, but all the Netherlands-supported agencies in southern Sudan - with no exceptions - developed local capacity; even in Chad this was an aim.

The use of Red Cross Netherlands and Stichting Vluchteling as routes for funding other agencies entailed a cost, but the bridging funding provided by the Red Cross to IFRC, pending support by the Netherlands and the monitoring by Stichting Vluchteling of the activities implemented by IRC were efficient. The use of these agencies also allowed the development of a platform outside the Ministry of Foreign Affairs for advocacy and information in relation to the emergencies.

#### *Security, protection and humanitarian access*

Staff security was a big problem in Darfur, a problem in southern Sudan and scarcely a problem in Chad. Looting of aid, albeit not on a big scale occurred. A Netherlands donation to UNICEF for staff security in southern Sudan was deferred until 2005 and not evaluated.

Protection problems were large in Darfur and smaller elsewhere. The Netherlands took an active diplomatic role, in conjunction with other donors, in seeking protection for the persecuted populations in Darfur and also in securing access to needy people. MSF-H took a strong line through advocacy; this generated controversy with other agencies. It was considered that in Darfur and in Chad the presence of expatriates was valuable in giving protection. African Union soldiers were intended to provide protection, but were not very effective due to their limited numbers and poor levels of equipment, including transport. This meant poor coverage. Progress was made in protection in the south. The hiring of gendarmes, rather than the use of, for example, the military for protection in Chad was a sensible response, even if there was some conflict with refugees. The protective activities of the Chadian and French militaries on the border did not infringe humanitarian principles.

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<sup>263</sup> It is not the function of this office to monitor humanitarian action, but the office reports on relevant contextual events and circumstances.

Humanitarian access was a large problem throughout 2003 and 2004 in Darfur and severely limited how much humanitarian action was possible to the peripheries. This had the undesirable effect of attracting many IDPs to urban areas with weak infrastructures. In Chad the difficult transport conditions during the wet season limited access. Humanitarian access improved in southern Sudan with the peace process, nevertheless some areas remained insecure and others such as Upper Nile were difficult to access; hence the use of humanitarian air drops.

#### *Linking relief, rehabilitation and development*

The greatest opportunities and most significant achievements were in southern Sudan where Dutch-funded agencies, particularly UNICEF, took advantage of increasing peacefulness to emphasise more transitional activities and build capacity in the *de facto* government's agencies and in communities. The weakness of the *de facto* governmental agencies and the limited ability of communities to assume management roles restricted progress from relief. All the agencies investigated, however, had capacity building as a major component of their activities and sought opportunities to become involved in more developmental activities. The 'humanitarian plus' mode was particularly apposite in southern Sudan, because it allows the necessary timely response to the emergencies so common in the area but also to the chronic emergency related to poverty. The flexibility of humanitarian plus will be particularly valuable during the next two years, with the return of displaced people. This will create problems of reintegration but also opportunities based on the capabilities of returnees.

Little could be achieved in the acute emergency of Darfur, but by the end of 2004 agencies supported in Chad were developing more transitional activities such as supporting efforts aimed at enhancing livelihoods of the refugees; these efforts also involved local people.

#### *Coordination and coherence*

The OLS was key to coordination in southern Sudan, though there were forums for sectoral coordination. Funded agencies trained each other's staff. Methods were standardised, with benefits for efficiency. The Netherlands was active in setting up the Joint Liaison Office in Rumbek in January 2005 and developed a Joint Donor Office in Juba town. Both will help achieve coordination and coherence, as will the organisation intended for the Multi-donor Trust Funds. In co-chairing the Donor Coordination Committee, the Netherlands Embassy in Nairobi had a key role in facilitating donor coordination in southern Sudan. Coordination and coherence in Darfur and Chad were helped by the active diplomatic presence

of the Netherlands, particularly during 2004 when the Netherlands chaired the European Union. Strong points of the Netherlands activities in Darfur were the close relation between humanitarian support and diplomatic activity in relation to human rights abuse, and humanitarian access coordinated with other donors . The Netherlands Embassy in Khartoum was the appropriate location for the supervision of humanitarian activities in Darfur and Chad.

#### *Quality, accountability and good humanitarian donorship*

Quality was achieved in southern Sudan through the OLS system, which achieved coordinated action and unified standards; the latter were also facilitated by IRC's shared training. Sectoral committees helped to achieve unified standards (for example in water provision) through standardised methodologies and active cooperation between agencies. In Darfur (because of limited humanitarian access and security) and in Chad (because of transport difficulties) it was in many cases not possible to achieve desired standards - for example in food and water supply. But Sphere standards were widely and sensibly used as guidelines; where it was not possible to achieve the standards, agencies accounted for the failure to achieve them. Agency activities were in accord with the principles of The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response.

Upward accountability in tracing the expenditure of Netherlands-provided funds, particularly (but not only) those that were unearmarked, was a problem because agencies differed in the quality and detail of their reporting. More detailed results reporting is necessary in this respect. Accountability to beneficiaries was generally good and in some cases very good; for example in Tréguine camp, where beneficiaries were increasingly being involved in camp committees and in implementation. Lateral accountability to other agencies, was strongest in southern Sudan; by the end of 2004 it had improved in Chad, but was problematic in Darfur, with tensions between some agencies over the issue of advocacy. The limited number of agencies in the field and reported limits on their competencies (not in the case of the Netherlands-supported agencies whose activities are covered by this evaluation) meant that some agencies such as MSF-H had to undertake a wide range of functions.

The Netherlands is in the process of introducing the elements of good humanitarian donorship. Adherence to the general principles of the Good Humanitarian Donorship initiative as well as the practices in donor financing, management and accountability has been solid. The Netherlands has supported individual activi-



ties that relate well to need and opportunity. The range of activities supported is wide. In relation to need in Darfur, the international response has been delayed and inadequate, but the Netherlands has responded generously. Support to Chad was quickly provided and appropriately targeted when the increased level of need became apparent in mid-2004. Funding has been flexible, particularly unear-marked funding. Agencies have used this responsibly, even if reporting has sometimes been weak. Timeliness could be improved though, particularly in relation to the actual delivery of funds in relation to the windows of opportunity for implementation in relation to the wet season. The premature withdrawal of funds from SC-UK's animal programme was unfortunate, but the Netherlands responded appropriately to the problems caused by this.

## 7.6 Conclusions and issues

### 7.6.1 Conclusions

Two sorts of conclusions on Netherlands assistance follow from the findings: those that are general and those that are specific to the two crises.

The first conclusion is that the Netherlands decisions on the funding of activities were based on a wide range of information from the Netherlands Embassies in Khartoum and Nairobi, from the UN system, other donors and from the agencies that they chose to support, all of which had previous presence in Sudan, in most cases in the areas of operation.

Second, the decisions to support were founded on information that demonstrated an understanding of the significantly different humanitarian crises in Sudan, the linkage between them and the need to tailor specific responses to the individual challenges thrown up by each crisis. The agencies selected were, advisedly, those with which the Ministry of Foreign Affairs had experience of working and were known to be competent. The strengths of the agencies were such that it was reasonable to consider that they would be able to carry out the intended activities.

Third, the Netherlands has maintained its strong support of multilateral interventions in humanitarian emergencies and in the need for coordinated international support in complex emergencies, with a back-up of diplomatic action, the latter being separate from humanitarian action but supporting it. This has been the case in both southern Sudan and the Darfur emergency. The outcome has been promising in southern Sudan but is unresolved in Darfur, and unlikely to be so in the near future. In both cases the outcome of the Netherlands position *vis-à-vis*

multilateralism gave a better result than bilateralism would have been likely to achieve, even though the UN performance in Darfur, with the exception of WFP, was initially weak.

Fourth, the activities were generally relevant, efficient and effective although attention must be drawn to their high cost because of transport distances, poor infrastructures and seasonality. Not all activities were successful, but, as in the case of IRC's water programme, they responded appropriately by modification or transfer of the programme to other agencies. MSF-H was willing to undertake activities beyond its normal ones (water and sanitation) when it was clear that no other agency was intervening. Questions still arise in relation to Darfur, however, about the coordination of the interventions by the implementing agencies, coverage against patterns of need and timeliness of interventions when crises arise. These questions are not unique to the experience of the Netherlands but are of concern system-wide in humanitarian aid delivery.

Fifth, the issues of coordination, timeliness and coverage come together to raise issues of gaps in activities: these occurred at the beginning, during and after the crises. At the beginning, there was a lack of knowledge of the magnitude of the crises in both Darfur and Chad, although ultimately wide-scale famine was prevented. During the Darfur and Chad crises there was a mismatch between available resources and the number of agencies to effectively deliver action on the ground, particularly in Darfur: the key problem was lack of humanitarian staff capacity, rather than lack of funding. Coverage was patchy, especially in sectors such as water and sanitation, and protection. Most importantly, there is a gap between the end of the crises and a future return to an unknown development path, not least for an estimated 6.5 million returning refugees and IDPs; this will have to be addressed by building local capacity for delivery.

Sixth, though support to humanitarian action went in parallel with diplomatic action, it was not conditional upon the success of the latter. In other words, on the part of the Netherlands there has been no politicisation of humanitarian aid itself. Within southern Sudan, progress in the peace process, despite setbacks in 2002, encouraged transitional activities and progress towards development, but there remains a continuing need for emergency responses. Donors' concern - including that of the Netherlands - to maintain the momentum of the peace process in the south contributed, however, to an unwillingness to openly raise the matter of humanitarian abuses in Darfur with the government of Sudan, and acknowledge the severity of the humanitarian needs there. This led to severe delay in the inter-

national response to the humanitarian emergency, though the Netherlands was among the quickest to respond, both through humanitarian aid and diplomatic action.

In southern Sudan the Ministry of Foreign Affairs continued support for humanitarian responses through Operation Lifeline Sudan (OLS) that had been used during the 1990s; in 2000, however, more attention was paid to the diversion of aid by the SPLM. There were in fact two Dutch responses to the prolonged humanitarian emergency: first, the direct humanitarian response through OLS, which included increased transitional activities as the improved security situation allowed. Second, and parallel to this, was continued and active support to the peace process. These two activities were, advisedly, carried out separately and were not conditional on each other.

In Darfur the diplomatic response was also separate from the humanitarian aid, but supported, it. Diplomatic action, in association with that of a number of other donors, sought to reduce the level of conflict, improve access and reduce humanitarian outrages. Humanitarian response in Darfur focused on support to enable immediate needs to be met; in Chad by the end of 2004, the responses also included transitional activities such as supporting efforts aimed at enhancing livelihoods of the refugees.

### 7.6.2 Issues for future humanitarian and transitional assistance

The Netherlands needs to provide a mixture of humanitarian assistance and transitional support for the foreseeable future. In Darfur this will be dominantly humanitarian assistance. In southern Sudan it needs to be a flexible blend, related to local needs and opportunities and able to respond to quickly changing circumstances.

No end to the Darfur humanitarian crisis is in sight. It seems likely that it will continue for some years. At the time of writing this report, spring 2006, the crisis was intensifying with yet more displaced and needy people; prospects for peace improved with the signing of an accord between one of the Darfuri rebel movements and the Sudanese government on 5 May. Humanitarian assistance has still not reached all in need and the provision of, for example, water, health and education to those who can be reached is still inadequate. Darfur will therefore have an increasing humanitarian need for some years. Refugees will remain in Chad until the Darfur crisis is settled; it is possible that more Darfuri refugees will

arrive: there are currently contingency plans for 100,000. The scope for transitional assistance in Darfur is limited except, as in Chad, through education and training. Within southern Sudan the humanitarian situation has not yet stabilised. Conflict has reduced significantly but is still problematic in some areas; there are tensions within the *de facto* leadership; the cumulative effect of increasing numbers of returnees may lead to conflict with local people in the next two years and will certainly increase pressure on environmental resources and infrastructures. In late 2005 there was a high probability of food insecurity in northern Bahr el Ghazal, and the critically stressed living conditions of much of the population in themselves constitute a crisis.

Thus in southern Sudan there will also be continuing need for humanitarian aid in the future, even if the peace agreement holds. There are four reasons for this. First, southern Sudan is in a chronic humanitarian crisis of poverty and underdevelopment; many live in conditions of extreme need. Second, even if violence associated with the LRA, inter- and intra-tribal conflict and warlordism were to end, there will remain problems of floods, droughts and other natural hazards. Third, the number of returnees is increasing and will continue to increase until at least 2007. According to the plans of the Sudanese government and the UN, the returnees will arrive in waves and will create a cumulative problem for their safe reintegration. Some of the earlier arrivals, returning of their own accord, had ample resources, but most were destitute - as increasing numbers will be in the future. They will need support while they re-establish livelihoods. In southern Sudan there will be perhaps 4.5 million to be resettled, which will impose a huge strain on all services in a country that is already under-provided.

The fourth reason for prolonged humanitarian assistance is the expected crisis of urbanisation in both southern Sudan and Darfur. In both cases, but for different reasons, informal, unplanned and un-serviced squatter settlements are developing around existing urban areas. Many of the returnees to southern Sudan, having lived for up to twenty years in urban areas or in refugee camps, are no longer rural people: normality for them is urban or quasi-urban. Already many recent returnees have chosen to resettle near or in towns such as Rumbek, Juba and Malakal, which resemble the environments in which they have been living. Having experienced the advantages of life in urban or peri-urban areas many will be unable or unwilling to return to their previous rural livelihood systems. Many of the younger ones, especially in IDP families from southern Sudan, have never known a rural livelihood, so that 'return' is to an alien environment. Even adults displaced to

Khartoum have never experienced farming: they lack the skills or the inclination to farm. Return to the *status quo ex ante* is not an option for many returnees.

Refugees in particular have tasted a very different life in camps, experiencing levels of education and access to health facilities that would not be available in rural areas; many will therefore choose not to move to rural areas. Though their camp experiences lead to raised expectations that cannot be fulfilled, they provide an opportunity for transitional activities. But the urban areas where the refugees resettle informally have very limited facilities, lack services and are likely to be characterised by disease and multiple deprivation. Here, the settlers have few prospects of finding a livelihood. It would therefore be desirable to quickly develop a system of planning to supply at least basic services such as water and sewage suitable for urban environments and at least rudimentary urban governance and administration systems. The scale and speed of the action needed demand an emergency response rather than a developmental response.

The same problem of unsupported urbanisation is also present in Darfur because the provision of humanitarian assistance is guaranteed only in or near urban areas, so people are attracted to these. If there is no rapid settlement of the Darfur conflict, IDPs will remain for years and create settlements in which they have no basis for their livelihoods. They will become permanently urban populations but unable to support themselves.

Those in southern Sudan who quickly return from displacement and encounter the same entitlement relations that they left, might be able to return to their original rural livelihood. However, even they will need to re-establish their system of rights *vis-à-vis* local people and power structures. This will entail the renegotiation of entitlements for access to land, water and positions in social structures. It will also require the rehabilitation of agricultural production and other rural-based income-generating activities.

The urgent need for these activities demands support from donors, international financial institutions and appropriate UN agencies. The scale of the activities and the range of agencies mean that this would be most effectively achieved through the UN system. UNICEF has made some progress in this area, but the UN agency most appropriate for the coordination of the process is probably UNDP, though up to now it has had little input. Assistance for the growing urban areas and the redevelopment of rural livelihoods is needed in a humanitarian frame, but could also be transitional.

In these conditions of tentative recovery from chronic emergency, but with the likelihood of resurgences of severe emergency, the 'humanitarian plus' mode of intervention offers great flexibility and opportunities for appropriate timely responses to both opportunities and threats. The Multi-donor Trust Funds could be used strategically to expedite recovery.

# 8 Conclusions

## 8.1 Introduction

This chapter provides the major conclusions of the evaluation. It is based on the findings and conclusions of the previous chapters. The evaluation aimed to address three central questions and a number of related aspects.

First: to what extent has the humanitarian assistance been provided in line with the humanitarian policy and procedures of the Netherlands and with the needs, priorities and rights of the affected populations (relevance)? At policy level, the evaluation needed to investigate the attention paid to the needs, priorities and rights of affected populations, as well as the policy's consistency with international humanitarian principles. At implementation level, it was aimed to investigate 1) the consistency of the support provided by Dutch humanitarian policy, including consistency with the basic humanitarian principles of humanity, neutrality, impartiality, and independence; 2) whether the provision and distribution of assistance was in accordance with the needs of affected populations; 3) the type of activities supported and modalities of implementation (channels, implementing partners, agreements); and 4) the level of access to needy groups.

Second: to what extent has the humanitarian assistance provided achieved its purpose, i.e. has met the immediate material and non-material needs of the affected populations (effectiveness)? Important aspects to be addressed were: 1) the extent to which the needs of the affected populations have been met (coverage and timeliness of support provided, specific material and non-material needs of women, children and the elderly); 2) adherence to the Sphere standards for humanitarian assistance; 3) the influence of security and humanitarian access and the response to this.

Third: to what extent have the financial resources and other inputs been deployed efficiently to achieve results (efficiency)? Aspects to be addressed were: 1) aid management (programme and project cycle, staffing, tasks and responsibilities

of ministry departments and units, Netherlands Permanent Representations, and the Embassies in the case study countries, cooperation between ministries); 2) the selection of implementing partners; 3) organisation and costs of aid delivery at field level (diversion, security, creating humanitarian access); 4) monitoring of progress and achievements.

Besides these three main questions, the evaluation aimed to address how much the humanitarian activities supported by the Netherlands have taken into account the specific context in recipient countries. More particularly, attention was to be paid to policy developments and intradepartmental collaboration to link humanitarian assistance, support for rehabilitation and development aid. Also investigated was the coherence between humanitarian aid policy and other policies and interventions. Finally, attention was to be paid to the involvement of the Netherlands in coordination mechanisms and processes, and to whether operational partners were encouraged to engage with these.

It was impossible to cover all aspects mentioned in equal detail. For instance, the evaluation could not investigate in great detail whether the specific material and non-material needs of women, children and the elderly were covered by the aid provided. Neither did it assess efficiency by analysing input-output relations, nor did it compare the different channels and agencies through which the Netherlands provides its support.

## 8.2 Conclusions

### 1. Policy

*Dutch humanitarian aid policy is consistent with internationally accepted humanitarian principles.*

The fundamental principles and major objectives of Dutch humanitarian policy were set out in several policy documents published from the early 1990s onwards, including *A World of Difference* (1990) and *Humanitarian Aid Between Conflict and Development* (1993). The main objective, namely ‘to contribute to the relief of life-threatening human needs amongst the most vulnerable people, mostly women and children, as a result of (chronic) crisis situations and/or natural disasters’, has been maintained consistently.



The internationally recognised basic humanitarian principles, namely *humanity*, *impartiality*, *neutrality* and *independence*<sup>264</sup>, have remained at the heart of the policy, as demonstrated in the various *Crisis Policy Frameworks* and subsequent *Grant Policy Frameworks*. They have not been compromised by particular political interests. The Netherlands has fostered these humanitarian principles in the wider community by its commitment to multilateral action through coordination between donors, the United Nations and non-governmental organisations (NGOs), by initiating and supporting the recent Good Humanitarian Donorship initiative, and by supporting the United Nations and the International Committee of the Red Cross (ICRC) as guardians of humanitarian principles.

Dutch policy regarding countries entangled in complex emergencies is characterised by three different but complementary strands of action: provision of humanitarian aid for immediate relief and early rehabilitation, promotion of peace and security, and the fostering of reconstruction. Humanitarian aid has a central role, and its principles, established in the different policy documents, have not been contravened, for example by inappropriate linkage to military activity. The Netherlands does not apply a narrow ‘relief-oriented’ conception of humanitarian assistance, but follows an opportunity-seeking mode, reflected in the ‘humanitarian aid plus’ approach.

The Netherlands has sought to embed humanitarian aid in a multilateral framework and has engaged in a constructive - and at times critical - policy dialogue with UN agencies. At the same time, the Netherlands has striven for complementarity by matching its continuing support for the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other UN agencies with support for the Red Cross and Red Crescent Movement and NGOs.

Current Dutch humanitarian policy emphasises proper needs assessment, planning and coordination of aid implementation through the United Nations led Common Humanitarian Action Plans (CHAP) and the Consolidated Agency Appeal Process (CAP). Furthermore, it holds that Dutch humanitarian assistance in conflict situations should preferably be part of a shared integrated strategy

<sup>264</sup> The humanitarian principle of *humanity* implies the centrality of saving human lives and alleviating suffering wherever it is found. *Impartiality* means the implementation of actions solely on the basis of need, without discriminating between or within affected populations. *Neutrality* implies that humanitarian action must not favour any side in an armed conflict or other dispute where such action is carried out. And, finally, *independence* implies that humanitarian objectives are entirely autonomous from any political, economic, military or other objectives that an actor may have with regard to areas where humanitarian action is being implemented.

aimed at providing humanitarian assistance, containing and mitigating conflicts, and promoting peace - as demonstrated by the case studies included in this evaluation. This strategy may also encompass political, economic and - if necessary - military action. In recent years, the parameters for the involvement of the military have been elaborated and codified in a policy for Civil-Military Cooperation. Pursuing this integrated strategy has resulted in intensified collaboration between the Ministry of Foreign Affairs and other ministries in the Netherlands, as well as increased coordination between the Humanitarian Aid Division and other departments in the Ministry of Foreign Affairs.

Finally, in its dialogue with UN agencies, the Red Cross and Red Crescent Movement and with NGOs, and in the provision of financial support to them, the Netherlands has always insisted on further improvement of the quality of humanitarian action. In supporting a number of quality initiatives in the international humanitarian aid system, the Netherlands has been among the innovative donors.

## 2. Good Humanitarian Donorship

*Dutch humanitarian policy and procedures are largely in line with the principles of Good Humanitarian Donorship.*

The policy is coherent with the objectives, general principles and practices in finance, management and accountability of the Good Humanitarian Donorship initiative endorsed by sixteen donor governments and a number of humanitarian agencies in 2003. The objectives of the initiative, such as alleviation of suffering, maintenance of human dignity and protection of civilians, as well as the guiding principles of impartiality, neutrality and independence are central to and strongly supported by Dutch humanitarian policy. The Netherlands has promoted principles such as international humanitarian and refugee law as well as human rights, as exemplified in its dealings with the Sudanese government during the Darfur crisis.

Dutch policy places emphasis on needs assessment prior to allocation of humanitarian funding. In terms of good practices in donor financing, management and accountability, the Netherlands has pursued flexibility in funding arrangements in order to be able to respond to changing needs during crises. It has done so by Channel Financing Agreements, which have reduced earmarking of funds through UN agencies and the ICRC, and through two-year funding cycles with NGOs. Some elements of the Good Humanitarian Donorship initiative, namely community level pre-disaster planning and community involvement in humanitarian

response, do not yet feature in Dutch policy and strategy. Finally, good practice in accountability and learning is present in Dutch humanitarian policy that emphasises and supports the improvement of quality in the international humanitarian system as a whole.

### 3. Concentration of humanitarian assistance on countries and regions

*The concentration of humanitarian assistance on focus countries and regions characterised by serious chronic crises and humanitarian needs is an appropriate approach in the light of financial and human resources.*

In the past fifteen years the Dutch humanitarian aid budget and levels of expenditure have increased significantly. However, given the capacities and funds available, a political decision was made to concentrate humanitarian assistance on focus countries and regions characterised by chronic humanitarian crises. The selection of countries was based on: the nature and stage of the conflict; the UN strategy and quality of the CAP; the history and scale of Dutch involvement compared with that of other donors; the duration of Dutch support in relation to the prospects for self-sufficiency in the country concerned; and the opportunities for the parallel deployment of political, military and other resources (the integrated approach).

The decision to focus humanitarian aid on Afghanistan, Angola, the Great Lakes Region of Africa, the Horn of Africa, Iraq, Caucasus, the Palestinian Territories, West Africa and Southern Africa is a proper response in relation to global needs. It also accords with one of the fundamental principles of humanitarian aid, i.e. to give priority to the most urgent cases of distress. In principle, this concentration enables an integrated approach in protracted crises.

At the same time, sufficient flexibility has been maintained to allow response to emergencies in other parts of the world, as demonstrated by the response in 2004-2005 to the tsunami in Southeast Asia and the earthquake in Pakistan.

### 4. Coherence between humanitarian aid policy and other action

*The implementation of humanitarian aid policy has been coherent with diplomatic action and the fostering of peace processes.*

Dutch support to humanitarian action in the countries covered by the case studies was provided in parallel with diplomatic action. The latter focused on promoting peace as well as on creating access for humanitarian aid providers. The support to

humanitarian action provided by the Netherlands was not conditional upon the success of its diplomatic action. Aid was provided on the basis of the humanitarian imperative. The collaboration between the Humanitarian Aid Division and the Peacebuilding and the Good Governance Division of the Human Rights and Peacebuilding Department with other units of the Ministry of Foreign Affairs has been central to the provision of humanitarian aid for relief and early rehabilitation. Where appropriate, humanitarian aid has been paralleled with support for reconstruction and development.

In Sudan, support for humanitarian activities was paralleled with diplomatic action; it was not conditional on the success of the latter. The concern of the donors - including the Netherlands - to maintain the momentum of the peace process in southern Sudan contributed to a reluctance to raise openly with the government of Sudan the matter of humanitarian abuses in Darfur. Together with other donors, the UN and some humanitarian agencies, the Netherlands engaged in 'silent diplomacy' on this matter. The failure of the international community to acknowledge openly and promptly the urgency of the need for humanitarian assistance in Darfur led to severe delays in its delivery. The Netherlands was, however, among the quickest to respond.

In Somalia, humanitarian aid was provided on the basis of the humanitarian imperative and was relevant to widespread needs among the population. Humanitarian aid was provided by the Netherlands and other donors in parallel with their support of the Inter-Governmental Authority on Development (IGAD) in fostering the - still largely unsuccessful - political process directed towards restoring a viable Somali state.

Dutch humanitarian aid to Burundi and the Democratic Republic of the Congo was provided as part of an integrated approach, which combined the funding of life-saving humanitarian activities with support for peace negotiations, and support to create stability through Security Council mandated peacekeeping forces in the region. There is a strong connection between humanitarian aid and conflict resolution.

## 5. Relevance

*The humanitarian assistance provided by the Netherlands in the case study countries has been relevant.*

Overall, the humanitarian activities supported by the Netherlands in the countries covered by the evaluation have been relevant to the needs of the beneficiaries, and in accord with the main objective of the Netherlands humanitarian aid policy: the saving of lives. Interventions responded appropriately to the differing natures of the crises (acute in Darfur, largely chronic, but with acute episodes, in southern Sudan, the Democratic Republic of the Congo, Somalia and Burundi). The Dutch strategy of giving priority to support of humanitarian interventions in Afghanistan, following the ousting of the Taliban regime, was succeeded by the prioritising of stabilisation, state-building and economic recovery. This resulted in well-timed responses to the most important needs.

Humanitarian activities, based on needs assessments carried out by humanitarian agencies, addressed most of the needs of populations. These needs assessments did not identify some specific needs such as those related to gender and ethnicity. This applied, for instance, to the material and non-material needs of specific groups, such as women who had been victims of sexual violence.

## 6. Effectiveness

*The humanitarian assistance of the Netherlands in the case study countries has been largely effective.*

The effectiveness of the support provided by the Netherlands is to a very large extent related to the overall effectiveness of the international humanitarian system and is defined by that system. Some parts of the interventions in the countries involved in the evaluation were ineffective. Operations in southern Sudan and Darfur, in the east of the Democratic Republic of the Congo, and in Afghanistan and Somalia, were limited to areas where access was achievable. In Darfur, aid operations were initially slow in starting. An unknown but sizeable number of needy people could not be reached in the four case study countries. This compromised the coverage and effectiveness of the support.

Where population groups could be reached, support was provided effectively. This was the case in Afghanistan, for instance, where support to the large number of returning refugees and internally displaced has been managed effectively by UNHCR, which assumed a lead agency role for internally displaced persons, the

other agencies being the Afghan Ministry of Refugees and Repatriation and other UN agencies. Protection and safe return have, however, been major concerns. The protection of internally displaced persons and resident population has also been a major issue in Darfur and the Democratic Republic of the Congo. The material support to Darfuri refugees living in camps in eastern Chad and to internally displaced people in camps located near the major urban areas in Darfur has been largely effective, although the timeliness of the assistance provided has been an issue of concern. In general, although it could not prevent widespread human suffering, the support provided to those affected by the crisis in Darfur helped avert massive morbidity and mortality.

The effectiveness of sectoral interventions was variable and largely depended on the capacity and quality of the implementing organisations. Food needs were met best, while response to water and sanitation needs was poorest. Funding by sector was not proportional and coverage for food was much greater than for other sectors. Overall, the commodities supplied were appropriate, though it was difficult to adhere to the Sphere standards for humanitarian assistance, such as minimal levels of food rations and water supply. This reduced effectiveness.

## 7. Efficiency

*The costs of humanitarian assistance are high compared by other forms of aid and are determined largely by the context in which the aid is provided.*

The evaluation did not aim to assess efficiency by analysing input-output relations, nor did it compare different channels and agencies. Though in all four case study countries the costs of delivering humanitarian aid were high, this does not necessarily imply inefficient operations, since costs are largely determined by the variety of contextual factors prevailing in these countries. Conflict and insecurity were the main determinants of the cost of delivery and also impacted on efficiency. Insecurity governed access to populations and the deployment of agencies in the field; it led to high personnel costs and also created substantial security overheads. In south and central Somalia, Darfur and the east of the Democratic Republic of the Congo, humanitarian activities were repeatedly interrupted by violence. In all the case study countries, some of the aid was diverted and there was some looting. Furthermore the efficiency of delivery was also affected by the continued absence of the state in Somalia, the absence of functional government institutions in parts of the Democratic Republic of the Congo, weak institutions in southern Sudan and the lack of full state control in parts of Afghanistan.

The overall costs of operations were also determined by distance, terrain and climatic conditions. Long transport routes were inevitable in all of the case study countries, most notably in Darfur and southern Sudan. Air drops were often necessary in Afghanistan and Sudan (in the latter country, particularly in the wet season). Lack of easily accessible water delayed the opening of camps for Darfuri refugees in eastern Chad and added to the costs.

The organisation of the international humanitarian aid system affected the efficiency of Dutch aid. Commonly, aid is delivered via UN agencies, the Red Cross and Red Crescent and international NGOs, each working through local partners that supply assistance to the beneficiaries. This approach has its advantages. First, it enables the external agencies to make use of locally available capacity, thereby expanding their own, often limited, capacity. Second, UN agencies, ICRC and the larger international NGOs are better positioned to coordinate the aid effort (coordination is discussed below). Third, this approach can be considered rational from the perspective of donors, who would be faced with high transaction costs if they were to enter into separate contractual relationships with a myriad of local implementing organisations. Fourth, the involvement of local implementing partners may be conducive to building institutional capacities in the recipient country. The long management chain resulting from sub-contracting among agencies, each with its own overhead cost can, however, be considered a disadvantage. The evaluation did not investigate the magnitude of cumulative overhead costs, nor did it find any previous studies of this issue.

## 8. Coordination

*The emphasis of the Netherlands on the improvement of coordination of humanitarian assistance is appropriate.*

By insisting that all humanitarian actors responding to a particular crisis are coordinated, the Netherlands is strengthening the universal response to the humanitarian imperative. The United Nations humanitarian system, led by OCHA, is the appropriate channel because the Consolidated Appeals Process (CAP) and the Common Humanitarian Action Plan (CHAP) provide an opportunity to review progress in individual disasters annually. Coordination and central leadership of the UN has been practised by the Netherlands since the mid 1990s. Dutch humanitarian funding is largely channelled through the UN, with whom the Netherlands engages in significant policy dialogue. Coordination does not, however, provide a 'command and control' response to disasters. At best, it provides a shared platform of intent, including information on existing and projected humanitarian

activities. The ‘cluster lead’ system adapted by the UN in September 2005 provides a more centralised and, it is to be hoped, more predictable system for humanitarian action. More importantly, it should clarify the responsibilities and tasks of individual UN agencies at field level.

With respect to actual coordination, the following remarks can be made. Within the Ministry of Foreign Affairs there has been sound policy coordination and coordination of interventions. Where needed, there was also inter-departmental coordination. In the case study countries the Netherlands was actively involved in donor coordination. As mentioned above, OCHA cannot enforce coordination of UN agencies or NGOs. In the case study countries, the coordination of aid implementation was variable, as the following examples show. In Afghanistan there was a comprehensive aid coordination structure in Kabul. In practice, the coordination of the sectors was uneven. OCHA achieved better coordination in Somalia towards the end of the evaluation period. In Darfur coordination improved over time. UNICEF successfully coordinated Operation Lifeline Sudan, through which most humanitarian aid was provided to southern Sudan.

## 9. Administrative procedures

*The recent rationalisation and simplification of administrative procedures have resulted in more efficient management of humanitarian assistance.*

The Ministry of Foreign Affairs rationalised its financial procedures for humanitarian assistance by entering into Channel Financing Agreements with a number of UN agencies and the ICRC, and by streamlining the funding arrangements for NGO projects. This improved the predictability and timeliness of Dutch humanitarian funding, and limited the specific reporting requirements attached to Dutch support. Furthermore, the unearmarked contributions under the Channel Financing Agreements have improved the flexibility of the agencies involved in the implementation of the Dutch humanitarian response. Finally, the rationalisation process reduced the administrative burden of the implementing organisations and the Humanitarian Aid Division.

Rationalisation, more specifically the provision of unearmarked funding and the limited reporting requirements stipulated by the Channel Financing Agreements, has had a less favourable consequence: it is now no longer possible to monitor the implementation of Dutch support to the UN agencies and ICRC at different levels (see under point 10).



## 10. Monitoring

*The monitoring of aid implementation at field level is weak.*

As the humanitarian aid activities financed by the Netherlands are implemented by UN agencies, the Red Cross and NGOs, different administrative arrangements are involved. It is the task of the embassies to monitor the implementation of these activities, by keeping track of implementation at field level and reporting back to the Humanitarian Aid Division. Monitoring commonly involves consultation with the local offices of the implementing organisation or agency, and may involve field visits. In addition, implementation is discussed at donor meetings. Most importantly, the embassies are expected to keep a close watch on developments influencing the emergency situation and concomitant changes in humanitarian conditions. Such contextual monitoring, whether conducted by embassy staff or based on information provided by donors and aid implementers, enables both the embassy and the Humanitarian Aid Division to reassess the appropriateness of the intervention if necessary.

The embassies are monitoring the humanitarian situation adequately, largely through contacts with other donors, agencies and the government. In contrast, the field monitoring of the results of implementation has been weak because of competing priorities, time constraints and the distance between the embassies and localities where the various interventions are being implemented.

The day-to-day dialogue with and institutional monitoring of the different UN agencies and the ICRC carried out by Netherlands Permanent Representations in New York, Geneva and Rome has been adequate.

The monitoring of the institutional performance of agencies with which the Netherlands has concluded Channel Financing Agreements is conducted adequately. It is more difficult to monitor their interventions at field level, because reporting to donors is highly aggregated. In contrast, the monitoring of NGOs remains focused at project level. It may therefore be concluded that the Ministry of Foreign Affairs has chosen to enter into a working relationship built on trust with major UN agencies and ICRC, whilst assuring accountability at the institutional level.

## 11. Staff deployment

*The ambitions of Dutch humanitarian aid policy are not sufficiently reflected by the setting of priorities in staff deployment.*

The analytical work and monitoring of aid implementation needed to achieve fully informed decisions on future interventions are constrained by the staff numbers in the Humanitarian Aid Division and the embassies in the case study countries. Staff of the Humanitarian Aid Division spend more time on required administrative tasks than on substantive work such as policy development, international policy dialogue, inter-departmental coordination, and monitoring and evaluation. The latter is necessary to improve the quality of aid implementation. Even though its staffing levels have increased over the past five years, and administrative procedures have been simplified, the Division is still experiencing a lack of capacity.

During the period evaluated, the staffing levels in the Netherlands embassies in the countries covered by the case studies proved critical. Attention to humanitarian aid competed with other priorities such as political work. As mentioned under point 10, field monitoring of humanitarian activities was difficult to achieve. Finally, the staffing levels of the Permanent Representations proved challenging given the tasks to be done.

## 12. Linking relief, rehabilitation and development

*Relief, rehabilitation and development have been linked successfully in Afghanistan but less so in the other three countries.*

The close collaboration of the Humanitarian Aid Division, the Peacebuilding and Good Governance Division and other units in the Netherlands Ministry of Foreign Affairs has been conducive to developing and implementing an integrative approach that links humanitarian aid focused on relief and early rehabilitation with support focused on rehabilitation, reconstruction and development. The ministry has separate budgets for humanitarian assistance, rehabilitation and reconstruction activities and developmental interventions. This did not prove to be a constraint to linkage.

The success of the integrative approach has been demonstrated in Afghanistan. The support provided by the Netherlands and other donors, combined with the country's internal processes of political stabilisation and economic recovery, has been an appropriate response to the humanitarian challenges and to the need to rehabilitate vital parts of the society and polity. To a certain extent it also enabled

the initial process of development in parts of the country. The decision to include Afghanistan in the list of partner countries of the Netherlands in 2003 has been conducive to the provision of substantial long-term support for reconstruction and development.

In southern Sudan, Dutch-funded humanitarian organisations took advantage of increasing peace to emphasise more transitional and developmental activities and build capacity in the *de facto* government's agencies and in local communities. With regard to southern Sudan, the Netherlands supports the implementation of the Comprehensive Peace Agreement reached in early 2005 and has committed to contributing € 150 million over a three-year period to the Multi-donor Trust Fund. The signing of a peace agreement between the government of Sudan and one of the Darfuri rebel movements on 5 May 2006 prompted the Netherlands to announce the intention to host a donor conference later in the year to discuss reconstruction.

The types of activities supported by the Netherlands in Somalia were predominantly those associated with 'humanitarian aid plus', and focused on relief and rehabilitation. Where possible, activities of a more developmental nature were supported. Given the lack of progress in the restoration of a viable Somali state, the prospects for support for reconstruction and development are limited.

In Burundi and the Democratic Republic of the Congo there are gaps between the provision of humanitarian relief, the support for rehabilitation and reconstruction, and support for future developmental activities. Current Dutch policy for these two countries mainly focuses on the provision of humanitarian assistance. In addition, important but limited support is provided from other budgets (Stability Fund and the Theme-based Co-financing Fund for rehabilitation, TMF) to assist processes of rehabilitation and reconstruction including security sector reform, and the demobilisation and reintegration of former combatants. Since the Netherlands has no structural bilateral development relations with Burundi or the Democratic Republic of the Congo, no other major funding mechanisms are available to support economic recovery and development in either country. On the one hand, this may be considered a missed opportunity. On the other, it may be argued that other donors, who have traditionally had a bilateral aid relationship with these countries, may be better placed to provide such assistance.



# Annex 1 About the Policy and Operations Evaluation Department

## Objectives

The Policy and Operations Evaluation Department (IOB) meets the need for independent evaluation of policy and operations in all policy fields falling under the Homogeneous Budget for International Cooperation (HGIS). Its evaluations enable the ministers to account to Parliament for policy and the allocation of resources. In addition, the evaluations aim to derive lessons for the future. Efforts are accordingly made to incorporate the findings of evaluations into the Ministry of Foreign Affairs' knowledge cycle. Evaluation reports are used to provide targeted feedback, with a view to improving both policy and implementation. They enable policymakers to devise measures that are more effective and focused.

The IOB also advises on the planning and implementation of non-central evaluations commissioned by policy departments and embassies.

## Approach and methodology

IOB has a staff of experienced evaluators and its own budget. When carrying out evaluations, it calls on the assistance of external experts with specialised knowledge of the topic under investigation. To monitor its own quality, it sets up a reference group for each evaluation, which includes not only external experts but also interested parties from within the Ministry.

## Programme

IOB has a rolling multi-year programme which is updated every two years. This programme is devised using an internal selection process based on an assessment of the political, social, policy-related and financial implications of all possible themes, as well as on a number of broad consultations within the various parts of the Ministry. Once adopted, the programme is submitted to Parliament by the Minister of Foreign Affairs and the Minister for Development Cooperation.

## An organisation in development

Since IOB's establishment in 1977, major shifts have taken place in its approach, areas of focus and responsibilities. In its early years, its activities took the form of separate project evaluations for the Minister for Development Cooperation. Around 1985, evaluations became more comprehensive, focussing on sectors, themes and countries. Moreover, IOB's reports were submitted to Parliament, thus becoming public.

1996 saw a review of foreign policy and a reorganisation of the Ministry of Foreign Affairs. As a result, IOB's mandate was extended to the Dutch government's entire foreign policy, in which development cooperation occupies an important place. In recent years, it has also sought to extend its partnerships with similar departments in other countries, for instance through joint evaluations.

Finally, IOB also aims to expand its methodological repertoire. A recent example is the application of statistical methods of impact evaluation.

IOB's history shows considerable changes in the approach and methodology of its evaluations. However, its strict independence has remained constant. This, combined with its thorough approach and professional evaluations, ultimately forms the rationale for IOB's existence.

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For references used in the case studies refer to the annexes of the respective case study reports on the CD-ROM accompanying this report.

## Annex 3 Persons interviewed

The following persons have been interviewed on general aspects of Netherlands humanitarian aid policy and strategy and the collaboration of the Netherlands Ministry of Foreign Affairs with their organisation. Lists of respondents involved in the case studies are presented in the annexes of the case study reports found on the CD-ROM accompanying this report.

### Netherlands Ministry of Foreign Affairs

#### *Human Rights and Peacebuilding Department*

- Mr. J. Berteling (Director until August 2005)
- Mr. A. Jacobi (Director from August 2005)

#### *Humanitarian Aid Division*

- Mr. J. Andriessen (Head)
- Mr. H. Boerekamp (Policy Officer Afghanistan)
- Ms. J. de Hoogh (Senior Policy Officer, Emergency Aid Specialist)
- Mr. P. Kraan (Deputy Head)
- Ms. M. Olsthoorn (Policy Officer West Africa, Good Humanitarian Donorship and Quality initiatives)
- Mr. J. Remijn (Policy Officer Great Lakes Region Africa)
- Ms. M. Sinke (Policy Officer Sudan)

#### *Peacebuilding and Good Governance Division*

- Ms. L. Anten (Head)
- Ms. H. Ligtoet (Senior Policy Officer)

#### *Unit for Policy and Project Support*

- Ms. M. Roes (Head)

*Directorate General for International Cooperation*

- Mr. A. Beukering (Military Advisor)

*United Nations and International Financial Institutions Department*

- Ms. M. van Kesteren (Senior Policy Officer)

*Security Policy Department*

- Ms. J. van der Velde (Senior Policy Officer)

*European Integration Department*

- Mr. T. Kluck (Senior Policy Officer)

*Africa Department*

- Mr. R. van de Geer (Director until August 2005)
- Ms. S. Kloth (Senior Policy Officer)

*Netherlands Representation to the UN, New York*

- Mr. D. Nieuwenhuis (First Secretary)

*Netherlands Representation to the UN, Rome*

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- Mr. T. van Banning (Deputy Ambassador)
- Mr. J. Steeghs (Deputy Ambassador until August 2005)
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*Netherlands Embassy Kigali*

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- Mr. R. Siegert (Deputy Head Development Division)
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- response by written questionnaire

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### **Ministry of Defence**

- Mr. J. Siccama (Deputy Head Policy Department)
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- Mr. O. Cosseé (Advisor Evaluation Division)
- Mr. G. Garbinsky (Senior Operations Officer)
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- Mr. P. Jacqueson (Programme Officer)
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- Mr. Ch. Luedi (Head Planning, Monitoring and Evaluation)
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- Ms. N. Kelley (Special Advisor Convention Plus Unit)
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## Annex 4 Acronyms

ACF	Action Contre le Faim
AACA	Afghanistan Assistance Co-ordination Authority
AIA	Afghan Interim Authority
AIAF	Afghan Interim Authority Fund
AIV	Advies Raad Internationale Vraagstukken
AIDS	Acquired Immuno-Deficiency Syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
ARTF	Afghanistan Reconstruction Trust Fund
ASAP	Appeal for the Sudanese Assistance Programme
ASRAMES	Association Régionale d'Approvisionnement en Médicaments Essentiels (Congolese NGO)
ATA	Afghan Transitional Authority
BTHW	Bundesanstalt Technisches Hilfswerk (German aid agency)
CAP	Consolidated Appeal Process
CERF	Central Emergency Revolving Fund (of OCHA until December 2005)
CHF	Swiss Franc
CHAP	Common Humanitarian Action Plan
CIA	Central Intelligence Agency (USA)
CIF-Santé	Conseil, Information, Formation-Santé (Congolese NGO associated with ASRAMES)
CIMIC	Civil-military cooperation
CNDD-FDD	Conseil National Pour la Défense de la Démocratie-Forces pour la Défense de la Démocratie (DRC)
COCA	Checklist Organisational Capacity Assessment (Netherlands Ministry of Foreign Affairs)
Cordaid	Catholic Organisation for Relief and Development Aid (Netherlands NGO)
DAART	Danish Assistance to Afghan Rehabilitation and Technical Training

DAC	Development Assistance Committee (OECD)
DACAAR	Danish Committee for Aid to Afghan Refugees
Danida	Danish International Development Assistance
DDG	Danish De-mining Group
DDR	Disarmament, Demobilization and Reintegration
DfID	Department for International Development (UK)
DGIS	Directorate-General for International Cooperation (Netherlands Ministry of Foreign Affairs)
DHA	United Nations Department of Humanitarian Affairs (renamed OCHA in 1998)
DMV	Human Rights and Peacebuilding Department (Netherlands Ministry of Foreign Affairs)
DMV/HH	Humanitarian Aid Division (Netherlands Ministry of Foreign Affairs)
DMV/MR	Human Rights Division (Netherlands Ministry of Foreign Affairs)
DMV/VG	Peacebuilding and Good Governance Division (Netherlands Ministry of Foreign Affairs)
DMV/BP	Unit for Policy and Project Support (Human Rights and Peacebuilding Department)
DMV/CU	Control Unit (Human Rights and Peacebuilding Department)
DRA	Dutch Relief and Rehabilitation Agency
DRC	Democratic Republic of the Congo
DVB	Security Policy Department (Netherlands Ministry of Foreign Affairs)
DVF	United Nations and International Financial Institutions Department (Netherlands Ministry of Foreign Affairs)
€	EURO (2.20 Netherlands Guilder)
EC	European Commission
E-CERF	Expanded Central Emergency Response Fund (OCHA)
ECHO	European Commission Humanitarian Office
EM-DH	Enfants du Monde-Droits du Monde (international NGO)
EU	European Union
FAO	Food and Agricultural Organisation (UN)
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
GDHi	Good Humanitarian Donorship initiative
GoAF	Government of Afghanistan
GOS	Government of Sudan
HAPI	Humanitarian Accountability Partnership International

HIC	Humanitarian Information Centre (set up by OCHA at field level)
HIV	Human Immuno-deficiency Virus
HNI	Health Net International (Netherlands NGO)
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent Societies
IGAD	Inter-Governmental Authority on Development
ILO	International Labour Organisation of the United Nations
INGO	International Non-Governmental Organisation
IOB	Policy and Operations Evaluation Department (Netherlands Ministry of Foreign Affairs)
IOM	International Organization of Migration
IRC	International Rescue Committee (international NGO)
IRIN	Integrated Regional Information Network (OCHA)
ISAF	International Security Assistance Forces (of NATO in Afghanistan)
LRRD	Linking Relief, Rehabilitation and Development
LOTFA	Law and Order Trust Fund for Afghanistan
Loya Jirga	Grand (National) Council of Afghanistan
LRA	Lord's Resistance Army (Uganda)
MCH	Mother and Child Health Centres
MDGs	Millennium Development Goals
MDTF	Multi-Donor Trust Fund
MONUC	United Nations Military Observer Mission in the Congo
MSF-B	Médecins sans Frontières-Belgium
MSF-H	Médecins sans Frontières-Holland
NATO	North Atlantic Treaty Organisation
NDF	National Development Frame Work (of Afghanistan)
NGO	Non-Governmental Organisation
NLG	Netherlands Guilder
NOVIB	Netherlands Organisation for International Development Cooperation (renamed Oxfam-Novib in 2006)
NSP	National Solidarity Programme (Afghanistan)
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OECD/DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee

OLS	Operation Lifeline Sudan
ONUB	United Nations Operation in Burundi
OXFAM	Oxford Committee on Famine Relief (NGO)
PALIPEHUTU	
-FNL	Front National de Libération (Burundi)
PRT	Provincial Reconstruction Team (Afghanistan)
RANA	Reception of Afghan Nationals to Afghanistan
SACB	Somalia Aid Co-ordination Body
SAEU	Southern Africa Extension Unit (Tanzanian NGO)
SCA	Swedish Committee for Afghanistan
SC-UK	Save the Children-UK
Sida	Swedish International Development Cooperation Agency
SPLA/M	Sudan People's Liberation Army/Movement
SMART	Specific, Measurable, Acceptable, Realistic and Time-related
SoS	Somaliland Shilling
SRRA/C	Sudan Relief and Rehabilitation Association/Commission
SS	Somali Shilling
SV	Stichting Vluchteling (international NGO based in the Netherlands)
TMF	Fund for Theme-based Co-financing
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAMA	United Nations Assistance Mission to Afghanistan
UNDAC	Disaster Assessment and Coordination Unit (OCHA)
UNDP	United Nations Development Programme
UNDRO	United Nations Disaster Relief Organisation
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNITAF	United Nations Task Force (Somalia, December 1992 - March 1995)
UNMAS	United Nations Mine Action Services
UNOPS	United Nations Office for Project Services
UNOSOM	United Nations Operation in Somalia
UNPROFOR	United Nations Coordinator for Security
UNRWA	United Nations Relief Works Agency
UNSECOORD	United Nations Security Coordinator Office



US\$	US dollar
USA	United States of America
USAID	United States Agency for International Development
USAR	Urban Search and Rescue
UXO	Unexploded Ordnance
WFP	World Food Programme (UN)
WHO	World Health Organisation (UN)
WSPI	WSP International (formerly War-torn Societies Project International)
ZOA	Zuid Oost Azië Vluchtelingen zorg (international NGO based in the Netherlands)



## Annex 5 Glossary

This glossary also includes a large number of definitions provided in the Glossary of Humanitarian Terms in relation to the Protection of Civilians in Armed Conflict (OCHA, 2003). It should be noted that the definitions provided do not necessarily reflect the position of the United Nations or its Member States.

**Armed group:** An armed non-state actor engaged in conflict and distinct from a governmental force, whose structure may range from that of a militia to rebel bandits.

**Blanket feeding:** This consists of the provision of food to a specific category within a certain population, for instance, children under five and nursing and lactating mothers.

**Child soldier:** For the purposes of prevention, disarmament, demobilization and reintegration programmes, a child soldier is any person under 18 years of age who is compulsorily, forcibly, or voluntarily recruited or used in hostilities by any kind of armed forces or groups in any capacity, including but not limited to soldiers, cooks, porters, messengers, and those accompanying such groups. It includes girls recruited for sexual purposes and forced marriage. It does not, therefore, refer exclusively to a child who is carrying or has carried arms.

**Civil Military Cooperation (CIMIC):** The central objective of CIMIC is to ‘enhance the success of peacekeeping operations’. The Dutch CIMIC strategy contains three elements. The first is to create a stable situation (force protection). The second is to enhance the acceptance of the peacekeeping forces among the population (force acceptance through winning the ‘hearts and minds’ of the population) by providing a concrete, but limited contribution to rehabilitation and (re)construction. The third and final element is to signal to the international community that peace operations create conditions for reconstruction. The central approach is ‘as civilian as possible, as military as necessary’.

**Civilian populations:** Groups of unarmed people, including women, children, the sick and elderly, refugees and internally displaced persons, who are not directly engaged in the armed conflict.

**Code of conduct:** A common set of principles or standards that a group of agencies or organizations have agreed to abide by while providing assistance in response to complex emergencies or natural disasters. For example, the Principles of Conduct for the International Red Cross and Red Crescent Movement and non-governmental organisations in Disaster Response Programmes, and the IASC Core Principles of a Code of Conduct for Protection from Sexual Abuse and Exploitation.

**Complex emergency:** A multifaceted humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority resulting from internal or external conflict and which requires a multi-sectoral, international response that goes beyond the mandate or capacity of any single agency and/or the ongoing UN country programme. Such emergencies have, in particular, a devastating effect on children and women, and call for a complex range of responses. Complex emergencies may have a protracted nature.

**Conciliation:** A process or method of helping the parties to a conflict to reach agreement.

**Conflict prevention:** Measures to avert violent conflict and put in place the means to resolve future disputes non-violently. Strategies for prevention fall into two categories: operational prevention, which refers to measures applicable in the face of immediate crisis, and structural prevention, which consists of longer term measures to ensure that crises do not arise in the first place or, if they do, that they do not recur. These activities are generally conducted under Chapter VI of the UN Charter, and include preventative deployments of forces, fact-finding missions, consultations, warnings, inspections and monitoring.

**Development assistance:** aims at the creation of new opportunities to improve the future situation for communities or for society as a whole.

**DDR(R):** Programmes to disarm, demobilize and reintegrate ex-combatants in a peacekeeping context as part of a peace process, which usually include the following components: *Disarmament:* The collection, control and disposal of small arms, ammunition, explosives and light and heavy weapons of combatants and often

also of the civilian population. It includes the development of responsible arms management programmes. *Demobilization*: The process by which armed forces (government and/or opposition or factional forces) either downsize or completely disband, as part of a broader transformation from war to peace. Typically, demobilization involves the assembly, quartering, disarmament, administration and discharge of former combatants, who may receive some form of compensation and other assistance to encourage their transition to civilian life. *Reintegration*: Assistance measures provided to former combatants that would increase the potential for their and their families', economic and social reintegration into civil society. Reintegration programmes could include cash assistance or compensation in kind, as well as vocational training and income-generating activities. DDR(R) also includes: *Resettlement*: The settlement of ex-combatants in locations within their country of origin or to a third country. *Repatriation*: The return of ex-combatants to their country of origin. *Rehabilitation*: The treatment through psychosocial counselling and other programs of ex-combatants, most typically ex-child soldiers, who have been traumatized by war to assist them in resuming a more normal life.

**Displacement**: Forcible or voluntary uprooting of persons from their homes by violent conflicts, gross violations of human rights and other traumatic events, or threats thereof. Persons who remain within the borders of their own country are known as internally displaced persons. Persons who are forced to flee outside the borders of their state of nationality or residence for reasons based on a well-founded fear of persecution on the grounds identified in the 1951 Refugee Convention or to flee conflict in the case of States Parties to the 1969 OAU Convention or 1984 Cartagena Declaration on Refugees are known as refugees.

**Do-no-harm**: The supply of free food can destroy local food production systems, material aid can be sold to fund conflict and it is argued that the over-provision of aid can reduce the incentive to create livelihoods. Recognising the damage that aid can do, donors and implementers try to foresee and to avoid negative impacts.

**Gender-based violence**: Violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, or other deprivations of liberty. While women, men, boys and girls can be victims of gender-based violence, because of their subordinate status, women and girls are the primary victims.

**General feeding**: This consists of the provision of food to an entire population.

**Grey area:** The activities that are carried out following the meeting of immediate needs in an emergency are in the grey area. They are associated with rehabilitation, reconstruction and the transition to development. They may be very similar to those carried out in developmental programmes. The term 'grey' indicates their ambivalence. Discourse involving the grey area led to the concept of humanitarian aid plus.

**Host communities:** Communities that host large populations of refugees or internally displaced persons, typically in camps or integrated into households directly.

**Humanitarian access:** Where protection is not available from national authorities or controlling non-state actors, vulnerable populations have a right to receive international protection and assistance from an impartial humanitarian relief operation. Such action is subject to the consent of the State or parties concerned and does not prescribe coercive measures in the event of refusal, however unwarranted. Humanitarian access is the ability to contact, aid and protect people in need. This may be restricted by insecurity, episodes of violent conflict, a lack of a suitable mode of transport, distance, the 'invisibility' of the people in need and a lack of cooperation, for whatever reason, from *de facto* powers. Factors such as gender, health, age, knowledge and prejudice may be involved. Access is a two-way process: access by the needy and access by the agency.

**Humanitarian action:** Activities based on humanitarian principles such as those in the Code of Conduct for the International Red Cross and Red Crescent Movement and Non Governmental Organisations in Disaster Relief. The prime motivation for humanitarian action is the alleviation of human suffering, which must be delivered on the basis of need alone and in accord with the humanitarian principles of humanity, impartiality, neutrality and independence. There is currently a debate about the links between humanitarian action and political objectives.

**Humanitarian aid plus:** The concept developed in the 1990s with the realisation that the satisfaction of beneficiaries' basic needs alone was not sufficient to secure a durable beneficial outcome from an emergency. It seeks to support progress to more developmental activities and may in itself be developmental. It may also link to political ends such as the promotion of peace and good governance. It is particularly relevant to the connectedness of humanitarian activities.

**Humanitarian assistance/aid:** Aid that seeks, to save lives and alleviate suffering of a crisis-affected population. Humanitarian assistance must be provided in accordance with the basic humanitarian principles of humanity, impartiality and neutrality, as stated in General Assembly Resolution 46/182. In addition, the UN seeks to provide humanitarian assistance with full respect for the sovereignty of States. Assistance may be divided into three categories (direct assistance, indirect assistance and infrastructure support) which have diminishing degrees of contact with the affected population. The time perspective of humanitarian assistance is the here and now, and the criterion for measuring success is relief from life-threatening misery for all exposed.

**Humanitarian Information Centre (HIC):** A semi-permanent facility established by OCHA in cooperation with other agencies and NGOs during a complex emergency that serves as an information and data resource and provides infrastructure and professional services to humanitarian organizations as they implement relief and rehabilitation projects.

**Humanitarian intervention:** While there is no agreed upon international definition of ‘humanitarian intervention’ yet, it is a doctrine generally understood to mean coercive action by States involving the use of armed force in another State without the consent of its government, with or without authorization from the UN Security Council, for the purpose of preventing or putting to a halt gross and massive violations of human rights or international humanitarian law. The UN’s operations in Northern Iraq and Somalia, and NATO’s operation in Kosovo have all been termed humanitarian intervention.

**Humanitarian operations:** Operations conducted to relieve human suffering, especially in circumstances where responsible authorities in the area are unable or unwilling to provide adequate service support to civilian populations.

**Humanitarian operating environment:** A key element for humanitarian agencies and organizations when they deploy, consists of establishing and maintaining a conducive humanitarian operating environment, sometimes referred to as ‘humanitarian space’. The perception of adherence to the key operating principles of neutrality and impartiality in humanitarian operations represents the critical means by which the prime objective of ensuring that suffering must be met wherever it is found, can be achieved. Consequently, maintaining a clear distinction between the role and function of humanitarian actors from that of the military is the determining factor in creating an operating environment in which

humanitarian organisations can discharge their responsibilities both effectively and safely. Sustained humanitarian access to the affected population is ensured when the receipt of humanitarian assistance is not conditional upon the allegiance to or support to parties involved in a conflict but is a right independent of military and political action.

**Humanitarian principles:** As per UN General Assembly Resolution 46/182 (19 December 1991), humanitarian assistance must be provided in accordance with the principles of humanity, neutrality and impartiality. Adherence to these principles reflects a measure of accountability of the humanitarian community.

**Humanity:** Human suffering must be addressed wherever it is found, with particular attention to the most vulnerable in the population, such as children, women and the elderly. The dignity and rights of all victims must be respected and protected. **Neutrality:** Humanitarian assistance must be provided without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature. **Impartiality:** Humanitarian assistance must be provided without discriminating as to ethnic origin, gender, nationality, political opinions, race or religion. Relief of the suffering must be guided solely by needs and priority must be given to the most urgent cases of distress.

**Internally Displaced Persons (IDPs):** Persons or groups of persons who have been forced or obliged to leave their homes or habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. A series of 30 non-binding ‘Guiding Principles on Internal Displacement’ (the so-called ‘Deng Principles’) based on refugee law, human rights law and international humanitarian law articulate standards for protection, assistance and solutions for internally displaced persons.

**Mandate:** The legal framework that defines the responsibilities of UN Agencies, peacekeeping operations and other international organisations such as the International Committee of the Red Cross.

**Military and Civil Defence Assets (MCDA):** As defined in the 1994 ‘Oslo Guidelines’, ‘comprises relief personnel, equipment, supplies and services provided by foreign military and civil defence organizations for international humanitarian assistance. Furthermore, civil defence organization means any organization that,



under the control of a government, performs the functions enumerated in Article 61, paragraph (1), of Additional Protocol I to the Geneva Conventions of 1949’.

**Mine action:** Activities associated with the removal and making safe of landmines and of unexploded ordnance of different types and the development of awareness of the risks associated with mines and ordnance.

**Nation-building:** the creation of an effective citizenry, meaning that people will identify themselves first and foremost as citizens of the country at issue rather than as belonging to ethnicities, regions, clans or political parties. In development terminology, this is described as ‘ownership’ of the country. Nation-building is decisive for the legitimacy and, consequently, the long-term sustainability of the regime and its development model. On the one hand, successful nation-building depends on the effectiveness of civic education, national symbols such as a flag, or the impact of state-controlled media. On the other hand, it depends on the citizens’ participation in democratic processes and their experience of state-derived benefits, such as development and security.

**Non-international armed conflict:** A conflict in which government forces are fighting with armed insurgents, or armed groups are fighting amongst themselves.

**Non-refoulement:** A core principle of International Refugee Law that prohibits States from returning refugees in any manner whatsoever to countries or territories in which their lives or freedom may be threatened. This principle is a part of customary international law and is therefore binding on all States, whether or not they are parties to the 1951 Refugee Convention.

**Peace:** Peace is a condition that exists in the relations between groups, classes or states when there is an absence of violence (direct or indirect) or the threat of violence.

**Peace-building:** Peace-building activities are aimed at preventing the outbreak, recurrence or continuation of armed conflict and therefore may involve political, developmental, humanitarian and human rights programmes and mechanisms.

**Peacekeeping operation:** UN field operations that often consist of several components, including a military component, which may or may not be armed, and various civilian components encompassing a broad range of disciplines. Depending

on their mandate, peacekeeping missions may be required to: deploy to prevent the outbreak of conflict or the spill-over of conflict across borders; stabilize conflict situations after a ceasefire to create an environment for the parties to reach a lasting peace agreement; assist in implementing comprehensive peace agreements; lead states or territories through a transition to stable government based on democratic principles, good governance and economic development.

**Peace-making:** The use of diplomatic means to persuade parties in conflict to cease hostilities and to negotiate a peaceful settlement of their dispute, essentially through means as those foreseen in Chapter VI of the Charter of the United Nations. The UN can usually play a role only if the parties to the dispute agree to it. Peace-making excludes the use of force against one of the parties to enforce an end to hostilities. The latter is referred to as ‘peace enforcement’.

**Post-conflict transition:** The period immediately following the termination of conflict during which humanitarian needs must still be met and disarmament, demobilization, reintegration and rehabilitation and rebuilding infrastructure are at an early stage.

**Protection:** A concept that encompasses all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of human rights, refugee and international humanitarian law. Protection involves creating an environment conducive to respect for human beings, preventing and/or alleviating the immediate effects of a specific pattern of abuse, and restoring dignified conditions of life through reparation, restitution and rehabilitation. Protection of humanitarian agencies/workers is defined as security.

**Refugee:** A person, who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, or for reasons owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge outside his country of origin or nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of his country of origin or nationality.

**Refugee camp:** A plot of land temporarily made available to host refugees fleeing from an armed conflict in temporary homes. UN Agencies, particularly UNHCR, and other humanitarian organizations provide essential services in refugee camps

including food, sanitation, health, medicine and education. The camps are ideally located at least 50 km away from the nearest international border to deter camp raids and other attacks on their civilian occupants.

**Rehabilitation assistance:** broad types of assistance that are provided in order to (re)create a sustainable livelihood for the communities concerned or for society at large. **Reconstruction** commonly denotes tangible reconstruction of physical infrastructure. Rehabilitation will often include reconstruction, but reconstruction is only one of a range of activities that rehabilitation subsumes. The time perspective for successful rehabilitation is that results should be achieved within a short span of time: at most a couple of years.

**Reproductive health:** In complex emergencies there has been increasing emphasis over the last decade on: safe motherhood, family planning, sexually transmitted infections, HIV/AIDS and gender-related violence. Reproductive health is an issue of both human rights and public health.

**Resident Coordinator (RC) and Humanitarian Coordinator (HC):** The Resident Coordinator is the head of the UN Country Team. In a complex emergency, the RC or another competent UN official may be designated as the Humanitarian Coordinator (HC). In large-scale complex emergencies, a separate HC is often appointed. If the emergency affects more than one country, a Regional HC may be appointed. The decision whether to and who to appoint as HC is made by the Emergency Relief Coordinator, in consultation with the Inter-Agency Standing Committee. In countries where large multi-disciplinary UN field operations are in place the Secretary-General might appoint a Special Representative (SRSG).

**Returnee:** A former refugee who has returned to his or her country of origin or nationality.

**Security:** The report uses two meanings that are clear from the contexts: first, the safety of individual humanitarian personnel/agencies, and second the general issue of safety and accessibility in various levels of violent conflict. Agencies withdraw humanitarian personnel if insecurity increases. OCHA advises on security and produces Security and Access maps.

**State-building:** denotes interventions aimed at constructing a democratic state exercising legitimate and effective authority throughout its territory. Such a state will have a monopoly on the legitimate use of armed force (the police or military

will be stronger than criminals or insurgents) and the ability to raise necessary revenue. Decision-making is based on the rule of law, assuming the existence of a democratic legislative, a judicial system, which applies national and international law (including human rights), and an accountable executive (requiring a certain minimum of transparency and communication with the citizens).

**State sovereignty:** A concept that signifies the legal identity of states in international law and provides order, stability and predictability in international relations since sovereign states are regarded as equal, regardless of comparative size or wealth. Sovereignty is not a grant to states of unlimited power to do all that is not expressly forbidden by international law; rather, it entails the totality of international rights and duties recognized by international law. The principle of sovereign equality of states is enshrined in Article 2.1 of the UN Charter.

**Therapeutic feeding:** Special foods for severely malnourished people, particularly children under five years of age. Severely malnourished people, especially young children, need therapeutic food and intensive medical care. Initially, they have to be fed 6-8 times per 24 hours.

**Vulnerability:** The product of circumstances that put people at risk: a reflection of their personal and/or communal insecurity. Vulnerability is determined by, for example, poverty and being forced to live in hazardous locations. The levels of vulnerability vary in time and space, with specific vulnerabilities relating to food, water, habitat, gender and age.

# EVALUATIE-STUDIES UITGEBRACHT DOOR DE INSPECTIE

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