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Evaluation of Sida's Humanitarian Assistance

Case Study Report the Democratic Republic of Congo

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Sida

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The views and interpretations expressed in this report are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

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Foreword

In the *UTV Working Paper Series*, Sida publishes background material and annexes to Sida Evaluations and Sida Studies in Evaluation, and other forms of working material which we believe to be of interest for a wider audience. This working paper includes the case study on the Democratic Republic of Congo prepared as part of the evaluation of Sida's humanitarian assistance (Sida Evaluation 2010:4). For information on other publications prepared as part of the evaluation of Sida's humanitarian assistance please visit www.sida.se/publications



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Abbreviations

CERF	Central Emergency Response Fund	CPIA	Inter-Agency Standing Committee
DFID	the UK Department for International Development	DI	Development Initiatives
DRC	Democratic Republic of Congo	DRI	Disaster Risk Index
DRR	Disaster Risk Reduction	ECHO	European Community Humanitarian Aid Office
FARDC	Forces Armées de la République Démocratique du Congo	FDLR	Democratic Liberation Forces of Rwanda
FED	Fonds Européen de Développement	FTS	Financial Tracking Service
GBV	Gender-based violence	GENCAP	Gender Standby Capacity Project
GHD	Good Humanitarian Donorship	HAG	Humanitarian advocacy group
HAP	Humanitarian Action Plan	HC	Humanitarian Coordinator
ICRC	International Committee of the Red Cross	IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent Societies	IHL	International Humanitarian Law
IRC	International Rescue Committee	ISDR	International Strategy for Disaster Reduction
ISSSS	International Security and Stabilization Support Strategy	LRA	Lord's Resistance Army
M&E	Monitoring and evaluation	MFA	Ministry for Foreign Affairs
MONUSCO	UN organisation stabilisation mission in the DRC	MSB	Swedish Civil Contingencies Agency
MSA	Multi-sector assessment	MSF	Médécins Sans Frontières
NFI	Non-food items	NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council	OCHA	Office for the Coordination of Humanitarian Affairs
PEAR+	Programme of Expanded Assistance to Returnees	RRMP	Rapid Response to Movements of Population
SEK	Swedish Kronor	Sida	Swedish International Development Cooperation Agency
SRFF	Stabilization and Recovery Funding Facility	STAREC	Stabilization and Reconstruction Plan for War-Affected Areas
UN	United Nations	UNDP	United Nations Development Programme
UNDSS	United Nations Departments of Safety and Security	UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund	WASH	Water, Sanitation and Hygiene
WFP	World Food Programmes		

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Executive Summary

This case study forms an integral part of the overall Evaluation of Sida's Humanitarian Assistance from 2005–2010. It focuses primarily on Sida's funding, advocacy and policy work in the Democratic Republic of Congo (DRC), analysing how this work is contributing towards meeting the 8 sub-goals of Sida's Humanitarian Strategy, and attempting to learn lessons from this work to inform Sida's future humanitarian programming

The evaluation is not intended as an assessment of the performance of specific funding instruments in DRC¹. It is instead an assessment of whether the various funding instruments employed by Sida in DRC are helping Sida achieve the goals of its own humanitarian strategy.

The case study also evaluates Sida's organisational structure, its policy promotion and its accountability arrangements in DRC, and their impact on the effective implementation of the humanitarian strategy.

The final task of the case study was to ask beneficiaries and the operational humanitarian community in DRC to describe the "*elements of effective humanitarian assistance*" – elements that, now collated, will help support the development of Sida's next five-year humanitarian strategy.

A significant commitment to the "world's worst humanitarian crisis"

Overall, Sida is an active, engaged and interested donor at field level in DRC, offering support to partners when required, and conducting regular partner outreach, including frequent field project visits. At the time of the case study, Sida was DRC's fourth largest humanitarian donor; with SEK 221.47 million of humanitarian funding (at 1 February 2010) channelled mainly through bilateral funding arrangements (65 %), many of which are multi-annual, together with funding through the DRC Pooled Fund (28 %) and direct contributions to the Rapid Response to Movements of Populations (RRMP) programme (7 %).

In DRC, achievement of the sub-goals depends on the funding channel

Sida's bilateral funding arrangements, especially its multi-annual framework agreements, are much appreciated by partners and have led to the strategic, timely, appropriate and effective delivery of humanitarian action. However, there is still room for some minor adjustments of these instruments. The Pooled Fund, a product of the humanitarian system, reflects many of the defaults of that system, and will need increased attention from Sida – as a member of its Board – if this instrument is to deliver as effectively as Sida's bilateral funding on the sub-goals of its humanitarian strategy. The RRMP programme continues to deliver an innovative, needs-focused emergency response programme. It could however benefit from additional donor support to link its successful rapid response programme to follow-on recovery and mitigation efforts.

Good Humanitarian Donorship largely delivered, but the Pooled Fund needs more attention

Sida's multi-annual framework agreements in DRC create funding security and operational flexibility and thus permit partners to develop longer-term programmatic approaches. This has meant that they are a useful instrument for Sida to deliver on the Good Humanitarian Donorship (GHD) principles. When UN agencies pass this funding on to NGO implementers, though, they tend to do so through traditional short-term project grants. This type of funding tends not to be timely or flexible and does not promote longer-term vision.

Sida has been a very timely donor to the Pooled Fund, paying its 2010 contribution of SEK 70 million in February. The Rapid Response Reserve of the Pooled Fund provides timely funding to rapid onset

¹ An independent evaluation of the Pooled Fund, for example, is planned for late 2010.

and seasonal projects, for example in response to the 2009 crises in North Kivu and in the Haut and Bas Uélé. However, the Standard Procedure window has been much slower in 2010, with 12 % of funding allocated in January not disbursed as of mid-August (compared with an average disbursement rate of 74 days in 2009). As a result, Sida's timely funding has not always translated into timely funding to partners. Various factors have contributed to these delays, including a high volume of project submissions, back and forth due to different interpretations of decision-making procedures and unsuitable administrative procedures.

The RRMP mechanism continues to deliver timely, flexible and innovative emergency programming, benefiting from regular multi-partner lessons learnt exercises. It is also a useful instrument for Sida to deliver on this strategic sub-goal.

Recommendations:

- Multi-annual framework agreements have proved to be useful instruments for implementing GHD principles in DRC. Sida should expand the number of multi-annual agreements it has with partners and specify the annual funding amounts that partners can expect to receive under each year of the agreement.
- When UN agencies use Sida's funding for onward grants to NGOs, the funding loses its timeliness, flexibility and predictability. Sida should work to ensure that UN partners with multi-annual framework agreements apply the GHD principles when passing these funds through to partner NGOs. It could do this by making this a requirement in its multi-annual funding agreements.
- Sida could support the dissemination of OCHA DRC's planned training module on the Pooled Fund decision-making process. This would help clarify the process and thus shorten the time taken to approve projects.
- To improve the operation of Common Humanitarian Funds and reduce the administrative burden that UNDP places on NGOs, Sweden should use its membership of UNDP's Executive Board to push for a simplification and speeding up of its administrative and disbursement procedures.

Responding to needs, yes, but how are those needs being prioritised?

Given the extensive needs in DRC, the programming Sida supports is responding to real humanitarian needs. However, no donor is able to target all the humanitarian needs in DRC, or even all the priority humanitarian needs. Hence, Sida needs to demonstrate that its funding envelope for DRC is sufficient given the severity of need in the country, and to demonstrate that its funding envelope is disbursed to different partners and programmes across DRC based on objective prioritisation criteria. However, how Sida ensures that its funding is focused on priority needs is not clear from its current DRC strategy.

Instead, Sida's bilateral un-earmarked funding arrangements often leave the targeting of priority needs to partners. While commendable, Sida needs to do more to ensure that this sub-goal is implemented, for example by understanding and monitoring the methods that its partners use to prioritise and address needs. Another option to consider is 'multiple entry programming', whereby Sida selects a set of themes on which to focus. This would mean ensuring that all the needs related to that theme (for example Gender Based Violence and/or Disaster Risk Reduction) are addressed in all programmes benefitting from Sida funding, that the theme is further supported by Sida's advocacy and policy work, and it becomes the focus of Sida's lessons learning. This approach would also facilitate the prioritisation and monitoring of need, and simplify the determination of the impact of Sida's programming.

The Pooled Fund's decision-making is participative at all levels and humanitarian agencies are involved in the detailed needs prioritisation exercises that are undertaken in some provinces. However, the resulting provincial strategies are of variable quality and also limited to 'known needs' in areas where humanitarian actors already have a presence. This means that they are not always useful for Pooled

Fund allocations and, as a result, respondents to a Pooled Fund stakeholder survey generally felt that the allocation process is not impartial and that funding between clusters in a province is not in accordance with provincial strategies. Another factor contributing to this view is the misinterpretation and misunderstanding of the national cluster lead role described in the Pooled Fund guidelines (noted in the 2009 Pooled Fund Report²). The Pooled Fund Unit is working to address the concerns through improved communications.

The RRMP programme has developed the Multi-Sector Assessment (MSA) tool, which scores every crisis situation against a set of commonly agreed indicators, leading to a total vulnerability score. Every emergency that exceeds the vulnerability score threshold triggers an RRMP response, thus demonstrating a clear relationship between prioritised needs and response. The MSA results are accessible online and are often used by the wider humanitarian community to prioritise other interventions, including Pooled Fund projects.

Recommendations:

- At global level, Sida needs to develop or adopt a severity of crisis model to guide the determination of geographical funding envelopes, so as to ensure that its funding for each emergency is truly in proportion to the severity of needs.
- To ensure that Sida obtains maximum impact from its investment in humanitarian action in DRC, it could be useful to focus on a specific thematic set of needs (e.g., GBV) and support funding by promoting policy development on the theme and focusing its advocacy on issues related to the theme. This would provide multiple entry points on the issue, and thus real value added for Sida beyond its primary role as donor.
- Sida should continue to support the imminent adoption of cluster guidelines that aim to define the standards and criteria for Pooled Fund project selection.
- Sida could use the MSA assessments conducted by the RRMP programme to reinforce its programming decision making, ensuring that it is really targeting the areas of highest need.

Sida has an opportunity to strengthen coordination

DRC was a pilot country for implementing GHD at field level so it has a relatively active GHD group. However, this is not yet used to share funding information, discuss partner performance or establish a division of labour on jointly-funded projects.

Sida is OCHA's third largest donor, but beyond funding, it is not actively involved in operational coordination in DRC, despite some pressing issues in this area. The case study identified a number of issues that Sida could aim to address through its advocacy work (see recommendations).

A recent evaluation of the Pooled Fund found contrasting views on its impact on cluster coordination. One challenge is that discussions about Pooled Fund allocations probably take up more time in cluster meetings than they should because organisations do not always read the guidelines or misinterpret them. The humanitarian system's difficulty with separating the identification of needs from the development of activities to meet those needs has also meant that cluster coordinators have sometimes played more of a 'donor', project selection role than the Humanitarian Coordinator and Pooled Fund management intended.

The RRMP is a model of effective coordination but operates outside the cluster system. The programme's attempts to ensure a hand over to cluster partners after the immediate emergency response

² United Nations Humanitarian Coordinator, March 2010: *DRC Pooled Fund Annual Report 2009* Available from: http://www.rdc-humanitaire.net/rdchbis/IMG/pdf/annual_report_2009_full_document.pdf

have not been easy due to funding constraints for other cluster members. RRMP is also an example of the ‘provider of last resort’ function of clusters in action.

Recommendations:

- The NGO role as co-lead of clusters and participation in CPIAs is good practice, but it does come with a cost for NGOs. Sida, together with other donors, needs to be prepared to fund these costs.
- In DRC, Sida could decide to promote more effective coordination by advocating for better linkages between provincial and national clusters, promoting the establishment of a shelter cluster, working to promote the future transition of coordination from clusters to local authorities, and promoting linkages between humanitarian and development coordination mechanisms.
- To address concerns that Pooled Fund decision making processes take up more time than they should and thus divert clusters from focusing on substantive issues, Sida should encourage the Pooled Fund to clarify and communicate processes, promote stronger and more strategic donor guidance for the Pooled Fund, and advocate for strengthening the ability of clusters to prioritise needs, not projects.
- To ensure that RRMP contributes to cluster coordination and does not operate as a parallel system, UNICEF and RRMP partners should establish systematic links with clusters in the provinces where RRMP operates.
- Sida should consider promoting the use of RRMP-like mechanisms in other emergency situations to support the cluster ‘provider of last resort’ role.
- Sida should promote and take advantage of opportunities for more sharing of funding information between donors, joint field missions and the sharing of mission reports and observations on programme performance.

Capacity building is mainstreamed – but this remains a major challenge in DRC

Sida’s provision of programmatic and longer-term funding to its bilateral partners allows them to work in the most appropriate way to support local capacity – whether through strengthening the coping capacities of at-risk communities, developing the organisational and technical skills of local organisations and/or strengthening and rebuilding state institutions and systems. However, without a viable state to hand over to, capacity building by humanitarians remains unable to reach its logical conclusion.

Unlike Sida, the Pooled Fund is able to finance local NGOs and, in 2010 particularly, it has provided significant funding to local organisations. The Joint Pooled Fund Unit has attempted to provide support and guidance through its capacity assessments, field missions, quarterly meetings and partner reviews. However, the reality is that capacity building is not within the scope of the Pooled Fund and some donors do not want this to change. So, the Fund can only provide short-term funding and the Joint Pooled Fund Unit is not resourced (or specifically mandated) to strengthen local NGO capacity. Therefore, its efforts need to be complemented by medium to long-term development funding.

The RRMP programme has mainstreamed capacity building in an organic way, evolving into a system that could support emergency response in DRC in future years. It bases its alert network on a system grounded in local organisations and groups who receive regular training on technical skills and humanitarian mandates. It determines vulnerability criteria in conjunction with local authorities, who then pre-select eligible beneficiaries. It also has a highly experienced professional core of Congolese staff, who now have the appropriate technical and managerial skills to run its emergency operations. Finally, RRMP aims to support the local economy by running NFI fairs, where beneficiaries ‘purchase’ the goods they need from local merchants with RRMP vouchers.

- Sida should continue, and increase where possible, funding through multi-annual framework agreements, which are the most appropriate tool for supporting partners to strengthen local capacity.

- Sida should emphasise its focus on local capacity building in its partner agreements (in whichever form is the most appropriate). This will support multilateral/NGO partners in their drive to pass on this type of approach to any reluctant implementing partners.
- Sida should encourage UNDP to take on the role of strengthening the capacity of local NGOs receiving Pooled Fund grants. If this fails, Sida should work with like-minded donors to identify another partner that could undertake this important work.

Global and regional funding have not reduced disaster risk in DRC

Since Sida focuses its humanitarian funding for disaster preparedness and risk reduction at the global and regional levels, unsurprisingly, the evaluation team did not find examples of disaster risk reduction programming in Sida's DRC portfolio. This is a missed opportunity since the DRC is at high risk of natural disasters.

Recommendation:

- Sida's strategy of focusing on DRR at global and regional levels has not yet had any impact on reducing disaster risk for vulnerable communities in DRC. Selecting DRR as one of Sida's priority thematic areas, and thereby ensuring that elements of DRR, especially disaster preparedness, are mainstreamed throughout all of Sida's funding decisions, is one way to make future progress on this sub-goal in DRC.

Some useful experience in linking humanitarian action to recovery, but challenges remain

Multi-annual framework agreements have allowed Sida's humanitarian partners to think beyond short-term interventions, encouraging the inclusion of recovery and even developmental elements in their programming. Innovative funding arrangements within Sida, where funding is passed from the humanitarian pot to the development budget, have been a positive outcome of the new Country Team mechanism, and this has resulted in good practice examples in DRC, including the example of the handover of MSF's health programme in Ituri, and other field examples, including UNICEF connecting RRMP with its PEAR+ recovery programme and IRC completing its Sida-funded humanitarian work with Sida-funded development inputs.

However, recovery remains a major challenge in DRC, mostly on the policy and advocacy front. For example, humanitarian actors need support to resist political pressure related to the ISSSS stabilisation agenda, and Sida should step up advocacy to increase coordination and communication between humanitarian and development donors and actors. So far, the humanitarian community has had very limited involvement in stabilisation strategy development, despite its long experience in the field, and its current position as the major player in the provision of basic services, especially in the east of the country. Sida could help promote coherence in this area.

Proper funding to support sustainable return and recovery programming needs to be long-term and generous. The Pooled Fund is not able to provide this type of funding at present, and this complicates the linking of its funding with recovery. In an attempt to counter this, the Pooled Fund made a special recovery allocation in 2009, including SEK 30 million of Sida funding. Pooled Fund donors also differ substantially in their ambitions for the role of the Pooled Fund in recovery – with donors holding different opinions about whether the Pooled Fund should concentrate solely on life-saving interventions or also address chronic and recovery-related issues. It would be useful if donors established a common position on this issue, at both Kinshasa and donor capital level.

As already noted, the RRMP has had difficulty ensuring that its initial emergency interventions are continued, despite lobbying appropriate clusters. This is mainly due to the lack of funding, either to extend the RRMP's mandate or to ensure another mechanism can systematically take over its work.

Recommendations:

- Sida's linking of humanitarian and development funding in DRC is an example of good practice that it should replicate systematically. When using development funding to continue projects financed by other humanitarian donors, Sida should discuss partner performance with the other donors.
- Avoiding overlap and ensuring that development programmes build on the work already done by humanitarians is critical at this juncture in DRC's history. Sida should advocate for the transparency of development funding and promote linkages and mutual learning between humanitarians and development actors.
- Humanitarian work should not be subjected to political pressures that may come from the conflicting objectives of stabilisation programming. Sida has a role to play in ensuring that its partners are not subject to these types of pressures.
- An obvious recovery gap is the support of more durable solutions for returnee populations initially assisted by RRMP. Sida could review the possibility of either providing funding to organisations to support the recovery of these populations, or advocating for others to do so.

Field studies are cost-effective and useful – and there should be more of them

Sida's multi-annual funding agreements provide the space for partners to undertake field-level studies to inform current and future programming decisions, and thus to implement programmatic changes that could improve overall humanitarian impact. While some of Sida's partners do take up the opportunity to conduct this type of research, it is not a requirement under Sida's funding agreements. It would be useful if Sida mainstreamed field research provisions into its grants and supported partners to share the results (where appropriate) with other members of the humanitarian and research communities.

Otherwise, innovations at field level are not often researched or documented and good practices are often lost. There is also little evidence that global-level research programmes have had any impact on field-level programming in DRC. Discussions revealed that only research on technical subjects (as opposed to research designed to improve the overall humanitarian system) is from time to time disseminated to field colleagues.

While Pooled Fund applicants tend to use the MSA to identify humanitarian needs for individual projects, interviewees felt that it would be useful to have comparative analyses between provinces and emergency areas to support an objective determination of severity of crisis in different areas.

Recommendations:

- Field level research has major benefits in promoting better operational decision making and guiding longer term planning. Sida's multi-annual framework agreements allow for field research, but Sida could do more to ensure that its partners systematically undertake research exercises and share results where appropriate and beneficial.
- Sida should reflect on how to ensure that global level research is properly disseminated to the field and is useful and relevant for field operations. It could do this by ensuring that at least some of the research is related to Sida's thematic areas, allowing Sida to ensure that the research picks up on real field issues and that the results and recommendations are properly disseminated at field level.
- Pooled Fund decision making on funding envelopes would benefit from objective research, especially comparative studies to determine the severity of crisis between provinces. Sida should use its place on the Pooled Fund Board to advocate for this research.

Some limited efforts to disseminate humanitarian principles

Sida-funded organisations do train the Congolese army on International Humanitarian Law but it is difficult to determine the impact of these programmes given the high level of continuing violations.

Recommendation:

- Donors should request an evaluation of the impact of IHL training with the FARDC so that lessons learnt from this exercise are incorporated into any future training programmes.

The structure, roles and responsibilities of the different parts of Team Sweden are unclear

Reporting relationships, information sharing relationships and monitoring arrangements between Stockholm and Kinshasa members of Team Sweden fail to adequately exploit the synergies that could be achieved from Sida's presence in the field. This results in sub-optimal information flows, inadequate policy guidance from HQ, and a lack of clarity about the role of Sida staff in relation to the MFA.

Recommendations:

- The current network of relationships between field and HQ staff is sub-optimal. The reliance on informal and ad hoc communication channels can lead to many issues being missed. Sida should formalise its systems for sharing information and lessons learnt, providing policy guidance, promoting advocacy, and monitoring programme results. Making project documentation available online is one simple way of ensuring that field staff have access to the documents that they need for adequate follow up.
- Sida should consider investing in more humanitarian staff in the field, especially in a major complex emergency such as the DRC, where Sida's humanitarian portfolio is larger than its development portfolio.

Advocacy opportunities that could be better exploited

Insufficient humanitarian staffing and the unclear reporting structure within Sida mean that it often misses 'joined up' advocacy opportunities. They also make it difficult for Sweden to match its financial weight with political influence and policy input. For example, Kinshasa-based staff have found it difficult to advocate for issues on the Pooled Fund board when they are unaware of the Stockholm's position on the issues.

This is particularly problematic because, for Sida to ensure that the Pooled Fund helps it to deliver on its humanitarian strategy, it needs to provide more strategic direction, both in Kinshasa and at the global CHF Working Group level (through the MFA). There are two main obstacles to Sida's ability to advocate for improvements to the Pooled Fund. The first is its own lack of strategic focus and the second is the current lack of a coordinated Sida-MFA strategy to advocate for changes.

Recommendations:

- As a neutral partner, Sida could play a stronger role in balancing donor debates at country level. To do this, Sida will need to research and adopt clear and coherent policy positions on issues of concern.
- Multiple entry programming would significantly increase the overall impact of Sida's work and enable Sida to further support and add value to its partners' work by providing clear policy guidance and targeted advocacy on issues of common concern.
- Sida should heed the calls of NGOs to provide strategic direction to the Pooled Fund. The MFA and Sida (both in Stockholm and Kinshasa) need to agree a coordinated approach to improvements to the Pooled Fund, which field staff will need to implement.

Monitoring to determine overall programme impact needs to be re-thought

Sida's current level of staffing in DRC does not allow it to monitor comprehensively across its entire humanitarian portfolio. The ad hoc monitoring that it undertakes is based on appraisals of individual projects or partner programmes against their goals rather than the 8 sub-goals of Sida's strategy. This limits its view of the bigger picture about its humanitarian involvement in DRC.

The Pooled Fund collects output based indicators and data on beneficiaries every six months, data that is then used to formulate its annual report, which includes results by cluster. This is an example of good practice that similar funds could replicate. However, broader accountability for Pooled Fund grants remains a contentious issue because UNDP staff in the Pooled Fund Unit monitor NGO projects closely (which increases transaction costs for the NGOs) but have no mandate to monitor UN agencies even though they may be slow to provide reports. The Pooled Fund Unit has to rely on the internal accountability systems of UN agencies and has no way to verify the accuracy of the figures that the organisations provide. At the request of DFID and the former Humanitarian Coordinator (HC), the Pooled Fund Unit and OCHA are exploring methods to improve the monitoring of Pooled Fund results.

The RRMP programme has developed an online database to report on results in real time, including the possibility to generate comparative tables and graphs. RRMP partners also have staff members who monitor gender and protection standards.

Recommendations:

- In order to be able to report on the results of its overall humanitarian strategy in each emergency and across its global humanitarian portfolio, Sida urgently needs to develop a monitoring system based on the sub-goals. Sida should develop operational guidance, including perhaps a checklist, to support this system and use it for all field visits.
- Sida should consider making principle 7 on accountability to beneficiaries a goal in its revised humanitarian strategy. It could implement this by including the principles of the Humanitarian Accountability Project in all its funding agreements.
- Given that the numbers of Sida staff allocated to humanitarian action in the field is unlikely to increase, and that the travel budget of HQ based staff is likely to remain static at best, Sida may need to look at another method to ensure that it monitors its DRC portfolio appropriately. Options include joint donor monitoring, a clear division of labour between donors on monitoring, attending partner strategic planning sessions rather than visiting the field, holding an annual in-country joint partner consultation workshop, using informal contacts with cluster leads to support monitoring, and promoting a more appropriate (and fully inclusive, i.e. including UN projects) monitoring of the Pooled Fund.
- Sida should support the efforts of the Pooled Fund Unit and OCHA to develop a monitoring system for the Humanitarian Action Plan and Pooled Fund.

‘Elements of effective humanitarian assistance’ are similar to Sida’s existing sub-goals

Team Sweden in Stockholm, members of the humanitarian community in DRC and a group of beneficiaries in North Kivu were asked to describe the ‘*elements of effective humanitarian assistance*’. When the individual responses were mashed up, ten key elements emerged:

1. Strategic partnerships that encompass funding, advocacy, joint research and policy
2. Operational flexibility that supports independence and longer-term vision
3. Experienced partners with demonstrated response capacity
4. Sustainable programming, promoting and reinforcing (not replacing) local capacities
5. Efficient light coordination mechanisms, including donor coordination
6. Appropriate response given the severity of the crisis and the context
7. Quality response by promoting international standards
8. Advocacy for prevention programming in both peace-building and disaster risk reduction
9. Transparency to local authorities and a constructive working environment
10. Strong beneficiary involvement: consultation, feedback, information flows and keeping promises

Section 1: Introduction

Sida has commissioned Development Initiatives (DI) to evaluate its humanitarian assistance from 2005–2010, with a particular focus on 2008–2010 as the period of implementation for its current humanitarian strategy. The results from the evaluation will contribute to the revision of this strategy. Development Initiatives undertook a desk review of relevant literature for this case study followed by a four-person-week field visit in June 2010, including field work in Kinshasa, Goma and Bunia. Annex A lists those interviewed for this case study and Annex D describes the methodology.

1.1 DRC: The world's “worst humanitarian crisis”

The Democratic Republic of Congo (DRC), often described as the world's “worst humanitarian crisis” by the United Nations, remains a country dealing with tremendous violence and the almost-total breakdown of basic services. DRC's 50 years of independence have been marked by a long dictatorship, two deadly regional wars and the near collapse of the state. Although a formal peace process and a fledgling democratic government are now in place, little has changed for the people, who remain exposed to systemic corruption, ongoing conflicts, deadly diseases and high disaster risk. Their limited coping capacities are exacerbated by a collapsed health system and – where they function at all – only rudimentary basic services.

Eastern Congo is notorious for its shocking levels of sexual violence, high levels of population displacement, and cyclical epidemics of infectious diseases. It is an area still at war, despite regional reconciliation efforts, with ongoing fighting between the undisciplined Congolese army (FARDC), and various rebel groups; especially the FDLR, who were implicated in the Rwandan genocide. This fighting takes a huge toll on civilians, prevents the implantation of state institutions, complicates recovery and prevents action to dispel growing ethnic tensions and ongoing land disputes.



IDP camp near Goma

Further north, in Province Orientale, the Lord's Resistance Army (LRA), known originally for abducting children and conducting severely violent acts in Uganda, continue to destroy villages and force high levels of population displacement.

The 2010 Humanitarian Action Plan (UN, 2009) points out that “*in addition to the population displacements, these factors contribute to an increase in human rights violations, to persistent food insecurity, to high rates of mortality/morbidity, and to an unbearable increase in the number of cases of sexual violence. As long as these large displacements continue they will continue to cause increased medical, health and nutritional problems*”.

The rest of the country, more stable from a security point of view, is not much better off in terms of development indicators, after years of crumbling infrastructure, low levels of development programming and successive administrations operating on the unwritten principle of *Article 15* (fend for yourself), leading to widespread corruption. International and national interest in the mineral deposits in

these areas far outweighs interest in the welfare of the local population. As a result, mortality and morbidity indicators in these more stable areas also remain excessively high.

While the government and international community continue to talk about “stability” planning for DRC (including launching the Stabilization and Reconstruction Plan for War-Affected Areas (STAREC)), and the UN begins a drawdown of troops and change of peacekeeping mandate as it evolves into the United Nations Organisation Stabilisation Mission in the DRC (MONUSCO), the humanitarian community keeps on with short-term interventions to save lives, provide basic services and support recovery programming where conditions permit.

1.2 A significant engagement by Sida

Sweden’s *2009–2012 Strategy for Development Cooperation in DRC* focuses on three priority sectors: democracy and human rights, sexual and reproductive health, and pro-poor growth through support to agriculture, forestry and markets.

The strategy places emphasis on humanitarian action in the following areas:

- Support for refugees and IDPs, including return and reintegration
- Women’s and girls’ rights
- Children, particularly children in armed conflicts
- HIV/AIDS and health care contributions

It also notes that a significant amount of Sweden’s contributions will be channelled through the Common Humanitarian Fund (Pooled Fund).

As of 1 February 2010, Sida’s humanitarian funding to DRC (see Figure 1) under this overall strategy, tended more towards bilateral funding, both un-earmarked (30 %) and with project-based earmarking (35 %)³. Around 28 % of Sida’s funding was being channelled through the Pooled Fund, and 7 % was allocated to the Rapid Response to Movements of Populations (RRMP) programme through UNICEF.

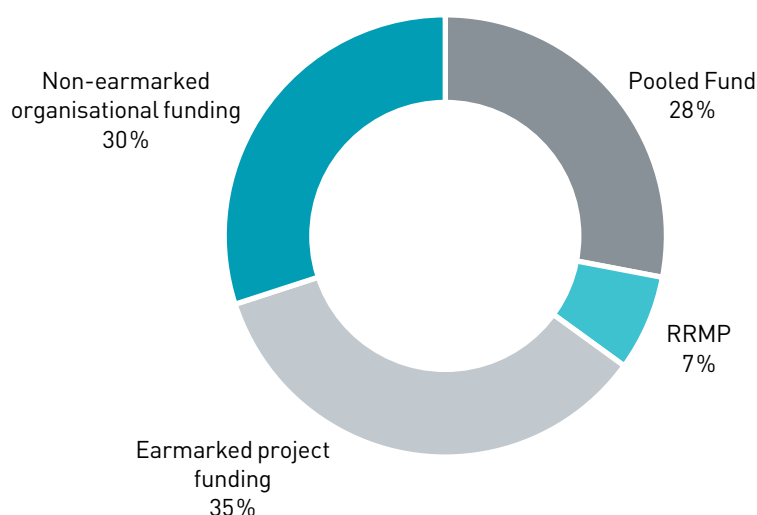


Figure 1: Sida’s current humanitarian funding channels in DRC

³ Sida Humanitarian Team (2010) *Sida’s indicative budget and allocation forecast for humanitarian funding 2010 in DR Congo*.

Sida's total humanitarian funding as of 1 February 2010 was SEK 221.47 million, including SEK 14 million from the country team budget and SEK 32.47 million from the conflict appropriation budget (Sida data). By July 2010, Sweden was the fourth largest humanitarian donor to DRC⁴.

In terms of resources, Sweden has an office in Kinshasa with a 0.7 workforce dedicated to humanitarian action, focusing on strategic and health issues. In Stockholm, a 0.5 humanitarian workforce has been allocated to the Country Team for DRC.

1.3 Evaluation of Sida's funding by channel

All the case studies for the evaluation of Sida's humanitarian assistance focus on assessing whether Sida's funding contributes to meeting the 8 sub-goals of its humanitarian strategy:

1. Promoting the principles of Good Humanitarian Donorship
2. Promoting needs-based humanitarian assistance
3. Strengthening humanitarian coordination
4. Strengthening local capacity
5. Supporting the link between humanitarian contributions and prevention
6. Reducing the gap between humanitarian support and recovery contributions
7. Strengthening the humanitarian system
8. Strengthening the humanitarian principles

As Figure 1 demonstrates, the three main channels for Sida's funding to DRC are bilateral funding, the Pooled Fund and the RRMP mechanism. The evaluation team found that results varied significantly depending on the funding channel. In light of this, Section 2 outlines how each funding channel is contributing to Sida's eight humanitarian sub-goals separately.

Section 3 discusses internal organisational issues, such as field-Stockholm links, assessing how these issues impact on the delivery of Sida's humanitarian assistance strategy. As part of the case study, and to support the development of Sida's future humanitarian strategy, the evaluation team asked members of the humanitarian community and groups of beneficiaries in DRC to describe *"what are the elements of effective humanitarian assistance?"* In Section 4 the responses received are contrasted against those heard in Stockholm, leading to a list of possible goals that could be useful in supporting the development of Sida's next humanitarian strategy.

Section 2: Sida's humanitarian strategy

In DRC, achievement of the sub-goals depends on the funding channel

This section outlines the assessment of Sida's funding and related policy and advocacy work in DRC, broken down by strategic sub-goal. The assessment of each sub-goal is further grouped under the headings of bilateral funding, the DRC Pooled Fund and the Rapid Response to Movements of Population (RRMP) mechanism (see Annex B for a funding breakdown, and Annex C for an overview of the RRMP mechanism) as the results of this evaluation varied significantly depending on the funding channel used.

⁴ Based on data from OCHA's Financial Tracking System as of 12 July 2010.

2.1 Promoting the principles of Good Humanitarian Donorship

The 8 sub-goals in Sida's humanitarian strategy are all drawn from the principles of Good Humanitarian Donorship (GHD). Therefore, the first sub-goal, on promoting the GHD principles, focuses on three aspects in particular:

- Timeliness, flexibility and predictability of funding
- Supporting quick response to rapid onset disasters by providing unallocated funds to suitable organisations
- Encouraging and supporting a long-term perspective in partners' programming.

Bilateral Funding

Sida's multi-annual framework agreements have been an excellent tool to promote the implementation of the full range of GHD principles in DRC. They have provided timely and flexible funding and supported predictability. Consultations with partners revealed that they have also enabled delivery agencies to take a longer-term, holistic approach to their humanitarian programming. Sida's partner NGOs and UN agencies in DRC have set aside time to plan programmes properly, and have focused on developing strategies that address priority needs and support recovery focused approaches, where possible. Funding stability allows these organisations to take stock of programmes mid-course, and to incorporate lessons learnt into future programming decisions, without the need for excessive paperwork. It also avoids forcing agencies into adopting unrealistic 'exit strategies' for programming that will clearly not end (see discussion under Strengthening Local Capacities in section 2.4).

Operational costs also decline with longer-term agreements. Partners with longer-term funding security have been able to buy cars rather than renting them at high cost, take out longer-term leases on premises at lower rates, avoid overdraft fees, and negotiate better terms with suppliers. They have also invested in local staff, building skills and, through longer term contracts, encouraged longer-term knowledge retention, leading to better programming.

NGOs benefiting from multi-annual framework agreements reported that this funding certainty provided them with the freedom to advocate on what could be contentious issues, whereas non-Sida funded NGOs must keep a lower profile so as not to risk future funding arrangements.

While Sida's partners enjoy the many benefits of framework funding, when UN agencies pass the money on to NGO implementers, they tend to do so through traditional short-term project grants. This type of funding tends not to be timely or flexible and does not promote longer-term vision⁵.

Although Sida's multi-annual funding agreements provide a degree of security, they are not entirely predictable because Sida allocates funding on an annual basis rather than agreeing the amount of funding that it will provide each year up-front. Partners would have additional planning certainty about the scope of their programmes if they knew how much money they could expect over the term of the agreement (even if Sida builds in provisos on the availability of funds).

Pooled Fund

According to FTS data, Sida was the third donor to commit funding to the Pooled Fund and, according to Sida's DRC team, it paid its contribution in the first quarter as per GHD indicator 1 (disbursing SEK 70 million, which represented around 28 % of Sida's funding to the DRC as of July 2010⁶ in February 2010). This means that Sida is a timely donor to the Pooled Fund mechanism. It is due to provide an

⁵ The Development Initiatives (2010) review of CERF funding identified a number of challenges that NGOs face with UN agency funding in general.

⁶ Sida Humanitarian Team (2010) *Sida's indicative budget and allocation forecast for humanitarian funding 2010 in DR Congo*.

additional SEK 40 million in December 2010, bringing its total contribution to SEK 110 million, but this can contribute to timeliness since the Pooled Fund can carry over this additional contribution for early funding in 2011.

The Rapid Response Reserve of the Pooled Fund can provide timely funding, to the RRMP mechanism but also to other rapid onset and seasonal projects, for example in response to the 2009 crises in North Kivu and in the Haut and Bas Uélé. In 2010, as of August, the Rapid Response Reserve had provided USD 24 million, with disbursements made 30 days after project submission (on average)⁷. Thus, it is a useful means of ensuring response to rapid onset crises in DRC.

However, the Standard Procedure window has been much slower in 2010 so Sida's timely funding to the Pooled Fund has not always translated into timely funding for partners. As of mid-August, 12 % of projects from the first allocation (a process that began on 28 January) were still awaiting payment⁸. This slow rate of disbursement for the Standard Procedure – down from a more acceptable average of 74 days in 2009 – has its roots in a number of causes:

- *High volume of projects:* 156 projects were submitted for approval under the first allocation for 2010. Each must go through a time-consuming technical review process, and the more projects that are submitted, the longer this process. Clear and united strategic direction from donor members of the Pooled Fund Board, based perhaps on agreement at donor capital level, would help reduce the number of non-strategically aligned projects that are presented under each tranche and support more rapid decision making.
- *Delays due to confusion over decision making procedures:* The guidelines for Pooled Fund decision making⁹ have led to different interpretations of who decides what and where¹⁰. The guidelines state that the national cluster lead will propose, with the backing of CPIAs, the list of projects to the Humanitarian Coordinator, “based on consultations”. Although the Pooled Fund Unit maintains that this means decision-making is vested in national cluster lead after consulting with their provincial counterparts, in practice some clusters make decisions entirely at field level¹¹. The situation in 2010 was further complicated when the North Kivu humanitarian community interpreted the guidelines to mean that all Pooled Funding applications would be approved by the North Kivu Inter-Agency Standing Committee (CPIA). The confusion and different interpretations can lead to a lot of back and forth between Kinshasa and the provinces and delay decision-making.
- *Unsuitable administrative procedures:* As already documented¹², the use of UNDP as an administrative mechanism for common humanitarian funds is problematic, particularly for NGOs¹³. UNDP's complex bureaucratic system creates high transaction costs for NGOs – for example, some have a staff member working full-time to ensure that the documents required for their Pooled Fund grants are in order. While these transaction costs may be similar to those caused by other humanitarian donors,

⁷ Source: Pooled Fund Unit, DRC

⁸ All UN agencies had been paid by June and 88 out of 100 NGOs paid by mid-August.

⁹ Unité Conjointe Pooled Fund (Janvier 2010) Première Allocation 2010 Annexe I: Étapes du Processus. Available from: http://www.rdc-humanitaire.net/rdchbis/IMG/pdf/3-_Etapes_du_processus.pdf

¹⁰ According to a recent evaluation of the Pooled Fund, it is unclear whether each cluster uses harmonised criteria at national and provincial level for project review or if they are used consistently (Channel Research 2010).

¹¹ The NGOs and Humanitarian Reform Project 2010 reference paper documents examples of confusion and a lack of communication about the role of national clusters in the cases of the Food Security and WASH clusters in Ituri, and the WASH sub-cluster in Uvira.

¹² Willits-King, B, T. Mowjee and J. Barham (2007) *Evaluation of Common/Pooled Humanitarian Funds in DRC and Sudan*. Submitted to OCHA Evaluation and Studies Section.

¹³ UNDP acts as Administrative Agent for funding channelled to UN agencies and Managing Agent for funds channelled to NGOs. This means that NGOs face more onerous administrative rules and requirements than UN agencies. E.g., UN agencies receive 100 % of their funds in advance whereas NGOs receive 80 % with the balance paid after the submission of final reports. NGOs are also subject to financial and implementation scrutiny, which UN agencies are not.

they are higher than those incurred when Sida is a direct bilateral donor. Despite UNDP's attempts to streamline its procedures, these are not designed for multiple rapid disbursements in an emergency context. The Joint Pooled Fund Unit has made heroic efforts at field level to work as quickly as possible within the rules but, for UNDP to be able to provide adequate support for timely Pooled Fund disbursements, its procedures and rules need to be simplified. This is something that Sweden could help promote through its membership of UNDP's Executive Board.

RRMP

The RRMP mechanism has been able to provide a very timely response to rapid onset emergency situations in DRC (normal response time is within 72 hours). However, RRMP partners were quick to point out that they are severely limited in their ability to take a longer-term approach because the RRMP's mandate and funding limit it to emergency response. This has ruled out interventions that might, for example, provide a potable water system that would prevent the return of cholera, or build the coping capacities of frequently displaced communities. Funding for work, either by the RRMP partners or by other actors, to complement RRMP interventions in this way would be useful.

RECOMMENDATIONS: PROMOTING THE PRINCIPLES OF GOOD HUMANITARIAN DONORSHIP

- Multi-annual framework agreements have proved to be useful instruments for implementing GHD principles in DRC. Sida should expand the number of multi-annual agreements it has with partners and specify the annual funding amounts that partners can expect to receive under each year of the agreement.
- When UN agencies use Sida's funding for onward grants to NGOs, the funding loses its timeliness, flexibility and predictability. Sida should work to ensure that UN partners with multi-annual framework agreements apply the GHD principles when passing these funds through to partner NGOs. It could do this by making this a requirement in its multi-annual funding agreements.
- Sida could support the dissemination of OCHA DRC's planned training module on the Pooled Fund decision-making process. This would help clarify the process and thus shorten the time taken to approve projects.
- To improve the operation of Common Humanitarian Funds and reduce the administrative burden that UNDP places on NGOs, Sweden should use its membership of UNDP's Executive Board to push for a simplification and speeding up of its administrative and disbursement procedures.

2.2 Promoting needs based humanitarian assistance

Bilateral Funding

There is currently no clear way to determine how Sida has determined the size of its annual envelope for DRC, nor how it has then allocated that envelope to different partners and programmes in DRC. In other words, it is impossible to determine whether the size of Sida's envelope for DRC is based on the severity of need in DRC, and/or whether the allocation of that envelope amongst partners and programmes in DRC was based on a clear prioritisation of humanitarian needs across the country. This issue is common across all the funding that Sida makes, and is a systemic issue, not a specific issue for DRC.

Given the extensive needs in DRC, the programming that Sida does support (refer Annex B) clearly is responding to real humanitarian needs. However, how Sida has prioritised these needs over the other needs that exist in DRC (as is required by this sub-goal) cannot be determined. Indeed, by providing multi-annual framework agreements to partners, Sida, in fact, often leaves the prioritisation of needs to its partners. While this approach is commendable on many levels, Sida needs to do more if it is to ensure that this sub-goal is implemented, for example, ensuring that it understands and monitors the methods that its partners are using to prioritise and address need.

No donor can meet all the priority needs in DRC. If Sida is to ensure that it is really promoting needs-based humanitarian assistance in DRC, it will have to consider other options for directing its

programming. One potential approach could be to adopt a division of labour approach, similar to what has been prescribed under the Paris Declaration. Another could be to adopt a ‘multiple-entry’ or ‘holistic’ programming approach, where the donor adopts a thematic issue or set of needs as the basis for its strategic approach, and then ensures that it concentrates its funding decisions, policy and advocacy work to support that focus area. If, for example, Sida adopted Gender Based Violence (GBV) as a theme, it would ensure that all its funding (multi-annual agreements with partners or project funding) addresses GBV issues appropriately, irrespective of the sector to which it is directed. Sida would then advocate widely for other donors and actors, including the DRC government, to also address GBV issues in their programming, and would ensure that GBV issues were incorporated into other programming such as Security Sector Reform. Hence the term ‘multiple entry’ – multiple action on a common underlying issue that drives funding, advocacy and policy orientations.

Whatever option Sida chooses, it should make sure that, when it determines its DRC envelope, it makes explicit the results it wants to achieve, the needs it wants meet and the risk it wants to mitigate. It should use a similar, clearly stated, analysis of results, need and risk to prioritise its funding within DRC.

Pooled Fund

The Pooled Fund follows the DRC Humanitarian Action Plan (HAP) thresholds to guide decision making, and its decision making process is participative at all levels. Humanitarian agencies are involved in detailed and time-consuming needs prioritisation exercises that are undertaken in some provinces (for example North Kivu) to determine the *Strategie Provinciale* that should drive each Pooled Fund allocation. However, the quality of these strategies is variable because the exercises are often based on anecdotal evidence, and without an underlying dataset or independent validation. They are also limited to ‘known needs’, or needs in areas where humanitarian actors are already operating, because the limited size and timeframe of Pooled Fund grants discourages organisations from opening bases in new areas, and thus limiting possibilities for enlarging humanitarian space. This means that they are not always useful for Pooled Fund allocations. As a result, a stakeholder survey for the Pooled Fund Unit in early 2010 revealed that “while respondents mostly agree that the distribution between provinces is made in a way that is consistent with the Humanitarian Action Plan, most don’t feel that the distribution between clusters within a province is conducted in a fair manner and in accordance with provincial strategies” (Pooled Fund Annual Report 2009: 85).

The “majority of respondents” also believed that the Pooled Fund allocation “process is not really impartial” (Pooled Fund Annual Report 2009: 85). This is probably due to a combination of the lack of clarity about the decision-making procedure (noted in the previous section) and concerns about potential conflicts of interest in the role of cluster lead¹⁴. This perception of a process that is not clear and impartial has undoubtedly contributed to mixed views about whether funding decisions are based entirely on the basis of addressing priority needs, which are reflected in the stakeholder survey findings. In response to the question “Do you think the Pooled Fund targets the most critical needs?” 60.2 % of the 118 people who answered the question responded ‘In some way’ while a much smaller 23.7 % replied ‘Absolutely’. 12 % even answered ‘Not at all’.

RRMP

- RRMP partners assess every new emergency situation using a tool called the Multi-Sector Assessment (MSA and MSA-lite). This tool scores a crisis situation based on a set of commonly-agreed indicators for each sector, leading to a vulnerability score. Every emergency that exceeds the vulnerability score threshold will trigger an RRMP response, thus demonstrating clear linkages between RRMP programming and needs, risk and vulnerability. MSA results are then stored in an online database, and later often used by the wider humanitarian community to prioritise their own recovery interventions,

¹⁴ A recent evaluation of the Pooled Fund noted concerns about cluster leaders acting as both judge and applicant during project discussions (Channel Research 2010).

so they have demonstrated use and credibility beyond their immediate RRMP programmatic applications.

- The programme has also demonstrated its worth by providing the capacity to respond to the smaller, and more remote, emergencies which, before 2004, had mostly been ignored due to a lack of spare operational and human resources, or a lack of information.

RECOMMENDATIONS: PROMOTING NEEDS BASED HUMANITARIAN ASSISTANCE

- At global level, Sida needs to develop or adopt a severity of crisis model to guide the determination of geographical funding envelopes, so as to ensure that its funding for each emergency is truly in proportion to the severity of needs.
- To ensure that Sida obtains maximum impact from its investment in humanitarian action in DRC, it could be useful to focus on a specific thematic set of needs (e.g., GBV) and support funding by promoting policy development on the theme and focusing its advocacy on issues related to the theme. This would provide multiple entry points on the issue, and thus real value added for Sida beyond its primary role as donor.
- Sida should continue to support the imminent adoption of cluster guidelines that aim to define the standards and criteria for Pooled Fund project selection.
- Sida could use the MSA assessments conducted by the RRMP programme to reinforce its programming decision making, ensuring that it is really targeting the areas of highest need.

2.3 Strengthening humanitarian coordination

There is a relatively active GHD group in DRC (which was a pilot country for implementing GHD at field level), currently led by the Netherlands. According to donor interviewees, this has led to cooperative relations between donors. However, they tend to discuss who is funding what and where and how partners are performing bilaterally rather than in the monthly GHD meetings. Even if donors are funding the same organisations (as Sida and ECHO are), they exchange little information about their experiences with the partners. A donor interviewee pointed out that a division of labour on humanitarian funding would be useful because there are still too many overlaps in the geographical areas and activities that donors fund.

Norway does not have a field presence in DRC so, at the request of the Norwegian MFA, Sida staff at the Kinshasa Embassy provide information on humanitarian issues and the context to the Norwegian MFA and the Embassy in Angola. This is a useful mechanism since many humanitarian donors are facing the challenge of managing growing budgets with limited (and, in many cases, shrinking) field presence. Sida could explore ways to establish a reciprocal arrangement in countries where Norway has a field presence but Sida does not. It could also examine the option of similar arrangements with other like-minded donors.

Bilateral Funding

For 2010, Sida has planned to give OCHA SEK 5 million (USD 0.69million) for DRC, making it the third largest donor to OCHA DRC. This is part of a continuing pattern for Sida in DRC. Beyond the funding relationship, Sida is not currently actively involved in operational coordination in DRC.

General observations about coordination in DRC that Sida may wish to attempt to address through its advocacy work at country level include:

- NGOs in DRC are co-leads of clusters, which is good practice, but comes with costs for the NGO, and these need to be supported by donors. In North Kivu, for example, 2 local NGOs and 4 INGOs represent the rest of the NGO community on the provincial inter-agency coordination forum (the CPIA), which is a significant investment in time, involving pre-meeting preparation with other NGOs, meeting attendance, and reporting back on information and decisions.

- Many partners note that linkages between provincial and national clusters are weak.
- There is no shelter cluster, despite significant needs. A cluster could help to promote necessary action in this sector.
- There will be a major issue regarding the handover of clusters to government and/or local authorities in stable areas. There are no known good practice examples to follow, despite many different approaches having been tested in various other countries emerging from crisis. In DRC this process will be extremely complicated, especially as local authorities are not currently actively engaged in humanitarian coordination processes.
- Donor coordination could be strengthened with better use of joint field missions and the sharing of mission reports and observations on programme performance (even informally). Adopting a formal division of labour between donors for monitoring, at least of the Pooled Fund, could be useful. ECHO representatives in the field would also welcome increased information exchanges with Sida. Wider sharing of the joint weekly donor sit-rep in North Kivu would also be useful.
- Improved coordination and communication between humanitarian and development donors will be needed to avoid gaps and support a smooth recovery period. For example, MSF's Sida-supported hospital project in Bunia is unable to meet some of its handover targets due to delays in implementation of 9^{ème} Fonds Européen de Développement (FED) programme.

Pooled Fund

The recent evaluation of the Pooled Fund found contrasting views on its impact on cluster coordination. On one hand, people believe that it enhances coordination because it brings organisations around the table in the hope of securing funding. This is also reflected in the stakeholder survey – nearly 75 % of respondents agreed that the Pooled Fund reinforced coordination mechanisms. On the other hand, people are concerned that it diverts attention away from substantive issues such as joint learning, programme strategies and resolving technical issues to discussing funding allocations. The role of clusters in selecting projects for funding can create tensions between members and disappointment when some organisations are unsuccessful.

Discussions about Pooled Fund allocations probably take up more time during cluster meetings than they should because many organisations do not read the guidelines, which leads to different (and erroneous) interpretations of the decision making procedures across clusters and provinces. So, although the Humanitarian Coordinator's intention was simply to use the cluster system in a bottom-up approach to identifying priority needs, this has led to a bureaucratic system that has become a burden for clusters. Hence, most actors interviewed for this evaluation argued that clusters have been forced to move from operational coordination forums towards networks that provide support for funding applications.

This, in turn, has put cluster coordinators in an uncomfortable position. A recent study found that “cluster leads don't want to be in position of donors in terms of making funding decisions” (Ball and van Beijnum (2010): 26). Provincial clusters are not supposed make or prioritise funding decisions. Instead, their role is to identify priority ‘needs’. The challenge is that, in the current humanitarian system, there is a tendency to equate needs with activities to meet those needs. It is national cluster coordinators that propose projects to the Humanitarian Coordinator on the basis of a technical review. The fact that these coordinators are reviewing proposals put forward by their own organisations leads to a conflict of interest, as one national cluster coordinator pointed out. Donors have not helped this situation by limiting their engagement and, instead, taking the position that “clusters are the experts”. Thus, they pass on an enormous amount of political pressure to people who are really technical sector experts, not fund managers. As one partner noted, “it is fine to trust the system but only if you clearly understand it and it has integrity”.

RRMP

RRMP is a model of partnership and coordination; albeit outside the cluster system (the RRM, out of which the RRMP has grown, pre-dates clusters). All partners meet weekly to coordinate information and operations. Members of the humanitarian community have criticised the RRMP coordination system as a parallel mechanism though RRMP insists that it is a tool of the clusters. RRMP aims to hand over after the immediate emergency response to cluster partners. However, this has not always been easy, due to funding constraints on cluster members (see section 2.1).

RRMP is also a working model (perhaps the only one globally) for the cluster requirement of ‘provider of last resort’ by guaranteeing a multi-sector response to every emergency that passes the vulnerability threshold.

RECOMMENDATIONS: STRENGTHENING HUMANITARIAN COORDINATION

- The NGO role as co-lead of clusters and participation in CPIA's is good practice, but it does come with a cost for NGOs. Sida, together with other donors, needs to be prepared to fund these costs.
- In DRC, Sida could decide to promote more effective coordination by advocating for better linkages between provincial and national clusters, promoting the establishment of a shelter cluster, working to promote the future transition of coordination from clusters to local authorities, and promoting linkages between humanitarian and development coordination mechanisms.
- To address concerns that Pooled Fund decision making processes take up more time than they should and thus divert clusters from focusing on substantive issues, Sida should encourage the Pooled Fund to clarify and communicate processes, promote stronger and more strategic donor guidance for the Pooled Fund, and advocate for strengthening the ability of clusters to prioritise needs, not projects.
- To ensure that RRMP contributes to cluster coordination and does not operate as a parallel system, UNICEF and RRMP partners should establish systematic links with clusters in the provinces where RRMP operates.
- Sida should consider promoting the use of RRMP-like mechanisms in other emergency situations to support the cluster ‘provider of last resort’ role.
- Sida should promote and take advantage of opportunities for more sharing of funding information between donors, joint field missions and the sharing of mission reports and observations on programme performance.
- The new Norway/Sweden donor collaboration in DRC could be a useful good practice; Sida should monitor the lessons learnt from this experience and seek to replicate this type of collaboration with other donors and/or in other emergencies.

2.4 Strengthening local capacity

Humanitarian capacity building can take three broad forms:

- Strengthening the coping capacities of at-risk communities and/or
- Organisational and technical development of local organisations (faith based, women's groups, NGOs, etc) to provide humanitarian assistance (beyond sub-contracting) and/or
- Strengthening/rebuilding state institutions/systems (e.g. health system strengthening) to provide the basic services that are currently delivered almost exclusively by humanitarian organisations.
- In the DRC context, all of these options carry considerable challenges. Strengthening community coping capacities will never be sustainable until there is adequate security because a population that is at risk of attack will not invest in items that cannot be easily transported (and/or may attract bandits), and will lose the means and capacity to cope as a consequence of each displacement.

Developing the organisational and technical capacities of local organisations is severely limited by the restrictions that most donors place on their humanitarian funding. Many donors do not fund local

NGOs directly. Often, an international NGO must remain in place as a pass-through mechanism, countering sustainability. In addition, in DRC, where there are currently few competent local humanitarian NGOs, international organisations often line up to “build their capacities”, resulting in an absurd situation of excess pressure and over-extension for the local organisation.

Finally, important work to strengthen basic service systems, to end the situation where the humanitarian community is effectively substituting for the Congolese state, often ends in an impasse, with the Kinshasa government currently unable or unwilling to commit funding to support basic service provision and thus preventing this form of capacity building from reaching its logical conclusion. Instead, the humanitarian organisation must often remain in place, at least to ensure continued funding for the basic service provision. In DRC, this situation is further complicated by the current lack of harmonisation between humanitarian and development donors and operational partners.



IDPs with local host

Bilateral Funding

Sida's provision of programmatic and longer-term funding to partners allows them to work in the most appropriate way to support local capacity. For example, Sida's longer term funding to the International Rescue Committee (IRC) in North Kivu allows IRC to spend time and resources to train local community-based women's organisations in the delivery of psycho-social services. This is now leading to a good standard of work and is cost-effective. IRC's programmatic funding also allows it to focus on the longer-term goal of moving from technical oversight (more or less direct programme implementation) towards a focus on management support and training that builds capacity to manage programming without IRC oversight. Short-term project based funding would not have allowed IRC to develop this approach.

Sida does not explicitly emphasise local capacity strengthening in its funding agreements but partners and pooled fund managers would find this useful when providing onward funding. For example, UNICEF has said that it would like Sida to further emphasise its focus on local capacity building, so that UNICEF can pass this requirement on to partners who are sometimes reluctant to use capacity development approaches.

Pooled Fund

The Pooled Fund has taken the option of providing funding grants directly to local NGOs, which in principle can strengthen local capacity. Currently, it is providing more local NGO grants (104) than INGO grants (77), with around 24 % of the first allocation of 2010 going to local NGOs. Some Pooled Fund donors, particularly the Netherlands and Sida, are very supportive of greater funding to local NGOs.

The Pooled Fund Unit undertakes a comprehensive organisational, administrative, financial and technical capacity assessment of each potential recipient, some of which is supported by clusters. This assessment is used to determine the organisation's risk level, which in turn influences the size of grants it can obtain and the number of monitoring visits it will receive. UNDP staff members in the Unit have made a concerted effort to use these assessments as well as field missions, quarterly meetings and partner reviews not simply to monitor progress and results but also to provide support, guidance, training and

tools. The programme and finance teams in the unit also try to provide support to NGOs throughout project implementation. However, the reality is that capacity building is not within the scope of the Pooled Fund and some donors are keen for this to remain the case. So, the Fund can only provide short-term funding and the Joint Pooled Fund Unit is not resourced (or specifically mandated) to strengthen local NGO capacity. Therefore, its efforts need to be complemented by medium to long-term development funding. At the time of the field visit, the Pooled Fund Unit was in discussion with UNDP to see if it would take on a capacity development role for Pooled Fund recipients to address specific gaps identified by the assessment.

Another way in which UNDP could help support local capacity would be to simplify its administrative requirements for Pooled Fund grants. Ball and van Beijnum (2010) found that local NGOs receiving Pooled Fund grants have experienced difficulty in complying with UNDP reporting requirements, partly due to the onerous nature of these fiduciary management and reporting requirements. This has increased transaction costs for these organisations.

RRMP

RRMP has not focused on local capacity building *per se*, rather this has evolved organically as the programme looked for opportunities to become more efficient and effective in emergency response delivery. Currently, it has an operational structure that has the potential to become DRC's future civil defence organisation. Information on emerging crisis situations that guides RRMP interventions comes from the *veille humanitaire* (humanitarian surveillance) system, a network of local organisations and groups who receive training in vulnerability criteria, humanitarian mandates and assessment skills. RRMP defines vulnerability criteria in conjunction with local authorities, who undertake the pre-selection of eligible beneficiaries.

After training in registration and distribution methods, local NGOs and other local groups have delivered RRMP products in areas where there is no permanent partner (e.g. Haut and Bas Uélé) and/or where security conditions preclude the intervention of RRMP staff. The aim of the training and choice of delivery channel is operational efficiency rather than capacity building. This is because the approach carries risks, including corruption and potential lack of neutrality, which are currently considered too high for such a critical life-saving programme.

Instead, RRMP's capacity building effort has focused on developing highly professional, experienced Congolese staff that are capable of running programme largely by themselves, particularly in North Kivu. This skill set will be an important future resource for DRC. Even if stability returns to the East, disaster risk, and thus the need for a skilled emergency response capacity, will remain very high.

RRMP has also moved towards supporting the local economy and local businesses, replicating the successful seed fair experiences as NFI fairs, where affected populations purchase the NFI goods that they most need from local merchants, using vouchers issued by RRMP. This ensures that people have the right to choose while simultaneously supporting the local economy. Fairs are used for approximately 30 % of NFI distributions.

RECOMMENDATIONS: STRENGTHENING LOCAL CAPACITY

- Sida should continue, and increase where possible, funding through multi-annual framework agreements, which are the most appropriate tool for supporting partners to strengthen local capacity.
- Sida should emphasise its focus on local capacity building in its partner agreements (in whichever form is the most appropriate). This will support multilateral/NGO partners in their drive to pass on this type of approach to any reluctant implementing partners.
- Sida should encourage UNDP to take on the role of strengthening the capacity of local NGOs receiving Pooled Fund grants. If this fails, Sida should work with like-minded donors to identify another partner that could undertake this important work.

2.5 Supporting the link between humanitarian contributions and prevention

Given that Sida focuses its humanitarian funding for disaster preparedness and risk reduction on at the global and regional levels, it is not surprising that the evaluation team was unable to find examples of Disaster Risk Reduction (DRR) programming within Sida's portfolio in DRC. Sida partners did not have DRR (or even its humanitarian sub-component, disaster preparedness) mainstreamed into their programming.

DRC, with a UNEP/GRID Disaster Risk Index (DRI) ranking of 5 (out of 7), is in the same category as hurricane-prone Pacific Island states, and disaster prone Sri Lanka and Chile, and only one level below Haiti. It is thus perhaps a major missed opportunity not to mainstream DRR throughout Sida's programming in this country. This is especially pertinent as there was no evidence found that the work done at global and regional level has yet had any impact on the communities who live in disaster risk areas in DRC.



Mount Nyiragongo volcano near Goma

RECOMMENDATIONS: SUPPORTING THE LINK BETWEEN HUMANITARIAN CONTRIBUTIONS AND PREVENTION

- Sida's policy of focusing on DRR at global and regional levels has not yet had any impact on reducing disaster risk for vulnerable communities in DRC. Selecting DRR as one of Sida's priority thematic areas, and thereby ensuring that elements of DRR, especially disaster preparedness, are mainstreamed throughout all of Sida's funding decisions, is one way to make future progress on this sub-goal in DRC.

2.6 Reducing the gap between humanitarian support and recovery contributions

Bilateral Funding

Sida's country strategy for DRC states that Sida should incorporate transition into its work. Structurally, this has been enabled through the dual humanitarian and health responsibilities of the First Secretary at the Swedish Embassy in Kinshasa. This has enabled her to identify and exploit linkages between Sida's humanitarian and development aid grants to the health sector. However, this structural opportunity does not currently apply to other sectors.

In DRC, Sida has adopted the innovative approach of using its development funding to ensure longer-term support and continuity for activities begun not simply with its own humanitarian funding but also that of other donors. So, for example, when ECHO decided to stop funding a couple of projects, Sida took over support with development money. However, due to the lack of systematic donor coordination on funding issues highlighted in section 2.3, Sida did not have a discussion with ECHO about why it was terminating its funding or its views on the partner's performance until ECHO invited Sida to a meeting with partners and colleagues. Such discussions are important to maximise information sharing. ECHO staff members did not initially realise that Sida was using development funding to continue these projects and, therefore, that this was a positive example of linking humanitarian and development assistance. Instead, they were concerned that Sida was competing to fund the same projects with its humanitarian budget.

Sida's funding through multi-annual framework agreements has allowed partners to think beyond short-term interventions towards recovery (and even beyond). For example, thanks to a continuum of Sida funding from the humanitarian to the development budget, MSF Swiss has been able to start a proper handover of its hospital programme in Bunia to local authorities (see briefing paper "Success Story: Healthcare transition", one of the lessons learned products for this evaluation). In the same vein, the transfer of funding from Sida's humanitarian to development budget through the Country Team mechanism has allowed Sida to support UNICEF's continuum from its RRMP to its PEAR+ programme and IRC's humanitarian work that links with its development inputs.

However, it is on the policy and advocacy front that Sida faces the most challenges in supporting this sub-goal in DRC. There has been significant pressure on humanitarian actors (as well as development actors) to adhere to the UN's International Security and Stabilization Support Strategy (ISSSS) that has been determined, largely on political grounds, by MONUC/MONUSCO. UNICEF, for example, has been asked to implement its PEAR+ returnee stabilisation programme in several unstable contexts in support of the ISSSS's overall strategy. It is understandably concerned about the 'do no harm' principle and fears that its programme could act as a 'pull factor' for people to return to areas where resettlement is inadvisable and even dangerous. Donors such as Sida have a clear role to play in supporting organisations to resist such pressures.

The lack of transparency of development funding in DRC, especially World Bank stability funding, is another obstacle to linking humanitarian and development assistance. The humanitarian community was not consulted in the development of the ISSSS, despite its long experience in the field (and the relative inexperience of development actors, especially in Eastern DRC). Issues such as how and when cost recovery is implemented will have a significant impact on humanitarian programming and the lack of consultation at this key juncture in DRC's history is unfortunate. Multiple-entry point programming (refer section 2.2) would help guide Sida's actions in this area, especially if Sida chooses to adopt recovery as a thematic area.

Pooled Fund

Compared with Sida's multi-annual framework agreements, the short-term nature of Pooled Fund grants promotes short-term project thinking, and makes systematic linkages with recovery difficult. Individual Pooled Fund donors, at both Kinshasa and donor capital levels, have very different expectations regarding the role of the Pooled Fund in recovery, which also complicates linkages.

In the second half of 2009, in an effort to promote recovery programming, the Pooled Fund made a special allocation, including SEK 30 million of Sida funding, that aimed to promote an integrated inter-cluster approach in returnee areas, particularly targeting returnees in Ituri, North Kivu and South Kivu. As the Pooled Fund Unit points out, however, proper funding to support a sustainable return will require much higher levels of funding to be committed over a longer timeframe – something that is unrealistic under the current Pooled Funding structure. The Pooled Fund is considering multi-annual funding for some partners, which would be an appropriate way to ensure the Pooled Fund-financed programme mainstream recovery elements.

There is currently some debate about donors using the Pooled Fund to finance stabilisation projects, but donor opinion on the subject is divided and clusters are reluctant to vet stabilisation projects. This means that it is likely that the Stabilization and Recovery Funding Facility in Eastern DRC (SRFF) will be established as a parallel structure to the Pooled Fund, but without NGO representation, leading to additional challenges for linking humanitarian action to recovery.

RRMP

As noted above, RRMP has had difficulty ensuring follow-on from its initial emergency interventions, despite strong lobbying with appropriate clusters and good intentions from members of the

humanitarian community. Funding is the major issue, either to extend RRMP's mandate to include reinforcing coping capacities and/or risk reduction in the initial stages of community recovery, or to ensure that some other funding mechanism is systematically able to perform this function.

UNICEF's PEAR+ programme grew out of reflection on how to use the lessons learnt of its RRM and PEAR programmes for recovery programming. It uses RRMP's MSA database on vulnerabilities to target beneficiaries. Sida is supporting this linkage to longer-term recovery by funding the programme from its development budget.

RECOMMENDATIONS: REDUCING THE GAP BETWEEN HUMANITARIAN SUPPORT AND RECOVERY CONTRIBUTIONS

- Sida's linking of humanitarian and development funding in DRC is an example of good practice that it should replicate systematically. When using development funding to continue projects financed by other humanitarian donors, Sida should discuss partner performance with the other donors.
- Avoiding overlap and ensuring that development programmes build on the work already done by humanitarians is critical at this juncture in DRC's history. Sida should advocate for the transparency of development funding and promote linkages and mutual learning between humanitarians and development actors.
- Humanitarian work should not be subjected to political pressures that may come from the conflicting objectives of stabilisation programming. Sida has a role to play in ensuring that its partners are not subject to these types of pressures.
- An obvious recovery gap is the support of more durable solutions for returnee populations initially assisted by RRMP. Sida could review the possibility of either providing funding to organisations to support the recovery of these populations, or advocating for others to do so.

2.7 Strengthening the humanitarian system

According to Sida's humanitarian strategy, this goal means that Sida will support research and methods development in the humanitarian field as well as quality assurance. It will also strengthen Swedish and international humanitarian capacity through strategic secondments of qualified Swedish humanitarian staff to important international humanitarian organisations.

In general, innovations at field level are not researched or documented by anyone. For example, there has not yet been any study of RRMP, despite its considerable success.

Bilateral Funding

Field studies and research are not expensive and their results considerably improve humanitarian planning and decision making. Sida has had some successes in this area: for example multi-annual funding to IRC allows it to undertake field level studies to inform current and future programming directions. This in turn lets IRC adapt its humanitarian programming in real time to increase its overall impact. Other donors, especially DFID, systematically provide funding directly for field level studies and it would be useful if Sida replicated this practice.

There is also little evidence that Sida funded research programmes at global level have any impact on field level programming. Most organisations interviewed report that global level research has never supported them in their work or been disseminated at field level. The few exceptions to this comment came from larger NGOs, whose technical departments at global level may from time to time disseminate technical research findings to field colleagues.

Pooled Fund

Several interviewees requested better research to support Pooled Fund decision making. In particular, they felt that it would be useful to undertake comparative analyses between provinces and emergency areas, allowing for an objective determination of the severity of the crisis in each area, and to support

objective comparisons of conflict-prone versus post-conflict areas of DRC. This could then be used to determine more appropriate, needs-based, funding envelopes.

RECOMMENDATIONS: STRENGTHENING THE HUMANITARIAN SYSTEM

- Field level research has major benefits in promoting better operational decision making and guiding longer term planning. Sida's multi-annual framework agreements allow for field research, but Sida could do more to ensure that its partners systematically undertake research exercises and share results where appropriate and beneficial.
- Sida should reflect on how to ensure that global level research is properly disseminated to the field and is useful and relevant for field operations. It could do this by ensuring that at least some of the research is related to Sida's thematic areas, allowing Sida to ensure that the research picks up on real field issues and that the results and recommendations are properly disseminated at field level.
- Pooled Fund decision making on funding envelopes would benefit from objective research, especially comparative studies to determine the severity of crisis between provinces. Sida should use its place on the Pooled Fund Board to advocate for this research.

2.8 Strengthening the humanitarian principles

Bilateral Funding

A consortium of organisations, including Sida funded organisations NRC, OCHA, UNHCR and ICRC, continues to train Congolese army (FARDC) in International Humanitarian Law (IHL). There has never been an evaluation of this work, and it is difficult to say whether there has been any lasting impact, given the continued high rate of violations by these soldiers.

RECOMMENDATIONS: STRENGTHENING THE HUMANITARIAN PRINCIPLES

- Donors should request an evaluation of the impact of IHL training with the FARDC so that lessons learnt from this exercise are incorporated into any future training programmes.

2.9 Cross cutting issues

Bilateral Funding

UNICEF's GENCAP advisor ensures that NFI proposals include measures to prevent sexual violence. A Sida staff member in the Embassy in Kinshasa takes a keen interest in gender issues and has had detailed discussions with UNICEF's GENCAP advisor as well as with ICRC. Sida's support to IRC's programme on gender-based violence also suggests that Sida recognises the importance of addressing gender issues in the DRC. Nevertheless, there is no systemic approach to ensuring that cross-cutting issues are properly integrated into programming supported by Sida funding.

Pooled Fund

The Pooled Fund Unit promotes gender mainstreaming in Pooled Fund proposals, including through the systematic implementation of gender markers while reviewing projects proposals. The UNICEF-hosted GENCAP advisor has helped to support this process and gender-mainstreaming more broadly.

2.10 GHD principles not covered by Sida's strategic sub-goals

While Sida has made an effort to incorporate a broad range of the GHD principles into the sub-goals in its humanitarian strategy, there are two broad areas that it has not covered. The first is accountability to affected populations, which is discussed in section 3.3. The other is the primacy of civilian delivery of humanitarian action. Sida could support the implementation of GHD Principles 19 and 20 in DRC by advocating for more regular security assessments by UNDSS. Many areas of eastern DRC that are considered safe by NGOs are only accessible with military escorts for UN agencies, who must follow UNDSS's security rules.

Section 3: Structure, Policy and Accountability

This section contains observations on structural issues, such as the relationship between Sida in Stockholm and the embassy in Kinshasa. It also includes a discussion of accountability issues, as the pressure on Sida to report results is likely to increase considerably in the near future.

3.1 Structure: HQ-Field relationships

Discussions with embassy staff in Kinshasa highlighted the fact that the structure of the relationship between Stockholm and the Swedish embassy in Kinshasa, and the roles of the different parts of Team Sweden, are unclear.

At the time of the field visit, the head of Sida's cooperation in DRC was also responsible for following the humanitarian portfolio, amongst various other responsibilities. She left her post in summer 2010 and responsibility for humanitarian issues was transferred to a staff member responsible for health programming. The person responsible for humanitarian issues in DRC is expected to represent Sweden on the Pooled Fund Board, attend the national level Humanitarian Advocacy Group (HAG) and monitor the implementation of Sida-funded projects (although they have inadequate time and resources for this, given the size of Sida's DRC portfolio).

As Embassy personnel, the reporting lines for Sida staff in the field pass through the Ambassador. The Ambassador and Sida's Country Team director in Stockholm are supposed to keep each other informed of key issues and to coordinate on issues related to personnel management. Sida's Country Team is required to take the Embassy's political analysis into account when developing and implementing its country strategy.

Humanitarian funding decisions are made entirely in Stockholm, either by the MFA for core funding or by Sida's humanitarian staff for project or country-specific funding (particularly the humanitarian officer based in the DRC Country Team). All communication between DRC and Stockholm on humanitarian issues is channelled through this humanitarian officer in the DRC Team.

Other links, for example between the humanitarian team and the DRC-based Head of Cooperation, are only informal. Figure 2 shows these linkages.

This structure fails to adequately exploit the synergies that could be achieved from having a Sida presence in the field. In particular:

- a. Information flows to the field are sub-optimal, with field staff having to request the information that they need. Since field staff members do not make funding decisions (though they can make suggestions), they do not always receive all the documentation related to a funding decision. This means that they have incomplete information when trying to follow up on projects.
- b. Field staff receive inadequate policy guidance. For example, in DRC, field staff wanted to understand better the concepts of stabilisation and transition assistance and know more about how to approach the linkages between these and humanitarian aid so that they could contribute to the development of the 2011 Humanitarian Action Plan. This lack of policy direction may be the result of Stockholm staff members' concern about over-burdening their colleagues but this reduces the effectiveness of Sweden's field-level policy engagement. Another reason seems to be that field staff do not have direct communication links with the Human Security team in Sida or with the MFA (in fact, they were not entirely clear about the role of the Human Security team). So, field staff had not been informed of Sweden's priorities in relation to GHD, despite requests to both the MFA and Sida. This restricted discussions with other donors in the Kinshasa-based GHD group. The Sida

representative on the Pooled Fund Board also had no information about what Sweden was advocating in the CHF Working Group or what position it was taking on issues such as using the CHF to support cluster coordination. This has made it difficult for them to play an active role on the Board and Sweden risks becoming a ‘sleeping partner’.

- c. The role of Sida staff in relation to the MFA needs to be clarified and better communication links established. The MFA has sometimes requested Sida field staff to provide situational analyses and reporting on humanitarian issues and the UN system but this is outside their job description. Also, though Sida is supposed to follow up on MFA funding to WFP and UNHCR because they are humanitarian agencies, field staff find it very difficult to obtain information on how much funding the MFA has provided to them for DRC. The lack of a direct link between Sida field staff and the MFA has also meant that Sida staff have not shared issues relating to the performance of the CERF that have been discussed by the Pooled Fund Board with Stockholm.
- d. Sida is missing opportunities to inject field-level evidence into global-level policy discussions. Field staff are not invited to the Humanitarian Days or other global meetings and there is no process for them to provide input based on field-level observations. They will also not have access to the future SharePoint-based knowledge management system, which will further exclude their important contributions.
- e. Sida does not have adequate staffing on the ground to properly monitor the entire humanitarian funding portfolio in DRC (which is larger than the development portfolio). Although staff can visit partner projects sporadically, their ability to ensure that all those projects are delivering results is limited. This is complicated by the lack of thematic focus in the funding portfolio, which has led to the need to measure results project by project, rather than on a broader scale.

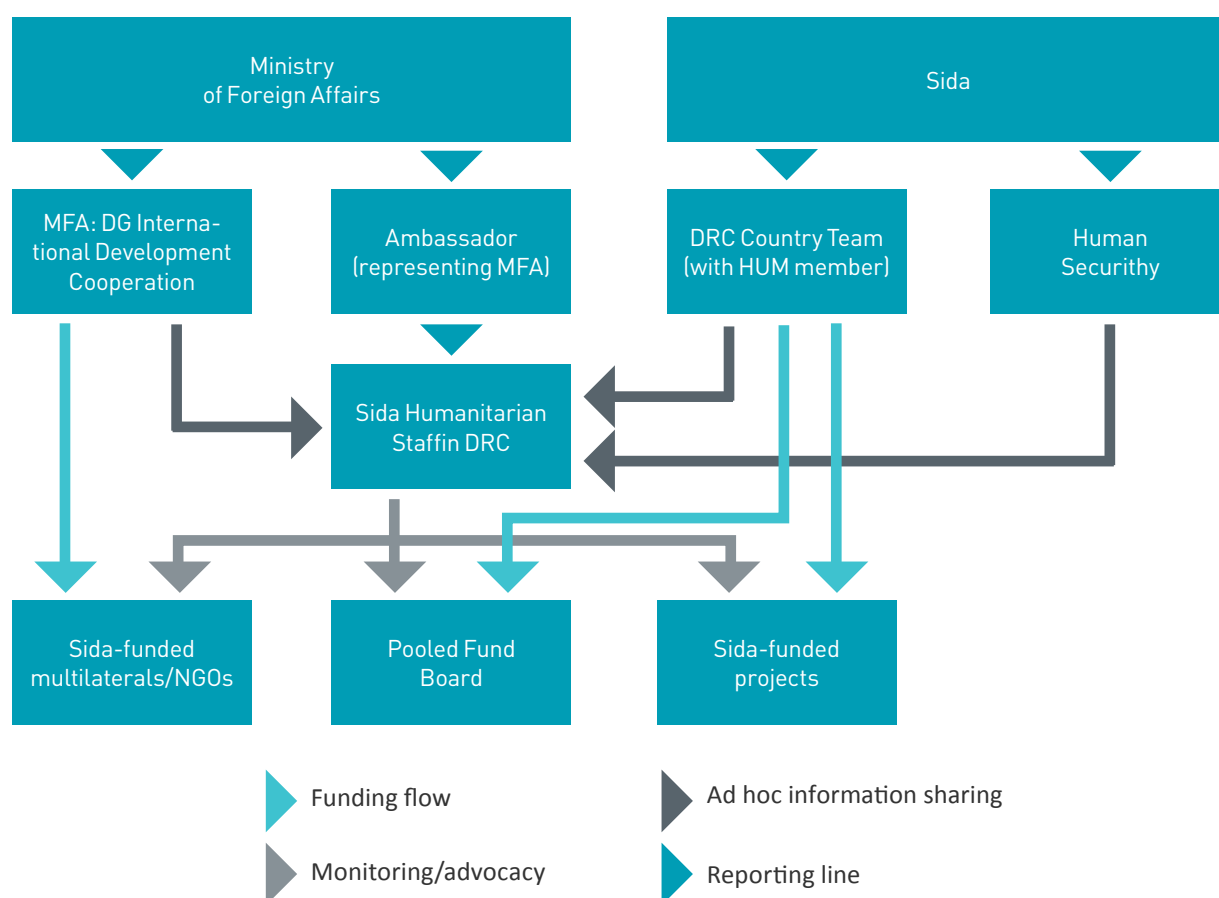


Figure 2: Formal and Informal relationships between Team Sweden in Stockholm and Kinshasa

RECOMMENDATIONS: HQ-FIELD RELATIONSHIPS

- The current network of relationships between field and HQ staff is sub-optimal. The reliance on informal and ad hoc communication channels can lead to many issues being missed. Sida should formalise its systems for sharing information and lessons learnt, providing policy guidance, promoting advocacy, and monitoring programme results. Making project documentation available online is one simple way of ensuring that field staff have access to the documents that they need for adequate follow up.
- Sida should consider investing in more humanitarian staff in the field, especially in a major complex emergency such as the DRC, where Sida's humanitarian portfolio is larger than its development portfolio.

3.2 Policy and advocacy for greater humanitarian impact

Bilateral Funding

As noted above, insufficient humanitarian staffing at field level and inadequate communication between Stockholm and field level on policy issues make it difficult for Sweden to match its financial weight in the Pooled Fund and the UN system with political weight and policy input. Instead it risks being a 'sleeping partner', obliged to follow the line of other major and like-minded donors, such as DFID and the Netherlands. Many partners consulted for this evaluation asked for Sida to be more vocal in advocating for issues that it is concerned about, especially security sector reform, strengthening recovery programming, and enhancing linkages with development. Sida's partners believe that, as a neutral actor, it could play an important role in balancing donor debates, which are often skewed towards the pre-agreed positions of the major donors.

However, the current limited information flows between members of Team Sweden and the lack of focus in the humanitarian portfolio and strategy mean that advocacy is a complicated 'ask' at field level. Multi-entry programming, whereby Sida selects thematic areas to focus its funding, policy and advocacy work, could be one way to resolve this issue. So, if Sida chose gender based violence (GBV) as a theme, it would ensure that all the projects it funds dealt adequately with GBV, for example by ensuring that latrines are in well lit areas and that mechanisms for the distribution of relief items do not leave women open to attack. It would then monitor the activities of its partners through this GBV lens. It would also advocate for GBV related issues on the Pooled Fund, in the determination of the HAP, with the clusters, and in development areas such as Security Sector Reform.

Pooled Fund

For Sida to ensure that the Pooled Fund helps it to deliver on its humanitarian strategy, it needs to provide more strategic direction to the Pooled Fund, both at Kinshasa level and also in the CHF working group (through the MFA). Donors on the Pooled Fund Board as a whole have provided very little united strategic direction. For example, at a recent Board meeting, DFID clarified that the Pooled Fund needs to develop a strategy for targeting its funding decisions. The Board asked for the establishment of two commissions comprising Board members to discuss how to improve the allocation strategy. This means that Pooled Fund recipient agencies who are Board members will be defining the allocation strategy, which could result in conflicts of interest. Therefore, NGOs called for donors to provide this strategy direction directly.

There are two main obstacles to Sida's ability to provide the necessary strategic direction and advocate for improvements to the Pooled Fund. The first is Sida's own lack of strategic focus so Sida will first have to determine what it wants to achieve through the Pooled fund. The humanitarian team will have to make this decision and then transmit the information to field staff. The second is the current lack of a coordinated Sida-MFA strategy to advocate for changes to the Pooled Fund. While it is Sida in Stockholm that finances the Pooled Fund and Sida at field level that sits on the Pooled Fund Board, it is the MFA that is a member of the CHF Working Group (which covers CHFs across the four countries in which they operate).

RECOMMENDATIONS: POLICY AND ADVOCACY

- As a neutral partner, Sida could play a stronger role in balancing donor debates at country level. To do this, Sida will need to research and adopt clear and coherent policy positions on issues of concern.
- Multiple entry programming would significantly increase the overall impact of Sida's work and enable Sida to further support and add value to its partners' work by providing clear policy guidance and targeted advocacy on issues of common concern.
- Sida should heed the calls of NGOs to provide strategic direction to the Pooled Fund. The MFA and Sida (both in Stockholm and Kinshasa) need to agree a coordinated approach to improvements to the Pooled Fund, which field staff will need to implement.

3.3 Accountability

Bilateral

Sida's current level of staffing in DRC is insufficient to ensure comprehensive monitoring across its entire humanitarian portfolio. Kinshasa- and Stockholm-based humanitarian staff have established some division of labour but there are no formal criteria for how and when to monitor programming, and so this is done, and information is shared, on an ad hoc basis. This ad hoc monitoring is based on appraisals of individual projects or partner programmes against their own goals rather than against the 8 sub-goals of its humanitarian strategy. This means that at present Sida is unable to determine, or report on, the results of its humanitarian strategy in DRC (or elsewhere).

In addition, some of the humanitarian programmes that Sida funds do not lend themselves to easy reporting on impact, especially in the short-term (for example, on gender-based violence). In such cases, Sida may need to look at other systems of monitoring the impact of its funding.

Since Sida has not made GHD principle 7 on the involvement of beneficiaries in the design, implementation, monitoring and evaluation of humanitarian response a goal in its humanitarian strategy, it does not require partners to implement this principle and demonstrate that they are doing so. Therefore, it is not surprising that the evaluation did not find evidence that Sida's bilateral funding is supporting increased beneficiary involvement in any systematic way.

Pooled Fund

The Pooled Fund collects data on basic results indicators every six months, mostly output based statistics such as the number of beneficiaries targeted and number of wells dug. These results form the basis of the Pooled Fund's annual report, which includes results by cluster. It also gathers beneficiary data, disaggregated by gender and including the number of children. This is an example of good practice that similar funds could replicate.

Since Pooled Fund Unit staff attempt to visit every NGO project at least once during implementation, they can be relatively certain about the accuracy of data supplied by NGOs. UN agencies have been, for the most part, extremely tardy with submitting reports on the results of their Pooled Fund grants. However, they refuse any monitoring of their Pooled Fund projects. So the Pooled Fund Unit has to rely on their internal monitoring and evaluation (M&E) systems and it is difficult, perhaps impossible, for it to verify the accuracy of the figures that they provide. This is a concern as a review of CERF funding found some evidence that UN agencies find it more challenging to ensure robust M&E for humanitarian programmes¹⁵. The Pooled Fund Unit recognises the challenge and is engaged in discussions with UN agencies about how to address the issue of cross-checking and verification. The question of how to establish a monitoring and evaluation body with the technical and political independence to allow equal monitoring of UN and NGO projects has yet to be resolved. In the meantime, at the

¹⁵ Development Initiatives (2010) *Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Kenya*. Available from: www.devinit.org

request of DFID and the former Humanitarian Coordinator in DRC, the Pooled Fund Unit and OCHA are exploring other methods for better monitoring of the Humanitarian Action Plan and the Pooled Fund.

The key challenge with the two-tier accountability system that UNDP operates as administrative and management agent for the Pooled Fund is that it places a far greater burden on NGOs (particularly local NGOs) than on UN agencies even though NGOs do not receive core funding to cover their administrative expenses. UNDP uses a risk-based management system, using the initial capacity assessment to categorise the risk level of a proposed partner¹⁶. UNDP-based monitors are expected to monitor both project execution and accounting/procedural compliance of NGOs receiving Pooled Fund grants. Depending on their risk level, NGOs can be subject to multiple project visits and, due to UNDP's rules, multiple audits¹⁷, which creates a heavy administrative load. However, one monitor noted that he had only found discrepancies in about 20 % of the cases, mostly relating to minor procedural rules rather than project results.

RRMP

The nature of the RRMP programme lends itself very easily to accurate reporting of results, especially output based statistics. It has now developed an online database – ActivityInfo – that can report on results in real time, including generating tables and graphs. In addition RRMP partners are funded to hire dedicated monitoring staff members, who focus on the implementation of gender and protection standards.

RRMP has also been notably good at supporting learning initiatives for the effective and efficient implementation of humanitarian action. The programme has existed since 2004 and, thanks to funding stability, has been able to retain long-term staff presence. This, combined with donors that have supported continuous innovation, has enabled it to become very good at self-analysis and adaptation, undertaking regular annual lessons learning exercises that involve all partners. It has also been willing to take risks in its operations to support better implementation.

RECOMMENDATIONS: ACCOUNTABILITY

- In order to be able to report on the results of its overall humanitarian strategy in each emergency and across its global humanitarian portfolio, Sida urgently needs to develop a monitoring system based on the sub-goals. Sida should develop operational guidance, including perhaps a checklist, to support this system and use it for all field visits.
- Sida should consider making principle 7 on accountability to beneficiaries a goal in its revised humanitarian strategy. It could implement this by including the principles of the Humanitarian Accountability Project in all its funding agreements.
- Given that the numbers of Sida staff allocated to humanitarian action in the field is unlikely to increase, and that the travel budget of HQ based staff is likely to remain static at best, Sida may need to look at another method to ensure that it monitors its DRC portfolio appropriately. Options include joint donor monitoring, a clear division of labour between donors on monitoring, attending partner strategic planning sessions rather than visiting the field, holding an annual in-country joint partner consultation workshop, using informal contacts with cluster leads to support monitoring, and promoting a more appropriate (and fully inclusive, i.e. including UN projects) monitoring of the Pooled Fund.
- Sida should support the efforts of the Pooled Fund Unit and OCHA to develop a monitoring system for the Humanitarian Action Plan and Pooled Fund.

¹⁶ It categorises all NGOs to which it has not made a grant as moderate to high risk, even if the NGO is a large international one receiving millions of dollars from bilateral donors. This means that it is subject to a range of administrative checks that can only be reduced once the NGO proves itself to be a low risk.

¹⁷ For details of the rules that can result in multiple audits and the related challenges, see Mowjee, T. (2009) *NGOs and Humanitarian Reform Mapping Study: Democratic Republic of Congo Report*. Available from: <http://www.icva.ch/doc00003652.pdf>

Section 4: Effective humanitarian assistance

This evaluation aims to support the development of Sida's revised humanitarian strategy. To aid this process, and to guide the setting of overall goals for this new strategy, DI asked three sets of people the question "what are the elements of effective humanitarian assistance?"

- Sida, MFA and MSB staff in Stockholm (during Sida's Humanitarian Days, as reported in the Interim Report)
- The humanitarian community in Eastern DRC (refer Annex A)
- A women's group in Chengerero, North Kivu, beneficiaries of the IRC GBV programme, funded by Sida

The results are listed in the table below, with an attempt to reconcile them across the different groups:

	Sida/MFA/MSB Stockholm	Humanitarian Community	Women's group (Chengerero)
Multiple-entry point programming	Policy coherence	Strategic partnerships to allow multiple entry point programming on key issues Advocacy for prevention and links to development: peace-building, disaster risk reduction	Complete programming: covering all aspects of the issue (including the cause)
Resources	Donor Will Timeliness Flexibility Money Staff	Operational Flexibility – allowing for independence, longer-term vision, programmes as opposed to projects. Particularly important in the transitional contexts and in rapidly changing emergency contexts	
Operational	Security and Access Communications/Logistics Effective implementing partners	Experienced partners with demonstrated response capacity	
Sustainable programming	Local capacity strengthening	Sustainable programming, including reinforcing local capacities (local NGOs and/or local structures, depending on the goal of the programme). Promoting local coping capacities and not replacing them	Sustainable response – not short-term solutions Support the community rather than work through government Promote community self-sustainability/coping mechanisms
Coordination	Donor coordination Coordination	Efficient, light coordination mechanisms	
Response design	Needs analysis Context analysis Quality standards	Appropriate response given the severity of the crisis and the context Quality response by promoting international standards	Free services Programme lasts long enough to really cover the needs Don't create new problems (Do No Harm) Quality response

	Sida/MFA/MSB Stockholm	Humanitarian Community	Women's group (Chengerero)
Relationship with authorities	Host Country Will	Transparency to local authorities, a constructive working environment	Information sharing with local authorities
Monitoring	Accountability/ follow-up		
Community involvement	Beneficiary involvement		Community feedback and monitoring Community consulted on project design Information on how response will be conducted communi- cated to community Keep promises

The following emerged as essential elements of humanitarian assistance that could guide Sida's revised humanitarian strategy:

1. Strategic partnerships for holistic programming: multiple entry points for addressing complex issues, including funding arrangements, advocacy with national actors (etc) and joint research and policy making
2. Operational flexibility – allowing for independence, longer-term vision, programmes as opposed to projects. Particularly important in the transitional contexts and in rapidly changing emergency contexts
3. Experienced partners with demonstrated response capacity
4. Sustainable programming, including reinforcing local capacities (local NGOs and/or local structures, depending on the goal of the programme). Promoting local coping capacities and not replacing them
5. Efficient light coordination mechanisms, including donor coordination mechanisms
6. Response appropriate given the severity of the crisis and the context
7. Quality of response by promoting international standards
8. Advocacy for prevention: peace-building, disaster risk reduction – beyond the humanitarian mandate but areas that need advocacy support to ensure that they are not forgotten, and that work in these areas learns from the humanitarian understanding of the context
9. Transparency to local authorities (at least), a constructive working environment

Strong beneficiary involvement, including consultation, feedback, information flows, and keeping of promises.

Section 5: Conclusions

This section draws together the key messages emerging from this case study.

Sida's linking of humanitarian and development funding is an example of good practice

In DRC, Sida has linked not only its own humanitarian and development funding but also ensured that projects previously financed by ECHO could continue with the benefit of development funding. In addition, Sida's multi-annual framework agreements have enabled partners to think beyond short-term interventions, which is more appropriate in the chronic crisis that prevails in DRC. Thus, Sida has demonstrated good practice in ensuring sustainability for activities begun with humanitarian funding, which can act as an example for other donors and Sida's funding in other countries.

Sida needs to support disaster preparedness and risk reduction (DPRR) at country level

Sida's policy of focusing its humanitarian funding for disaster risk reduction (DRR) at global and regional levels does not appear to have had any impact on reducing disaster risk for vulnerable communities in DRC. Since DRC is rated as a highly disaster prone country, Sida needs to identify ways to support disaster preparedness and DRR at country level. One option for ensuring mainstreaming is for Sida to adopt DPRR as a thematic priority.

Sida's multi-annual framework agreements are very useful instruments

This case study has identified several benefits of Sida's multi-annual framework agreements. These include: helping partners to take a longer-term approach which is more appropriate for a chronic crisis, allowing partners to identify and incorporate lessons into future programming decisions without excessive paperwork, reducing operational costs for partners, enabling partners to strengthen local capacity, and supporting partners to undertake field-level research.

Matching Sida's humanitarian funding to DRC with policy and advocacy engagement is a challenge

Due to Sida's limited humanitarian staffing capacity at field level and sub-optimal information flows between Stockholm and Kinshasa, it is difficult for Sida field staff to engage in the Pooled Fund Board, the GHD group and other fora to ensure that Sida's role in policy and advocacy matches the weight of its humanitarian contributions. Instead, Sida risks becoming a 'sleeping partner' and following the lead of donors with a more active field presence. These factors also mean that Sida is missing opportunities to use its field-level experience and evidence to inform the MFA's global-level policy discussions.

Need for Sida to engage more actively with the Pooled Fund

The study has identified a number of areas where the Pooled Fund faces challenges and Sweden could support improvements. These include stronger and united strategic direction from donors; simplifying, clarifying and communicating decision-making procedures; reducing the burden that UNDP's administrative requirements create for NGOs; and introducing a monitoring and evaluation body with the technical and political independence to allow equal monitoring of UN and NGO projects. This will require Sida to engage more actively at field level and also to support the MFA's involvement in the CHF Working Group and UNDP's Executive Board.

RRMP is in accordance with many of Sida's humanitarian goals

RRMP is designed to provide quick response to rapid onset emergency situations that cross a certain vulnerability score threshold (measured through the Multi-Sector Assessment tool). It has been particularly useful for ensuring a response to small emergencies in remote areas. As a result, it is a good example of the 'provider of last resort' requirement. Although it does not aim to build local capacity, RRMP has trained local organisations to provide a humanitarian surveillance system and deliver assistance in areas that preclude international efforts. It has also developed a cadre of professional and experienced Congolese staff. Therefore, it is not surprising that Sida has financed RRMP bilaterally as well as

through the Pooled Fund. The main area in which RRMP fails to address Sida's humanitarian goals is in supporting a longer-term approach and ensuring that its initial emergency interventions are followed by longer-term assistance, particularly for returnees.

Opportunity to strengthen donor coordination

The GHD group in DRC has strengthened relations between donors and supported a degree of information exchange. However, given that most donors are facing the challenge of managing growing humanitarian budgets with declining staff numbers, they have the opportunity to strengthen coordination by sharing information on funding and partner performance, undertaking joint missions and establishing a division of labour on monitoring jointly funded activities.

Section 6: Recommendations

Sida

- Multi-annual framework agreements have proved to be useful instruments for implementing GHD principles in DRC. Sida should expand the number of multi-annual agreements it has with partners and specify the annual funding amounts that partners can expect to receive under each year of the agreement.
- When UN agencies use Sida's funding for onward grants to NGOs, the funding loses its timeliness, flexibility and predictability. Sida should work to ensure that UN partners with multi-annual framework agreements apply the GHD principles when passing these funds through to partner NGOs. It could do this by making this a requirement in its multi-annual funding agreements.
- Sida could support the dissemination of OCHA DRC's planned training module on the Pooled Fund decision-making process. This would help clarify the process and thus shorten the time taken to approve projects.
- At global level, Sida needs to develop or adopt a severity of crisis model to guide the determination of geographical funding envelopes, so as to ensure that its funding for each emergency is truly in proportion to the severity of needs.
- To ensure that Sida obtains maximum impact from its investment in humanitarian action in DRC, it could be useful to focus on a specific thematic set of needs (e.g., GBV) and support funding by promoting policy development on the theme and focusing its advocacy on issues related to the theme. This would provide multiple entry points on the issue, and thus real value added for Sida beyond its primary role as donor.
- Sida should continue to support the imminent adoption of cluster guidelines that aim to define the standards and criteria for Pooled Fund project selection.
- Sida could use the MSA assessments conducted by the RRMP programme to reinforce its programming decision making, ensuring that it is really targeting the areas of highest need.
- In DRC, Sida could decide to promote more effective coordination by advocating for better linkages between provincial and national clusters, promoting the establishment of a shelter cluster, working to promote the future transition of coordination from clusters to local authorities, and promoting linkages between humanitarian and development coordination mechanisms.

- To address concerns that Pooled Fund decision making processes take up more time than they should and thus divert clusters from focusing on substantive issues, Sida should encourage the Pooled Fund to clarify and communicate processes, promote stronger and more strategic donor guidance for the Pooled Fund, and advocate for strengthening the ability of clusters to prioritise needs, not projects.
- Sida should consider promoting the use of RRMP-like mechanisms in other emergency situations to support the cluster 'provider of last resort' role.
- Sida should promote and take advantage of opportunities for more sharing of funding information between donors, joint field missions and the sharing of mission reports and observations on programme performance.
- Sida should continue, and increase where possible, funding through multi-annual framework agreements, which are the most appropriate tool for supporting partners to strengthen local capacity.
- Sida should emphasise its focus on local capacity building in its partner agreements (in whichever form is the most appropriate). This will support multilateral/NGO partners in their drive to pass on this type of approach to any reluctant implementing partners.
- Sida should encourage UNDP to take on the role of strengthening the capacity of local NGOs receiving Pooled Fund grants. If this fails, Sida should work with like-minded donors to identify another partner that could undertake this important work.
- Sida's policy of focusing on DRR at global and regional levels has not yet had any impact on reducing disaster risk for vulnerable communities in DRC. Selecting DRR as one of Sida's priority thematic areas, and thereby ensuring that elements of DRR, especially disaster preparedness, are mainstreamed throughout all of Sida's funding decisions, is one way to make future progress on this sub-goal in DRC.
- Sida's linking of humanitarian and development funding in DRC is an example of good practice that it should replicate systematically. When using development funding to continue projects financed by other humanitarian donors, Sida should discuss partner performance with the other donors.
- Avoiding overlap and ensuring that development programmes build on the work already done by humanitarians is critical at this juncture in DRC's history. Sida should advocate for the transparency of development funding and promote linkages and mutual learning between humanitarians and development actors.
- Humanitarian work should not be subjected to political pressures that may come from the conflicting objectives of stabilisation programming. Sida has a role to play in ensuring that its partners are not subject to these types of pressures.
- An obvious recovery gap is the support of more durable solutions for returnee populations initially assisted by RRMP. Sida could review the possibility of either providing funding to organisations to support the recovery of these populations, or advocating for others to do so.
- Field level research has major benefits in promoting better operational decision making and guiding longer term planning. Sida's multi-annual framework agreements allow for field research, but Sida could do more to ensure that its partners systematically undertake research exercises and share results where appropriate and beneficial.
- Sida should reflect on how to ensure that global level research is properly disseminated to the field and is useful and relevant for field operations. It could do this by ensuring that at least some of the

research is related to Sida's thematic areas, allowing Sida to ensure that the research picks up on real field issues and that the results and recommendations are properly disseminated at field level.

- Pooled Fund decision making on funding envelopes would benefit from objective research, especially comparative studies to determine the severity of crisis between provinces. Sida should use its place on the Pooled Fund Board to advocate for this research.
- The current network of relationships between field and HQ staff is sub-optimal. The reliance on informal and ad hoc communication channels can lead to many issues being missed. Sida should formalise its systems for sharing information and lessons learnt, providing policy guidance, promoting advocacy, and monitoring programme results. Making project documentation available online is one simple way of ensuring that field staff have access to the documents that they need for adequate follow up.
- Sida should consider investing in more humanitarian staff in the field, especially in a major complex emergency such as the DRC, where Sida's humanitarian portfolio is larger than its development portfolio.
- As a neutral partner, Sida could play a stronger role in balancing donor debates at country level. To do this, Sida will need to research and adopt clear and coherent policy positions on issues of concern.
- Multiple entry programming would significantly increase the overall impact of Sida's work and enable Sida to further support and add value to its partners' work by providing clear policy guidance and targeted advocacy on issues of common concern.
- In order to be able to report on the results of its overall humanitarian strategy in each emergency and across its global humanitarian portfolio, Sida urgently needs to develop a monitoring system based on the sub-goals. Sida should develop operational guidance, including perhaps a checklist, to support this system and use it for all field visits.
- Sida should consider making principle 7 on accountability to beneficiaries a goal in its revised humanitarian strategy. It could implement this by including the principles of the Humanitarian Accountability Project in all its funding agreements.
- Given that the numbers of Sida staff allocated to humanitarian action in the field is unlikely to increase, and that the travel budget of HQ based staff is likely to remain static at best, Sida may need to look at another method to ensure that it monitors its DRC portfolio appropriately. Options include joint donor monitoring, a clear division of labour between donors on monitoring, attending partner strategic planning sessions rather than visiting the field, holding an annual in-country joint partner consultation workshop, using informal contacts with cluster leads to support monitoring, and promoting a more appropriate (and fully inclusive, i.e. including UN projects) monitoring of the Pooled Fund.
- Sida should support the efforts of the Pooled Fund Unit and OCHA to develop a monitoring system for the Humanitarian Action Plan and Pooled Fund.

Sida and the MFA

- To improve the operation of Common Humanitarian Funds and reduce the administrative burden that UNDP places on NGOs, Sweden should use its membership of UNDP's Executive Board to push for a simplification and speeding up of its administrative and disbursement procedures.
- As a member of the Pooled Fund board, Sida should heed the calls of NGOs to provide strategic direction to the Pooled Fund. The MFA and Sida (both in Stockholm and Kinshasa) need to agree

a coordinated approach to improvements to the Pooled Fund, which field staff will need to implement.

Donors

- The NGO role as co-lead of clusters and participation in CPIA's is good practice, but it does come with a cost for NGOs. Sida, together with other donors, needs to be prepared to fund these costs.
- Donors should request an evaluation of the impact of IHL training with the FARDC so that lessons learnt from this exercise are incorporated into any future training programmes.

UNICEF and RRMP partners

- To ensure that RRMP contributes to cluster coordination and does not operate as a parallel system, UNICEF and RRMP partners should establish systematic links with clusters in the provinces where RRMP operates.

Annex A: Current Sida Funding in DRC

2010 HUMANITARIAN FUNDING DECISIONS					
Case nr.	Amount	Organisation	Project	Sector	Status
2009-0002069	70,000,000 kr	UNDP	Pooled Fund	Multisector	Agreed / Disbursed
2010-000218	17,000,000 kr	Unicef	Rapid Response to Population Movements (RRMP)	Shelter, NFI, WASH, Education	Decided
2010-000219	20,000,000 kr	Oxfam GB	Integrated public health programme for communities affected by conflict	WASH	Agreed / Disbursed
2009-0002070	15,470,000 kr	SCUK	Protection, health and education: a holistic approach to addressing children's rights	Protection, health, education	Agreed / Disbursed
2010-000553	5,000,000 kr	OCHA	Support to the coordination system	Coordination	Planned
2010-000105	765,000 kr	MSB	Sida's RRM; Support to the Information Management System for Mine Action (IMSMA) of the UN Mine Action Coordination Centre (UNMACC)	Mine action	Agreed / Disbursed
2010-000093	25,000,000 kr	ICRC	Protection and assistance to conflict affected civilians	Protection and multisector	Agreed
2008-002242	10,000,000 kr	NRC	Education and legal assistance to IDPs	Education, protection	Agreed
	5,550,000 kr	DRC	Humanitarian Assistance to Conflict-affected Population Groups in Haut-Uélé District	Shelter, NFI, Sanitation, Livelihoods	Planned
2010-000164	18,000,000 kr	MSF	Primary and secondary health care	Health	Planned
2010-000105	1,300,000 kr	MSB	6 month extension of expertise support to WFP fleet management	Logistics	Agreed / Disbursed
Total	188,085,000				

2009 DECISIONS WITH DISBURSEMENTS PLANNED FOR 2010					
Case nr.	Amount	Organisation	Project	Sector	Status
2008-001820	7,600,000 kr	IFRC / SRK	Support to IFRC's appeal 2009-2010	Multisector	Agreed / Disbursed
2007-002716	6,239,000 kr	SRK	Hygiene promotion (IP with ICRC)	WASH, health	Agreed / Disbursed
2008-000122	17,900,000 kr	MSB	Demining	Mine action	Agreed / Disbursed
2008-002249	10,560,000 kr	IRC	Breaking the cycle of violence against women and girls	Health, protection	Agreed
2009-000070	12,500,000 kr	Oxfam GB	Recovery	WASH, health	Agreed
2009-000474	9,058,000 kr	PMU-InterLife	Integrated humanitarian programme	Shelter, Nutrition, Health	Agreed
Total	63,857,000				
TOTAL	251,942,000				

Annex B: The Rapid Response to Movements of Populations (RRMP) Mechanism

UNICEF's RRMP Mechanism has grown out of the Rapid Response Mechanism (RRM) established in 2004. The RRM grew out of DFID's concern about improving the ability of NGOs to respond to sudden population displacements and the variety of small crises that arose on a regular basis (since NGOs tended to be more focused on their normal programmes addressing the on-going crisis rather than responding to sudden new needs). The availability of quick-disbursing funding was not the only problem since the NGOs would still have to procure relief items to respond to the new emergencies. Therefore, the mechanism decided to use UNICEF's logistics capability to procure and pre-position Non-Food Item (NFI) kits. UNICEF received separate funding to procure and pre-position NFI kits and fund NGO partners to ensure their distribution when there is a population displacement, natural disaster or outbreak of disease. UNICEF and OCHA jointly identified NGOs with the necessary capacity and appointed them as 'focal points' with the responsibility for providing assistance (security permitting). With the establishment of the Pooled Fund in 2006, the Humanitarian Coordinator and donors decided that it would be more efficient for donors to channel their funding solely to the Pooled Fund donors, which would act as a single donor to the RRM. This removed funding uncertainty because the Pooled Fund guaranteed a minimum level of funding to the RRM. In the last couple of years, though, donors (including Sida) have started funding the RRM(P) bilaterally as well.

Extract from "The fusion of RRM (Rapid Response Mechanism) and PEAR (Program of Expanded Assistance to Returns) in 2010"

The goal of RRMP is to contribute through improving living conditions to the reduction of mortality and morbidity of acutely vulnerable groups due to population movement (displacement/return) that are the direct result of armed conflict and/or natural disasters. As such, RRMP contributes to the third Strategic Objective of the DRC's 2010 Humanitarian Action Plan (HAP): "Assist and protect displaced and returning populations and their host communities".

RRMP intervenes to assist:

- Displaced and returned populations of less than three months or accessible for less than three months and whose movement is the result of armed conflict.
- Host populations living in areas affected by population movements of IDPs whose vulnerability has increased as a result.
- Returned populations of less than 12 months with acute vulnerabilities linked to their return.
- Populations affected by medium and large-scale natural disasters such as flooding, landslides and major erosion, major storms and hurricanes, etc.

Objective 1: Based on the decision of the humanitarian community, Early warning surveillance is guaranteed by rapid sector-specific or multi-sector assessments in areas affected by displacement and/or return. Coordination with Clusters and other actors occurs by regular dissemination of alerts, results, and recommendations coming from these assessments, the production of summary analyses, tables, and maps for Clusters, Inter-Clusters, and the humanitarian community in general.

Objective 2: Vulnerable populations affected by displacement and/or return benefit from a multi-sector emergency response through rapid interventions in the following sectors: distribution of essential household and personal items (NFI, Non-Food Items) and Emergency Shelter Material (ESM), organization

of cash-based voucher fairs for NFI and ESM, emergency Water, Sanitation and Hygiene interventions (WASH), and emergency education response activities.

Ensure the access of affected populations made vulnerable by displacement and/or return in NFI/ESM through rapid interventions targeting the most vulnerable zones of displacement and return.

Improve access of affected populations made vulnerable by displacement and/or return to drinking water, sanitation facilities and a hygienic environment through emergency WASH interventions.

Improve access to primary school and to improved educational opportunities for IDP and/or returnee – to ensure that all individuals have access to relevant, quality education opportunities, and that learning environments are secure and promote both protection and the mental, emotional and physical well being of learners. (INEE Minimum standards)

Objective 3: Strengthened protection of affected populations by explicit measures to consider issues linked to the principles of ‘Do No Harm’ and to the different needs of women, men, girls, and boys in the planning, implementation and monitoring of interventions. Regular quality monitoring of interventions will be ensured using protection and gender checklists and the systematic tracking of results through regular entry and analysis in UNICEF’s on-line ‘ActivityInfo’ database. RRMP is targeted at emergency interventions in zones where population movement (displacement or return) has occurred up to three months ago; in the cases of zones which have been affected for longer periods of time, assistance will target those populations accessible within the last three months. RRMP responds to essential needs through interventions lasting a maximum of three months:

- In zones of displacement and return identified with acute vulnerabilities.
- Where there is no response capacity of other humanitarian actors in the affected zone
- In zones characterized by complex access issues (physical, or security)

In 2010, RRMP will directly or indirectly assist 1,770,380 children, women, and men affected by emergencies in the DRC

168,900 affected families (est. 844,500 people) receive assistance in essential Non-Food Items and Emergency Shelter Materials

807,420 people have access to a basic package of services in for water, sanitation, and hygiene.

118,460 primary school students, teachers, and parents (displaced, returnees, and host families) benefit from quality primary education through the construction/rehabilitation/re-equipping of 365 emergency (semi-permanent) classrooms; distribution of student, teacher, recreational kits benefiting 72,000 students and their teachers; training of teachers and parents as well as support to lighten the financial burden of school fees and allow for access to primary education.

Provinces	Beneficiaries NFI/ESM	Beneficiaries WASH	Beneficiaries Education	Total beneficiaries (people)/ province
North Kivu	405,500	417,000	34,680	857,180
South Kivu	240,000	125,960	33,780	399,780
Ituri	145,000	130,000	30,000	305,000
Haut Uélé and Bas Uélé	54,000	134,460	20,000	288,460
Total number of Beneficiaries (people) / sector	844,500	807,420	118,460	1, 770,380

Annex C: Methodology

The evaluation team visited DRC from 14–22 June 2010. One DI staff member consulted staff members at the Swedish Embassy, UN agencies, two of Sida's international NGO partners and donors in Kinshasa from 14–17 June. A DI staff member, accompanied by an independent consultant, visited Goma from 14–18 June to undertake consultations with Sida partners, Pooled Fund recipients, OCHA and other stakeholders. They also visited a women's group benefitting from an IRC project. The independent consultant travelled on to Bunia from 20–22 June to consult Sida partners and other stakeholders. He visited a Sida-funded MSF project and participated in an interview with Radio Okapi that was aired on 21st June. The interview outlined the objectives of the evaluation and the importance that Sida attaches to maintaining regular contact with its partners and beneficiaries. The table below lists those consulted for this case study.

Name	Surname	Job title/Organisation
Mukendi	Badiambila	Assistant au Programme, ECHO North Kivu
Ernest	Balola	Pooled Fund Monitoring Unit, UNDP, Goma
Bill		Radio Okapi
Ulrike	Blom Mondlane	Country Director, NRC
Johan	Borgstam	Ambassador, Swedish Embassy, Kinshasa
Dalita	Cetinoglu	Director of GBV Programme, IRC, DRC
Nantenin	Condé	Repatriation Officer, UNHCR Bunia
Andrea	Dedomenico	Head of Pooled Fund Unit, OCHA/UNDP Pooled Fund Management Unit
Jean-Marie	Delor	ECHO Representative, North Kivu
Meissa	Dieng Cisse	Evaluation Specialist, OCHA/UNDP Pooled Fund Management Unit
Ciáran	Donnelly	Directeur Régional, IRC, DRC
Dr Assani		Directeur l'Hopital General de Bunia
Dr Kiran		Coordinateur Médical, MSF-CH, Bunia
Dr Pascale		Médecin Chef de Zone, Bunia
Diane	Duffour	Pooled Fund Officer, OCHA DRC
Jean-Charles	Dupin	Head of Office, OCHA, Ituri
Seb	Fouquet	DFID, Kinshasa
Lawrence	Frignet	Head of Mission, MSF Ch
Anna	Furubom Guittet	First Secretary, Swedish Embassy, Kinshasa
Groupe des Mamans		Chengerero
Max	Hadorn	Head of Office, OCHA DRC
Jorge	Holly	Head of Office, UNHCR Bunia
Khemara	Ith	Finance Manager, Save the Children UK, DRC
Jeremiah	Kariuki	Coordinateur, OXFAM Bunia
Dirk	Koch	Netherlands Embassy, Kinshasa
Corinna	Kreidler	ECHO Kinshasa
Katrine Siig	Kristensen	Program Manager, DRC Bunia
Damien	Kwabene	Coordinateur, ONG APEC, Bunia
Francois	Landeich	Desk Officer, DRC, Sida Stockholm

Name	Surname	Job title/Organisation
Roger	Lokpatchu Bahemuka	Coordinateur ONGD ALDI, Bunia
Christian	Michaud	PEAR +, UNICEF
Steven	Michel	Emergency Specialist, UNICEF Kinshasa
Stéphane	Moissaing	Chef de Mission, Solidarités Nord Kivu
Dedo	Nortey	Deputy Country Director, Save the Children UK, DRC
Åsa	Palmgren	Head of Country Programme, Swedish Embassy, Kinshasa
Bryce	Perry	IRC, Provincial Coordinator, North Kivu
James	Reynolds	Chef Adjoint de Délégation, CICR Kinshasa
Esteban	Sacco	Head of Office, OCHA, North Kivu
Magale	Salazar	Coordinatrice RRMP, UNICEF
Guillaume	Sauval	Emergency Specialist, UNICEF
Ramis	Severine	Project Manager Education, Save the Children
Adouane	Soraya	Civil Affairs Officer, MONUC
Carole	Vignaud	Emergency Specialist, RRMP and Pear Plus Focal Point, UNICEF Kinshasa

Most of the consultations were interviews with individuals or staff members of a single organisation. However, the team conducted a focus group discussion with humanitarian agencies in Goma as well as a women's group in Chengerero, North Kivu (beneficiaries of the IRC GBV programme, funded by Sida). These focus group discussions included the use of the 'spokes' technique presented in section 4 and described in detail below.

Questions and Report Structure

The evaluation team used the 8 sub-goals of Sida's humanitarian strategy to develop a set of questions that formed the basis of the semi-structured interviews and focus group discussions. These are listed in the table below.

Strategy	Questions / Focus
Subgoal 1: Promoting the principles of good humanitarian donorship	<p>Timeliness/predictability/flexibility: when do partners know about Sida's funding intentions? When do they receive the funds?</p> <p>How does Sida coordinate with other donors? Is it effective?</p> <p>How does Sida ensure that partners are competent, capable of delivering a quality result and abiding by codes of conduct?</p> <p>Has Sida disbursed any funds for additional rapid onset situations?</p> <p>Under what type of agreements are partners funded? Multi-annual or project?</p> <p>Are experts in recovery and conflict resolution included in programming?</p>
Sub-goal 2: Promoting needs-based humanitarian assistance	<p>What types of needs assessments/evidence are projects built on?</p> <p>Do partners have the impression that Sida funds the "forgotten" parts of the crisis?</p>
Sub-goal 3: Strengthening humanitarian coordination	<p>Does Sida ensure that partners are part of the coordination process?</p> <p>Are projects funded by Sida in the HAP?</p> <p>How else does Sida support coordination (eg via OCHA funding?)</p>
Sub-goal 4: Strengthening local capacity	<p>Does Sida prioritise financial support to organisations with local partners and which support the use of the country's available local structures and resources to handle crisis situations?</p> <p>Does it seem like Sida is targeting the most vulnerable (extremely vulnerable groups?)</p> <p>How do vulnerable groups participate in formulating and influencing the response?</p>

Strategy	Questions / Focus
Sub-goal 5: Supporting the link between humanitarian contributions and prevention	How does Sida support emergency preparedness? How does Sida work to reduce the risk of natural disasters? What more could it do?
Sub-goal 6: Reducing the gap between humanitarian support and recovery contributions	Do any of the programmes contain a recovery component? Is Sida interested in funding recovery? (in DRC, special focus on the workings of the MSF programmes as potential best practice)
Sub-goal 7: Strengthening the humanitarian system	Does your organisation have access to research done at a global level on humanitarian issues? How could global research be disseminated more usefully for you? Is useful research conducted at field level? Are lessons learnt and innovations at field level adequately documented and disseminated? Has Sida ever seconded personnel to your organisation? To do what?
Sub-goal 8: Strengthening the humanitarian principles	Have you or Sida undertaken any work re the dissemination of IHL?
Other	What relationship do you have with Sida? (Visits? Information briefings? Reports?). How does Sida monitor the results of your programmes? What are you required to report on? What would you like to recommend to Sida?

Spokes technique

The objective of the spokes exercise is to help participants identify the characteristics of a topic. During this evaluation, the team asked groups at headquarters and field levels to identify the characteristics of effective humanitarian assistance. The team consulted three main groups using the spokes technique – Team Sweden in Stockholm (Sida, the MFA and MSB), Sida partners and aid recipient communities. The results of the exercise with Team Sweden and Sida’s NGO partners working in Somalia are reported in section 3.

Spokes is a very simple activity. The characteristics that the group identifies are represented as symbols (so that the exercise is comparable across countries and groups). During the evaluation, participants in the exercise were asked to draw each characteristic on post-it notes that were then arranged in a circle. Each characteristic/post-it note is joined to a central point by lines drawn on the ground, or on paper etc to form a wheel. The centre represents 0 or a complete lack of delivery on the characteristic with the top of the line to the characteristic representing complete delivery on it. Participants discuss and mark on each spoke the delivery on the characteristic (translated into stars in the table in section 4). The photograph here shows the results of the spokes exercise with Sida’s partners.

Participants have found spokes a very accessible tool that gives them space to think and discuss with others in the group whilst keeping their focus on the issues under discussion.

Lessons Learnt and Best Practice

Based on the project visits, the evaluation team wrote two ‘success story’ briefing papers to capture good practice that Sida can share with its partners.

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Evaluation of Sida's Humanitarian Assistance

This case study was prepared as part of the evaluation of Sida's Humanitarian Assistance (2010:4). It focuses on assessing Sida's funding and work in the Democratic Republic of Congo and attempts to learn lessons from this to inform the future humanitarian strategy and programming.

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