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Sida Decentralised Evaluation

Tasneem Mowjee
Lydia Poole
Langdon Greenhalgh
Sarah Gharbi

Evaluation of Sida's Humanitarian Assistance

Final Report

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December 2015**

**Tasneem Mowjee
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Sida**

Authors: Tasneem Mowjee, Lydia Poole, Langdon Greenhalgh and Sarah Gharbi

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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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Address: SE-105 25 Stockholm, Sweden. Office: Valhallavägen 199, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: info@sida.se. Homepage: <http://www.sida.se>

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ATHA	Advanced Training Program on Humanitarian Action
CBPF	Country-Based Pooled Funds
CHF	Common Humanitarian Fund
CHS	Core Humanitarian Standard on Quality and Accountability
CIVSAM	Sida Unit for Support to Civil Society
CRDP	Community Resilience Development Program
CSO	Civil Society Organisation
DRC	Democratic Republic of Congo
DRR	Disaster Risk Reduction
ECHO	European Union Humanitarian Aid and Civil Protection Department
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organisation
FSNAU	Food Security and Nutrition Analysis Unit
GFDRR	Global Fund for Disaster Risk Reduction
GHD	Good Humanitarian Donorship
GVCA	Global Vulnerability and Crisis Assessment
HAP	Humanitarian Accountability Partnership
HCA	Humanitarian Crisis Analysis
HCT	Humanitarian Country Team
HIF	Humanitarian Innovation Fund
HIP	Humanitarian Implementation Plan
HNO	Humanitarian Needs Overview
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
INFORM	Index for Risk Management
MENA	Middle-East and North Africa
MFA	Ministry for Foreign Affairs
MSB	Swedish Civil Contingencies Agency
NRC	Norwegian Refugee Council
OECD-DAC	OECD Development Assistance Committee
RRM	Rapid Response Mechanism
SGBV	Sexual and Gender-Based Violence
SRP	Strategic Response Plan
ToR	Terms of Reference
UNEP	UN Environment Programme
UNHAS	UN Humanitarian Air Service
UNISDR	UN Office for Disaster Risk Reduction
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHS	World Humanitarian Summit

Preface

As noted in the Terms of Reference (ToR), Sida's humanitarian assistance strategy stipulates that an in-depth results-analysis of Sida's humanitarian assistance should be conducted at the end of the strategy period (see Annex 1). The original strategy implementation period was from 2011-2014 but, following Sida's commissioning of the evaluation, the government took the decision to extend it to the end of 2016. However, both Sida and the Ministry for Foreign Affairs (MFA) felt that it would be useful to go ahead with the evaluation. From the MFA's perspective, it would be helpful to see whether the strategy was being implemented effectively so that the government could draw lessons for the revised strategy. For Sida, the evaluation is a lessons-learned exercise, providing an analysis of what is working well and where there is room for improvement.

This evaluation has been conducted by four core team members with input from a gender specialist during the inception phase. One of the core team is an Indevelop staff member while the others are independent evaluators contracted by Indevelop for this evaluation. The team comprised Tasneem Mowjee (as team leader and lead on the Syria desk review), Langdon Greenhalgh (lead on the Democratic Republic of Congo (DRC) case study, Sida's methods organisation partners and the Swedish Civil Contingencies Agency (MSB)), Sarah Gharbi of Indevelop (leading on engagement with Sida and providing support for the DRC case study), Lydia Poole (undertaking the financial and context analyses and providing support for the Syria desk review) and Mary Ann Brocklesby (the gender specialist who also helped to facilitate inception phase workshops).

The evaluation commenced on 23 June 2015 with four days of meetings, workshops and telephone interviews with Sida's non-Swedish partners in Stockholm as part of the inception phase. The data collection phase began immediately after the submission of the draft inception report on 10 July. Two members of the evaluation team undertook a field visit to the DRC from 20-31 July while telephone interviews for the Syria desk review took place from 11 August to 9 September.

The evaluation team would like to thank Sida staff and partners for being so generous with their time. The Evaluation Reference Group (ERG), led by the head of the humanitarian unit, Peter Lundberg, provided very useful input for developing the inception report and the draft evaluation reports. The team is very grateful to Francois Landiech and Amira Malik Miller for all their help with the DRC and Syria case studies respectively and to Jessica Eliasson, the evaluation focal point, for her assistance with access to documents, financial data and partner contacts. The team would also like to thank Solidarités in DRC who organised the team's visit to a project site. Susanne Mikhail also invested considerable time in providing information about Sida's allocation process, which is much appreciated. The team has valued the constructive criticism provided by Dr. Ian Christoplos in his quality assurance role for this evaluation.

Executive Summary

Sida's humanitarian strategy states the overall objective of Swedish humanitarian aid and outlines eight goals and two crosscutting perspectives (disaster risk reduction and early recovery) to guide Sida's work. The objective of this evaluation is to document the extent to which Sida fulfilled these goals during the period 2011-2014, identifying what is working well and challenges. The findings are based on two case studies – assistance to the Democratic Republic of Congo (DRC), which included a field visit, and a desk review of Sida's response to the Syria crisis. They also draw on additional interviews with a range of stakeholders, an analysis of Sida's funding data, and a document review. The findings are organised by strategic goal. Sweden was the fifth largest humanitarian donor in 2014. Sida provided 58% of its humanitarian aid, a total of around SEK 3 billion.¹ This was a peak in humanitarian funding during the evaluation period.

Allocating resources on the basis of humanitarian needs

Sida has put considerable time and effort into developing a model for the allocation of its geographical funding envelopes, including producing Humanitarian Crisis Analyses (HCAs) for major crises to prioritise within a crisis. Since there are serious weaknesses in the quality of data available on humanitarian needs, it is helpful that Sida is investing in strengthening the humanitarian system's capacity in this area. The allocation model tries to balance funding against objective criteria with providing partners with some funding predictability, which has been a challenge. Therefore, Sida should perhaps review whether it needs to focus more on targeting scarce resources to the most vulnerable and incorporating partner performance into decision-making. Partners identified some administrative challenges with the allocation process that Sida should be able to address. Within the constraints of a fixed annual humanitarian budget, Sida has achieved a balance between allocating substantial funds at the beginning of the year to facilitate a timely response to protracted crises and maintaining sufficient resources to respond to new or deteriorating emergencies during the year.

Increased respect for IHL and humanitarian principles

Sida is a principled humanitarian donor and a strong proponent of respect for IHL (including protection), through funding to key partners, supporting specific partner initiatives, and working to incorporate IHL considerations throughout its decision making processes, analysis and engagement.

¹ While Sida's humanitarian budget for 2014 was SEK 3.023 billion, development budget lines provided an additional SEK 690 million. Of this, the humanitarian unit managed SEK 530 million. Therefore, the unit managed over SEK 3.5 billion out of Sida's total humanitarian funding of SEK 3.7 billion.

Humanitarian Coordination

Sida is a strong supporter of humanitarian coordination, in terms of financing and advocating for strengthened coordination at country level. Sida staff members participate actively in donor coordination mechanisms at field level, including GHD groups. Stockholm-based staff also engage with donors during field visits or on specific issues at capital level although it is up to individuals to prioritise this.

Professionalisation of humanitarian actors

The case studies identified that the main ways in which Sida adds value to humanitarian response at field level is through being a principled donor and by providing flexible funding. Sida has introduced multi-annual framework agreements with selected partners (eight multilaterals, the International Committee of the Red Cross (ICRC), the Swedish Civil Contingencies Agency (MSB) and 11 Civil Society Organisations (CSOs) including the Swedish Red Cross). It enjoys a close and open working relationship with its partners and is appreciated for its thorough understanding of field realities. However, some partners identified ways in which Sida could move from a focus on programmatic detail to a more strategic relationship based on promoting greater learning and strengthening of the humanitarian system. To ensure that it was able to report measurable results, the humanitarian unit has made a creditable effort to develop a set of key humanitarian sector indicators. It has found these very useful in communicating achievements although it recognises that they do not reflect the quality of its assistance. It is commendable that Sida also has put in place the building blocks to undertake systematic assessments of partner performance – field visits by Stockholm-based staff, follow-up by field-based staff, partner reports and evaluations, annual partner meetings and information from other donors (although partner reporting could be strengthened and Sida could make greater use of independent evaluations). If it were able to collate systematically the information from these sources, it could use this to inform its funding decisions.

Predictable, rapid and flexible financing

Sida's CSO partners valued the RRM as a rapid and useful mechanism and all partners appreciated Sida's flexibility as a donor. Sida's contribution management system has caused some delays in disbursing funding but staff have worked hard to streamline working practices and made significant progress in reducing these delays. Sida seeks to offer its framework partners a degree of predictability through the multi-annual framework agreements and partners were appreciative of this. However, their experience of the extent to which Sida's funding is predictable varied, with multilateral partners and ICRC generally more positive and CSO partners experiencing greater uncertainty.

Strengthened national and local capacity

There is an increasing emphasis on the role of national and local humanitarian actors and Sida has tried to ensure funding to these organisations through Country-Based Pooled Funds (CBPFs). It has also contributed to greater representation for national and local CSOs. In addition, it has worked with its operational partners to strengthen their relationships with local actors.

Increased participation of the affected population

Sida expects its partners to have mechanisms in place to take account of aid recipient perspectives as good programming practice and has financed partners to strengthen their capacity where this was needed. It has also funded the Humanitarian Accountability Partnership (HAP) to promote greater accountability. It is very helpful that Sida

staff are able to seek aid recipient perspectives directly and assess the efficacy of partner systems when they travel to the field and visit partner projects, particularly since they make an effort to travel to areas not accessed by other donors. Where appropriate, Sida promotes the targeting of assistance to hard-to-reach areas and to the most vulnerable, through both its funding decisions and advocacy at field level.

Quality, learning and innovation

Sida is committed to strengthening the humanitarian response system, providing SEK 76 million for methods initiatives and capacity development on a range of issues (such as needs assessments, coordination, innovation, humanitarian accountability, learning, protection and gender) in 2014. Partners valued both Sida's funding and its understanding of the technical issues involved. Sida has been willing to take calculated risks to support initiatives at the conceptual and start-up phase, which partners greatly appreciated. It has also supported innovation through both methods organisations and operational partners though it was sometimes challenging to track this support since partners lacked a clear definition of what constitutes an innovative approach or innovation. As part of its commitment to innovation as well as humanitarian effectiveness, Sida has financed partners to provide cash-based assistance. Although it has recognised the potential of cash-based assistance to transform the humanitarian system, it has not actively encouraged partners to make greater use of it. The next step for Sida would be to consider how to ensure that its investment in methods development and system strengthening translates into changed behaviour at field level, ultimately delivering better outcomes for affected populations.

Disaster Risk Reduction (DRR) and early recovery

Although development actors have the main responsibility for building resilience, Sida believes that humanitarian assistance can and should strengthen resilience while addressing the immediate needs of affected populations. It has done this by integrating the perspectives of DRR and early recovery in its humanitarian assistance in four ways: 1) by including them in its analysis 2) by promoting their integration in partners' programmes 3) by supporting targeted DRR/ER actions (making Sida one of the largest humanitarian donors to the global DRR system while also funding DRR activities at national and local levels) and 4) by promoting synergies with long-term development. Despite a lack of incentives or structure to promote collaboration, the evaluation identified numerous linkages between Sida's humanitarian and development assistance. These included a growing recognition of the importance of common context analyses for ensuring complementarity, flexible (and sometimes joint) use of both humanitarian and development funding, an increased focus on resilience in development strategies resulting in complementary interventions and staff working on both humanitarian and development issues identifying opportunities for synergies. Sida has the opportunity to build on the good practice examples identified in this evaluation by putting in place appropriate incentives and structures and resourcing stronger collaboration. This would help to institutionalise the cooperation between humanitarian and development staff members that currently relies on personal connections and commitment.

Crosscutting issues

The evaluation questions identified a range of crosscutting issues for the evaluation to examine, including gender, protection, the environment, conflict sensitivity and risk management (in addition to coordination and accountability, which are strategic goals). Sida has a strong emphasis on gender and protection and has combined requirements for partners to focus on these crosscutting issues with funding to strength-

en capacity where necessary, which is a very constructive approach. Since 2012, the humanitarian unit has prioritised working with partners to ensure that they have robust mechanisms in place to avoid corruption. Its efforts have contributed to improving partner systems and this was recognised by an internal Sida award. The environment had received less attention than some crosscutting issues but a number of Sida partners take account of environmental concerns in their humanitarian programmes. While the humanitarian system as a whole is weak on conflict sensitivity, Sida has increased its internal capacity to focus on this. Therefore, it could consider supporting greater partner capacity for conflict analyses and the do no harm approach. Now that Sida's partners have begun to address important crosscutting issues more systematically in their proposals, it has the opportunity to move to the next level of ensuring more consistent mainstreaming at field level. Its thematic focal points and the methods working group could play a role in encouraging greater learning across partners.

Conclusions

The findings summarised above demonstrate that Sida has worked hard to deliver every goal in the strategy, together with the perspectives of DRR and early recovery. Sida is a leading humanitarian donor, not just in terms of financial resources but also in implementing the GHD principles (on which the humanitarian strategy is based) and strengthening the humanitarian system. The strategy's weakness is that the goals and perspectives do not set targets or include a definition of success in achieving these goals, making it very difficult to measure progress. However, Sida has addressed this by developing its own indicators for reporting against the strategy goals as well as key humanitarian sector indicators.

The fact that Sida has achieved so much with far less human resources than the other leading donors is a tribute to the quality of its humanitarian staff. This high level of achievement inevitably raises expectations amongst partners as well as Sida's own staff of continued progress, despite resource constraints. Therefore, while the report makes some suggestions about ways in which Sida could improve its working practices, it has aimed to keep them practical so that they can be implemented with some re-focusing rather than substantial additional resources. The suggestions relate to the following topics and strategic goals, with further details in the 'suggestion boxes' in section 4 on findings.

- Strengthening follow up on partner performance (goal 4)
- Assessing the comparative advantage of partners (goal 4)
- Strengthening local CSOs (goal 6)
- Promoting the work of methods organisations (goal 8)
- Strengthening support for cash-based assistance (goal 8)
- Financing DRR and addressing chronic vulnerability (DRR perspective)
- Mainstreaming gender and protection (crosscutting issues)
- Refining Sida's checklist for quality assurance (crosscutting issues)

1 Introduction

This section presents the objective and scope of the evaluation before briefly outlining the report structure.

1.1 EVALUATION OBJECTIVES AND SCOPE

The objective of the evaluation is to document the extent to which Sida has fulfilled the goals of its humanitarian strategy 2011-2014, which has now been extended to the end of 2016 (section 3.1 provides an overview of the goals). Therefore, the evaluation has focused on Sida's implementation of the strategy, identifying what is working well and where there are challenges.

The MFA and Sida requested that the evaluation report should not make recommendations relating to the revision of the humanitarian strategy. This is because the government will draw its own conclusions from the report and will also take account of the outcome of other processes such as the 32nd Conference of the International Committee of the Red Cross (ICRC) in December 2015 and the World Humanitarian Summit (WHS) in 2016. However, as outlined in the inception report, where the evaluation identified challenges with the humanitarian unit's ways of working, the report could suggest potential improvements that Sida can make during the remaining implementation period for the strategy. One of the most positive characteristics of the humanitarian unit, contributing to its increasing effectiveness and major achievements over the evaluation period, is the culture of constant self-criticism and self-improvement. As a result, Sida staff themselves made a number of suggestions for how they could improve their working practices. These are encapsulated in suggestion boxes in section 4, which presents evaluation findings.

The evaluation covers the original implementation period for the strategy (2011-2014), a period in which there have been substantial changes, both in the composition of the humanitarian unit and to working methods. This is partly due to Sida's implementation of the recommendations of the previous evaluation of humanitarian assistance in 2010, reflecting significant progress. These include the following:

- A sharp increase in the number of staff members in the humanitarian unit. The evaluation of Sida's humanitarian assistance in 2010 mentioned 12 staff members based in Stockholm. The unit now has around 30 staff members in Stockholm and an additional four full-time humanitarian posts in the field. In addition, 12 field-based staff members spend a percentage of their time on humanitarian issues.
- The development of a new funding allocation model (described and discussed in section 4.1)
- The introduction of a new contribution management system in 2012 (discussed in further detail in section 4.1.1)
- The introduction of multi-annual framework agreements with selected partners after Sida had conducted a thorough assessment of potential Civil Society Organisation (CSO) partners (which is discussed further in section 4.4).

- An increased focus on resilience in Sida's development work and greater collaboration between Sida's humanitarian and development staff members (as discussed in section 4.9).

This report documents these changes and how they have shaped the implementation of the strategy.

Sida identified two case studies to assess its humanitarian capacity and ability to implement the strategy at field level. The DRC case study involved a visit to the country at the end of July 2015 to consult partners and visit Sida-funded projects. The case study of Sida's humanitarian response to the Syria crisis is a desk review, based on a document review and telephone interviews with key informants. Section 2.1 provides further details of the evaluation methodology, including for the case studies.

Sida has appointed an Evaluation Reference Group (ERG) comprising 10 people to represent the evaluation management team, the humanitarian unit, field representatives from the two case study contexts, relevant units/departments within Sida, and the MFA. The ERG's role is to provide advisory support and inputs to the evaluation team, e.g. through comments on draft reports.

1.2 STRUCTURE OF THE SYNTHESIS REPORT

This synthesis report presents the main findings and conclusions at the level of Sida's global implementation of the humanitarian strategy. It is based on a document review and interviews conducted by the evaluation team at both the global level as well as for the two case studies. The case study reports are included as annexes to this report.

Section 2 of this report sets out the evaluation approach and methodology, including the main challenges and limitations. Section 3 provides an overview of Sida's humanitarian strategy and funding. Section 4 presents the main findings of the evaluation organised according to the goals and perspectives in Sida's humanitarian strategy. Finally, section 5 sets out the evaluation's conclusions, highlighting achievements and potential areas for improvement.

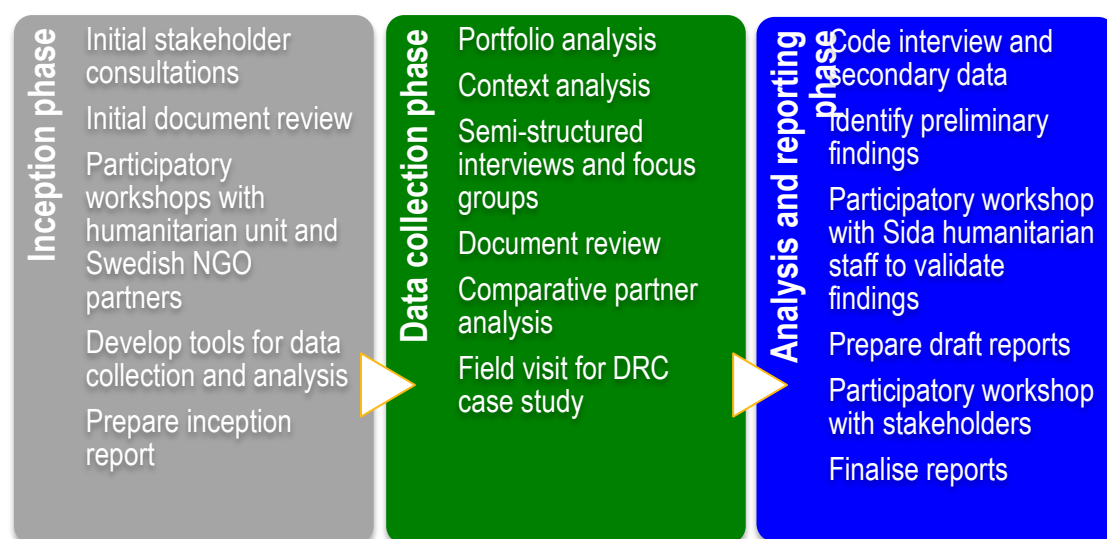
2 Methodology

This section describes the methodology used for the evaluation with additional details provided in Annex 2. The evaluation commenced with a series of meetings and two workshops in Stockholm from 23-26 June 2015 for the inception phase. This section begins by outlining the different phases of the evaluation process, and the data collection and analysis tools used. It goes on to highlight some methodological challenges.

2.1 EVALUATION PROCESS

The evaluation had three main phases – the inception phase, the data collection phase and the data analysis and reporting phase - summarised in Figure 1 below. Each phase involved a specific set of activities, described in further detail in Annex 2.

Figure 1: Key phases and activities of the evaluation



Data collection phase

The data collection phase began in mid-July and lasted until the end of August (although some interviews for the Syria case study had to be conducted in the first week of September). Annex 2 provides a full list the sources from which the team gathered data but these included:

i. Semi-structured interviews

The evaluation team conducted mainly telephone semi-structured interviews with a range of stakeholders at headquarters level and for the Syria desk review. As described below, the DRC case study involved a field visit with face-to-face interviews and a consultation with aid recipients as well.

In addition to the interviews conducted for the two case studies (which are detailed in the case study reports in Annexes 9 and 10), the team interviewed 67 individuals (see Annex 7 for a full list). This included:

- 13 Staff members from Sida in Stockholm
- 2 Staff members from the MFA
- 7 Staff members from Swedish Embassies
- 1 ICRC staff member and 2 staff members from the Swedish Red Cross
- 21 staff members from 7 multilateral organisations
- 15 staff members from 10 CSOs
- 4 staff members from 4 methods-based organisations

ii. Document review

The evaluation team reviewed both internal Sida documents and external documents (see Annex 8 for a full list). These included the Peer Review conducted by the Organisation for Economic Cooperation and Development-Development Assistance Committee (OECD-DAC) in 2013, the report of the evaluation of Sida's humanitarian assistance in 2010, policy and strategy documents and relevant evaluation reports. In addition, the team drew on the results analyses commissioned by Sida on partners reports from 2012 and 2013. It also reviewed available partner reports from 2014.

iii. Case studies

Sida selected two case study contexts to examine how its humanitarian assistance was being implemented at field level. The DRC case study field visit took place between 20-31 July 2015. Two team members travelled to Kinshasa, Goma and Bukavu, consulting with key stakeholders (partners and other donors) in Kinshasa. In Bukavu and Goma, they consulted representatives of Sida partners from all levels in the organisations (from country directors to field officers). The team also visited one project site in Kabizo (in the Rutshuru territory) where they conducted a focus group with aid recipients. For further details of those consulted, see the DRC case study report.

The Syria case study was conducted as a desk review, based on telephone interviews and a review of documents. It involved consultations with a range of stakeholders – Sida and MFA staff in Stockholm, field-based staff, partners and donors. Due to interviewees being on leave over the summer holidays, the telephone interviews were conducted from 11 August-9 September 2015. For further information on those interviewed, see the Syria case study report.

Since it was not feasible to address all of the 16 evaluation questions through the two case studies, the evaluation team focused on the following topics that were best informed by country-level primary data collection:

- How Sida-funded activities have complemented and added value to the broader humanitarian response at the country level
- The extent to which partners target assistance to the most vulnerable
- Crosscutting issues (including participation of affected populations, gender, protection and local capacity building)
- The extent to which resilience and early recovery programming is integrated with Sida humanitarian assistance
- How Sida has supported coordination between humanitarian actors at country level
- Whether Sida has coordinated its efforts with those of other donors

- The extent to which Sida humanitarian programming is innovative.

iv. *Comparative partner analysis*

The team developed a simple matrix to get an overview of the extent to which Sida's partners contribute to the achievement of its strategic goals, the extent to which they prioritise crosscutting issues and the sectors in which they operate with Sida funding (see Annex 6). When they had completed and returned the matrix, the team used this to explore in further detail the areas where partners were making a significant contribution to the achievement of the strategic goals or prioritising crosscutting issues.

Data analysis and reporting phase

During the inception phase, the team developed an evaluation matrix, organising the evaluation questions under four headings, identifying indicators that would help to address the questions and indicating potential data sources (see Annex 3). This formed the basis for data analysis, as described in Annex 2.

Two team members presented preliminary findings for discussion and validation on 26 August 2015, as part of Sida's humanitarian field days. Due to time constraints, this was followed by a short group work session in which three groups of staff members identified ways of addressing some of the challenges identified by the evaluation. These have been incorporated into this synthesis report.

The team prepared draft case study reports first and then used them, together with the analysis of interviews and documents outside of the case studies to prepare the synthesis report. Incorporating feedback from the ERG on the draft case study and synthesis reports, the team presented these at a feedback workshop with Sida staff and partners on 6 October 2015. This report reflects the ERG's comments as well as the discussion at the workshop.

2.2 METHODOLOGICAL CHALLENGES

This section briefly outlines the two challenges that the evaluation team encountered. The first was the timeframe for the evaluation. Having six weeks for data collection over the summer holiday period made it challenging to secure interviews, including with the management of Sida's humanitarian team. As a result, the data collection period overlapped partially with the analysis and report writing phase. However, the analytical tool described in Annex 2 enabled the team to ensure a robust and documented process from interviews to findings and conclusions.

A second methodological challenge is the limited opportunity to engaged with aid recipients. The team had hoped to be able to do conduct focus groups and/or consultations with aid recipients in the DRC. However, due to limited time, security constraints and the logistical challenges of travelling in DRC, the team was only able to meet with one group of aid recipients. As a result, it has had to rely on interviews and partner reports for information on how they are taking aid recipient perspectives into account.

3 Sida's Humanitarian Strategy and Funding Portfolio

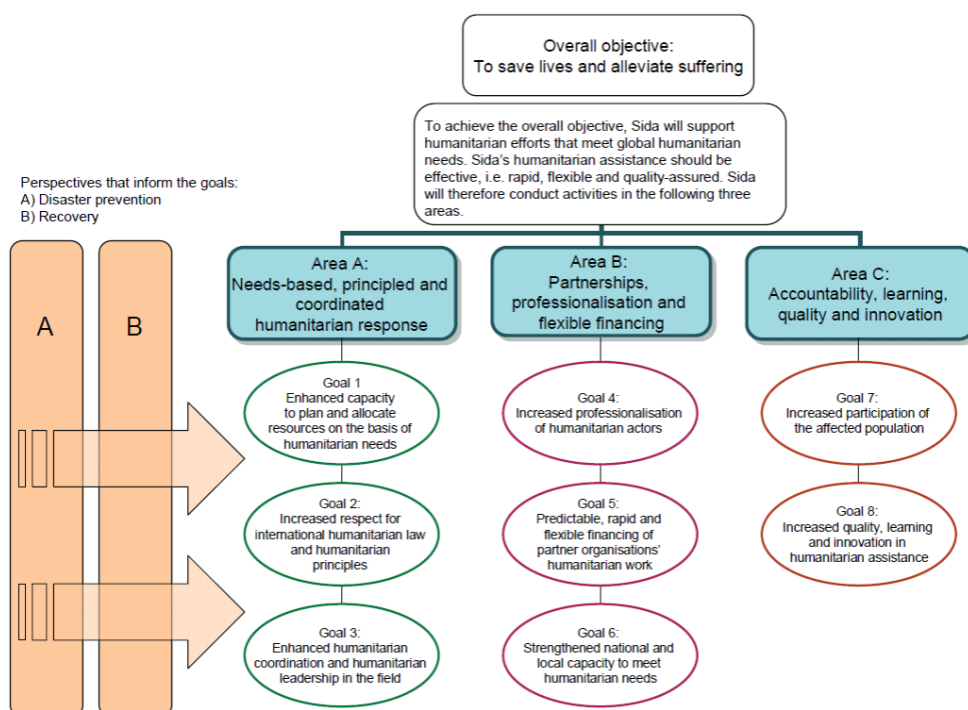
This section provides an overview of Sida's humanitarian strategy and of Sida's funding portfolio between 2011-2014. Annex 5 has a more detailed portfolio analysis.

3.1 SIDA'S HUMANITARIAN STRATEGY

Sida's current humanitarian strategy originally had an implementation period of 2011-2014. However, in June 2015, the government extended the implementation period to the end of 2016. The strategy reflects Sweden's commitment to the 23 principles of Good Humanitarian Donorship (GHD) (see table 2 in Annex 3). Although the strategy mentions the crosscutting issues of gender, the environment and avoiding doing harm in conflict situations, these are not included as specific goals and gender is not as clearly articulated as it was in Sweden's humanitarian policy for 2010-2016.

In 2014, the government introduced an aid policy platform that superseded the humanitarian policy. This includes saving lives, alleviating suffering and maintaining human dignity as one of six sub-goals. At the time of the evaluation, the government was in the process of reviewing the aid platform.

Figure 2: Summary of Sida's strategic goals and perspectives



As stated in the humanitarian strategy, "The overall objective of Swedish humanitarian assistance is to save lives, alleviate suffering and maintain human dignity for the benefit of people in need who are, or are at risk of becoming, affected by armed conflicts, natural disasters or other disaster situations" (Ministry for Foreign Affairs

2011: 1). The government expects Sida to achieve this objective by providing effective (i.e. rapid, flexible and quality-assured) support to humanitarian operations. To direct Sida's work, the strategy defines eight goals that are organised under three areas and the two crosscutting perspectives of Disaster Risk Reduction (DRR) and Early Recovery. These are summarised in Figure 2 above.

3.2 SIDA'S HUMANITARIAN FUNDING

This section provides an overview of Sida's humanitarian funding (see the portfolio analysis in Annex 5 for details of the geographical focus of Sida's funding, and funding by type of crisis and by channel).² Sweden is one of the world's leading donors of international humanitarian aid and was ranked as the fifth largest donor in 2014.

Figure 3: Top ten donors of international humanitarian aid 2011-2014 (USD million)

Donor	2011	Donor	2012	Donor	2013	Donor	2014
US	4,490.6	US	4,046.1	US	4,766.8	US	5,961.4
EU institutions	1,824.8	EU institutions	1,831.8	EU institutions	1,970.0	UK	2,344.7
UK	1,253.6	UK	1,209.8	UK	1,865.1	EU institutions	2,258.3
Sweden	880.2	Germany	867.9	Germany	1,059.1	Germany	1,230.1
Germany	849.9	Sweden	837.7	Japan	878.1	Sweden	932.7
Japan	802.4	Japan	575.3	Sweden	821.5	Japan	881.8
Norway	587.3	Norway	551.9	Canada	654.6	Saudi Arabia	754.5
Canada	543.2	Canada	532.4	Norway	627.6	Canada	746.7
Australia	494.8	Australia	466.8	Netherlands	448.8	Norway	638.7
Spain	455.9	Netherlands	455.8	France	422.5	Netherlands	537.8

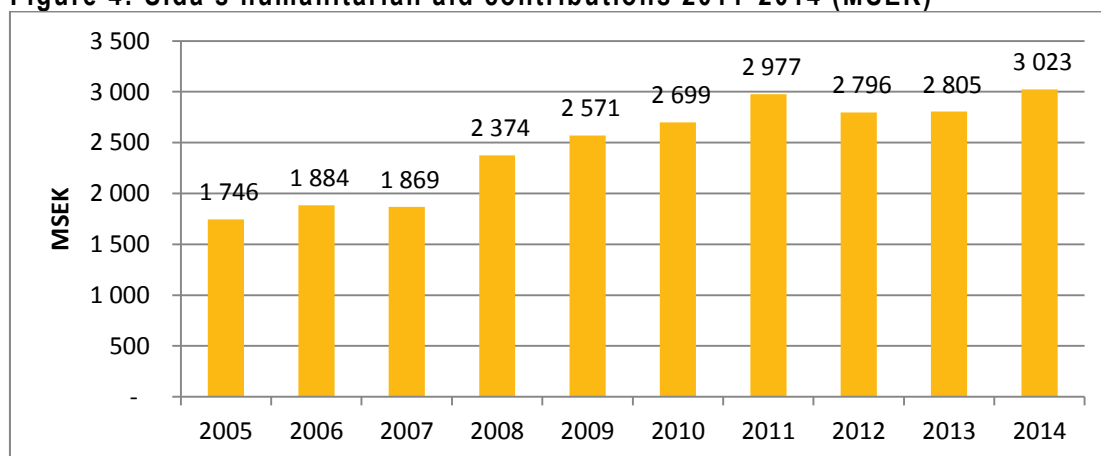
Source: Development Initiatives based on OECD DAC and UN OCHA FTS data. Note, includes contributions from government donors and the EU institutions only and not private donations.

While the MFA provides un-earmarked core funding to multilateral agencies and a small contribution to the headquarters appeal of the ICRC, Sida provides country-based and regional funding. In 2014, Sida provided 58% of Sweden's humanitarian aid. Figure 4 below shows that Sida's humanitarian funding grew each year from 2007 to 2011. It then fell by 6% in 2012 but started increasing again in 2013 and reached a peak of over SEK 3 billion in 2014. One of the reasons for the high level of humanitarian funding in 2014 is that the government made additional funding availa-

² In some cases it was not possible to obtain funding data specific to Sida (for example, data from the OECD-DAC combines figures on funding from Sida and the Ministry for Foreign Affairs (MFA)). In these cases, the report uses combined data and refers to funding from Sweden rather than Sida.

ble to Sida for the Ebola and Iraq crises, of which the majority was managed by the humanitarian unit.³

Figure 4: Sida's humanitarian aid contributions 2011-2014 (MSEK)



Source: Sida internal funding database. Note that figures are based on the humanitarian budget only and contributions from the development budget are not included here.

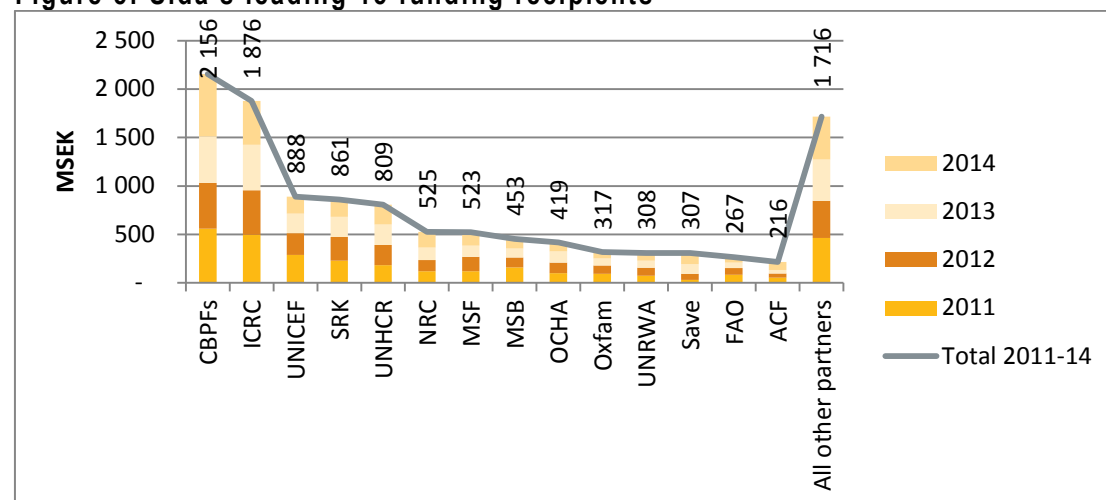
During the evaluation period, the humanitarian unit introduced multi-annual framework agreements with 11 CSOs including the Swedish Red Cross, eight UN/international agencies and the Swedish Civil Contingency Agency (MSB). The humanitarian unit has a range of partners because it recognises that it needs a variety of tools in its toolbox in order to respond appropriately in different contexts.

From 2011-2014, Sida provided 45% of its funding to UN agencies (see figure 18 in Annex 5 on Sida's funding by channel). However, 14% of these contributions are for Country-Based Pooled Funds (CBPFs) which often channel a significant proportion of funds to CSOs. Sida provides much less funding to the UN, compared with the average of 63% of funding provided by other OECD-DAC donors.

Figure 5 below provides an overview of Sida's funding to its top 15 partners between 2011-2014. These accounted for 85% of its humanitarian funding. It shows that country-based pooled funds (CBPFs) received the largest share of funding followed by the ICRC. Figure 18 in Annex 5 shows that while funding to the CBPFs managed by both OCHA and UNDP increased considerably between 2013 and 2014, funding to ICRC peaked in 2011 before falling in 2012 and has not returned to that peak.

³ In 2014, the budget for humanitarian assistance was MSEK 3,023. However, additional funds of MSEK690 were allocated from development budgets, of which MSEK530 million was managed by the humanitarian unit, bringing the total funds managed by the humanitarian unit to SEK 3.5 billion in 2014. assistance was provided from development budgets (such as Africa and Iraq) of MSEK 690. Of this 530 MSEK was managed by the humanitarian unit.

Figure 5: Sida's leading 15 funding recipients



Source: Sida internal funding allocation database. Note that figures are based on the humanitarian budget only and contributions from the development budget are not included here.

4 Findings

To address the evaluation's objective of documenting the extent to which Sida fulfilled the goals of its humanitarian strategy in 2011-2014, this section presents evaluation findings organised under each strategic goal and the two perspectives. It concludes with a sub-section on cross-cutting issues. To ensure that the report covered all the evaluation questions, the team mapped the questions in the evaluation matrix against the strategic goals and perspectives. Table 1 in Annex 3 provides an overview of which evaluation questions are answered by each sub-section below.

4.1 ALLOCATE RESOURCES ON THE BASIS OF HUMANITARIAN NEEDS

Sida is widely regarded as a donor that provides funding on the basis of humanitarian needs, prioritising 'forgotten' crises. It has invested considerable time and effort in implementing the recommendation from the 2010 evaluation that it should "develop or adopt a severity of crisis model to guide the determination of geographical funding envelopes" (Mowjee and Randel 2010: 27). Its allocation model uses a combination of quantitative and qualitative indicators to compare the relative scale and severity of crises.⁴ The model operationalises Sida's commitment to allocating resources on the basis of humanitarian needs and is one of the areas in which Sida has made considerable progress during the evaluation period.

The Humanitarian Needs Overview (HNO) and Strategic Response Plan (SRP) documents are the cornerstone of the model. This is in line with GHD principles. Sida field staff or desk officers from Stockholm participate, to the extent possible, in the SRP development process so that they have a good understanding of priorities and an early indication of what the SRPs will be requesting (thereby implementing one of the 'quick win' recommendations from the 2010 evaluation). Sida's support for the SRP process is part of its commitment to coordination and the leadership role of Humanitarian Coordinators. Hence, it actively encourages partners to participate in the process as well. Sida complements the information in the HNOs and SRPs with ECHO's analysis of needs, risk and vulnerability⁵, appeal documents from individual partners such as ICRC, UNRWA and UNICEF, and information provided in the initial submissions of CSO partners.

⁴ The quantitative indicators include the number of people affected, the number targeted for humanitarian support, the amount of funding requested in the Strategic Response Plan (SRP) in the current and previous years and the amount of funding received for the SRP in the previous year.

⁵ ECHO uses the Index for Risk Management ([INFORM](http://ec.europa.eu/echo/what/humanitarian-aid/needs-assessments_en)) to undertake a comparative analysis of countries to identify their level of risk to humanitarian crisis and disaster. For further details, see http://ec.europa.eu/echo/what/humanitarian-aid/needs-assessments_en. ECHO also develops Humanitarian

The 2010 evaluation also recommended that Sida should use risk-based criteria for its funding within a crisis. At a global level, Sida incorporates risk data through the use of ECHO analysis. To prioritise within a crisis, it produces Humanitarian Crisis Analyses (HCAs) for major crises.⁶ Where Sida has humanitarian staff in the field, they prepare the HCA in collaboration with desk officers in Stockholm. The humanitarian unit consults a broad range of stakeholders on the HCAs (around 150 people, including staff from the MFA and Embassies). From 2015, Sida has implemented an OECD-DAC peer review recommendation to publish the HCAs online to increase the transparency of its funding decisions (although it does not publish its funding calculation, which the peer review also recommended) (OECD 2013). This makes Sida one of the most transparent humanitarian donors (along with ECHO, which also publishes its HIPs).

The allocation model and the HCAs demonstrate Sida's commitment to a rigorous needs-based allocation of its funding. However, the DRC and Syria case studies and presentations by Sida field staff at the 2015 humanitarian field days have highlighted challenges with the reliability and comprehensiveness of the data on which the process is based (which affects the global humanitarian system as a whole).⁷ These data challenges make it very difficult to know whether it is genuinely allocating funding in proportion to needs and targeting assistance to the most vulnerable.

Countering the existing weaknesses requires substantial changes in the way needs are assessed, analysed and response costs derived so it is very valuable that Sida is investing in the humanitarian system's capacity to strengthen data collection and analysis. Sida funds the Assessment Capacities Project (ACAPS), which aims to strengthen the capacity of humanitarian agencies for carrying out better coordinated assessments and to improve the assessment of needs in complex emergencies.⁸ Sida also funds the Norwegian Refugee Council's (NRC) Internal Displacement Monitoring Centre, which provides a de facto global baseline on internal displacement. Sida's support to the Karolinska Institutet enabled the production of a framework for assessing disaster severity. In addition, Sida contributes to the Food Security and Nutrition Analysis Unit (FSNAU) in Somalia, which seeks to provide evidence-based analysis of food, nutrition and livelihood security to in-

Implementation Plans (HIPs) to provide more detailed information on its operational priorities within a crisis context.

⁶ According to Sida's guidance on preparing HCAs, this should be based on SRPs, ECHO's HIPs, and inputs from Embassies, other donors and partners. The HCA outlines an overview of the crisis (including the type of crisis, the geographical areas and populations affected by the crisis and risks and threats), in-country humanitarian capacities, and Sida's key priorities and recommendations for funding (which includes an assessment of results and lessons learned, a justification of priority sectors, links with Sweden's development assistance, and a brief justification for the selection of partners).

⁷ The critical numbers derived from HNOs and SRPs are less objective and comparable than they may appear and do not provide an indication of vulnerability. This is because they are typically collected using different methodologies, the standards of response indicated are very different across crises, and the presentation of 'needs' may in practice be influenced significantly by expectations about funding, access and agency mandates and priorities. The costs of response across crises is also highly variable and the ways in which response costs are currently determined lacks objectivity and is open to manipulation and cost inflation by responding agencies.

⁸ <http://www.acaps.org/en/pages/what-is-acaps>

form short and longer-term interventions. Feedback from operational CSOs also confirms Sida's strong commitment to supporting needs assessments.

Currently, Sida balances the objective criteria for allocating funds with trying to maintain a balance of funding across its partners to avoid large fluctuations in funding levels from year to year. This is a commendable attempt to ensure predictability but it results in attempts to shoehorn certain partners into the allocation process, if they have not been selected for funding through the HCA process, and adjustments to funding decisions. This means that the pieces of the allocation 'jigsaw puzzle' do not always fit together comfortably, which has led to frustration amongst humanitarian unit staff members and also carries the risk that Sida is not always funding the most relevant or best performing partner. Many partners do not experience the benefit of Sida's attempt to ensure predictability in their overall level of funding each year because funding to individual projects can change from year to year (see section 4.5.3 below). Therefore, it would be helpful for Sida to review whether it is worthwhile trying to ensure predictability or whether it should target its scarce resources more on the basis of assisting the most vulnerable and partner performance (section 4.4.4 discusses how Sida reviews partner performance).

4.1.1 Appropriateness and flexibility of Sida's allocation process

Sida aims to allocate over half its budget at the beginning of the year to on-going crises, so that partners have funding early on in the year and time to implement annual projects. It keeps the rest of its funding in reserve for a mid-year allocation (responding to the mid-year review of SRPs) and to respond to sudden crises as they occur.

The mid-year allocation gives Sida the flexibility to respond to a worsening situation in an on-going crisis. Sida uses OCHA's mid-year reviews to get a global overview of the humanitarian situation and allocate funding to multilateral partners. It invites CSO partners to submit short status briefs on contexts where they are severely under-funded and compares these with its global overview. Once it has selected projects for funding, it asks partners to provide an updated results matrix.

Sida has the option of responding to unforeseen, sudden onset emergencies through the Rapid Response Mechanism (RRM), which is a relatively small amount of funding included in the framework agreements of some CSO partners. Sida disburses RRM funding at the beginning of the year so that partners can quickly seek its approval for using the funds and start implementation. Sida can also provide additional funding to partners when there is a Flash appeal. The humanitarian unit identifies priority sectors (those less likely to be funded by other donors) and framework partners that already have a presence in the crisis context so that it can make amendments to their framework agreements. While a normal amendment to an existing agreement may take three to four weeks, an exceptional amendment only takes a day. Thus, Sida has a process that is appropriate for responding to new emergencies.

Sida seems to have achieved an appropriate balance between allocating significant funding early on in the year and maintaining flexibility to continue to be responsive through the year. The challenge with achieving this balance, which is beyond Sida's control, is the fact that the humanitarian unit has a set budget. Therefore, unlike a donor such as Danida, Sida does not have the flexibility to transfer unspent funds from other budgets to the humanitarian unit (Mowjee et al 2015). Therefore, Sida has to spend its reserve carefully to avoid running out of funds by the end of the year. This can lead to difficult decisions such as at the end of 2013, when Typhoon Haiyan struck the Philippines in early November and violent conflict erupted in South Sudan in December and Sida had to try to ensure adequate funding to both. To address this challenge, the head of the Asia department, where the

humanitarian unit is located, has been arguing with Sida's senior management and the government for greater flexibility. During the evaluation period, Sida had provided additional funding for humanitarian crises when development staff members shifted their funding to humanitarian needs, as described in section 4.9.2. However, this is a voluntary approach.

The allocation process that Sida undertakes at the beginning of the year is detailed and time-consuming. This is partly because Sida undertakes systematic data analysis across crises and to identify priorities within a context through the HCAs. However, it is largely due to the online TRAC contribution management system that Sida introduced in 2012. The humanitarian unit has made significant efforts to adapt the TRAC system (e.g., gaining acceptance for humanitarian interpretations of aspects such as sustainability).⁹ Nevertheless, the system remains cumbersome and a significant burden on staff time since it is still not well suited to assessing humanitarian priorities, the annual allocation process and the timely disbursement of funds. No system for prioritising and allocating scarce resources to growing humanitarian needs will ever be perfect and a number of Sida partners identified the following challenges with this allocation process.

i. The initial submission process

Sida requests its CSO partners to make an initial submission outlining their priorities in October, at the start of the allocation process.¹⁰ This has some advantages. One is that it enables CSOs to propose activities or work that Sida might not have considered, thereby increasing Sida's responsiveness and opportunities for supporting innovative approaches. Since CSO partners may be working in the same context and/or the same sectors, this also gives Sida the opportunity of comparing partners to identify the strongest. Thirdly, they enable Sida to get a better idea of CSO partner priorities (Sida has bilateral discussions with multilateral partners and ICRC, based on its HCAs, to arrive at joint priorities).

Partners invest time and effort in producing these initial submissions, even if they are short. This raises expectations about funding amongst field offices or partners providing the information even though they are aware that not all the proposed projects will receive funding. Therefore, partners were sometimes frustrated when they received no feedback on why some interventions were selected and others were not. Some partners wanted greater guidance and clarity about Sida's expectations in terms of numbers of submissions and the amounts of funding requested so that they could improve their internal prioritisation processes. Partners appreciated that it is challenging for Sida to strike a balance between allowing partners the opportunity to propose new ideas and providing sufficient indication of its priorities so that they do not waste time preparing something that Sida is definitely not going to fund. During the 2015 humanitarian field days, Sida decided to provide partners with a template for the initial submission. However, a wider discussion

⁹ In 2013, the humanitarian unit was one of four cases examined by Sweden's national auditor, which approved its systems.

¹⁰ In 2015, Sida has requested partners to outline the priority crises or interventions for which they are seeking Sida funding (with half a page per crisis/intervention). It has also invited inputs to Sida's HCAs (up to a maximum of two pages).

with CSO partners about Sida's expectations and use of the initial submissions would be helpful in managing expectations.

Since Sida bases its funding decisions for CSO partners on the initial submissions, some were frustrated by the need to submit lengthy proposals. Clearly, not all of them understood that the proposals provide the detailed information required for the TRAC system so this is perhaps something that Sida could communicate more clearly.

ii. Several rounds of questions on CSO partner proposals cause delays

Over half the CSO partners highlighted that they received one or two lengthy rounds of questions on their proposals during the annual allocation process and that this had led to delays with signing agreements, particularly when partners received the questions several weeks after submitting their proposals. Some partners were confused by the nature of the questions, particularly when these did not relate specifically to projects or result in any changes to projects/activities. Partners had also found that different desk officers asked different questions or focused on different issues based on their experience and this left them confused about what information they needed to provide to Sida in their proposals and reports. Sida has been trying to address this at quality assurance committee and unit meetings by calling for consistency across staff members in their dealings with partners.

There are a number of explanations for these questions. One is that partners are not providing all the information that Sida requires. To avoid this, at least a couple of desk officers have taken the initiative of sharing with partners the list of questions that staff members have to answer in the TRAC system. It would be helpful if Sida could replicate this and provide all partners with a list of issues or questions to be addressed. Another possible explanation is the culture of constant improvement within the humanitarian unit or the fact that several humanitarian unit staff members are from operational agencies. Therefore, they have the expertise to ask programmatic questions as well as an interest in obtaining details to ensure that Sida is funding good work.

iii. There are different interpretations of what is eligible for humanitarian funding

A few partners noted that there were different interpretations of activities that were eligible for humanitarian funding across Sida desk officers, for example in the case of DRR and resilience activities. Such variation can be attributed to Sida staff understanding that different approaches are required in different contexts. However, there were cases where Sida had funded a project initially and then rejected it. These cases led partners to request greater clarity on the humanitarian unit's policy on funding grey zone activities, such as DRR, resilience and advocacy.

iv. Challenges with multi-country projects

Three CSO partners had faced challenges with obtaining funding for multi-country projects in the Sahel. In two cases, the partners had put forward a project that covered Mali, Niger and Burkina Faso. However, one partner received funding for Mali while the other received funding for the other two countries. As interviewees pointed out, this contradicted the regional approach advocated in Sida's HCA for the Sahel but they were left without any explanation (although Sida has argued that the proposals were of low quality). In the third case, a partner had a multi-country nutrition project with a community-resilience component in Mali, Chad and Niger. Though the partner received funding for all three countries in the first year of its framework agreement, it only received funding for Chad and Niger in the second year, which left it to try to find funding for Mali from other sources. This would suggest that Sida needs to adopt a more coordinated approach to analysing and allocating funding for regional crises.

Another challenge with multi-country projects was that partners had to develop country-level logframes and budgets even though some items and activities cut across the different countries.

Although CSO partners have identified some major challenges with the allocation process, these are administrative and Sida should be able to resolve them fairly easily, for example, through a greater use of guidance to staff and partners. In fact, Sida is already in the process of revising its guidelines for CSO partners and considering the inclusion of a checklist of information that partners need to provide in their proposals and reports, which will be very helpful.

4.2 INCREASED RESPECT FOR IHL AND HUMANITARIAN PRINCIPLES

The DRC and Syria case studies highlighted that Sida is universally regarded as a donor that bases its funding on humanitarian principles, and not political or other considerations. Interviews with partners at the headquarters level confirmed this view.

Sida is also a strong proponent of respect for international humanitarian law (IHL) and protection through targeted support to key partners (see section 4.10.1 for further details on Sida's support for protection activities). ICRC, which has a specific mandate in relation to conflicts on the basis of the Geneva Conventions of 1949 and their additional Protocols, is the second largest recipient of Sida funding (see figure 5 in section 3.2). It plays a critical role in promoting respect for IHL and its implementation in national law. For example, ICRC's 2013 annual report notes that it supported the creation of two new IHL committees in Bangladesh and Liberia, bringing the total number worldwide to 104. It also contributed to 62 ratifications of IHL treaties by 39 countries. Sida also funds partners, such as UNHCR and UNICEF, that have protection mandates and champion the legal rights of particular vulnerable groups.

As well as providing financial support to key partners, Sida has engaged more proactively on the issue. In a context such as Palestine, has advocated strongly for humanitarian actors to focus more on protection and the implementation of IHL. It is also exploring how to replicate the work done by the IHL resource centre run by Diakonia that it has supported for many years.¹¹ In addition, Sida is supporting the Advanced Training Program on Humanitarian Action (ATHA) to provide expertise to humanitarian actors in Pakistan to better understand the IHL implications of approaches such as engagement with the military as a humanitarian actors. It is also funding ATHA to undertake work at a regional level to build on a global ICRC initiative to collate and disseminate the experiences of humanitarian workers in negotiating access on the basis of humanitarian principles and IHL. This has involved facilitating workshops jointly with ICRC in Amman, Ankara and Beirut to share

¹¹ The resource centre supports the Humanitarian Country Team (HCT) and clusters with an IHL perspective on issues (such as the confiscation of humanitarian supplies or the destruction of a well or other structure built by humanitarian actors), including the responsibilities of duty bearers and third parties, such as donor governments.

experiences of negotiating access in the Syria crisis. The initiative has resulted in the establishment of a community of practice around humanitarian negotiation.

Sida is also working to incorporate IHL considerations throughout its decision making processes, analysis and engagement. For instance, the humanitarian unit appointed a thematic focal point in 2014. She has produced operational guidance on IHL and protection in humanitarian situations to increase the knowledge of staff members. In addition, Sida's HCAs now incorporate a legal analysis that includes a definition of the situation and conflict, if relevant, together with an outline of applicable law and the responsibilities of primary and secondary duty bearers.

4.3 HUMANITARIAN COORDINATION

This section focuses on two aspects of Sida's works on humanitarian coordination. The first is Sida's support to partners to strengthen coordination while the second is Sida's own coordination with other humanitarian donors.

4.3.1 Sida's support for coordination

Sida is a strong supporter of humanitarian coordination, both in terms of providing funding and advocating for strengthened coordination at country level. One interviewee affectionately termed Sida a "coordination freak".

To fund coordination globally, Sida provides relatively stable funding to OCHA (see Figure 22 in Annex 5 on funding from 2011-2014). At country level, Sida's significant funding for CBPFs is a way of supporting coordination since clusters or their equivalent play a strong role in these mechanisms and applicants have to be part of coordination structures. To ensure that OCHA has adequate capacity to manage the CBPFs, Sida may provide funding to country offices that have a CBPF (if this is an under-funded OCHA office). This is a strategic use of Sida funding to help deliver on its goals. UNICEF also noted that it is able to use Sida's un-earmarked funding for Cluster coordination since the responsibility of leading four clusters can be burdensome for country programmes.

Sida requires all partners to participate in coordination mechanisms at field level, whether multilaterals or CSOs (ICRC and MSF are obvious exceptions). For example, even though it only funded WFP to provide the UN Humanitarian Air Service (UNHAS), Sida had expressed an interest in how this had facilitated a coherent response to crises such as Ebola. Where Sida has not followed up on coordination with partners, this was because it has good evidence that they were already very active in coordination.

The Syria case study also demonstrated that Sida advocates strongly for coordination at field level and that the secondment of staff from MSB can contribute to strengthening field-level coordination.

4.3.2 Sida's coordination with other donors

Sida does not have incentives or mechanisms in place to ensure that staff members coordinate their work with other donors. Nevertheless, there was considerable evidence that staff members regularly participate in donor coordination mechanisms, particularly at field level. This is because staff members see the benefit for their own work.

When Stockholm-based staff travel to the field, they tend to meet with donors but it is up to individuals to prioritise this. This is a useful and informal way of obtaining information on the context and partner performance that would not be shared through formal channels. In the Syria crisis, Sida had found it valuable to get information from DFID and ECHO, which had much larger field representation. ECHO interviewees were very positive about

the potential for Sida to work more closely with ECHO, drawing on its extensive network of field staff to obtain information about humanitarian needs and priorities, and partner performance more systematically.

Where there is a country-level donor coordination mechanism, donors may share information on their funding decisions (for example, in Kenya, the Sahel and Palestine). This information can be fed into the annual allocation process to provide an overview of donor funding patterns. Sweden is also an active participant in country-level GHD groups, where these exist (in DRC and Palestine, it has been a co-chair).

At capital level, there are no mechanisms for donors to coordinate their humanitarian assistance, which is a gap.¹² However, individual Sida staff members had collaborated with other donors on specific issues such as the Core Humanitarian Standard on Quality and Accountability (CHS). They had also worked with ECHO colleagues on needs assessments and gender. In November 2014, Sida contacted donors at capital level for information on their funding priorities so that it could factor these into its decision-making. However, most donors make their funding decisions later so the information was not available. It is probably easier to obtain the information at field level since donors will have some indication of their priorities for the coming year, even if they have not consolidated this at capital level but Sida does not yet have a systematic process for collecting this information from field staff as well as field trips by Stockholm-based staff and collating it for input into the allocation process.

4.4 PROFESSIONAL HUMANITARIAN ACTORS

This section begins by outlining the ways in which Sida adds value to the overall humanitarian response at field level. In line with the activities outlined in the humanitarian strategy for achieving this goal, the section goes on to discuss Sida's strategic partnerships, measuring results, and assessing partner performance and comparative advantage.

4.4.1 Sida's added value at country level

Both case studies identified that one of the main ways in which Sida adds value to humanitarian response at a country level is by being a neutral and principled donor. This has been valuable for partners in both contexts but particularly in the highly politicised environment of the Syria crisis. However, in both cases Sida could capitalise on its principled stance to a limited extent. In Syria, this was partly due to limited staffing capacity while in the DRC this was due to the complex environment and failure of the humanitarian and stabilisation communities to work together effectively.

The flexibility of Sida's funding was another added value for partners, particularly in the very fluid context of the Syria crisis, where multilateral partners and the Red Cross Movement could use lightly earmarked funding to focus on the greatest needs instead of

¹² The GHD group in Geneva is focused more on policy or system-level issues. Sida has participated in the European Council working party on Humanitarian Aid and Food Aid (COHAFA) and, along with other donors, provided information on funding for specific contexts. However, this is a forum for strategic and policy debate rather than coordinating funding decisions (see http://ec.europa.eu/echo/partnerships/relations/eu-member-states-cohafa_en).

being locked into working in specific areas or on specific activities. In the DRC as well, partners appreciated the ability to make changes to project activities to respond to a changing situation or to carry funds over to the following year. This flexibility is not confined to the case study contexts – as noted in section 4.5.2 below, Sida is universally valued as a flexible donor.

Sida's support for CBPFs supports elements of the international humanitarian system, such as coordination and the leadership of Humanitarian Coordinators. Its active engagement with CBPFs to promote greater funding for local CSOs is also a way in which it has added value to the overall humanitarian response in contexts such as DRC, Syria and Palestine.

Through its thorough understanding of the contexts in which it is working, Sida has the opportunity to add value in tailored ways. In the Syria crisis context, Sida complemented the MFA's funding and providing field-level information that the MFA could use for its advocacy. In Palestine, Sida identified that the Palestinian Authority and development actors were effectively ignoring Area C and East Jerusalem, leaving it to humanitarian actors to address the needs of the Palestinians living in these areas. Sida's engagement with the Palestinian government and development actors resulted in the Community Resilience Development Program (CRDP) funded by a number of development donors and implemented by UNDP. In the DRC, Sida is one of the leading donors taking forward the resilience agenda and, in Somalia, it has provided humanitarian funding to SomReP, the NGO consortium aiming to build household and community resilience to drought and related risks, since 2013.

4.4.2 Key characteristics of Sida's relationships with partners

Partners were generally positive about Sida, describing it as a professional donor with staff that have a good understanding of operational and field realities ("they know what they are talking about", as one partner put it). It was clear that staff members monitor the geographical contexts for which they are responsible and are up to date on the latest developments. As described in section 4.8.1 below, Sida staff also have a good understanding of the technical aspects of the methods-based initiatives that they support.

Partners valued the open, informal communication that they have with Sida, which builds trust and a good working relationship. One multilateral partner found Sida to be "the donor that we call when we're in trouble". A couple of CSO partners believed that ability to have an informal exchange with Sida led to greater transparency on their part because they were more comfortable about sharing information on challenges.

Some Sida partners identified challenges with the relationship, which are described below.

i. Strategic partnerships

In the humanitarian unit's view, it was important to address both more detailed grant-related issues as well as strategic issues in discussions with partners. However, most CSOs and a couple of multilateral partners felt that there was too much emphasis on grant-related details. In the case of Swedish CSO partners, this may be because they are used to a very different relationship with the CIVSAM unit. Therefore, the humanitarian unit felt that it needed to manage expectations about the partnership better.

The humanitarian unit organised a meeting with its CSO partners in April 2015 and the CSOs were sufficiently concerned about the nature of the partnership to raise the matter. However, they found the meeting a useful forum to start having discussions about strategic issues and it would clearly be helpful for Sida to continue with these meetings. Part-

ners suggested the following additional ways in which Sida could make the relationship more strategic:

- Creating opportunities for partners to share learning and good practice. This could include inviting field-based staff to make presentations when they are visiting headquarters.
- Supporting CSO partners that are part of an alliance or federation to champion and finance initiatives on priority crosscutting issues to bring about change throughout the entity.
- Providing mechanisms for partners to feed in information about the operation of CBPFs and the UN system more broadly so that Sida can use this to advocate for improvements.
- Ensuring that dialogue issues focus on topics that require an exchange of views on different methods and good practice rather than compliance issues such as participation in coordination mechanisms or anti-corruption measures.
- Using the annual meetings with individual partners to focus on its areas of comparative advantage.
- Sharing information about priorities and developments within Sida systematically, rather than in ad hoc manner during the annual meetings with partners.

ii. Frequent change of focal points

Some partners have enjoyed long-standing and close relationships with their Sida focal points. This was helpful because the focal point developed a good understanding of how the organisation works and its strengths and weaknesses. However, a number of partners had experienced frequent changes in focal points during the evaluation period (with one having four focal points in the space of a year and a half). This had proved challenging because new focal points do not always understand how the partner works (for example, if it is faith-based or part of an alliance) and the partner has to invest considerable time in explaining this. It could also lead to inconsistency, with one focal point saying that something was fine and the next disagreeing.

iii. Lack of sufficient feedback on funding decisions and reports

Several partners noted that they received little feedback from Sida on its funding decisions during the annual allocation process unless they specifically asked for it. This was frustrating because it made it difficult to ensure that proposals were tailored to Sida's requirements. It also made it harder to explain to country offices or partners why their requests had been rejected. Partners felt that, in the interests of transparency, Sida should provide consistent feedback. This could comprise a short set of relevant points that they could share with country offices and act on in the future.

Partners also received limited feedback on their reports although, sometimes, they received questions long after the submission of the reports. This could make it challenging to respond to questions due to staff turnover at field level.

4.4.3 Assessing the results of Sida's humanitarian funding

Sida reports to the Swedish government on results achieved against the goals of the humanitarian strategy each year. The nature of the strategy goals makes it difficult to assess and report measurable results. However, Sida has developed a set of indicators to assess progress against each goal, taking 2010 as a baseline and then measuring progress in 2011 and 2014. This is a positive initiative by Sida but the challenge is there are no targets for it to measure itself against and the indicators do not assess how the actions listed in the humanitarian strategy translate into better results for crisis-affected populations. Therefore,

Sida wanted to get a better overview of partner achievements and how they were contributing to translating the goals into results on the ground.

Following a review of the information available in partner reports at the beginning of 2013, the humanitarian unit developed indicators on the numbers of people receiving assistance through the key humanitarian sectors (such as food assistance or clean water). It has found them very useful for communication within Sida and for the annual report. However, it is also aware of their key limitation, which is that they provide no information about whether the assistance provided was timely, relevant and of adequate quality (e.g., based on Sphere standards or taking account of gender and protection concerns). They also do not indicate what has worked and what has not (when partners identify challenges and lessons in their reports, these are often generic challenges rather than genuine lessons learned). At a time when humanitarian funding is insufficient to meet demand, it is important for Sida to know that it is investing in the right projects and partners.

The previous Swedish government had a strong focus on quantitative results but the current government has placed greater emphasis on qualitative results and process indicators. Therefore, it is likely that Sida will need to pay greater attention to the qualitative aspects of the results achieved with its humanitarian funding. A senior Sida staff member argued that it would be helpful for humanitarian actors to develop results indicators for their projects that focused on whether activities had reduced levels of need and vulnerability. This would help to highlight chronic vulnerability and humanitarian actors could use the data to encourage development actors to respond to these needs.

Sida's TRAC contribution management system has options for recording results at different levels – objectives, output and outcome. However, this does not enable the humanitarian unit to aggregate results as it does through its indicators for the key humanitarian sectors. Also, individual staff members have a lot of flexibility in deciding which results to record and the humanitarian unit's programming guide for how staff members does not cover how they should review reports and other documents in order to assess results consistently. Currently, Sida's humanitarian partners report only at the output level. To move beyond this, Sida will need to establish clearly (preferably together with partners) what results for aid recipients it wants to assess.¹³

4.4.4 Assessing partner performance and incorporating this into funding decisions

Although Sida's TRAC system has a separate section for assessing partner performance (as opposed to recording project results) staff members believed that the system was more focused on pre-funding assessments than tracking partner performance. This is perhaps because they spend so much of their time processing grant agreements that they feel that they have little time left for following up on the work of partners. Nevertheless, Sida has several different ways for collecting information on partner performance, which are de-

¹³ Following evaluations of Danida's funding to civil society partners in 2013 and for humanitarian assistance in 2014, it was clear that Danida was unable to assess the results of its funding to CSO partners (Coventry 2013, Mowjee et al 2015). Therefore, in the second phase of the two evaluations in early 2016, Danida will be examining how best to have partners demonstrate the results that they are achieving. This could be an opportunity for Sida and Danida to work together to explore a harmonised approach.

scribed below. These demonstrate that Sida has made considerable progress since the 2010 evaluation, which highlighted a lack of monitoring and follow up.

i. Field trips by Stockholm-based staff

Field trips by staff members based in the humanitarian unit in Stockholm are an important source of information for Sida so it encourages staff to travel, particularly in the period after signing grant agreements with partners and before the annual allocation process. Two staff members spend up to three months a year in the field to follow up on humanitarian assistance in countries where it does not have field staff. In 2015, Stockholm-based staff visited over 30 crisis-affected countries. Increasingly, Sida staff are making the effort to travel as close to the “frontline” delivery of humanitarian assistance as possible and it is sometimes one of the only donors to visit these areas. These visits enable staff to meet with a broad range of stakeholders, such as partners, other donors and aid recipients. The extent to which organisational focal points share information with partners about these visits varies and it is also up to individuals to decide which organisations to meet and which issues to pursue. However, before travelling to the field, geographical focal points do seek input from focal points for the partners that Sida is funding in the context to ensure that they follow up on priority questions.

ii. Follow up by field-based staff

Sida now has four staff positions based in the field to focus on humanitarian issues full-time. In addition, there are 12 staff members in Embassies working on development cooperation that spend a percentage of their time on humanitarian issues. These staff members are responsible for participating in donor coordination meetings at field level and meeting regularly with partners. Full-time humanitarian staff members undertake visits to partner projects as well, whereas those working only part-time on humanitarian issues usually have more of an information-sharing role, although they may visit project sites when staff members from Stockholm visit.

Sida has addressed the challenges with field presence identified by the 2010 humanitarian evaluation, including the one relating to the relationship between staff at headquarters and in the field. However, at present, when visiting partner projects, field staff use project indicators and logframes to get an idea of what the partner has agreed to deliver and to identify priority issues for follow up because they do not tend to receive guidance from Stockholm on key issues to follow up (such as crosscutting issues). This means that the follow up process is dependent on the experience and capacity of field staff.

Organisational focal points in Stockholm may use the information that field colleagues provide on the work of individual partners to feed into discussions that the Mission in Geneva is having with partners based there. However, there is no established mechanism for this so it can be time-consuming for a focal point to gather information from a large number of individuals.

iii. *Partner reports and evaluations*

Partners submit reports to Sida annually. In the case of multilateral partners and ICRC, Sida accepts global reports.¹⁴ While CSO partners submit Sida-specific reports, in accordance with the GHD principles, the humanitarian unit has been careful not to burden them with reporting requirements so they are free to use their own formats. Partners were very appreciative of this flexibility. Sida uses the reports not only to enter information into the TRAC system but also to inform the key humanitarian sector indicators that it has developed (as described in section 4.4.2).

Currently, Sida faces two challenges with partner reports. The first of these is that the quality of partner reporting is extremely variable. Some partner reports are very general (particularly those from multilateral partners) while others are very long and detailed. Generally, there is little analysis about how partners are contributing to the achievement of Sida's strategic goals, challenges faced and lessons learned. There is also a lack of consistency in addressing crosscutting issues (see the results analyses (Sida Helpdesk 2013 and 2014)). As a result, following a pilot that proved to be very useful without burdening partners unduly, Sida is now revising its CSO guidelines to request partners to report against the strategy goals and sector indicators. This will be welcome to CSO partners since half of them requested greater clarity on Sida requirements and three argued that it would be beneficial if Sida provided templates for proposals and reports.

The second challenge for Sida is the timing of report submissions. Multilateral partners and ICRC make their reports available some months after the end of a calendar year and CSO partners submit reports a few months after the end of project implementation. As a result, partner reports arrive well after Sida has made its funding decision for the next calendar year, making it difficult to use them to inform funding decisions.

Evaluation reports can complement partner reports by providing independent documented evidence of partner performance. However, the extent to which Sida expects partners to conduct evaluations or commissions evaluations of its own varied. For example, at least four UN partners and ICRC had not received any requests for evaluations but UNHCR had received requests from Sida to share evaluation reports, including those conducted by other donors, and Sida itself commissioned an evaluation of UNHCR's partnerships, budgeting and accountability in 2014. IOM and CSO partners had done a number of evaluations financed fully or partly by Sida. While Sida had engaged in the conduct of the evaluations of CSO framework agreements, CSO project evaluations tended to be at the partners' initiative.

Evaluations can be useful beyond being an accountability mechanism, with a Sida-commissioned evaluation of IOM in 2008 leading to capacity development funding to strengthen its humanitarian policy framework.

It is up to partners to conduct evaluation and, more importantly, to have mechanisms in place to ensure learning from them. The challenge for Sida staff is having sufficient time

¹⁴ However, Sida has an agreement with OCHA and ECHO that, where both donors are supporting the same OCHA country office and that office is producing more detailed reports for ECHO, these can be shared with Sida since they provide further details on crosscutting issues.

to read and follow up on evaluation reports since they spend a considerable proportion of their time on grant management.

iv. Annual partner meetings

Sida has an annual meeting with each strategic partner individually. This is an opportunity to exchange information and follow up on the dialogue issues that Sida identifies with each partner. For example, Sida has four dialogue issues for the Church of Sweden - gender, anti-corruption, results framework and coordination. Thus, dialogue issues can be a mix of crosscutting, programmatic and organisational issues.

v. Information from other donors

The Syria case study highlighted how Sida had worked closely with other donors, particularly ECHO and DFID, to obtain information on the performance of partners that were jointly funded. Some desk officers mentioned that they make a point of meeting with the representatives of donors, like DFID and ECHO, that have much more extensive field representation and so are a good source of information. ECHO representatives consulted as part of this evaluation were happy for Sida to be more systematic about using its field network to complement its own information on partner performance.

At present, geographical desk officers are expected to take account of partner performance and comparative advantage when justifying their selection in the HCAs. While this has happened in some cases (such as Syria), it was not clear that it is systematic. The TRAC system provides the opportunity for staff members to collate information gathered from the broad range of sources identified above to get a better overview of how individual partners are performing in different countries (since every organisation is likely to be more effective in some contexts than others). However, at present, Sida does not have a process in place for doing this consistently to build a comprehensive partner assessment. If Sida developed a system, the comprehensive partner assessments could then feed into the allocation model. The evaluation team recognises that Sida faces human resource constraints and that staff are already burdened by the TRAC system but there is an opportunity for streamlining the substantial information that staff already gather.

Suggestion Box 1: Strengthening follow up on partner performance

Sida could systematise how field staff follow up with partners during meetings and project visits by providing guidance that identifies the key issues and ensuring that feedback on partner performance informs the assessment in TRAC.

Sida could also develop a standard (but prioritised) set of questions for Stockholm-based staff to use during field trips. This would include questions on crosscutting issues.

Sida could implement the recommendations for improving partner reporting in the analysis of results from 2013.

At field level, Sida could consider having an annual meeting with all partners working in a specific context. This would promote collaboration and also provide an opportunity for following up on crosscutting issues across the partners.

4.4.5 Using the comparative advantage of a range of partners

Sida uses a range of different channels for its humanitarian funding – multilateral agencies, CSOs, the Red Cross movement, MSB and CBPFs. However, as figure 18 in Annex 5 demonstrates, CBPFs and the ICRC are by far the largest recipients. For Sida, the added value of funding the CBPFs is clear – they promote coordination, direct funding to priorities identified at country level, strengthen the role of Humanitarian Coordinators, fill gaps and provide direct funding to national CSOs. Therefore, it is not surprising that Sida is the

second largest donor to CBPFs and was the only donor to fund every single CBPF in 2014 (see figure 23 in Annex 5). Sida's level of funding to ICRC reflects its commitment to the humanitarian principles, IHL and ICRC's protection mandate (even though it is a weaker partner on gender).

In 2012-13 Sida commissioned a detailed organisational assessment of potential CSO partners to select those that would be eligible for a strategic framework agreement. The organisations were reviewed against 60 indicators that Sida identified, enabling the humanitarian unit to select partners on the basis of clear criteria and have assurance that they had robust organisational systems in place. Although there were a number of challenges with the assessments, including the relevance of the criteria to the broad range of CSOs being assessed and the objectives of the assessment, partners generally felt that the process was fair and provided a fairly accurate picture (Lindström et al 2014).

Prior to 2011, Sida had a wide range of humanitarian partners selected on an ad hoc basis. This had made it a challenge to manage contributions and have a dialogue with partners on thematic issues. Although Sida now has 11 CSO partners selected through the assessment process and other framework agreement partners (see section 3.2), during interviews and the humanitarian field days, some staff members questioned whether the humanitarian unit has the right number and type of partners. This is partly because the humanitarian context has evolved rapidly during the strategy implementation period (for example, as highlighted by discussions leading up to the WHS and contexts such as the Syria crisis, it is increasingly necessary to work with national and local CSOs, who often have greater access. However, not all the partners focus on supporting local capacity). Also, the pressure to provide some predictability of funding across the framework agreement partners during the allocation process, which resulted in revisions to funding allocations for some partners, had contributed to these questions. In addition, since the humanitarian unit has grown considerably in the last two years, perhaps not all the new staff members are aware of the process and rationale for selecting the current partners. The current batch of framework agreements are going to start coming up for renewal from 2016 and this will be an opportunity for the humanitarian unit to have a discussion about its priorities and criteria for selecting partners.

The humanitarian unit is able to fund organisations, including international CSOs, that are not framework agreement partners and has done so in contexts where the framework partners are not operational (such as North Korea) or if the partners have specialist skills to offer (for example, Diakonia, which has been running a Sida-funded IHL resource centre for the occupied Palestinian Territories for 11 years). However, the contribution management system makes this an extremely cumbersome process so staff are encouraged to work with the existing framework partners to reduce the administrative burden.

As described in the previous section, it has been a challenge for Sida to use a range of information sources to get an overview of the performance of an individual partner. However, the humanitarian unit considers the added value of a partner, together with dialogue issues and crosscutting issues, during the quality assurance process leading up to funding decision.

The humanitarian unit also has three working groups - for multilateral partners, methods partners, and CSOs. While the groups have been very useful for Sida staff to discuss and take forward key issues, assessing the added value of partners is not part of their remit at present. This is partly because there is no overview of individual partners for them to draw on and partly due to a desire to assess each partner on its own merit. However, Sida staff recognise that, to maximise the impact of limited humanitarian resources, they need to

consider how Sida's partners add value and the working groups could be a very useful forum for this.

An assessment of the added value of partners would also enable Sida to justify its funding decisions more clearly when CSO partners question the cost-effectiveness and efficiency of its funding to UN agencies.¹⁵ The partners provided a number of examples where funding through the UN, including CBPFs, had led to delays with implementation or added a layer of administrative costs. For example, it had taken one CSO partner seven months to access funding from the South Sudan CBPF when the crisis erupted in December 2013.

Although it has been criticised for its lack of speed and high costs, the UN system has a comparative advantage in being able to deliver at scale, coordinate assistance, and engage with recipient country governments. UN agencies also have specific mandates. CSOs may be more nimble, have lower costs and closer relationships with local CSOs than the UN but they cannot achieve the same scale. Similarly, CBPFs help Sida to deliver on a number of its strategic goals but they can be slow and entail high transaction costs for recipient organisations. Therefore, making use of the comparative advantage of different types of partners requires Sida to have an overview of these strengths and weaknesses and to understand how to allocate funding across partners so as to make the most of their strengths.

Suggestion Box 2: Assessing the comparative advantage of partners

To better assess the comparative advantage of different partners and channels of funding, Sida could commission comparative studies on issues such as the cost-effectiveness of different types of partners, the extent to which different partners strengthen local response capacity, the transaction costs of different channels of funding, and the impact (timeliness, cost, results) of funding through one channel versus another.

4.5 PREDICTABLE, RAPID AND FLEXIBLE FINANCING

4.5.1 Timeliness of Sida's humanitarian funding

The RRM is rated highly by partners as a source of rapid funding. There was universal agreement among Sida's RRM recipients that it is an extremely fast mechanism that enables them to respond to new emergencies or new needs in an on-going crisis. At least one CSO partner had used it to fill gaps in its emergency response in the Syria crisis while another mentioned initiating its Ebola response and then being able to attract other donor funding for this. A CSO partner that is part of a federation had found that the RRM enabled it to be the first member to provide funding and increased the responsiveness of the federation as a whole.

The process for signing grant agreements and disbursing funds for the annual and mid-year allocations has been slower due to the challenges with the TRAC system described in

¹⁵ Some CSO partners also had a perception that Sida often directs funding to multilateral partners because this is administratively less burdensome and a couple of Sida staff members acknowledged that some partners are more human-resource intensive to manage than others.

section 4.1.1. However, humanitarian unit staff have made a significant effort to streamline very complex working processes, innovatively developing the system of “synchronised workstreams” that has reduced the time taken to process grant agreements.¹⁶ As a result, the timeliness of the unit’s disbursements improved considerably in 2015. In 2014, Sida was only able to disburse 3.8% of the funding allocated at the beginning of the year by March. In 2015, this had increased to 22%. Similarly, in 2014, it took almost four months to sign agreements for the mid-year allocation, while, in 2015, this process only took two weeks.

For CSO partners, the annual allocation process can feel very long because they review information on humanitarian needs around September or early October for the initial submission by the end of October. They receive decisions on the projects selected for funding in December and submit full proposals for these by the end of January. Some do not sign funding agreements until April or May although Sida prioritises partners with annual agreements ending in January. This gives partners the impression that the annual allocation process is an eight or nine-month process. It is also likely that the context has changed since the development of the project proposal, requiring amendments even before activities start.

CBPFs are the largest recipient of Sida funding, however, there have been concerns about the time taken to process applications and disburse funds, particularly in the case of standard allocations by Common Humanitarian Funds (CHF) (see the DRC case study, Storianova 2014 and OCHA 2015). Sida engages actively on the country-level advisory boards of these funds so it is aware of this challenge with speed and has been discussing with OCHA the option of introducing a rapid response window that could disburse funds within 24 hours.

4.5.2 Flexibility

As noted in section 4.4.1, Sida is highly rated as a very flexible donor. This has two aspects. In the case of multilateral partners and the ICRC, it provides considerable lightly earmarked funding, which is very valuable (this was highlighted particularly by the Syria case study).

Sida is also considered to be open to discussion and negotiation, including when circumstances change. Partners found it very flexible in allowing them to make changes to projects in order to respond to changing priorities or needs on the ground or to shift Sida funding to needs in other areas if partners were able to secure earmarked funding for a particular geographical area of activity.

4.5.3 Predictability

Predictable funding is not necessarily about giving humanitarian agencies greater security about their funding, although they value this. Rather, it is about enabling them to adopt more appropriate longer-term approaches in protracted crises to deliver better outcomes for crisis-affected populations. A recent study has demonstrated that multi-annual funding

¹⁶ This is well described in Sida’s internal document ‘Sida’s Humanitarian Allocation – comparison 2014 and 2015’ and so not repeated here.

offers value for money in all types of crises although these are more obvious in protracted and recurrent crises. These benefits are not simply in terms of cost-effective operations but also better outcomes (Cabot Venton 2013). Another study has identified benefits such as offering opportunities to address early recovery and Disaster Risk Reduction (DRR); supporting more strategic relationships between donors and partners; and enabling partners to develop better contextual understanding and more participatory approaches (Walton 2011). This was supported by the argument of one of Sida's CSO partners that greater predictability for on-going projects would allow more time for community engagement and mobilisation and also enable better linkages between humanitarian assistance and DRR.

Sida seeks to offer its framework partners a degree of predictability through multi-annual framework agreements. This also reduces the administrative burden slightly after the first year of the agreement since Sida does not have to undertake a full appraisal in subsequent years. However, even the reduced appraisal in the TRAC system is heavy for humanitarian assistance. Since Sida's budget is approved annually, it allocates and disburses funding on an annual basis but partners have the guarantee that they will receive 10% of their budget for the first year in subsequent years of the framework agreement.¹⁷ Some partners have reserved this for capacity development work while others, such as the Food and Agriculture Organisation (FAO), have used it for multi-annual country programmes.

As noted in section 4.1, Sida tries to ensure a degree of predictable funding for partners but perceptions about the level of predictability varied across partners. In general, multi-lateral partners and ICRC were much more positive. This may be because, once the humanitarian unit has developed the HCAs, it engages in dialogue with them to reach mutual agreement on priorities for Sida funding. For CSO partners, the funding decisions rest on their initial submissions and there is no guarantee that a project funded in the first year of an agreement will receive funding in subsequent years. This is because Sida's funding is allotted according to the objective criteria of the allocation model and humanitarian needs and priorities undergo changes. The fact that some partners were not clear about how many projects or what they should put forward for funding, and the lack of feedback on why projects had been rejected (described in sections 4.1.1 and 4.4.2), added to the sense of uncertainty.

Although Sida does not provide multi-annual funding, in some cases, it is funding the same projects over several years. IOM noted that its Sida-funded projects in Zimbabwe and Haiti had received funding for three to four years, even though the decisions have been made annually. Similarly, Sida has funded Diakonia's IHL resource centre in Palestine for 11 years, which is appropriate because there would be no benefit to implementing the project for 12 months only. However, while Sida sometimes offers partners the benefits of continued funding, it does not reduce the administrative burden for CSO partners because they still have to go through the same application process (including a full proposal) for on-going projects as they would for a new project.

¹⁷ OCHA is the one exception where Sida has committed to a fixed amount of funding over two years

4.6 NATIONAL AND LOCAL CAPACITY

As highlighted in the context analysis in Annex 4, international humanitarian response capacity is increasingly overstretched. As access becomes more challenging for international aid agencies as well, the issue of strengthening national and local humanitarian response capacity has become increasingly prominent, including during consultations for the World Humanitarian Summit (WHS).

Since Sida cannot fund local organisations directly, it aims to finance them and to strengthen national and local response capacity through CBPFs (in 2014, CBPFs as a whole channelled 14% of their funding to local CSOs). Sida also advocates on the issue of strengthening local capacity through its participation on the Advisory Boards of the CBPFs (one clear example is the Syria ERF). However, it is realistic in its demands, recognising that OCHA has to ensure adequate due diligence and oversight.

Similarly, one of the reasons for Sida's funding to the International Council of Voluntary Agencies (ICVA) is that it represents national as well as international CSOs and is able to ensure that their voices are heard. ICVA can also promote humanitarian principles and respect for IHL with organisations that have newly engaged with humanitarian assistance.

Sida's partners also work with local CSOs and, in some cases, Sida has pushed for and supported these partnerships. For example, it has followed up on the nature of UNHCR's partnership agreements, including through commissioning an independent evaluation. It has also funded Plan's work with district level disaster committees and community based child protection networks. However, Sida has not raised the issue with partners in other cases, so it would be helpful to consider whether it needs to ensure a more consistent approach across all its partners.

Suggestion Box 3: Strengthening local CSOs

Sida could promote the participation of local CSOs in coordination mechanism by encouraging greater translation of meetings and documents into local languages.

It could also explore ways of giving local CSOs greater voice, for example, by securing them representation on Humanitarian Country Teams, alongside international CSOs.

In addition, Sida could encourage both multilateral and international CSO partners to apply the Principles of Partnership in their relationship with national and local CSOs.

4.7 PARTICIPATION OF AFFECTED POPULATIONS

This section covers two aspects related to accountability to affected populations (AAP). The first relates to partner mechanisms for ensuring AAP while the second is about targeting assistance to the most vulnerable.

4.7.1 Accountability to Affected Populations (AAP)

This section focuses on how Sida works with partners to ensure that they take account of aid recipient perspectives since it relies on the information that partners provide in SRPs and partner proposals to allocate funding.

Sida funds the Humanitarian Accountability Partnership (HAP) as one way of promoting accountability to aid recipients. One CSO partner noted that it was HAP certified but Sida has not gone as far as Danida in asking CSO partners to comply with the Core Humanitarian Standard (CHS). Sida has also funded framework partners to strengthen their capacity for ensuring AAP. For example, its funding to FAO has resulted in seven commitments on

the issue that it is implementing at corporate level, through partnerships and by mainstreaming it at field level (FAO 2015a).

Interviewees indicated that Sida expects its framework agreement partners to have mechanisms in place to take account of aid recipient perspectives through needs assessments and feedback mechanisms as good programming practice. For example, Sida had taken an interest in UNHCR's participatory assessments and methods for ensuring that populations of concern were included throughout the programme cycle. Other partners, such as ACF, Oxfam, ICRC and IOM, had encountered few questions relating to AAP. This may have been because desk officers found the information that they provided in proposals sufficient.

There is evidence from the evaluation, including the case studies, that partners generally have mechanisms for AAP in place. One of the limitations of the methodology for this evaluation was that, without the opportunity for more consultations with aid recipients, it was difficult to test the effectiveness of partner mechanisms at field level. There was also limited documentary evidence on the effectiveness of AAP mechanisms. However, according to UNRWA, a recent survey as part of preparations for the WHS had found that Palestinian refugees were amongst the most satisfied aid recipients, in terms of having their priority needs met and being treated with dignity and respect. It took this as a sign that its measures to involve Palestinian refugees (who make up over 90% of UNRWA staff) in delivering assistance and to respond to their concerns were effective.

In addition to obtaining information about how partners ensure AAP from documents, Sida staff have the opportunity to seek aid recipient perspectives directly and assess the efficacy of partner systems when they travel to the field and visit partner projects. Some Sida staff members emphasised that they make an effort to travel to hard to reach areas that other donors cannot access, which is commendable (the Syria case study highlighted that Sweden was one of only three donors to be able to travel to Damascus and interact with partners and aid recipients. Other donors found the information that Sweden could provide very valuable).

4.7.2 Targeting assistance to the most vulnerable

The evaluation identified evidence that Sida promotes the targeting of assistance to hard-to-reach areas and the most vulnerable. For example, Sida lobbied the Syria CBPF to provide assistance in hard to reach areas (including by funding local CSOs since they have greater access) and UNHCR to target assistance on the basis of vulnerability in the neighbouring countries (see the Syria case study in Annex 9). In other contexts as well, Sida has funded partners to work in hard to reach areas. It triangulates information from partners against heat maps in SRPs to identify partners who are operating in areas of urgent need that are not served by other humanitarian actors. This includes partners such as ICRC and MSF, that have greater access than others. For example, MSF is one of the few organisations in the Central African Republic that is able to operate outside of the capital because it has had a presence in the country for a long time. However, like other agencies, it faces challenges with reaching the most vulnerable in certain contexts (Tiller and Healey 2014).

IOM provided a good example of how Sida's allocation model enables it to identify vulnerable populations in need of assistance that are being overlooked by other humanitarian actors. The agency had not considered Bangladesh as a priority for humanitarian response at the headquarters level but Sida raised the plight of the Rohingya population and poor living conditions that they were enduring in camps. This prompted IOM to respond.

Amongst Sida partners, UNRWA had perhaps the most sophisticated system for targeting the most vulnerable. Between 2011 and 2014, its social safety-net programme moved from targeting assistance on the basis of vulnerable groups, such as the disabled or female-headed households, to a poverty-based targeting mechanism using a proxy means test formula to identify the poorest. This is an example of good practice and important because, as a review of providing assistance to vulnerable Syrian refugees identified, generalisations about vulnerable groups mean that aid agencies fail to recognise that not everyone in the same group is equally vulnerable (ACAPS and UNHCR 2013).

However, as discussed in the Syria case study report, there may be cases, such as that of Palestinian refugees in Syria, where targeting assistance is inappropriate. A number of Sida staff members have good operational experience and understand field realities so the evaluation did not identify any examples where Sida had promoted targeting if this was not suitable.

Sida's TRAC system does not specifically address the issue of targeting assistance to the most vulnerable. However, as highlighted in this section, the humanitarian unit recognises its importance. Due to the lack of a clear mechanism, though, staff do not systematically follow up on the extent to which partners are identifying and targeting the most vulnerable.

4.8 QUALITY, LEARNING AND INNOVATION

GHD principle 21 recommends that donors support learning and accountability initiatives with the aim of ensuring the efficient and effective implementation of humanitarian assistance. Sida's humanitarian strategy has gone further by incorporating innovation as a goal. This section starts by examining Sida's support for methods organisations, capacity development of partners and innovation. It goes on to examine cash-based assistance as a modality through which Sida can promote both quality in humanitarian response and innovation.

The purpose of Sida support for 'methods' organisations and capacity development, is to increase quality, learning and innovation in the humanitarian sector in accordance with the humanitarian strategy's goals and perspectives. The support to methods organisations is intended to be strategically important for the sector. Capacity development support aims to increase the effective implementation of partners' operational activities in line with both the organisation's needs and Sida's strategic priorities. Sida recognises that, in some cases, these two types of support may overlap.

4.8.1 Support to methods organisations

Figure 19 in Annex 5 lists the funding that Sida provided to methods organisations and to implementing partners for capacity development in 2014, which totalled SEK 76 million. Sida offers financial and technical support to a wide range of methods based initiatives that address the efficiency, targeting and quality of humanitarian response, including needs assessments, coordination, innovation, humanitarian accountability, learning, protection, sexual and gender-based violence (SGBV) and gender. Partners were generally very positive about, and appreciative of, Sida's support. While funding is, of course, critical for these initiatives, Sida staff also have a technical rigour and understanding that makes Sida a particularly helpful and informed donor. Further, Sida has shown a willingness to support new initiatives that they have deemed (following a thorough assessment) to be a venture worth supporting at the conceptual and start-up phase when they may not yet have a great deal of institutional support from other donors (such as ACAPs and initia-

tives through the Humanitarian Innovation Fund (HIF)). This demonstrates a willingness to be innovative and take a calculated risk to support a new venture, which positions Sida as a thought leader amongst humanitarian donors with the potential to advance humanitarian service delivery.

The activities that Sida supports through these methods based initiatives are perceived as being highly relevant to improving service delivery in the humanitarian context. They can also help to strengthen Sida's own work. For example, ACAPS is supporting the Humanitarian Profile/Caseload sub-working group of the IASC Information Management Working Group on a standard methodology for determining caseloads.¹⁸ It has played a catalytic role in strengthening the humanitarian system's capacity to undertake methodologically robust, coordinated needs assessments by developing and contributing to needs assessment and analytical tools and guidance, providing technical surge capacity, and tailored capacity-building services. This should help to increase the accuracy of needs assessments which, in turn, would contribute to Sida's allocation model.

It is difficult to measure the extent to which support to methods organisations definitively demonstrates improved humanitarian assistance and systems. This is because too many factors can have a role in determining if positive change is a result of these multi-faceted and multi-stakeholder initiatives or not. However, many of Sida's methods partners demonstrate a commitment (through their own evaluations and research) to producing evidence that shows the importance of the work that they do within the humanitarian community (Darcy et al 2013). In some cases, Sida has complemented support for these initiatives by advocating for partners to apply and utilise the techniques that they have developed and advanced. For example, it funds humanitarian coordination initiatives (such as ICVA) while also insisting that partners actively participate in humanitarian coordination fora at the field and global levels.

It would be a logical next step for Sida to build on its role as a leading donor to methods initiatives and ensure that learning from methods partners are translated into changed work processes at headquarters and changed practice at field level. Although partners are far more likely to pay attention to initiatives promoted by a respected donor than by methods organisations, Sida currently relies on the latter to promote their work with operational agencies.¹⁹ However, it does not necessarily follow up with them to ensure that they are doing this. Sida could explore ways of ensuring that good practice and information produced by its methods partners are shared systematically with implementing partners without over-burdening staff responsible for the methods organisations.

¹⁸ For further information about the sub-working group, see <https://www.humanitarianresponse.info/en/topics/imwg/imwg-sub-groups>

¹⁹ For example, although accountability to aid recipients is a priority for Sida, it has not promoted the CHS across its strategic partners. Also, issues addressed by the methods initiatives are not included as topics to which partners should pay attention in Sida's CSO guidelines. In addition, there are no mechanisms for thematic focal points to communicate with operational partners.

Suggestion Box 4: Promoting the work of methods-based initiatives

Sida needs to clarify the role and responsibilities of thematic focal points. It could ensure that thematic focal points are able to share information and good practice from methods partners systematically with all partners. The methods working group could be the forum for discussing outputs from the methods initiatives and how Sida intends to take them forward. This information could be channelled to partners through their focal points. If Sida continues to have annual meetings with its CSO partners as a group, it could also use these to showcase the latest developments from the methods-based initiatives and promote learning.

4.8.2 Capacity development support

Implementing partners (both multilaterals and CSOs) receiving capacity development support were very positive about this. For example, FAO had received support to develop its work on needs assessment, gender and accountability to affected populations, which strengthened its field level capacity for focusing on these issues in emergencies. With Sida's funding, FAO increased its capacity to ensure that livelihoods needs are assessed and included in Flash Appeals and other appeals. FAO had also worked with UNDP and the World Bank on guidelines for post-disaster needs assessments, focusing on the agriculture and food security component. Similarly, Sida supported IOM at the headquarters level to develop policies on humanitarian action (including implementing the humanitarian principles) and durable solutions. Since gender and protection are priority crosscutting issues for Sida, it financed ACF to undertake a three-year project to strengthen the organisation's approach to gender, including data collection and mainstreaming, and financed three child protection officers that Plan could deploy in emergencies. It also funded Islamic Relief to develop a toolkit for SGBV as part of its water, sanitation and hygiene (WASH) programme.

Some multilateral partners have standby partnership agreements with MSB that enable the latter to second staff with technical expertise, including for strengthening cluster coordination, and provide logistical support (in the case of WFP). UNRWA and WFP also noted that Sida had also financed Junior Professional Officers (JPOs).

4.8.3 Innovation

Sida has prepared an internal document, highlighting the importance of innovation at a time when humanitarian demand far outstrips the resources available (see the context analysis in Annex 4). Innovation is also one of the themes for the WHS. One of the challenges with tracking Sida's support for innovation is that partners do not have a clear definition of what constitutes an innovative approach or innovation. In some cases, it is simply the consolidation or scaling up of good programming practice.

Financing the HIF is one way in which Sida seeks to support innovation. In 2014, the HIF provide £1.8 million in funding through a mix of small and large grants as well as grants for WASH activities. The HIF also ran two WASH-related challenge events in 2014, bringing together designers, academics, practitioners and private sector actors to explore two specific problems. It then funded several of the proposals that emerged.

Sida's support to other methods organisations may also promote innovation. For example, the Active Learning Network for Accountability and Performance (ALNAP) has conducted research on humanitarian innovation while ATHA currently has a series on Promoting Innovation in Humanitarian Action. ACAPS has also developed new needs assessment methodologies.

Although partner interviews for the DRC and Syria case studies did not identify innovative approaches directly funded by Sida, some Sida partners have undertaken Sida-funded

innovative work in other contexts. MSF has used a number of innovative approaches, such as partnering with the French National Institute of Health and Medical Research to trial an experimental treatment for the Ebola virus during the outbreak in 2014. Also, to increase local awareness and the visibility of mental health issues in Kashmir, MSF worked with a local production company to produce a 13-episode TV soap opera. Sida's internal document on innovation highlights other examples.

Sida supports partners to provide cash-based assistance under the goal of innovation and as part of its commitment to the effectiveness of humanitarian assistance. The analysis of partner reports from 2013 showed that Sida financed 10 partner organizations to provide cash-based assistance in 14 contexts that benefitted over 147,700 people. Partners such as Islamic Relief, Swedish Red Cross, UNRWA and FAO provided employment opportunities through cash-for-work schemes while partners such as the Swedish Red Cross, Plan, Save the Children, UNICEF and UNRWA provided cash grants (Sida Helpdesk 2014). At present, UNRWA is probably the Sida partner with the largest-scale humanitarian cash transfer programmes.

Sida developed a think-piece on cash-based assistance as input to the MFA's policy work and there have been on-going discussions on the issue between Sida and the MFA. The paper highlighted the potential of cash-based assistance to transform the humanitarian system since it cuts across the traditional boundaries of sector and mandate.²⁰ The High Level Panel on Humanitarian Cash Transfer Programming's report reflects this view, arguing that there is an urgent need to invest in cash-based assistance in a world where the humanitarian system is under strain. This is because cash is "often a highly effective way to reduce suffering and to make limited humanitarian aid budgets go further", thereby reducing the gap between humanitarian needs and available funding (ODI and CGD 2015:7).²¹ Unconditional cash grants, transferred electronically, can increase the transparency and accountability of humanitarian aid, reduce the cost of delivery and benefit local economies. (ODI and CGD 2015). At present, Sida is not actively encouraging partners to make greater use of cash-based assistance but relies on them to decide whether and when to provide cash-based assistance.²²

As demonstrated by the evidence in this section, Sida is a leading donor to methods initiatives and in strengthening the international humanitarian system. Therefore, it would be appropriate for it to play a greater role in making the humanitarian system more effective through the widespread use of cash-based assistance. This is particularly since changes in technology, growing access to financial services, greater urbanisation, and the emergence of government social safety nets are creating unprecedented opportunities for reaching crisis-affected populations (ODI and CGD 2015).

²⁰ Other donors (particularly DFID and ECHO) have also recognised the transformative potential of cash-based assistance and have been strongly promoting the use of cash transfers (Mowjee 2014).

²¹ This is based on evidence such as that from a four-country study comparing food aid and cash transfers, which found that aid agencies could have assisted 18% more people for the same cost with cash transfers.

²² However, it is clear that Sida, along with other donors, needs to be more proactive since the bulk of humanitarian assistance continues to be provided in-kind and only 6% is provided through cash and vouchers (Bailey and Harvey 2015 and ODI and CGD 2015).

Suggestion Box 5: Strengthening support for cash-based assistance

Sida could do a systematic review of the extent to which it is funding cash-based assistance (currently, the evidence is scattered across partner reports) and identify measures to increase this (such as linking funding for innovation and cash-based assistance and implementing the recommendations of the High Level Panel). It could also engage more with partners on this issue (perhaps hosting a learning event).

4.9 DRR AND EARLY RECOVERY

Since the development of Sida's humanitarian strategy, there has been a global focus on the concept of resilience and Sida has developed draft operational guidance on contributing to resilience through humanitarian action.²³ Although development actors have the main responsibility for building resilience, Sida believes that humanitarian assistance can and should strengthen resilience while addressing the immediate needs of affected populations. It has done this by integrating the perspectives of DRR and early recovery in its humanitarian assistance in four ways - 1) by including them in its analysis 2) by promoting their integration in partners' programmes 3) by supporting targeted DRR/ER actions and 4) by promoting synergies with long-term development. These are described in greater detail below. The humanitarian unit has also actively contributed to the HUMASIA working group on resilience and promoted synergies with development cooperation.

4.9.1 Incorporating DRR/early recovery in analysis

One way in which the humanitarian unit includes DRR and early recovery in its analysis is by using ECHO's analysis of risks and vulnerability to ensure that its assistance is risk-informed.²⁴

Sida's paper on 'Designing Relief and Development to Enhance Resilience and Impact' also recognises the importance of a common context analysis based on risk and vulnerability as the basis for ensuring complementarity between humanitarian and development assistance.²⁵ As mentioned in section 4.1, during the its annual allocation process, the humanitarian unit invites colleagues from the Embassies and geographical sections within Sida to participate in discussions of the HCA. The HCAs are often written by humanitarian field staff based within Embassies so they have the opportunity to strengthen the HCA by drawing on the analysis of political and development colleagues. The humanitarian unit also invites field staff who spend a proportion of their time on humanitarian issues to its humanitarian field days in Stockholm (which was a recommendation of the 2010 evalua-

²³ The guidance document defines resilience as "*the ability of an individual, a community, a country or a region to anticipate risks, respond and cope with shocks and stresses (both natural and manmade), while addressing the underlying root causes of risks, to then recover and continue to develop*".

²⁴ Humanitarian Operational Guidance – Contributing to resilience through humanitarian action

²⁵ This is supported by studies that advocate strongly for shared context analyses and planning to identify common objectives to which humanitarian and development actors could contribute on the basis of their skills and comparative advantage (Christoplos 2014, Mowjee et al forthcoming). At a presentation of one of these studies to a high-level meeting of OCHA's donor support group, the concept of shared analysis gained traction and Sida could be a leader in implementing the concept.

tion). This is a good opportunity for them to find out more about the humanitarian unit's work and priorities.

At the humanitarian field days in 2015, there was strong support for working on shared context analyses. This is starting to happen with examples such as the use of the OECD's resilience systems analysis for the Syria strategy and the participation of humanitarian staff in the processes for developing the Mali and Kenya country strategies. Systematising this would be a valuable first step in ensuring stronger linkages. A senior Sida interviewee argued that, since there is already a recognition amongst many heads of development co-operation of the need to use development assistance to address long-term vulnerability, developing shared indicators with the humanitarian unit could also help to ensure a more effective division of labour.

4.9.2 Promoting the integration of DRR/early recovery in partner programmes

Sida finances DRR components within regular humanitarian programmes where relevant, i.e., where the programme contributes to resilience but does not have it as a primary goal. With the increased focus on resilience in geographical development strategies (such as Afghanistan, DRC, Ethiopia, Palestine, Mali, Somalia, Kenya, Bangladesh, Syria and Cambodia), the humanitarian unit is encouraging framework partners to seek funding for DRR and early recovery activities from development funding to these areas.²⁶ However, there are some contexts, such as parts of the Sahel, where there is a great need for DRR activities but Sida is not providing development assistance. This suggests that DRR will need to continue to be an issue on which Sida's humanitarian and development sections collaborate.²⁷

Sida's paper on 'Designing Relief and Development to Enhance Resilience and Impact' highlights that the humanitarian unit has supported partners to integrate DRR and early recovery into their programmes in several ways. These include the provision of multi-year commitments to partners and CBPFs so that they can adopt longer-term approaches to planning and implementation; funding the efforts of partners such as the Swedish Red Cross to strengthen local preparedness and response capacities; contributing to efforts to "build back better" in post-disaster contexts through partners such as MSB; and financing partners such as UNICEF, UNRWA and ICRC to respond to humanitarian needs and their underlying causes in an integrated and flexible way.

²⁶ For example, while the humanitarian unit has been supportive of a CSO partner's livelihoods programme as part of its Syria crisis response that includes strengthening the resilience of women through a combination of cash transfers, skills training and seed funding for businesses, it has indicated that it should seek development funding once the Syria strategy is operational. In some cases, it can be challenging for partners to seek development funding because humanitarian programmes with DRR components do not always fit its criteria.

²⁷ As in Kenya, where the development programme is funding the World Food Programme (WFP) to build government capacity to manage food security and nutrition crises at local level because of a recognition that, if it can use development funds to minimise the impact of crises or improve coping capacities, "we're all winners".

4.9.3 Supporting targeted DRR/early recovery interventions

Sida has funded DRR initiatives at the global level, primarily the World Bank's Global Facility for Disaster Reduction and Recovery (GFDRR) and the UN International Strategy for Disaster Risk Reduction (UNISDR), but also the Houairou Commission, a global network of local women striving to strengthen resilience of vulnerable communities. During the evaluation period, Sida continued to be one of the largest humanitarian donors to the global system for DRR. However, with the increased focus on resilience in Sida's development assistance, there are plans to transfer funding for these initiatives to the development budget. To promote DRR in longer-term development cooperation, Sida has financed activities by MSB from the humanitarian budget in some contexts where it is also providing development assistance, with the aim that these can continue to be funded from the development budget.

At national and local levels, Sida has funded DRR initiatives to strengthen disaster preparedness capacities in institutions (through the Swedish Red Cross and MSB), supported multi-hazard early warning and early action (such as the FSNAU in Somalia) and enabled vulnerable people and communities to prepare for disasters (through partners such as the Swedish Red Cross, UNICEF and FAO).

Suggestion Box 6: Financing DRR and addressing chronic vulnerability

Since Sida is not providing development assistance in all the crisis contexts where it is operating with humanitarian funding, it could set aside a small proportion of its funding for DRR activities and approaches to address chronic vulnerability. This would enable it to commit to some multi-annual funding that does not have to compete for priority with the urgent activities financed through the annual grants.

4.9.4 Promoting synergies with long-term development

Whilst ensuring synergy between its humanitarian and development assistance is a priority for Sida, during the evaluation period, there were no incentives²⁸ or structures to promote systematic collaboration between humanitarian and development staff members.²⁹ Nevertheless, the evaluation identified numerous examples of linkages between humanitarian and development assistance that put Sida well ahead of other donors (Mowjee et al 2015, Mowjee et al forthcoming).

There are three kinds of contexts where it is relevant for the humanitarian unit to promote synergy with development cooperation:

²⁸ An OECD-DAC Resilience Experts Group working paper identifies institutional challenges to a focus on building resilience, together with incentives to overcome them. These apply equally to promoting linkages between humanitarian and development assistance and include ensuring sufficient financial and technical resources, appropriate career incentives, an appropriate results framework and knowledge management (OECD 2015). Sida did not have such incentives in place during the evaluation period.

²⁹ At the time of the 2010 evaluation of Sida's humanitarian assistance, Sida had humanitarian staff members embedded in country teams within the Conflict and Post-Conflict department. With the re-structuring of Sida, this is no longer the case (although, until March 2015, the MENA unit was an exception and had a humanitarian staff member based within it to oversee the humanitarian response to the crises in the region).

- Humanitarian crises with significant humanitarian support as well as development cooperation (Afghanistan, DRC, Ethiopia, Iraq, Mali, Myanmar, Kenya, Palestine, Somalia, Sudan, South Sudan)
- High-risk contexts with large development aid but limited or no humanitarian aid (Bangladesh)
- Protracted or recurrent crisis contexts receiving Sida humanitarian assistance but no development cooperation (large parts of Sahel).

The first type of context obviously provides the greatest opportunities for collaboration and the evaluation identified the following ways in which Sida's humanitarian and development staff have cooperated.

i. Using humanitarian and development funding flexibly

Sida has used both humanitarian and development funding flexibly and the evaluation identified three cases when Sida had diverted development funding for an emergency response.³⁰ The largest and most recent example is the Ebola crisis, which Sida funded from the Liberia budget. Similarly, when civil war broke out in South Sudan in December 2013, the country team was unable to spend its development budget. Therefore, based on the humanitarian unit's advice, it allocated SEK 130 million to the CHF (Regeringskansliet and Sida 2015). In the third case, Sida responded to a WFP appeal in 2013 with development funding to avoid food ration cuts in refugee camps in Kenya. In addition, Sida is funding WFP in Kenya through the development budget. This is a more sustained use of development funding for work that is in the grey zone between humanitarian and development response.

There were also several examples of Sida providing humanitarian funding for resilience building activities (such as FAO's multi-year resilience programme in Kenya and four other countries), multi-sector programmes to prevent worsening malnutrition levels (e.g., UNICEF in the Sahel), early interventions in deteriorating situations to protect the coping capacities of communities, and longer-term approaches (such as IOM's programmes in Haiti, for moving displaced populations from camps to housing structures, and in Zimbabwe, for community stabilisation through the provision of small grants).

In addition, Sida has jointly funded multi-year community-based resilience programs such as SomReP and the CRDP from its humanitarian and development budgets. These are all good example of Sida using both development and humanitarian funds flexibly to deliver better outcomes for vulnerable populations.

ii. Addressing resilience in development strategies

As noted in section 4.9.2, Sida is increasingly incorporating resilience into its geographical development strategies, particularly in light of clear guidance on this from the government. This is positive and addresses one of the criticisms of the 2013 peer review (OECD 2013). There are also on-going discussions about including resilience in the new civil society strategy. It is important for humanitarian and development staff members to

³⁰ Sida's paper titled 'Designing Relief and Development to Enhance Resilience and Impact' provides additional examples.

work together on these strategies to identify potential synergies. In the case of the Mali strategy, dialogue between the two sides on targeting vulnerable individuals and communities resulted in the two sides agreeing to fund food security partners from both budgets. This means that these partners should receive humanitarian funding through the annual allocation process and multi-year, predictable development funding for longer-term interventions. The Syria case study also highlights examples of the development strategies for Turkey and Syria complementing the humanitarian response in useful ways. As part of the preparation of the Syria strategy, Sida consulted with humanitarian partners in the field, which is a helpful way of building a broader understanding of the context and how development assistance could complement the existing work of humanitarian actors. In DRC, as well, the development strategy incorporates humanitarian objectives and Sida has been one of the leaders in promoting the resilience agenda within the international community.

iii. *Synergies through staff working across humanitarian and development issues*

Geographical units within Sida have been willing to allow development staff to spend a percentage of their time on humanitarian issues when there is no full-time humanitarian staff member based in the field. Since all development cooperation from the Africa department (except for support to Sudan and South Sudan) is managed at Embassy level, there is a recognition that the best way to promote linkages between humanitarian and development work is by ensuring that relevant Embassy staff have at least part-time responsibility for humanitarian aid.³¹ Therefore, it is financing six to eight humanitarian field staff from the development budget in contexts where humanitarian issues are an important part of Sida's work. This is very positive and different to a donor such as Danida, where staff members clearly prioritised their development responsibilities over humanitarian tasks (Mowjee et al 2015). As identified in the Syria case study, staff with dual responsibilities are better able to identify synergies. However, it is currently up to individual staff members to find opportunities rather than something that Sida encourages systematically.

4.10 CROSSCUTTING ISSUES

Question 1.3 in the evaluation matrix in Annex 3 identifies several crosscutting issues and this section discusses those not already addressed in this report – gender, protection, the environment, conflict sensitivity and risk management. It concludes with a brief discussion on ensuring adherence to this range of issues.

4.10.1 Gender and protection

Sweden is well known for its emphasis on gender as a crosscutting issue and all Sida's partners are aware that it is a priority for Sida's humanitarian unit. The Syria case study, in particular, highlighted Sida's focus on protection as well. However, the humanitarian unit has limited staffing allocated to these issues, with three staff members spending a small proportion of their time each on gender, SGBV, and IHL and humanitarian principles.

³¹ The Africa department is also keen to strengthen the knowledge of development staff about humanitarian issues through systematically briefing or training them before they take up field posts in crisis-affected contexts. This could be done by the humanitarian unit or through the ATHA programme.

Taken together, this amounts to less than one full-time person focused on these issues, which are a priority for Sida. Nevertheless, the focal points have produced internal guidance on these topics in 2015 in the form of a tool on Gender Equality in Humanitarian Assistance and a guidance paper on IHL and protection.

Sida finances increased capacity within the humanitarian system for addressing gender and protection concerns through the Gender Standby Capacity Project, GenCap, and the Protection Standby Capacity Project, ProCap, both inter-agency initiatives in collaboration with NRC.³² As noted in section 4.8.2, it may also fund specific partners for capacity development on gender issues. In addition, Sida may fund interventions focused specifically on gender or protection activities but there is an expectation that partners are mainstreaming these crosscutting issues. This section outlines findings on how Sida promotes these two crosscutting issues and how partners are incorporating them into their programmes.

Gender

Sida does not fund humanitarian projects that are gender blind and requires all partners to use the IASC gender marker (which is mandatory for all projects included in SRPs). Sida's gender tool has an assessment checklist to help desk officers to review proposals to ensure that they are addressing gender issues adequately. While the gender tool aims to have all HCAs based on gender analyses as well as partners' needs assessments, the reality is that Sida is reliant on the level of analyses in SRPs and partner documents, which is variable.³³ The level of detail and attention paid to gender issues varies across the HCAs. The Colombia 2015 HCA is a good example, outlining a range of ways in which Sweden can promote gender issues since it is one of the few humanitarian donors active in the context. This includes through the CBPF and its membership of the Humanitarian Country Team. Some HCAs are weaker.

Sida's gender tool highlights the importance of gender- and age-disaggregated data and most Sida partners collect this though there are challenges in some emergency contexts. One exception is ICRC, which is under pressure from donors to improve the use of disaggregated data in its reporting but has been slow to progress.³⁴ Where necessary, Sida has funded partners to strengthen their focus on gender and ability to collect disaggregated data (for example, FAO and ACF). It has also prioritised funding to SGBV projects (by UNHCR, for example), which addresses protection as well.

³² For further information about GenCap, see <https://www.humanitarianresponse.info/en/coordination/gencap> and for further details of ProCap, see: <https://www.humanitarianresponse.info/en/coordination/procap>

³³ The Palestine HCA cites a review of six needs assessments by humanitarian organisations in 2013-14. This found that gender issues were rarely prioritised in data collection or analysis beyond the provision of disaggregated data.

³⁴ This is perhaps due to a lack of understanding of the importance of disaggregation, with ICRC seeking to address the needs of a certain population such as displaced persons or detainees without distinguishing on the basis of gender. However, this fails to recognise that how assistance is delivered (whether food or protection) needs to be tailored to the different needs of women, men, girls and boys. For example, even a food delivery may need to be done in smaller packages to make them easier for women to carry if they are the ones collecting them.

While most of the framework partners reported that gender was a significant part of their Sida-funded programmes in the comparative partner analysis (see Annex 6), partners such as Islamic Relief, Plan, UNICEF and UNRWA, for whom this is an internal priority, are clearly much stronger on the issue because it is an internal priority as well.

Since CBPFs are the largest recipient of Sida funding, it has worked to ensure that they are addressing gender issues. The CBPFs use the gender marker and usually have a gender focal point to verify the scoring in proposals. However, most CBPFs do not report on how projects have addressed gender concerns, usually simply explaining the use of the gender marker and providing some gender-disaggregated data. The Afghanistan CBPF is an exception and its 2014 annual report has a section on gender that explains the challenges that partners have experienced in overcoming cultural and behavioural barriers (CHF 2014). Similarly, the Somalia CBPF's 2014 annual report explains how the UN system is strengthening gender mainstreaming and how the fund intends to work more closely with partners on the issue and strengthen the gender component of its monitoring (CHF 2014a).

Sida is aware that humanitarian partners have now learnt how to include gender in proposals and reports and that the next step is to ensure that they are implementing programmes in a gender sensitive manner. This is particularly important since an evaluation of GenCap found that, although the gender marker and other GenCap activities had contributed to a greater inclusion of gender issues in planning documents, there was no evidence that this translated into concrete changes in the implementation of humanitarian projects on the ground (Steets and Meier 2011). Sida staff members have already identified several measures that it could take (see suggestion box X below). However, staff have found it challenging to find sufficient time and opportunities for putting these into practice and for structured engagement with partners.

Protection

Sida views protection both as a responsibility under strategy goal 2 on IHL and humanitarian principles and as a cross-cutting issue. As its operational guidance on protection notes, there is no universally accepted definition of protection and it can cover a broad range of activities. However, apart from ICRC, which has a special protection mandate, the Sida partners who reported that protection was a large part of their Sida-funded programmes in the comparative partner analysis are those that deal with displaced populations or children (see Annex 6). Sida has funded partners to undertake a range of protection activities such as education and training on child protection, the establishment of community-based child protection networks and the establishment of a protection early warning system in the Central African Republic. Its funding for organisations with a protection mandate, such as ICRC, UNHCR, UNICEF, and UNRWA, increased from 23% to 30% of the humanitarian budget during the evaluation period.

Since protection cuts across other activities or issues, Sida has not focused on it in isolation. In the case of UNHCR, it has combined support for gender and protection by focusing its funding on SGBV activities. In addition to programme funding, Sida financed two out of four UNHCR expert staff members based in regional offices to enhance country office capacity on the issue and help develop country-level SGBV plans. After Sida's initial support for these posts for two years, UNHCR was able to absorb them into its own budget. Sida has also combined support for protection and coordination. For example, in 2013, its funding to UNICEF supported its lead agency role for the child protection sub-cluster. Similarly, Sida funding in 2013 enabled Save the Children to act as child protection sub-cluster co-lead in Sudan, South Sudan, DRC, Somalia and other contexts. Sida funding to IRC has enabled the CSO advance protection mainstreaming in humanitarian

action through the Protection Mainstreaming Task Team of the Global Protection Cluster.

Sida's support for protection issues is not limited to funding and it has raised concerns with UNHCR about resourcing protection cluster coordination adequately at field level. In Colombia, Sida has called for the development of better indicators to assess results in the protection cluster. It is also examining ways to support humanitarian actors in taking forward the results of the Whole of System Review of protection (Niland et al 2015).

Suggestion Box 7: Mainstreaming gender and protection

Sida could work with partners to increase attention to the gender aspects of protection activities (starting with ICRC, which is one of Sida's largest partners but weak in this area beyond starting to address gender-based violence more systematically).

Sida could translate the assessment checklist in the gender tool into checklists tailored to specific types of partner programmes.

If Sida had focal points with more time dedicated to gender and protection, they could provide more support to geographical desk officers making funding decisions and following up with partners during field visits. The methods working group could also act as a resource hub.

4.10.2 Environment

Although the environment is a sub-goal in the government's aid policy platform (as is humanitarian aid), it was clear that this had received less attention on the humanitarian side than issues such as gender and protection. This may be because there is no focal point or champion for environmental issues within the humanitarian unit or because the issue tends to be included within the DRR perspective. It is also probably a reflection of the fact that the international humanitarian community as a whole does not focus strongly on environmental issues (although there are examples of donors such as ECHO promoting environmental considerations in humanitarian responses).

However, Sida does raise the environment as a discussion issue with partners, such as the environmental impact of UNHAS with WFP. It may also ask partners to conduct environmental impact assessments. One CSO partner noted conducting a light environmental impact assessment for a long-established refugee camp.

The extent to which Sida partners address environmental issues in their programmes varies. In the comparative partner analysis (see Annex 6), two multilateral partners and two CSO partners indicated that the environment was a significant part of their Sida-funded work. One of these has an environment focal point and has made efforts to incorporate environmental considerations into its procurement processes, which is an example of good practice. It also tries to conduct an environmental impact assessment for each humanitarian project but this is not always feasible (for example, in Syria). The other had promoted environmental conservation successfully in a project in South Sudan, and only 1% of the target population had not adopted an environmentally friendly practices at household level by the end of the project. Only two Sida partners indicated that they were not addressing the environment at all.

Since Sida does not require partners to report on their implementation of crosscutting issues, the evaluation found limited information on this issue in partner reports. However, Save the Children reported taking environmental issues into consideration for its project in the Democratic People's Republic of Korea. It planted 67,000 trees to ensure protection for source catchment of its water project and used passive solar glass to construct a greenhouse so that it did not require external heating. It has also installed solar hot water sys-

tems in hospitals and clinics. In its response to typhoon Haiyan, UNHCR distributed solar lanterns to 19,000 families, because they were both more environmentally sound and supported protection. In a good example of an environmentally-friendly approach having wider humanitarian benefits, MSB supported WFP with the installation of solar panels for its warehouses, which reduced their running cost. WFP was able to use the money saved to provide more humanitarian assistance. The Afghanistan CBPF is the most advanced of the CBPFs in having introduced an Environment Marker into its funding strategy. It is mandatory for all applicants to consider the impact of humanitarian action on the local environment and develop tailored mitigation strategies. An Environment Advisor from the UN Environment Programme (UNEP) supports the review of proposals and advises partners on integrating specific measures to mitigate the impact of project activities (CHF 2014). Only a few other CBPF annual reports mention the environmental aspects of individual projects, if partners report on this.

Currently, the environment is one of several crosscutting issues on Sida's internal checklist for reviewing partner projects but, if Sida deems this a humanitarian priority, the humanitarian unit would need to examine how Sida could ensure greater consistency across its framework partners and also how best to strengthen its internal focus.

4.10.3 Conflict sensitivity

According to the Conflict Sensitivity Consortium, "A conflict-sensitive approach involves gaining a sound understanding of the two-way interaction between activities and context and acting to minimise negative impacts and maximise positive impacts of intervention on conflict, within an organisation's given priorities/objectives".³⁵ Humanitarian actors generally interpret this as the 'do no harm' approach.³⁶

Sida has increased its internal focus on this issue through two training workshops for staff members held in 2013 and 2015. The 2015 workshop led to the humanitarian unit revising the conflict sensitivity section of its checklist on crosscutting issues. It also used the Sida helpdesk on human security to assess how partners were incorporating conflict sensitivity into their work.

It was clear from interviews with Sida partners that few, if any, conduct a thorough conflict analysis as the basis for their programming. However, there is an awareness of the need to understand the context and ensure that assistance is not exacerbating tensions. As one UN interviewee explained, "these things are done but they are not institutionalised or required". In the Syria crisis context, this has led to a focus on 'social cohesion' programmes in the neighbouring countries, i.e., assisting vulnerable host populations as well as refugees. CSO partners that work through alliances or federations with local members make an effort to ensure that partners are doing some form of context analysis and abiding by the do no harm approach.

³⁵ <http://www.conflictsensitivity.org/content/introduction-0>

³⁶ This developed from the work of Mary Anderson and the Local Capacities for Peace Project. Mary Anderson captured the lessons from the project in her 1999 book titled 'Do No Harm: How Aid Can Support Peace—Or War'. For further information, see: <http://www.principletopractice.org/from-principle-to-practice/a-brief-history-of-the-do-no-harm-project/>

The evidence from the evaluation reflects the fact the humanitarian system as a whole is weak on ensuring that programmes are conflict sensitive, despite progress since the introduction of the do no harm approach in the 1990s. Therefore, perhaps Sida could support its partners to increase their capacity for better conflict analyses and of the potential impact of their assistance on conflict dynamics, drawing on the expertise of its conflict and post-conflict cooperation unit. This would build on Sida's strong support for adherence to humanitarian principles.

4.10.4 Risk management

There are three aspects to the issue of risk in the humanitarian field – the risks faced by vulnerable populations in crisis contexts, the risks that the delivery of assistance will be affected negatively by a range of internal and/or external factors, and the specific risk of aid diversion or corruption. Since 2012, with the appointment of a new head, the humanitarian unit has prioritised a focus on the third aspect. Between 2012 and 2014, the number of corruption cases identified by the humanitarian unit increased by 526%.

Sida has worked closely with Red Cross Movement on anti-corruption measures. Its engagement with ICRC to increase its transparency concerning audits and the increased use of evaluations resulted in Sida being the only donor to have the opportunity to take part in its management letter and response to the annual audit in 2013 and 2014. In June 2014, Sida's anti-corruption adviser visited ICRC to meet its anti-corruption advisor and assess its systems and the implementation of anti-corruption efforts. In 2013, Sida commissioned an audit of the internal control systems of the International Federation of Red Cross and Red Crescent Societies (IFRC) due to concerns about their robustness. Due to the weaknesses identified, Sida halved its funding to IFRC in 2014 (channelled through the Swedish Red Cross) but also requested that it take clear actions to address the deficiencies in its systems. It complemented this with a technical discussion with IFRC's Risk Management and Audit and legal departments.

Sida has also engaged actively with the CBPFs on this issue. The Somalia and DRC CBPFs identified a case of corruption each and, unlike other donors that responded by withdrawing support, Sida engaged positively. It argued that donors had to be realistic about the risks of operating in these fragile contexts and that there should be a shared approach to risk. Therefore, it commissioned an external validation of OCHA's risk management systems in both countries in 2014. This identified some areas for improvement but also found that OCHA had systems in place, which restored donor confidence. OCHA really appreciated this form of constructive criticism. Sida's anti-corruption advisors also worked with the humanitarian unit to review the revised Global Country Based Pooled Fund Guidance, which was finalised in February 2015. They deemed the risk framework adequate and suitable for its purpose although Sida has followed up with OCHA on procedures to monitor the delivery of assistance in hard to reach areas. An internal Sida document on risk management in CBPFs outlines other ways in which Sida has sought to assure rigorous risk management.

The examples of IFRC and the CBPFs demonstrate that Sida has a zero tolerance approach to partners without adequate structures or measures in place to mitigate, detect and handle corruption but is supportive of those with adequate measures in place when they identify corruption cases. This has made partners more willing to share information with Sida and also ensure that they have appropriate systems in place. For example, UNRWA is in the process of developing an anti-corruption policy. Sida is a member of UNRWA's advisory committee on internal oversight so it has had an opportunity to comment on the draft document. In recognition of its concerted work with key partners on anti-corruption,

in 2014 the humanitarian unit and its head were awarded an internal Sida prize (“Guldspaden”) by the Director-General and Sida’s anti-corruption advisors.

4.10.5 Assessing adherence to crosscutting issues

It is commendable that, despite having far fewer staff members than other leading humanitarian donors, Sida has championed an ambitious number of crosscutting issues in order to improve the quality of partners’ humanitarian assistance. It has developed a checklist that it uses during the quality assurance process to review whether partners are incorporating crosscutting issues into their work. The challenge is that the checklist has 58 questions and some staff members have questioned whether it is realistic to expect even multilateral partners to have the capacity to mainstream so many issues. For CSO partners with limited resources and conflicting demands from different donors, the burden is even heavier. There is no easy answer because the issues covered by the checklist all contribute to effective humanitarian programming.

Suggestion Box 8: Refining Sida’s checklist for quality assurance

There are two potential ways in which Sida could refine its current checklist for quality assurance. One is to build in checks to see whether a particular issue is relevant for the programme under review since not all the issues are applicable to every programme. The other would be to follow the suggestion for refining the gender assessment to tailor it to different kinds of activities. This will lead to more, but hopefully, shorter and more relevant, checklists. For example, Sida could develop a checklist that is applicable to shelter projects or legal assistance projects specifically. These would be shorter lists of questions relevant to specific kinds of projects.

5 Conclusions

This evaluation has demonstrated that Sida is a leading humanitarian donor, not just in terms of financial resources but also in implementing the GHD principles and strengthening the humanitarian system. The fact that Sida has achieved this with far less human resources than the other leading donors is a tribute to the quality of its humanitarian staff. This high level of achievement inevitably raises expectations amongst partners as well as Sida's own staff of continued progress, despite resource constraints, and the evaluation has identified areas where Sida could consolidate the gains that it has made. Recognising these resource constraints, the report has aimed to keep the suggestions made in the 'suggestion boxes' practical so that they can be implemented with some re-focusing rather than substantial additional resources.

The objective of this evaluation has been to assess the extent to which Sida has implemented the humanitarian strategy. It is positive that the strategy reflects Sweden's commitments to the GHD principles and that Sida has worked hard to deliver every goal in the strategy, together with the perspectives of DRR and early recovery. The strategy's weakness is that the goals and perspectives do not set targets or include a definition of success in achieving these goals, making it very difficult to measure progress. Sida has done well to address this by developing its own indicators for reporting against the strategy goals as well as key humanitarian sector indicators.

The rest of this section summarises Sida's key achievements against the strategic goals and opportunities for building on these.

Allocating resources on the basis of humanitarian needs

The introduction of a funding allocation model based on objective criteria is one of Sida's most significant achievements during the evaluation period. This has enabled it to demonstrate its rigorous approach to the MFA when presenting its funding decisions for approval and also helped it to communicate its commitment to funding according to needs to partners. Since there are challenges with the quality of data available on humanitarian needs, it is helpful that Sida is investing in strengthening the humanitarian system's capacity in this area. Sida has also found it challenging to balance funding against objective criteria with providing partners with a degree of funding predictability. Therefore, it should perhaps review whether to opt for an allocation model based simply on addressing the most acute humanitarian needs and partner performance.

Within the restriction of a fixed budget each year, Sida has done well to achieve a balance between allocating substantial funds at the beginning of the year and maintaining sufficient resources to respond to new or deteriorating emergencies during the year. Partners identified some challenges with the allocation process that were largely administrative.

Increased respect for IHL and humanitarian principles

Sida is a strong proponent of respect for IHL, through funding to key partners, supporting specific partner initiatives and working to incorporate IHL considerations

throughout its decision making processes, analysis and engagement. Its own funding is based on the humanitarian principles.

Humanitarian Coordination

Sida is a strong supporter of humanitarian coordination, both in terms of providing funding and advocating for strengthened coordination at country level. Also, despite the lack of incentives or mechanisms to ensure that they coordinate their work with other donors, Sida staff members participate actively in donor coordination mechanisms at field level. Stockholm-based staff also engage with donors during field visits or on specific issues at capital level.

Professionalisation of humanitarian actors

The case studies identified that the main ways in which Sida adds value to humanitarian response at field level is through being a principled donor and the flexibility of its funding. Sida enjoys a close and open working relationship with its partners and is appreciated for its thorough understanding of field realities. The commitment and dedication of Sida staff to delivering the best possible assistance and to doing the right thing are commendable. However, some partners suggested ways in which Sida could move beyond a focus on programmatic detail to a more strategic relationship focused on promoting greater learning and strengthening of the humanitarian system.

To ensure that it was able to report measurable results, the humanitarian unit has made a creditable effort to develop a set of key humanitarian sector indicators. It has found these very useful in communicating achievements although it recognises that they do not reflect the quality of its assistance. It is commendable that Sida also has the building blocks in place to undertake systematic assessments of partner performance (although partner reporting could be strengthened and Sida could make greater use of independent evaluations). If it were able to compile the information from the various sources in a systematic way, it could use this to inform its funding decisions. This would be a major achievement since most donors do not base their funding decisions on partner performance.

Predictable, rapid and flexible financing

Sida's CSO partners valued the RRM as a rapid and useful mechanism and all partners appreciated Sida's flexibility as a donor. Sida's contribution management system has caused delays with funding disbursements but staff have worked hard to streamline working practices and made significant progress in reducing these. Sida seeks to offer its framework partners a degree of predictability through multi-annual framework agreements and all the partners appreciated having these agreements. However, their experience of the extent to which Sida's funding is predictable varied, with multilateral partners and ICRC generally more positive and CSO partners experiencing greater uncertainty.

Strengthened national and local capacity

It is indicative of Sida's commitment to the broader principles of Swedish aid that it is not focused only on the international response system but has tried to ensure funding to national and local CSOs through the CBPFs. It has also funded ICVA, which represents national NGOs and is able to ensure that their voices are heard in international policy dialogue. In addition, it has supported its operational partners to strengthen their relationships with local CSOs although partners could go further, for example, by applying the Principles of Partnership in their relationships with national actors.

Increased participation of the affected population

Sida expects its partners to have mechanisms in place to take account of aid recipient perspectives as good programming practice and has financed partners to strengthen their capacity where this was needed. It has also funded the Humanitarian Accountability Partnership, which has been a major driver of the harmonised Core Humanitarian Standard, to promote greater accountability. It is very helpful that Sida staff are able to seek aid recipient perspectives directly and assess the efficacy of partner systems when they travel to the field and visit partner projects.

Where appropriate, Sida promotes the targeting of assistance to hard-to-reach areas and to the most vulnerable, through both its funding decisions and advocacy at field level.

Quality, learning and innovation

Sida is committed to strengthening the humanitarian response system and partners had found its support for methods initiatives and capacity development very important. Sida has been willing to take calculated risks to support initiatives at the conceptual and start-up phase, which partners greatly appreciated. It has also supported innovation through both methods organisations and operational partners though it was sometimes challenging to track this support since partners lacked a clear definition of what constitutes an innovative approach or innovation. As part of its commitment to innovation as well as humanitarian effectiveness, Sida has financed partners to provide cash-based assistance. Although Sida has recognised the potential of cash-based assistance to transform the humanitarian system, it has not actively encouraged partners to make greater use of it.

The next step for Sida would be to consider how to ensure that its investment in methods development and system strengthening translates into changed behaviour at field level, ultimately delivering better outcomes for affected populations.

Disaster Risk Reduction and early recovery

It is impressive that there has been good collaboration between humanitarian and development staff members, particularly on the flexible use of humanitarian and development funding, even in the absence of incentives or mechanisms to promote systematic interaction. While Sida has been one of the largest humanitarian donors to the global DRR system, it is encouraging that it is considering increasing development funding for this, with the growing focus on resilience in its development assistance. The engagement of humanitarian staff with development actors at field level has given Sida a leading role in advocating for development funding to address chronic vulnerability. It is commendable that the engagement between humanitarian and development staff on the HCAs is being extended to collaboration on development country strategies. As Sida itself has identified, a common context analysis is a necessary foundation for ensuring complementarity between its different forms of assistance.

Sida has the opportunity to build on the good practice examples identified in this evaluation by putting in place appropriate incentives and structures and resourcing stronger collaboration. This would help to institutionalise the cooperation between humanitarian and development staff members that currently relies on personal connections and commitment.

Crosscutting issues

Sida's humanitarian work reflects Sweden's strong support for several crosscutting issues, particularly gender, and it has strengthened both internal and external capacity

on these issues. It has also combined requirements for partners to focus on gender, protection and coordination in their work with funding to strengthen capacity for this where necessary, which is a very constructive approach. Since 2012, the humanitarian unit has prioritised working with partners to ensure that they have robust mechanisms in place to avoid corruption.

Now that Sida's partners have begun to address crosscutting issues such as gender, protection and coordination more systematically in their proposals, it has the opportunity to move to the next level of ensuring more consistent mainstreaming at field level. Its thematic focal points and the methods working group could also play a role in encouraging greater learning across partners. However, the challenge for Sida is that, even with additional staffing for the humanitarian unit, it is currently difficult to pay equal attention to a very broad range of crosscutting issues. Therefore, Sida needs to decide whether to continue to prioritise issues such as gender, protection and coordination, where it already has a comparative advantage on which it could build, or how it would ensure adequate resourcing for addressing additional issues in depth. The question also has resource implications for its partners, although it could be argued that these crosscutting issues are an essential part of good humanitarian practice.

Following its rapid growth and change during the evaluation period, the humanitarian unit has an opportunity to consolidate the gains that it has made. In particular, there are a number of dots, in the form of different initiatives on crosscutting and thematic issues, basing funding on objective criteria and strengthening partnerships, that Sida could focus on joining up as it moves forward. For example, it could ensure a clear connection between requiring partners to incorporate gender, protection and accountability to aid recipients into proposals and reporting with following up on these consistently in assessments of partner performance and then feeding the partner assessments into the funding allocation process. This would ensure that Sida does not simply continue to fund partners who have failed to perform on certain issues.

Annex 1 - Terms of Reference

Evaluation of Sida's Humanitarian Assistance Terms of Reference 16 March 2015

1. Introduction

The Humanitarian Strategy for Sida 2011-2014 (the Strategy) was launched in March 2011 and has governed the humanitarian assistance of the Swedish International Development Cooperation Agency (Sida) during 2011-2014. The Strategy outlines the overall objective, key goals and perspectives as well as instruments for its implementation. Annually, around 13 % of the total Swedish development cooperation budget is allocated to humanitarian assistance through the Ministry for Foreign Affairs (MFA) and Sida. The annual budget for humanitarian assistance amounts to approximately 5 billion SEK, which made Sweden the 4th largest bilateral donor 2013 after US, UK and Japan. Sida's share amounted to 2,8 billion SEK in 2013, which was 56% of the Swedish humanitarian allocation of that year.

The Strategy stipulates that an in-depth results-analysis of Sida's humanitarian assistance should be conducted at the end of the strategy period. Sida is therefore carrying out an evaluation of its humanitarian assistance during 2011-2014. Last time Sida conducted a comprehensive review of its humanitarian assistance was in 2010.

The below Terms of Reference (ToR) outline the evaluation objectives, scope, focus and key evaluation questions to be answered and suggest approach and method for the evaluation.

2. Background and objectives of the Strategy

The overall goal of Sweden's humanitarian assistance is to save lives, alleviate suffering and maintain human dignity for the benefit of people in need who are, or are at risk of becoming, affected by armed conflicts, natural disasters or other disaster situations.

The points of departure and fundamental principles for Sweden's humanitarian assistance include international humanitarian law and refugee law, humanitarian imperative and principles, the central role of the United Nations (UN) (General Assembly Resolution 46/182), Good Humanitarian Donorship (GHD) principles and perspectives of gender, environment and conflict sensitivity.

The Strategy stresses that Sida's humanitarian assistance should be needs-based and effective, i.e. rapid, flexible and quality-assured. Sida should therefore support activities in the below 3 areas and 8 goals – all in line with the GHD-principles and integrate the two perspectives of Disaster Risk Reduction (DRR) and Early Recovery (ER) in humanitarian assistance:

A. Needs-based, principled, coordinated humanitarian response

1. to enhance capacity to plan and allocate resources on the basis of humanitarian needs

2. to increase respect for international humanitarian law and humanitarian principles
3. to enhance humanitarian coordination and humanitarian leadership in the field

B. Partnership, professionalization and flexible financing

4. to increase professionalization of humanitarian actors
5. to provide predictable, rapid and flexible financing of partner organisations' humanitarian work
6. to strengthen national and local capacity to meet humanitarian needs

C. Accountability, learning, quality and innovation

7. to increase participation of the affected population
8. to increase quality, learning and innovation in humanitarian assistance

Sida provides humanitarian assistance by:

- funding international humanitarian efforts at national and regional levels through humanitarian implementing organisations according to their comparative advantage, such as the United Nations (UN), Civil Society Organisations (CSOs), Red Cross Movement and the Swedish Civil Contingency Service (MSB), but also by
- supporting qualified research, methods development, quality assurance and information activities in the humanitarian sector and by
- supporting MFA's advocacy work and active donor coordination.

Sida's humanitarian assistance is guided by the number of people affected and the particular needs of these people, including women, men, girls and boys various needs. To determine funding for large on-going humanitarian crises, Sida identifies in the beginning of the year a number of major humanitarian crises with the greatest humanitarian needs and highest vulnerability and a large part (around 60%) of Sida's humanitarian budget is set aside for these crises. The amount of funding for each crisis is based on a number of criteria. For each major crisis, a humanitarian analysis is developed, providing an overview of the needs and suggesting priority sectors and partner organizations. When support per context is decided, Sida supports its partners (UN, CSOs, the Red Cross movement and MSB), often through multiyear agreements.

A portion of the budget (approx. 15-25 %) is set aside for sudden onset crises during the year. For these crises, Sida has developed a rapid response (Rapid Response Mechanism - RRM) with a number of partner organizations that makes it possible to decide on humanitarian funding within 24 hours in all life-saving sectors and with global coverage.

A lesser amount of Sida's humanitarian assistance is allocated to organisations working with qualified research, method development, quality assurance and capacity development in the humanitarian field. Sida supports among others the strengthening of the humanitarian system's ability to plan and distribute humanitarian aid in accordance with needs, particularly with regard to girls, boys, women and men's different needs in crisis contexts, strengthening humanitarian organizations' capacity, increasing accountability, learning and innovation within the humanitarian sector. Sida also supports the global DRR system.

The international humanitarian context

The last years have seen an increase in the number of people affected by humanitarian emergencies. The number of people requiring international humanitarian assistance and the costs of this assistance has increased significantly over the last decade. Today, international appeals for humanitarian funding typically target over 70-100 million people annually, compared with 30-40 million ten years ago³⁷.

There is no simple explanation for these trends³⁸. People around the world are facing increasing and changing risks. Many of the risks that lead to humanitarian crises are well known – disasters, conflict, and the harsh, day-to-day realities of poverty, hunger and fragility. While mortality risk relating to disasters is decreasing, the number of people affected is increasing.

There are also new factors at play. The convergence of several global trends is increasing the risk of major crises, as well as their complexity. Climate change, population growth, rapid and unplanned urbanization, and food and water insecurity are leaving more and more people at risk of crisis.

Today's major humanitarian crises are protracted, with few signs of improvements over the long term. A number of crises have had appeals during the last ten years. The majority of humanitarian needs and funding requirements over the last decade have been due to a small number of major, protracted crises. When crises are not protracted, they are often recurrent. Recurrent crises generally occur as a result of shocks – climate, conflict, price – to chronically vulnerable people. This has been the case in the Sahel region, which has had four major food and nutrition crises in the last few years. Development gains in the region have been generally modest and crises happen with increasing frequency³⁹.

Despite increasing aid flows, especially in the aftermath of crises, humanitarian needs have increased. The rising scale of needs, our collective inability to resolve protracted crises, and the interplay of new risks have led to a global deficit in the operational and financial capacity of governments and humanitarian organizations to respond. .

The number of humanitarian actors has also increased during the recent years. OCHA reports a sharp increase in numbers of CSOs implementing humanitarian assistance through the international humanitarian system. Also, new donors are entering the humanitarian arena; especially the BRIC countries (Brazil, Russia, India and China) have increased their humanitarian engagement and donations. In the recent humanitarian crises in the Middle East and Horn of Africa the trend has been toward increased involvement by Arab donors⁴⁰.

³⁷ World Humanitarian Data and Trend 2013, page 2.

³⁸ One important factor is the increased disrespect for international humanitarian law in a growing number of conflicts with the result of increased impunity and cost for both assistance and security.

³⁹ World Humanitarian Data and Trend 2013, page 3.

⁴⁰ World Humanitarian Data and Trend 2013, page 3.

Implementation of the Strategy

Sida's humanitarian assistance amounted to over 11 billion SEK during the strategy period (2011-2014), which is approximately 56% of Sweden's total humanitarian assistance. During 2011-13, Sida allocated 45% of its humanitarian funding to the UN, 26% to international and Swedish Civil Society Organisations (CSOs), 25% to the Red Cross family and 4% to the Swedish Civil Contingency Agency (MSB).

The humanitarian partner-organizations that received most humanitarian funding during 2011-2013 were the International Committee of the Red Cross (ICRC), Common Humanitarian Country Funds (UNDP/OCHA), Swedish Red Cross (SRK)/International Federation of the Red Cross (IFRC), UN's Children's Fund (UNICEF), UN High Commissioner for Refugees (UNHCR), and MSB.

During the same period, Sida's humanitarian assistance contributed to providing protection and support to disaster affected people in over 101 countries and regions. The humanitarian crises with largest Sida funding during 2011-2013 were the Democratic Republic of Congo (DRC), Somalia, Sudan, South Sudan, Palestine, Afghanistan and Syria. During 2011-13, Sida's humanitarian assistance went mainly to Africa (49%) and Asia (37%).

3. Evaluation objectives

The overall purpose of the evaluation is to carry out an independent evaluation of Sida's humanitarian assistance during the period 2011-14. The objective of the evaluation is to:

- Document to what extent Sida has fulfilled the strategy-goals,
A.

The evaluation will have a learning purpose and its main users will be stakeholders at Sida and the MFA, implementing partners and the general public.

4. Scope and focus of work

The evaluation will draw lessons learned from Sida's humanitarian work during the strategy period.

At strategic level, the evaluation will review the coherence and clarity of the strategic framework and its usefulness in guiding Sida's allocation decisions (the so called "Humanitarian allocation process", methods support and dialogue.

At operational level, results will be analysed and documented in reference with strategy goals.

The evaluation will chose case studies to assess Sida's humanitarian capacity and ability at field level and analyse the dynamics of implementation of the Strategy in depth, but the evaluation may also draw on lessons from other countries and crises where evaluative evidence exists.

5. Evaluation Questions

The evaluation questions to be covered are listed below and are based on OECD/DAC's seven criteria for evaluation of humanitarian assistance: relevance, effectiveness, efficiency, impact, sustainability, coherence and coverage.

The questions have however been organised under 3 other headings to provide a clearer structure and to ensure that the questions cover the most important issues: 1) guiding principles and cross-cutting issues, 2) funding processes and 3) external relationships. The questions are not exhaustive and the Evaluation Team is expected to further elaborate on these as part of the technical bid as well as in the inception report.

B. 5.1. Guiding Principles and cross-cutting issues

5.1.1. To what extent has Sida's humanitarian assistance delivered on the GHD principles through the strategy goals and perspectives? This includes to what extent Sida's humanitarian assistance has been principled, needs-based, coordinated, quick, flexible, predictable, supportive of local capacities, promoted participation of affected populations, learning and innovation, integrated DRR and early recovery as well as strengthened link with development cooperation.

5.1.2. To what extent has Sida supported methods organizations, including accountability and international standards initiatives and research institutions to help improve humanitarian assistance and systems? What mechanisms does Sida have, to ensure that aid recipient perspectives (differentiated by age and gender) and implementing agency performance inform funding decisions?

5.1.3. To what extent does Sida's humanitarian assistance take account of cross cutting issues such as DRR/environment, ER, gender, protection, conflict sensitivity and risk management, including transparency, accountability and political risk management? In what ways have both Sida and the organisations that it funds mainstreamed cross cutting issues? What systems are in place to enable Sida to monitor that its implementing partners attend/adhere to cross cutting issues? How could attention/adherence to cross cutting issues improve?

5.1.4. Has the implementation of the Strategy prioritized gender sensitive approaches and women's empowerment and has the implementation focused on protection issues, including the protection from Gender-Based violence?

5.1.5. What systems does Sida have in place to take account of the different and changing priorities of different social groups, particularly women and children, within crisis-affected populations when it makes funding decisions?

5.2. Funding processes

5.2.1. How is Sida's humanitarian aid portfolio divided during the strategy period by type of emergency, mechanism, channel and sector?

5.2.2. What are the advantages and disadvantages of the different mechanisms, channels and partners (UN vs CSO vs local CSO) that Sida supports?

5.2.3. Are Sida's funding criteria and decisions through the allocation process congruent with the results that it wishes to achieve with its humanitarian aid? Is the allocation model appropriate and in line with those goals?

5.2.4. How could Sida improve on results and effectiveness of its humanitarian funding (including for monitoring and evaluation)?

5.2.5. At country level, how has the Sida-financed humanitarian activity as part of Sweden's humanitarian assistance fitted with the broader humanitarian response (in terms of timeliness, flexibility, predictability, appropriateness, coordination with other actors)? What has been its added-value?

5.3. *External Relationships*

5.3.1. What are the key characteristics of Sida's relationships with its implementing partners? How does Sida ensure that these relationships contribute to the achievement of its humanitarian objectives?

5.3.2. In what ways does Sida support coordination between humanitarian actors, both in the countries where it works and globally?

5.3.3. What structures and incentives do Sida humanitarian staff members have for coordinating their humanitarian work with other donors (ex. ECHO)?

6. Approach and Methodology

This section provides some initial thinking on the proposed approach and methodology which will need to be addressed by the Evaluation Team in the technical proposal and further developed in the inception report.

A Mixed-method approach is proposed, drawing on:

- Literature and document review. (A structured literature and document review can be used to compile and assess past reviews and evaluations and ensure that existing findings and lessons are taken into account. The review can also aim to answer specific questions to inform the analytical process. Documentation will include policy and strategy documents, project and programme documentation, reviews and evaluation reports. Take list in section 12 as a starting point).
- Comparable analysis (for example of partners)
- Context analysis (the changing context of humanitarian assistance in terms of funding, types of crises, and aid instruments, practices and standards)
- Stakeholder analysis
- Interviews (structured and semi-structured)
- Surveys (if deemed necessary)
- Desk studies/field visits: Based on type of crises, size of funding and humanitarian field-presence, one field-visit has been selected (to the Democratic Republic of Congo -DRC) and 2 desk-studies (Syria and the Philippines). (Will help to understand and nuance key issues, triangulate findings and provide evidence on key evaluation questions. The sampling of cases is key to the conclusions and to their potential for providing conclusions that can be generalized. Careful consideration should be given to the comparability and incomparability of the different contexts and specific dynamics).

- In order to promote learning, the evaluation team shall propose suitable and effective ways for feedback of the evaluation findings to stakeholders through a participatory approach.

7. Outputs

The evaluation is structured in three consecutive phases: 1) an inception phase, 2) a research and field/desk study phase and 3) an analysis, drafting, presentation and feedback phase. The key outputs from the evaluation are as follows:

- **A kick-off stakeholder workshop** involving relevant stakeholders (defined by evaluation management) as part of the start-up of the evaluation.
- **An inception report** including a detailed evaluation plan and evaluation matrix further elaborating the methodology of the evaluation including the design, approach evaluation questions, sufficiency and appropriateness of evidence, data collection strategy and methods and reporting outline. The inception report should include an annotated outline of the evaluation report. The final inception report will reflect the agreed methodology and will be endorsed by the Evaluation Management before the analysis and fieldwork is commenced. The inception report should not exceed 20 pages and should include: preliminary findings from the desk review, overview of humanitarian portfolio including budget allocations, a detailed methodology, including an evaluation matrix with elaborated evaluation questions, data collection sources and methods and a description of how to approach case studies, a detailed work plan and important milestones and a suggested outline for the evaluation report, including country reports. The evaluation management shall give its written approval on the inception report for moving on to the next level of the evaluation.
- **3 country/crisis case reports** (draft and final versions), based on a field visit to the Democratic Republic of Congo and 2 desk-studies on, Syria and Philippines, comprising an analysis of the broad evaluation questions as outlined in the evaluation matrix and providing conclusions and recommendations. The Evaluation Team must hold debriefing sessions with stakeholders during the country mission and debriefing notes must be shared. The country/crises case reports should not exceed 20 pages each, excluding annexes.
- **A synthesis evaluation report** (draft and final version) presenting findings, conclusions, lessons learned and recommendations of the evaluation. The evaluation report should not exceed 40 pages, excluding annexes. The evaluation report must include an executive summary of maximum 4 pages, introduction and background, presentation and justification of the methods applied, findings, conclusions and recommendations.
- **A findings and validation workshop** presenting main findings and conclusions to relevant stakeholders (in close coordination with the evaluation management).

All documents should be written in the English language.

8. Organisation of the Evaluation

The organisation and management structure of the evaluation will include:

- Evaluation Management
- Evaluation Reference Group
- Evaluation Team

Role of Evaluation Management

The evaluation will be managed by the Head of Humanitarian Unit or designated officer (s). The tasks of the Evaluation Management are to:

- Participate in the selection of the Evaluation Team based on received tenders.
- Coordinate with all relevant evaluation stakeholders.
- Ensure that quality control and necessary approvals are carried out throughout the evaluation process.
- Provide feedback to the Evaluation Team. Comment on draft versions of the inception report, work plan, progress reports and the evaluation report. Approve inception and final reports.
- Organise and chair meetings of the Evaluation Reference Group.
- Facilitate and participate in all evaluation workshops.
- Select and advise relevant stakeholders on matters related to the evaluation.

Role of the Evaluation Reference Group

The mandate of the Reference Group is to provide advisory support and inputs to the evaluation, e.g. through comments to draft reports. The members of the RG are proposed to include:

- 2 Representatives from the evaluation management team
- 3 Representatives from the Humanitarian Unit.
- 2 Representatives from relevant departments
- 3 Representatives of embassies/representations in countries chosen to be part of field/case-studies.
- 1 Representative from the MFA.

The group may be supplemented by additional members as defined by Evaluation Management.

The tasks of the RG are to:

- Comment on the draft inception report, and draft evaluation reports with a view to ensure that the evaluation is based on factual knowledge about the Humanitarian Strategy and how it has been implemented;
- Support the implementation, dissemination and follow up on the agreed evaluation recommendations.

Other key stakeholders may be consulted at strategic points in time of the evaluation either through e-mail correspondence or through participation in stakeholder meetings/workshops.

9. Role, composition and qualifications of the Evaluation Team

The DAC evaluation principles of independence of the Evaluation Team will be applied. The Evaluation Team will carry out the evaluation based on a contract between Sida and the incumbent company/institution. The Evaluation Team will:

- Prepare and carry out the evaluation according to the ToRs and the approved Inception Report and Work Plan, DAC Evaluation Quality Standards.
- Be responsible to the Evaluation Management for the findings, conclusions and recommendations of the evaluation.
- Ensure that quality assurance is carried out and documented throughout the evaluation process.
- Report to the Evaluation Management (in physical meetings and workshops) regularly about progress of the evaluation.
- Coordinate meetings and field visit, and other key events, including validation workshops in the country selected for in-depth study and in Stockholm with key stakeholders.
- Organise dissemination workshop with the Evaluation Management.
- The Team Leader is responsible for the team's reporting, proper quality assurance, and for the organisation of the work of the team. The Team Leader will participate in the Evaluation Reference Groups' meetings and other meetings as required.

The Evaluation Team will be required to have:

- Proven capacity and extensive experience in evaluation of humanitarian assistance,
- Strong methodological and analytical skills,
- Solid knowledge of humanitarian assistance,
- Strong understanding and experience with humanitarian organisations (CSOs, UN Red Cross and donors),
- Experience and knowledge about humanitarian action in the case-countries chosen,
- Proven experience with conducting field work in unstable and humanitarian situations,
- At least one team member must be able to read and communicate in Swedish and French (for the purpose of field studies in DRC).

The tender should detail the specific experience of the suggested team with evaluation work and the specific methods applied. The ideal team combines a high level of evaluation experience with field level experience from humanitarian work and strong academic background related to humanitarian assistance.

The Evaluation Team is expected to consist of 2-3 members involved full-time in the evaluation. These CVs will be evaluated as the key personnel. The Team Leader and team members are expected to complement each other so that the specific profile of the proposed Team Leader will have implications for the other team members (and vice-versa). All suggested profiles will be assessed with a view to the role, competencies and tasks they are suggested to cover in the team. The tenders should clearly state who of the proposed team members covers which qualification criteria. The team must have experience with all methodologies and tools suggested in the tender.

The organization of the team's work is the responsibility of the consultants and should be specified and explained clearly in the tender. It is expected that the Team Leader is closely involved in the elaboration of the tender, and this should be indicated in the technical offer. The Team Leader is responsible for the team's reporting to

and communication with Sida and for the organization of the work of the team. The Team Leader will participate in meetings related to the evaluation. More specifically, the Evaluation Team should cover the following competencies:

Qualifications of the Team Leader

General experience:

- Relevant, higher academic degree
- A profile with emphasis on humanitarian assistance, with professional experience with evaluation in the field of humanitarian assistance
- Experience as team leader for multi-disciplinary teams (at least three references)
- Fluency in English
- Excellent writing, communication and facilitating skills.
- Knowledge of evaluation design and methodology, including participatory approaches.

Adequacy for the assignment:

- Extensive experience in evaluation of humanitarian assistance with references as team leader for complex evaluations (at least three references)
- Extensive knowledge of humanitarian assistance, including GHD, global trends and international humanitarian organizations and systems
- Understanding of current issues in humanitarian affairs including issues related to linking relief and development.

Qualifications of experts

General experience:

- Relevant, higher academic degree
- A profile with emphasis on humanitarian assistance, including relevant (5-10 years) professional experience with evaluation in the field of humanitarian assistance
- Experience as team member on multi-disciplinary teams (at least three substantial references)

C.

Adequacy for the assignment:

- Extensive knowledge of and experience with humanitarian assistance, including modes of delivery, policy level dialogue, Good Humanitarian Donorship and humanitarian principles, humanitarian context.
- International experience with evaluation or review of humanitarian assistance
- English and French.

Team Composition

Team composition will be evaluated according to relevance and complementarity of the qualifications of the entire proposed team.

10. Inputs

The total cost (fees and reimbursables) must not exceed SEK 1,200 000.

11. Evaluation Timeline

Action/Output	Dates
Contract signed	March 2015
Kick-off meeting with reference group and stakeholders	March 2015
Evaluation inception phase starts	April 2015
Inception report discussed in reference group	April 2015
Inception report finalised	April 2014
Evaluation main phase	April – June 2015
Findings and validation workshop with stakeholders	June 2015
Evaluation report and country reports finalised	June 2015

12. Documents

- Humanitarian strategy for Sida 2011-2014
- Evaluation of Sida's humanitarian assistance – Final Synthesis Report 2010
- Policy for Sweden's Humanitarian Assistance 2010-16 (ended April 2014)
- Development Assistance Framework (Biståndspolitisk Plattform)
- Good Humanitarian Donorship (GHD) Principles
- OECD/DAC Peer-Review of Sweden's development assistance 2013
- CSO guidelines
- Portfolio analysis of Sweden's humanitarian assistance 2005-12.
- Overview of Sida's humanitarian funding 2012 and 2013.
- Analysis of humanitarian results for Sida 2011, 2012 och 2013.
- Strategy report 2013 for Sida's humanitarian strategy.

Annex 2 - Methodology

This section presents additional details to support the information in section 2 on methodology.

Inception phase

As outlined in Figure 1, the evaluation began with the inception phase. This involved initial consultations with Sida and MFA staff members as well as two workshops in Stockholm. The first of these was with the humanitarian unit and involved participatory group work to identify the strengths, challenges, opportunities and threats relating to the implementation of Sida's humanitarian strategy. These are summarised in the table below. The second workshop was with Sida's Swedish CSO partners and used a participatory tool to identify the key characteristics of an effective partnership with a humanitarian donor. The outcome of this workshop is presented below. The team also conducted initial telephone interviews with Sida's non-Swedish partners, since they were unable to participate in the workshop, and conducted a preliminary document review. The inception phase ended with the preparation and submission of the inception report.

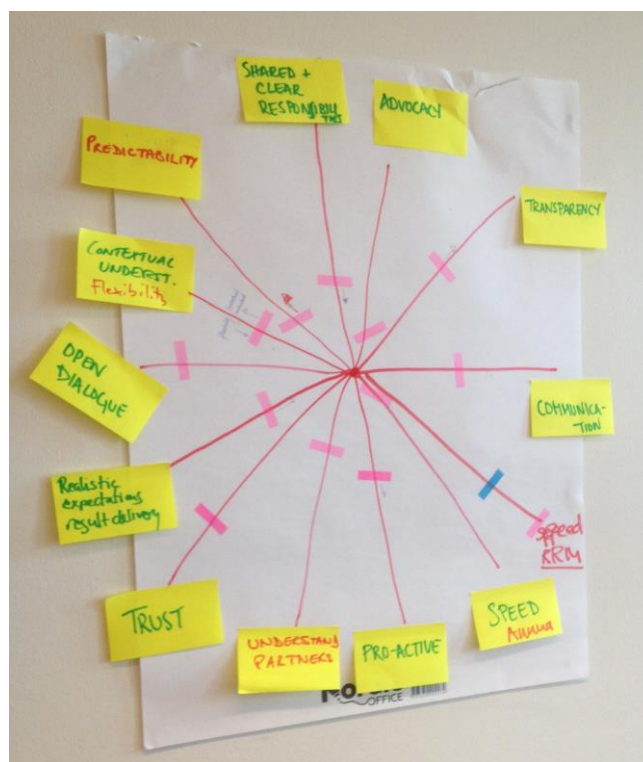
Humanitarian unit's analysis of strengths, challenges, opportunities and threats

Strengths	Challenges
RRM More flexible and predictable funding to partners Needs based allocation using standard criteria Increased focus on national actors in pooled funds Increased involvement in pooled funds (financially and on Advisory Boards) Quality of humanitarian unit staff Support to methods organisations Clear and results oriented strategy Strong focus on GHD principles in strategy Clear focus on gender Continuous development of resource allocation methods during the strategy period Well-established strategic partnerships with professional organisations HCA helps tailor assistance to context	Staff turnover Revision of humanitarian strategy Working systematically to follow up on accountability to affected populations
Opportunities	Threats
Structure and systematise field presence Partner capacity to create synergies between humanitarian and development interventions Create synergies within Sida between humanitari-	Environmental impact of humanitarian assistance Fragmentation of humanitarian system (partner appeals and documents), mak-

<p>an and development interventions</p> <p>Add value to humanitarian crises to which Sida allocates funding. What criteria does Sida have to be strategic?</p> <p>Provide predictability through strategic partnerships</p> <p>Shared results analysis with the MFA</p> <p>Strengthen allocation process through use of INFORM</p>	<p>ing needs assessments more complex</p> <p>Politicisation of humanitarian support</p> <p>Relationship and coordination with MFA</p> <p>Strategic partnerships could hamper flexibility</p> <p>Trend of increased management control by the MFA</p>
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Participatory workshop with CSO partners in inception phase

During the workshop, Sida's Swedish CSO partners used a participatory tool called 'spokes' to identify the key characteristics of an effective partnership with a humanitarian donor (see the photograph below).



For the CSOs, the main features of an effective partnership are:

- Predictability – routines, processes decision making
- Trust in partners to understand the needs and deliver and trust between partners and donor
- Donor that is flexible, understanding and responsive to the differing humanitarian contexts
- Donor advocacy for humanitarian access – proactive at the appropriate level of humanitarian context
- Two-way communication between Donor and partners
- Pro-active management of partnerships – arranging dialogues, calling meetings, organising joint training and taking the lead
- Speed of response both in the rapid response and longer term

- Shared and clear roles and responsibilities – monitoring, management
- Transparency
- Donor understanding of the distinct functions, systems, mechanisms of each of their partners

Data collection

In addition to the semi-structured interviews, document review, case studies and comparative partner analysis described in section 2.1, the team gathered data through:

i. Context analysis

The context analysis is based on a document review and highlights the key changes in the international humanitarian context since the development of Sida's humanitarian strategy (see Annex 4). It outlines the factors that have contributed to a significant increase in the demand for humanitarian assistance, including conflict and displacement, climate change and the increase in large and complex crises. It goes on to outline the reasons why humanitarian response has been limited in its ability to keep pace with the growth in demand. The analysis concludes with an overview of the global humanitarian policy context.

ii. Portfolio analysis

The portfolio analysis examines Sida's humanitarian funding in terms of allocations by crisis type, geographical focus, sector, funding channel and partners (see Annex 5). The main purpose of the portfolio analysis is to respond to question 2.1 in the evaluation matrix in Annex 3: How is Sida's humanitarian aid portfolio divided during the strategy period by type of emergency, mechanism, channel and sector? However, it has also informed the findings from the evaluation presented in section 4.

Sida provided its own financial data to facilitate the portfolio analysis but the team has also used other data sources to complement the figures from Sida's system.

Data analysis

To analyse the data collected through interviews and reviewing documents, the team developed an analysis matrix. Within this, the team identified preliminary findings against each indicator from the evaluation matrix. It then colour-coded statements that supported (or disputed) a particular finding from the typed up notes for each interview. Once evaluation team members had coded the data, they entered a 1 for each reference to a particular finding into an Excel based analysis tool. The linking of each reference to a specific finding in the tool enabled the team to quantify the qualitative data collected (i.e., to identify how many interviewees referred to a particular finding, thereby showing whether it was a strong or weak finding).

This section provides examples to demonstrate how the evaluation team analysed interview data in particular. It starts with two examples of colour coded text. The team used four colours, one each for the four headings used to categorise evaluation questions as follows:

Blue	Guiding principles and crosscutting issues
Pink	Funding processes
Yellow	Results and added value
Green	External relationships.

Below are two examples of colour coded text. The first is an example of a partner discussing its relationship with Sida so it is colour coded green. The second refers to the timeliness of Sida's funding, which is line with the GHD principles so it is coded blue to indicate that it relates to a finding on guiding principles.

Having one focal point has worked well – she is in contact with us in terms of all queries or giving information or organising field missions, asking about contributions. Been a smooth relationship because the person is very knowledgeable about us.

The RRM mechanism makes it a speedy donor. The RRM mechanism puts X in a special position, where it is able to be the first [federation member] to respond to an emergency. That's extremely positive.

Once the team had colour coded the interviews, it filled in the analysis matrix. It developed findings against each indicator in the evaluation matrix. In the sample below, the number at the start of each finding refers to the indicator number from the evaluation matrix in Annex 3.

The columns in the sample below show that the matrix records the number of interviews, the name, location and number of people involved in the interview. It then lists the various colour coded findings. If a statement from an interview matches a finding, a 1 is entered in the relevant cell. If there is more than one reference to the finding, this can be increased to reflect the number of references in one interview.

The matrix has a row that calculates the total number of references made to each finding. These are separated into Sida interviewees and external interviewees so that it is possible to analyse whether a finding is an internal, external or universal view. For example, internal and external interviewees both referred to Sida as a principled donor so it was clearly that this was a widely-held view. Therefore, in addition to using the tool to build findings and conclusions, the evaluation team can also disaggregate data collected according to the indicator, key informant or data source.

Total		48	75	21	10	15	1	4
#	Interview	Location	# of people	1.1a Sida is committed at the highest levels to rigorous needs based approach yet at country levels there are needs analysis gaps making effective needs based targeting a challenge.	1.1b RRM is rapid and timely.	2.2b Sida funds CBPFs explicitly to ensure funding for local CSOs & thereby strengthen local humanitarian response capacity but some other partners also build local capacity	3.2a Quality of partner reporting is variable	4.1a Partner assessments of Sida are generally positive. Sida has a strong commitment to field-based input and field missions that helps to ensure that Sida is a preferred donor of implementing partners.
SIDA Key Informants		TOTAL		7	1	5	1	0
1	A	Phone	1	1		2		
2	B		1					
3	C		1			1		
	EXTERNAL KEY INFORMANTS	TOTAL	62	14	9	10	0	4
41	D	Phone	1	2	1			1
78	E	Bukavu		1	1			
Secondary Data		0	0	0			1	0
85	Results Analysis 2013						1	

Annex 3 - Evaluation Matrix

The team developed the following evaluation matrix to operationalise the evaluation questions for data collection and analysis.

Evaluation Questions	Indicators to be used in Evaluation	Data Sources/ Analytical methods	Availability and Reliability of Data/ Comments
1. Guiding principles and cross-cutting issues			
1.1 To what extent has Sida's humanitarian assistance delivered on the GHD principles through the strategy goals and perspectives? This includes to what extent Sida's humanitarian assistance has been principled, needs-based, coordinated, quick, flexible, predictable, supportive of local capacities, promoted participation of affected populations, learning and innovation, integrated DRR and early recovery as well as strengthened links with development cooperation.	1.1a Evidence that Sida's funding allocations are based on needs 1.1b Evidence that Sida partners regard its disbursements as timely 1.1c Evidence that Sida funding is predictable so that partners undertake longer-term interventions in protracted crises 1.1d Evidence that Sida funds innovation and supports partners to learn	Document review (including Sida strategy reports), review of funding decisions, case studies, interviews.	Will need to draw on answers to other evaluation questions
1.2 To what extent has Sida supported methods organizations, including accountability and international standards initiatives and research institutions, to help improve humanitarian assistance and systems?	1.2a Proportion of funding to methods organisations & other forms of support 1.2b Evidence of Sida-supported methods organisations measure and demonstrate change (directly or through standards/research) 1.2c Evidence of Sida's efforts to ensure uptake of methods organisations' work by partners	Interviews with Sida and methods organisation partners, document review (including funding agreements with partners, partner reports, evaluations), portfolio analysis	
1.3 To what extent does Sida's humanitarian assis-	1.3a Evidence that Sida has transparent sys-	Interviews with Sida (hu-	ERG request to high-

tance take account of crosscutting issues such as DRR/environment, Early Recovery (ER), gender, protection, conflict sensitivity and risk management, including transparency, accountability and political risk management? In what ways have both Sida and the organisations that it funds mainstreamed cross cutting issues? What systems are in place to enable Sida to monitor that its implementing partners attend/adhere to cross cutting issues? How could attention/adherence to cross cutting issues improve?	tems/mechanisms for assessing and prioritising crosscutting issues when making funding decisions 1.3b Evidence that partners report on crosscutting issues 1.3c Evidence of mechanisms/processes across Sida to assess adherence to cross-cutting issues 1.3d Evidence that partners have mechanisms in place to mainstream cross-cutting issues 1.3e Good practice examples of adherence to cross-cutting issues	manitarian unit and other relevant departments) and partners, review of allocation process and individual funding decisions, case studies, document review (including funding agreements with partners, partner policy documents and reports)	light information on how partners ensure that their programmes are conflict sensitive and how the humanitarian unit works with other parts of Sida in protracted crises and to leverage development assistance
1.4 Has the implementation of the Strategy prioritized gender sensitive approaches and women's empowerment and has the implementation focused on protection issues, including the protection from Gender-Based violence?	1.4a Evidence that Sida prioritises gender and protection issues in funding decisions 1.4b Evidence that partners collect and use sex and age-disaggregated data (SADD) as well as other socially disaggregated data, e.g., on disability 1.4c Evidence that partners report on gender, protection and GBV issues	Review of allocation process and individual funding decisions, interviews with Sida, partners and aid recipients in DRC, document review (partner reports)	
2. Funding processes			
2.1 How is Sida's humanitarian aid portfolio divided during the strategy period by type of emergency, mechanism, channel and sector?	2.1a Proportion of funding to sudden onset disasters vs. protracted crises 2.1b Proportion of funding to different types of partners and different funding channels (UN, CSO, Red Cross, pooled funds) 2.1c Proportion of funding by sector	Portfolio analysis	
2.2 What is the added value for Sida of having a mixed portfolio of partners, channels and mechanisms for its humanitarian funding? How does Sida make use of the comparative advantage of different partners in order to achieve its humanitarian objectives?	2.2a Evidence that Sida has a mixed portfolio through proportion of funding to different types of partners and funding channels 2.2b Evidence of extent to which each partner or mechanism aligns with the strategy to add value for	Comparative partner analysis, portfolio analysis, review of allocation process, interviews with Sida staff	There is going to be an element of subjective assessment about the comparative advantage of different partners.

tives?	Sida 2.2c Evidence that Sida assesses the comparative advantage of different partners during the allocation process		
2.3 Are Sida's funding criteria and allocation processes sufficiently flexible to adapt to the very different demands of the different humanitarian crises to which it is seeking to respond? Do they ensure coverage of priority needs geographically and by sector?	2.3a Evidence that Sida applies funding criteria flexibly 2.3b Evidence that allocation processes take account of different types of crises 2.3c Evidence that allocation processes cover a range of sectors and geographical areas	Review of allocation process and individual funding decisions, portfolio analysis, interviews with Sida staff	Examine the allocation process for the Ebola crisis as a different type of emergency
2.4 What mechanisms does Sida have to ensure that its partners take account of aid recipient perspectives and target assistance to those that are most vulnerable and difficult to reach?	2.4a Evidence that partners include aid recipient perspectives in proposals and reports 2.4b Evidence that partners seek to identify the most vulnerable and hard to reach in needs assessments and proposals 2.4c Evidence that Sida factors the targeting of assistance into its funding decisions 2.4d Factors that influence partners to target the most vulnerable and difficult to reach, e.g., standards, Sida requirements	Review of partner proposals and reports, interviews with Sida staff and partners	
2.5 How does Sida incorporate implementing agency performance into its funding decisions?	2.5a Evidence that Sida has mechanisms to assess implementation agency performance 2.5b Evidence that partner performance is a factor in funding decisions	Review of allocation process and individual funding decisions, review of evaluation reports provided to Sida, interviews with Sida staff and partners	
2.6 What systems does Sida have in place to take account of the different and changing priorities of different social groups, particularly women and chil-	2.6a Evidence that partners provide information on priorities (and changes of priorities) of different social groups	Review of partner proposals and funding agreements, review of	Will need to cross reference questions 1.3 and 2.4

dren, within crisis-affected populations when it makes funding decisions?	2.6b Evidence that Sida funding decisions take account of affected population priorities, including changes	allocation process and individual funding decisions, interviews with Sida staff	
3. Results and added-value			
3.1 Are Sida's funding criteria and decisions through the allocation process congruent with the results that it wishes to achieve with its humanitarian aid? Is the allocation model appropriate and in line with those goals?	3.1a Evidence that Sida has a clear set of results that it wishes to achieve 3.1b Evidence that Sida tracks results and feeds them into its allocation process/funding decisions	Interviews with Sida staff, review of allocation process and individual funding decisions	Address this in section on lessons learned/ synthesis of overall findings in report
3.2 How could Sida improve on results and effectiveness of its humanitarian funding (including by using different channels and forms of assistance (e.g., cash or pooled funds) and through better monitoring and evaluation)?	3.2a Sida humanitarian team's perceptions of strengths and weaknesses of mechanisms for tracking results, monitoring and evaluation 3.2b Evidence of Sida's use of different types of assistance, including funding for cash interventions 3.2c Partner feedback on the transaction costs of different channels/types of funding	Inception phase workshop, interviews with Sida staff, document review (evaluation and Sida strategy reports)	Address this in section on lessons learned/ synthesis of overall findings in report
3.3 At country level, how has the Sida-financed humanitarian activity as part of Sweden's humanitarian assistance complemented and brought value-added to the broader humanitarian response (in terms of timeliness, flexibility, predictability, appropriateness, coordination with other actors and by being a gap-filling donor)?	3.3a Evidence that partners regard Sida funding as timely, flexible, predictable and appropriate 3.3b Perceptions of partners and other donors of added-value of Sida's funding 3.3c Evidence that Sida coordinates its funding with other donors at country level 3.3d Evidence that partners use Sida funding for gap-filling	FTS analysis of timing of Sida funding compared to other donors (if feasible), interviews for DRC case study + with partners, review of Syria documents	As outlined in proposal, evidence for this will come mainly from the DRC field visit and information available in documents relating to Syria crisis
4. External Relationships			
4.1 What are the key characteristics of Sida's relationships with its implementing partners?	4.1a Partner assessment of strengths and challenges of relationship with Sida 4.1b Sida staff assessment of strengths and chal-	Inception phase workshop with partners, interviews with Sida staff and part-	

	allenges of relationship with partners	ners	
4.2 In what ways does Sida support coordination between humanitarian actors, both in the countries where it works and globally?	4.2a Percentage of total Sida funding allocated for OCHA and global clusters 4.2b Evidence of Sida funding to country-level clusters 4.2c Evidence of Sida requirement that partners participate in coordination mechanisms	Portfolio analysis, review of Sida funding agreements, interviews with Sida staff and partners in DRC and globally	
4.3 What structures and incentives do Sida humanitarian staff members have for coordinating their humanitarian work with other donors (ex. ECHO)?	4.3a Evidence of incentives for Sida humanitarian staff to coordinate with other donors 4.3b Procedures and/or systems requiring Sida staff to coordinate with other donors	Interviews with Sida staff and donors in DRC and globally	

In order to fulfil the objective of documenting the extent to which Sida had fulfilled the goals and perspectives in the humanitarian strategy, the synthesis report is organised according to these goals and priorities. The team developed the table below to map the questions from the evaluation matrix above against the eight goals and two perspectives. This provides a guide to which questions are addressed under which section and ensures that all the evaluation questions have been addressed.

Table 1: Mapping of evaluation questions against Sida's strategic goals and perspectives	
Strategic goal	Evaluation questions
Goal 1: Enhanced capacity to plan and allocate resources on the basis of humanitarian needs	1.1 To what extent has Sida's humanitarian assistance been needs-based? 2.3 Are Sida's funding criteria and allocation processes sufficiently flexible to adapt to the very different demands of the different humanitarian crises to which it is seeking to respond? Do they ensure coverage of priority needs geographically and by sector? 3.1 Are Sida's funding criteria and decisions through the allocation process congruent with the results that it wishes to achieve with its humanitarian aid? Is the allocation model appropriate and in line with those goals?
Goal 2: Increased respect for international humanitarian law and humanitarian principles	1.1 To what extent has Sida's humanitarian assistance delivered on the GHD principles through the strategy goals and perspectives? This includes to what extent Sida's humanitarian assistance has been principled?
Goal 3: Enhanced humanitarian	1.1 To what extent Sida's humanitarian assistance has been coordinated?

coordination and humanitarian leadership in the field	<p>4.2 In what ways does Sida support coordination between humanitarian actors, both in the countries where it works and globally?</p> <p>4.3 What structures and incentives do Sida humanitarian staff members have for coordinating their humanitarian work with other donors (ex. ECHO)?</p>
Goal 4: Increased professionalisation of humanitarian actors	<p>2.2 What is the added value for Sida of having a mixed portfolio of partners, channels and mechanisms for its humanitarian funding? How does Sida make use of the comparative advantage of different partners in order to achieve its humanitarian objectives?</p> <p>2.5 How does Sida incorporate implementing agency performance into its funding decisions?</p> <p>3.2 How could Sida improve on results and effectiveness of its humanitarian funding?</p> <p>3.3 At country level, how has the Sida-financed humanitarian activity as part of Sweden's humanitarian assistance complemented and brought value-added to the broader humanitarian response (in terms of timeliness, flexibility, predictability, appropriateness, coordination with other actors and by being a gap-filling donor)?</p> <p>4.1 What are the key characteristics of Sida's relationships with its implementing partners?</p>
Goal 5: Predictable, rapid and flexible financing of partner organisations' humanitarian work	<p>1.1 To what extent has Sida's humanitarian assistance has been quick, flexible and predictable?</p> <p>3.3 At country level, how has the Sida-financed humanitarian activity as part of Sweden's humanitarian assistance complemented and brought value-added to the broader humanitarian response (in terms of timeliness, flexibility, predictability, appropriateness, coordination with other actors and by being a gap-filling donor)?</p>
Goal 6: Strengthened national and local capacity to meet humanitarian needs	<p>1.1 To what extent has Sida's humanitarian assistance been supportive of local capacities?</p>
Goal 7: Increased participation of the affected population	<p>1.1. To what extent has Sida's humanitarian assistance promoted participation of affected populations?</p> <p>2.4 What mechanisms does Sida have to ensure that its partners take account of aid recipient perspectives and target assistance to those that are most vulnerable and difficult to reach?</p> <p>2.6 What systems does Sida have in place to take account of the different and changing priorities of different social groups, particularly women and children, within crisis-affected populations when it makes funding decisions?</p>
Goal 8: Increased quality, learning and innovation in humanitarian	<p>1.1. To what extent has Sida's humanitarian assistance promoted learning and innovation (goal 8),</p> <p>1.2. To what extent has Sida supported methods organisations, including accountability and international standards initi-</p>

assistance	atives and research institutions, to help improve humanitarian assistance and systems? 3.2 How could Sida improve on results and effectiveness of its humanitarian funding (including by using different channels and forms of assistance (e.g., cash or pooled funds) and through better monitoring and evaluation)?
Perspective A: Disaster Risk Reduction	1.1.To what extent Sida's humanitarian assistance integrated DRR and early recovery as well as strengthened links with development cooperation. 1.3 To what extent does Sida's humanitarian assistance take account of crosscutting issues such as DRR and Early Recovery (ER)?
Perspective B: Early Recovery	2.4 What mechanisms does Sida have to ensure that its partners take account of aid recipient perspectives and target assistance to those that are most vulnerable and difficult to reach?
Crosscutting Issues: 1. Gender, 2. Protection 3. Environment 4. Conflict sensitivity 5. Risk Management	1.3 To what extent does Sida's humanitarian assistance take account of crosscutting issues such as the environment, gender, protection, conflict sensitivity and risk management, including transparency? In what ways have both Sida and the organisations that it funds mainstreamed cross cutting issues? What systems are in place to enable Sida to monitor that its implementing partners attend/adhere to cross cutting issues? How could attention/adherence to cross cutting issues improve? 1.4 Has the implementation of the Strategy prioritized gender sensitive approaches and women's empowerment and has the implementation focused on protection issues, including the protection from Gender-Based violence?

Table below maps the eight goals and two perspectives in Sida's humanitarian strategy against the 23 principles of Good Humanitarian Donorship. This demonstrates that all the GHD principles are reflected in the strategy.

Table 2: Mapping Sida's strategic goals against the Good Humanitarian Donorship (GHD) Principles	
Strategic Goal/Perspective	GHD Principle
Goal 1 – Enhanced capacity to plan and allocate resources on the basis of humanitarian needs	Principles 6, 11 and 14
Goal 2 – Increased respect for international humanitarian law and humanitarian principles	Principles 2, 4, 17, 19 and 20
Goal 3 – Enhanced humanitarian coordination and humanitarian leadership in the field	Principle 10
Goal 4 – Increased professionalisation of humanitarian actors	Principles 15 and 16
Goal 5 - Predictable, rapid and flexible financing of partner organisations' humanitarian work	Principles 5, 12 and 13

Goal 6 - Strengthened national and local capacity to meet humanitarian needs	Principle 8
Goal 7 - Increased participation of the affected population	Principle 7
Goal 8 - Increased quality, learning and innovation in humanitarian assistance	Principles 21 and 22
Perspective A – Disaster Risk Reduction	Principles 8 and 18
Perspective B – Early Recovery	Principle 9

Annex 4 - Context Analysis

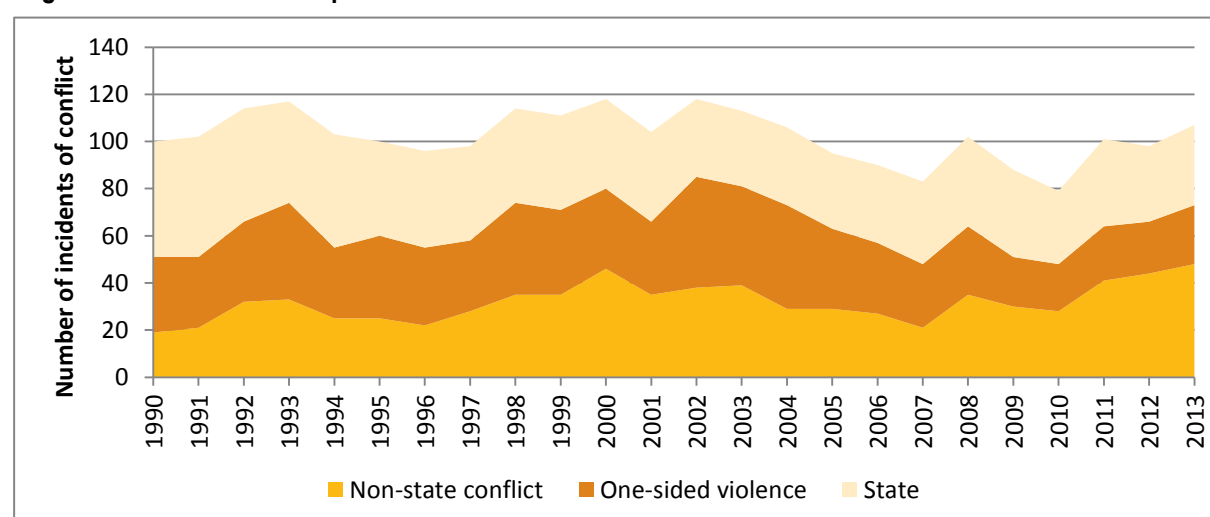
Since the development of Sida's strategy for humanitarian assistance 2011-2016, there have been a number of substantial changes in the humanitarian context which may pose challenges to the assumptions underpinning the original policy and to the institutional arrangements Sida has in place to support the implementation of the policy.

Growth in demand

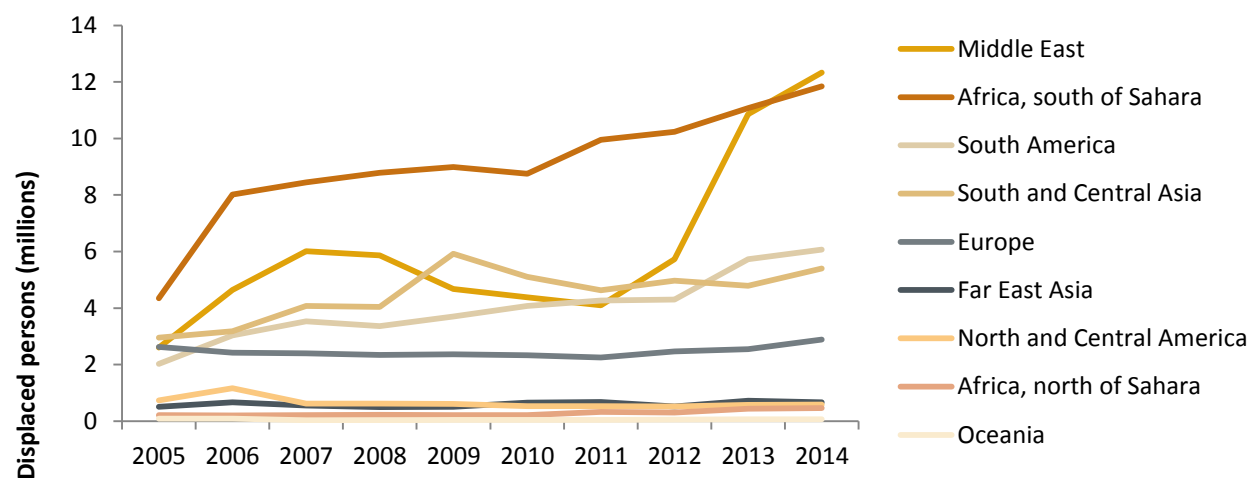
The last four years have seen major changes in the scale and nature of demand for international humanitarian response, which has both overstretched existing resources and capacities and called into question many established modus operandi and assumptions.

Conflict and displacement have risen to unexpected and unprecedented levels. New and significantly worsened violent conflicts in the Middle East, sub-Saharan and North Africa have dramatically increased global demand for humanitarian response on a scale which could not have reasonably been anticipated prior to 2011 (see Figure 6 below). For example, UNHCR was reportedly considering whether the era of large-scale refugee emergencies was coming to a close (TransTec 2015). But instead, an escalation of conflicts – many of which are extremely violent and actively target civilians – has uprooted millions of people and driven huge growth in global refugee flows (see Figure 7 below and also Box 1, which includes a description of regional displacements).

Figure 6: Number of reported incidents of conflict 1990-2013



Source: Based on Uppsala Conflict Data including UCDP/PRIO Armed Conflict Dataset v.4-2015, 1946 – 2014; UCDP Non-State Conflict Dataset v. 2.5-2014, 1989-2013; and UCDP One-sided Violence Dataset v 1.4-2014, 1989-2013.

Figure 7: Number of displaced people by region, 2005–2014

Development Initiatives based on UNHCR data. Note: 'Displaced persons' includes refugees and people in refugee-like situations, IDPs and asylum seekers. IDP numbers include only those persons protected/assisted by UNHCR. Data is organised according to UNHCR's definitions of country/territory of asylum. Countries are organised according to OECD DAC's classification of regions.

Box 1: New and significantly worsened conflicts since 2011

Syria [L3] As the conflict in Syria enters its fifth year, the situation remains extremely grave. Over 220,000 people have been killed and over 1 million injured. A total of 12.2 million people need humanitarian assistance inside Syria, including more than 5.6 million children, and some 7.6 million people have been internally displaced.

Occupied Palestinian Territories In 2014 the Israel-Palestine conflict escalated dramatically with the launching of an Israeli military operation into the Gaza Strip beginning in early July 2014 and lasting for 50 days. Gaza was subjected to extensive aerial bombardment, naval shelling and artillery fire, as well as substantial operations by ground forces which resulted in a widespread loss of life and livelihoods, and extensive damage to the already weak public infrastructure, including schools. An estimated 1,400 civilians were killed, including 500 children, and 11,231 were wounded, including over 3,500 children and at the peak of displacement, 290,000 people were seeking refuge in UNRWA supported schools (UNRWA, 2015).⁴¹ Subsequently, the Israeli authorities further reduced Gaza's habitable land mass by 44%, with an edict establishing a 3 km "no-go" zone for Palestinians. 1.8 million Gazans now living in 235 square km will be compressed into 130 square km.⁴²

Yemen [L3] The Houthis, members of the Zaydi sect of Shia Islam, took control of Sana'a in 2014 before advancing on the country's south, driving the president of Yemen, Abd Rabbu Mansour Hadi, into exile. In 2015, a Saudi-led coalition has led a campaign of air-strikes to counter the Houthi advance.

⁴¹ UNRWA (2015) 2014 oPt emergency appeal annual report.

http://www.unrwa.org/sites/default/files/2014_opt_emergency_appeal_report_0.pdf

⁴² Diakonia (2015) Annual Result Oriented and Financial Reports 2014.

Iraq [L3] Civil conflict in Iraq deteriorated dramatically in 2014 with the aggressive and expansionist rise of the Islamic State of Iraq and the Levant (ISIL), who took control of major parts of Northern Iraq and the cities of Fallujah and Mosul. The rise of ISIL has precipitated a domestic political crisis, including the resignation of Prime Minister, Nouri al-Maliki and air-strikes by foreign governments including the US, Iran and Syria. An estimated 3 million Iraqis have fled extreme levels of violence, brutality and repression of civilians.

Central African Republic (CAR) [L3] The december 2013 coup d'état continues to impact millions. Clashes between antiBalaka and ex-Seleka armed groups, as well as retaliations against the civilian population and serious human rights violations throughout the country, especially targeting minorities, resulted in an unprecedented humanitarian and protection crisis. Indiscriminate attacks, recruitment of children, executions, torture, sexual and gender-based violence and abductions are continuing despite recent gains during the Bangui Forum. 2.7 million people depend on humanitarian assistance to survive, and almost 1 million people are displaced, half of them abroad. more than 460,000 people fleeing into neighbouring countries including Chad,

South Sudan [L3]

In South Sudan, intensifying conflict between government and opposition forces hand in hand with widening food insecurity is driving humanitarian need. Over 1.5 million people are internally displaced and over 550,000 refugees have been in neighbouring countries since the conflict began in December 2013. The number of severely food insecure people in South Sudan is expected to rise rapidly from in the first quarter to a projected 4.6 million in the lean period (May to July). This is 700,000 more people at crisis and emergency levels of food insecurity than at the peak of food insecurity in 2014.

Mali Refugees have fled to neighbouring Burkina Faso over 61,000 IDPs and about 137,502 Malian refugees in Mauritania, Niger and Burkina Faso

Ukraine The conflict in eastern Ukraine in 2014 has led to enormous suffering, loss of lives and extensive damage. In 2014, the number of registered IDPs doubled to over 1.2 million people. An additional 800,000 people have fled to neighbouring countries. The conflict has affected five million people who now need humanitarian assistance country wide.

Nigeria In Nigeria, sustained attacks by the Boko Haram armed group have displaced an estimated 1.5 million people and forced 210,000 to flee across Nigeria's border, where they have become refugees in Cameroon, Chad, and Niger.

Since a state of emergency was declared in May 2013, an estimated 1.5 million people have been displaced in the north-east due to the Boko Haram insurgency. An additional 157,000 refugees and 53,000 returnees have fled to Cameroon, Chad and Niger, putting additional strain on highly vulnerable host communities

While it has been evident for some time that the majority of humanitarian funding is spent in protracted crises – in 2013, 66% of humanitarian funds were channelled to crises in receipt of humanitarian funding for eight or more years - the extent to which crises have become protracted is increasingly clear. For example, the average amount of time people worldwide are living in displacement is now 17 years (Internal Displacement Monitoring Center, 2015).

Climate change has become a major driver of vulnerability and crisis. Determining causality of crisis events is problematic, but there is convincing evidence to indicate climate change as a significant contributing factor to not only weather-related disasters, but also to social unrest and conflict, including the Syria conflict, which was

preceded by a severe drought between 2007 and 2010, thought to have contributed to civil uprisings in 2011.⁴³

Box 2: Anticipated risks associated with climate change

- Climate-change-related risks from extreme events, such as heat waves, extreme precipitation, and coastal flooding, are already moderate (high confidence) and high with 1°C additional warming (medium confidence). Risks associated with some types of extreme events (e.g., extreme heat) increase further at higher temperatures (high confidence).
- Climate change over the 21st century is projected to reduce renewable surface water and groundwater resources significantly in most dry subtropical regions (robust evidence, high agreement), intensifying competition for water among sectors (limited evidence, medium agreement).
- Due to sea level rise projected throughout the 21st century and beyond, coastal systems and low-lying areas will increasingly experience adverse impacts such as submergence, coastal flooding, and coastal erosion (very high confidence). The population and assets projected to be exposed to coastal risks as well as human pressures on coastal ecosystems will increase significantly in the coming decades due to population growth, economic development, and urbanization (high confidence).
- All aspects of food security are potentially affected by climate change, including food access, utilization, and price stability (high confidence).
- Climate change over the 21st century is projected to increase displacement of people (medium evidence, high agreement).
- Climate change can indirectly increase risks of violent conflicts in the form of civil war and inter-group violence by amplifying well-documented drivers of these conflicts such as poverty and economic shocks (medium confidence).
- Throughout the 21st century, climate-change impacts are projected to slow down economic growth, make poverty reduction more difficult, further erode food security, and prolong existing and create new poverty traps, the latter particularly in urban areas and emerging hotspots of hunger (medium confidence).
- More severe and/or frequent extreme weather events and/or hazard types are projected to increase losses and loss variability in various regions and challenge insurance systems to offer affordable coverage while raising more risk-based capital, particularly in developing countries

Inter-governmental Panel on Climate Change (IPCC), 2014.

In addition, growing dependence on globalised food markets, in combination with increased risk of climatic hazards, has increased structural vulnerability to global production shocks, typically impacting low-income net food importing countries in particular. The risk of a 1-in-100 year production shock is anticipated to increase to 1-in-30 year or more incidence by 2040. Meanwhile, FAO estimates that demand for food

⁴³ Recent research from the Proceedings of the National Academy of Sciences of the United States of America (Hoskins, 2015) describe evidence of the contribution of climate change related protracted drought in Syria and resulting social changes including the mass migration of up to 1.5 million farmers to urban areas, which are likely to have been contributing factors to social unrest.

will increase by over 60% by 2050 (Extreme weather and resilience of the global food system, 2015).

Large and complex crises have become common and often out-compete many smaller and less visible crises. The successor to the 2005 UN-led humanitarian reforms, the Transformative Agenda (TA), sought primarily to build system-wide capacity to respond to large-scale complex crises requiring a ‘system-wide response’. The TA introduced the Level 3 or ‘L3’ category of crisis to the humanitarian lexicon in 2011 coming out of critical reflections on the international response to two consecutive large-scale crises in Haiti and Pakistan in 2010.⁴⁴ The architects of the TA however did not perhaps envisage the regularity with which L3 crises would be declared in the following years, nor the attention and volume of resources they would demand. In 2013, L3 crises consumed 36% of total international humanitarian funding. But in 2014, five L3 crises: Syria, CAR, South Sudan, Iraq and the Ebola virus crisis in West Africa received 57% of total international funds (Development Initiatives, 2015). Major crises have driven up overall demand for funding significantly during the study period, with new or significantly worsened major crises adding between USD0.5 and USD4 billion to appeal requirements in each year between 2011 and 2014, often displacing funding from ongoing or lower visibility crises (Poole, 2015 forthcoming).

Extreme pressure on humanitarian budgets in the face of this rapid growth in demand from major crises has prompted reflection on the scope of activities which can be supported from humanitarian funding sources (Poole, 2015) and reflection among donors on the flexibility of their financing instruments to respond to sudden major peaks in acute needs.⁴⁵

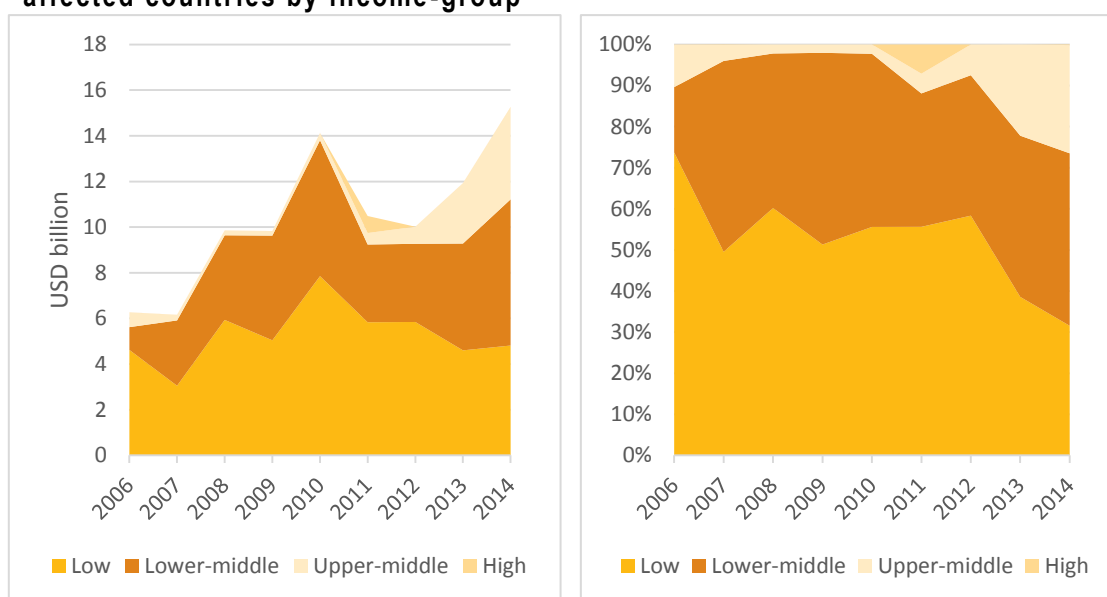
Humanitarian crises are no longer predominantly confined to poor countries. It is not only the increased caseload, and the increasingly frequent incidence of ‘L3’ crises which has changed in the last few years. The sorts of places in which major crises take place has also altered dramatically, with profound implications for established response models and approaches. Whereas in 2005, 46% of displaced people were in middle-income countries, by 2014 the proportion had risen to 73%. The increases in numbers are even starker. In 2005, less than half a million displaced people were in upper-middle income countries, but by 2014, there were 14 million. The number of

⁴⁴ "Declaration of an IASC Humanitarian System-Wide Emergency Response ('Level 3/L3' Response) activates a system-wide mobilization of capacity (leadership, staffing and funding) to enable accelerated and scaled-up delivery of assistance and protection to people in need, including by: 1) Setting up enhanced leadership and coordination capacities of the humanitarian system; and 2) Engaging IASC member organizations to ensure that they put in place the right systems and urgently mobilize resources to contribute to the response as per their mandate/focus areas." IASC (2015) The IASC Transformative Agenda: What does the IASC Humanitarian System-Wide Level 3 Emergency Response Mean in Practice? <https://interagencystandingcommittee.org/iasc-transformative-agenda/documents-public/iasc-transformative-agenda-what-does-iasc-humanitarian>

⁴⁵ The Future Humanitarian Financing initiative for example argues in favour of a narrower definition of humanitarian action where "principled humanitarian funding would be reserved primarily for meeting acute needs in, particularly in conflict-affected or contested settings." (Poole, 2015).

displaced in lower-middle income countries more than doubled in this period from 6.7 million in 2005 to 15.3 million in 2014. This trend has been driven largely by conflicts in the Middle East, but natural disasters also affect predominantly middle-income countries. In 2014 for example, 89% of 107 million people recorded affected by natural disasters were in middle-income countries.⁴⁶ Economic growth in many parts of the world has also meant that formerly low-income countries are ‘graduating’ to middle-income status. Such macro-economic indicators often mask highly variable domestic levels of poverty, inequality and infrastructure and governance capacity, but one cannot ignore the fact that humanitarian crises are taking place in contexts where communities and people might have greater resources, capabilities and interest to respond to crises than international humanitarian actors are accustomed to.

Figure 8: Volume and proportion of humanitarian funding allocated to crisis-affected countries by income-group



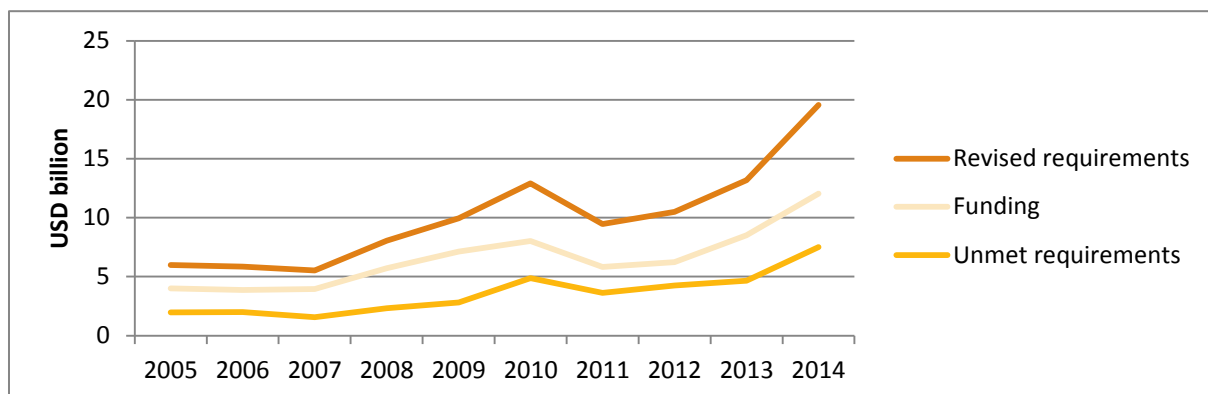
Source: UN OCHA FTS. Income groups based on World Bank annual classification.

Limits to response

Resources and responsive capacity have failed to keep pace with the growth in needs. Responses to major crises during the last four years have laid bare fundamental weaknesses in the international response. While funding has grown, it has failed to keep pace with the growth in funding demands and operational agencies often find themselves having to make extremely difficult decisions to cut or scale back services and support.⁴⁷

⁴⁶ Development Initiatives, 2015, based on data from the Centre for Research on the Epidemiology of Disasters (CRED) EM-DAT database.

⁴⁷ WFP for example, has repeatedly issued public announcements of the need to cut rations in re-

Figure 9: UN appeal funding requirements

Source: UN OCHA FTS.

One of the biggest drivers of the rising costs of response is the cost of providing adequate levels of assistance for Syrian refugees in middle-income refugee hosting countries. For example, a 2014 study commissioned by the Cash Working Group in Lebanon established that a recommended monthly cash disbursement of USD250 be targeted to the most vulnerable Syria refugee households in Lebanon and USD150 to moderately vulnerable households. Even under this scenario, households would have a significant monthly deficit, which would likely be met through negative coping capacities (TransTec, 2015). In practice the levels of funding sought by the international community are far less than this recommended level, at USD945 per refugee in Lebanon for all sectors for a full year and well in excess of funds sought for an affected person targeted in the Afghanistan SRP at USD107 (pro-rated at USD9 per month) for the whole of 2015.⁴⁸ Moreover, funding levels are expected to continue to drop-off as the initial emergency response phase of the refugee response gives way to longer-term care and support.

The role and responsive capabilities of international humanitarian actors is increasingly called into question. There are numerous, sometimes high-profile examples of a lack of willingness to respond to meet needs in challenging environments during the study period, which warrant serious reflection. The response to the Horn of Africa food crisis in 2011 demonstrated a lack of willingness to respond to early indicators of the crisis, particularly on the part of donors as well as weaknesses in UN

sponse to funding shortfalls in recent years, including in DRC <http://www.wfp.org/students-and-teachers/students/blog/dont-forget-about-drc>, Afghanistan <http://www.aljazeera.com/humanrights/2014/10/wfp-cuts-rations-million-afghans-20141015121633634674.html> and Syria <http://www.reuters.com/article/2014/04/07/syria-crisis-un-aid-idUSL6N0MZ3EJ20140407>.

⁴⁸ Based on the total funds requested for the refugee component of the Lebanon 3RP divided by the total number of refugees targeted (1.5 million). <http://www.3rpsyriacrisis.org/the-3rp/lebanon/> and on figures listed in the 2015 Humanitarian Needs Overview <https://docs.unocha.org/sites/dms/Documents/GHO-FINAL-web.pdf>

leadership in recognising and mobilising an appropriate response to the crisis (Hillier and Dempsey, 2012). The UN's deficient response to a rapid escalation in violence on the Central African Republic (CAR) has been flagged in a partner report from MSF as follows:

“UN activities have been insufficient, and those that do exist have often been interrupted, as agencies have pulled their teams out from areas of need, sometimes for long periods. Two examples best illustrate the situation: MSF has repeatedly asked UN agencies to deliver food, tents and soap to the more than 15,000 people displaced in the vicinity of Bangui's airport, without any reaction; in Bossangoa, UN aid officials on security lock-down inside the FOMAC compound did not even provide assistance to the displaced sheltering inside the same compound, forcing MSF to intervene once more. Following the fighting in Bossangoa, the UN remained on security lock-down for days, abandoning the more than 30,000 displaced persons in the main Bossangoa camps, while MSF and ACF teams move through the city to provide emergency assistance.”

The international response to the Ebola Virus outbreak in West Africa in 2013/14 illustrated a complete lack of collective preparedness for a major international outbreak and a shocking lack of willingness⁴⁹ among the vast majority of international humanitarian actors to respond - with the notable exception of MSF.⁵⁰ Similarly, the Ebola crisis demonstrated a lack of willingness on the part of the UN to publicly recognise the crisis.⁵¹ The World Health Organisation (WHO) did not declare an international emergency until August 2014, although MSF had begun a major response in March and had repeatedly called for a large-scale international response.

The international response to Typhoon Haiyan in the Philippines in 2013/14 highlighted a persistent tendency to disregard and fail to work effectively with existing local actors and capacities (Featherstone, 2014; Hanley et. al. 2014), similarly highlighted in the response to the earlier response to the 2010 earthquake in Haiti (Hildago, 2012).

⁴⁹ MSF (2015) argues “fear of the unknown and lack of expertise in Ebola paralysed most aid agencies and donors. The margin of error required to safely run an Ebola management centre is so slim that meticulous training is necessary to prepare for the challenge.... most aid organisations were very reluctant to take on the perceived risk of working with Ebola, fearing that they would not be able to protect their staff.”

⁵⁰ Demonstrating with chilling foresight, MSF's earlier rhetorical shot across the bows to international humanitarian actors in their policy paper “Where is everybody?”

⁵¹ “Ebola spun out of control because of a lack of political leadership, will and accountability – not because of insufficient funding, early warning systems, coordination, or medical technologies.” Remarks by International President of MSF Dr. Joanne Liu at the Gates Foundation Global Partner Forum Plenary session “Preparing for the Next Epidemic: Lessons Learned from the Ebola Crisis”, 8 May 2015. <http://www.msf.org/article/remarks-international-president-msf-dr-joanne-liu-gates-foundation-global-partner-forum>

Development failures are increasingly visible. As humanitarian budgets have come under acute pressure, and global policy shifts increasingly in favour of investing in resilience to crisis risk, calls from within the humanitarian community for development actors to invest in building resilience and engaging more effectively to support the needs of vulnerable populations in conflict-affected and fragile states has grown. The response from development actors has been limited however, particularly in conflict-affected and fragile states where development actors continue to struggle to develop modes of intervention where states are of limited capacity and commitment to pro-poor development and risk management and where fiduciary and reputational risks are relatively high (Mowjee, Garrasi and Poole, 2015 forthcoming).

Global policy context

The global policy context during the review period has seen major paradigmatic change and the evolution of major global policy processes.

The Transformative Agenda. The TA is in fact incremental rather than transformative and has focussed on refining existing leadership and coordination systems and tools including the cluster system and programme cycle management tools, plus introducing a set of protocols to guide response in event of system-wide or Level three (“L3”) emergencies. In the event, the L3 protocols have proved perhaps more prescient than the designers might have envisaged. In the years following the initiation of the TA, there have been multiple, often simultaneous L3 emergencies.

The World Humanitarian Summit (WHS). The WHS, an initiative of the UN Secretary General was announced in 2011 in order to “propose a new agenda for humanitarian action”.⁵² The consultation process in the lead-up to the May 2016 summit event has stimulated a huge amount of policy research, analysis and reflection, which aspires to influence the content and outputs of the summit. The WHS has somewhat overshadowed the TA and with its broad scope and highly consultative process, has led to a more fundamental questioning of the composition, modus operandi and legitimacy of international humanitarian response. The Summit has inevitably been criticised, notably:

- The Summit is not an inter-governmental process and therefore cannot produce binding outcomes.
- The summit process cuts across the timetable for the more politically high profile post 2015 development agenda, which will adopt the proposed Sustainable Development goals in September 2015; the third global financing for development conference held in July 2015; the Sendai Framework for Disaster Risk Reduction 2015-2030, agreed in March 2015. And finally, the December 2015 Paris climate summit.

⁵² https://www.worldhumanitariansummit.org/whs_about

- The open agenda and extensive and protracted consultation has resulted in a lack of clear direction and concrete proposals for change at a very late stage in the process.

At the time of writing, the scope of ambition and likely outcomes of the WHS remain unclear, but the process itself has irrevocably changed the formerly closed nature of humanitarian policy dialogue and decision-making processes and has obliged traditional international humanitarian actors to reflect on their added value and modes of operation within a much wider ecosystem of actors, including increasingly, states, national civil society and regional actors.

Global policy processes are re-shaping the policy agenda. Humanitarian policy processes have been taking place against a backdrop of major inter-governmental processes charting the future ambitions, goals and commitments towards development and management of risk. These ‘post-2015’ processes include the Sustainable Development Goals (SDGs) and the Sendai Framework for Disaster Risk Reduction 2015–2030. These processes have been heavily influenced by recognition of growing exposure to risk. For example, “states taking part in the World Conference on Disaster Risk Reduction in March 2015 reiterated their commitments with a “renewed sense of urgency” in light of evidence that exposure of people and assets in all countries has increased faster than vulnerability has decreased, contributing to new risks and steadily rising disaster-related losses.” (UN, 2015).

The rise of cash, and other market-mediated modes of response. In addition to policy reforms, major changes in policy and practice have emerged from outside of the humanitarian sphere, often driven by market-led and technology enabled solutions. The use of cash and vouchers as an alternative to commodity-based assistance has by now become widely accepted as best practice within the sector. However, significant efficiency gains are unlikely without a much greater use of cash and vouchers at scale and through coordinated mechanisms, as opposed to the current piecemeal approach humanitarian actors tend to adopt, with multiple small-scale initiatives in a crisis providing varying types and levels of assistance (Cabot-Venton et al, 2015). Likely candidates for providers of large-scale cash and voucher programmes include government social safety-net programmes (in some cases already supported by development actors, including the World Bank) and private sector providers of financial services. The role of traditional humanitarian actors in such a response model is as yet, unclear. Similarly, affordable market-led disaster insurance products for individuals and governments have grown rapidly in the last five years and levels of demand for these services are high among governments and at-risk individuals and communities. Disaster insurance products provide people with financial protection against certain risks with predictable and rapid pay-outs, which may in future, circumvent the need for costly, slow and unpredictable internationally-led humanitarian response. For example, the African Risk Capacity (ARC) regional risk insurance pool provided a pay-out of USD25 million in drought insurance claims to Mauritania, Niger and Senegal to finance early drought interventions almost a month before the UN’s Strategic Response Plan funding appeal was even launched.

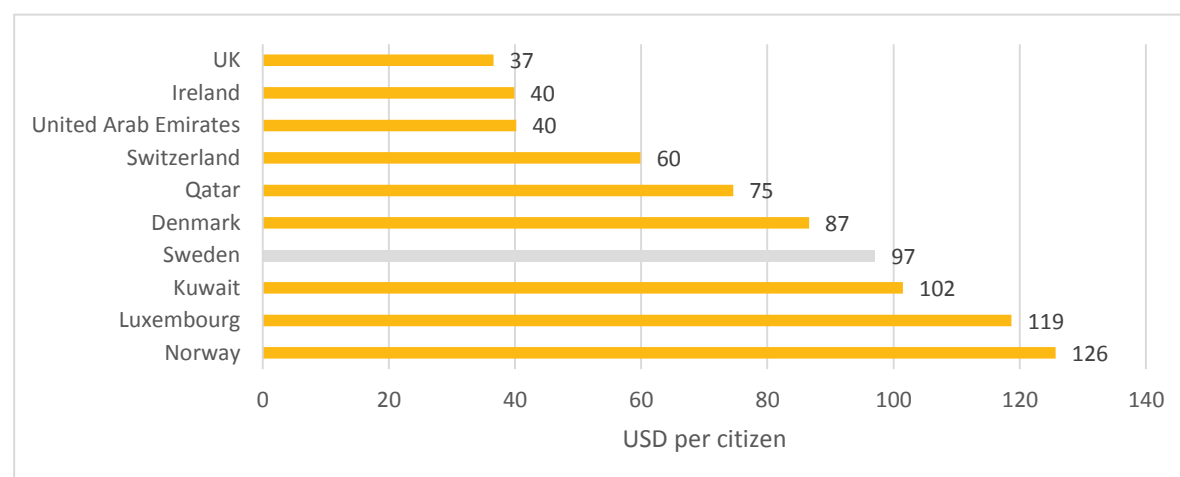
Annex 5 - Portfolio Analysis

This annex begins with an overview of Sweden's humanitarian assistance (i.e., combined funding from Sida and the MFA). It goes on to analyse Sida's humanitarian funding in further detail.

Sweden as an international humanitarian donor

Section 3.2 highlighted Sweden's importance as a humanitarian donor since it was the fifth largest donor in 2014. It is also one of the most generous donor countries when the relative contribution per head of population is considered (see figure 10 below) and when humanitarian aid contributions are considered as a relative share of Gross National Income (GNI), where Sweden ranks as the worlds' fourth most generous humanitarian aid donor in 2014, contributing 0.15% of its GNI.

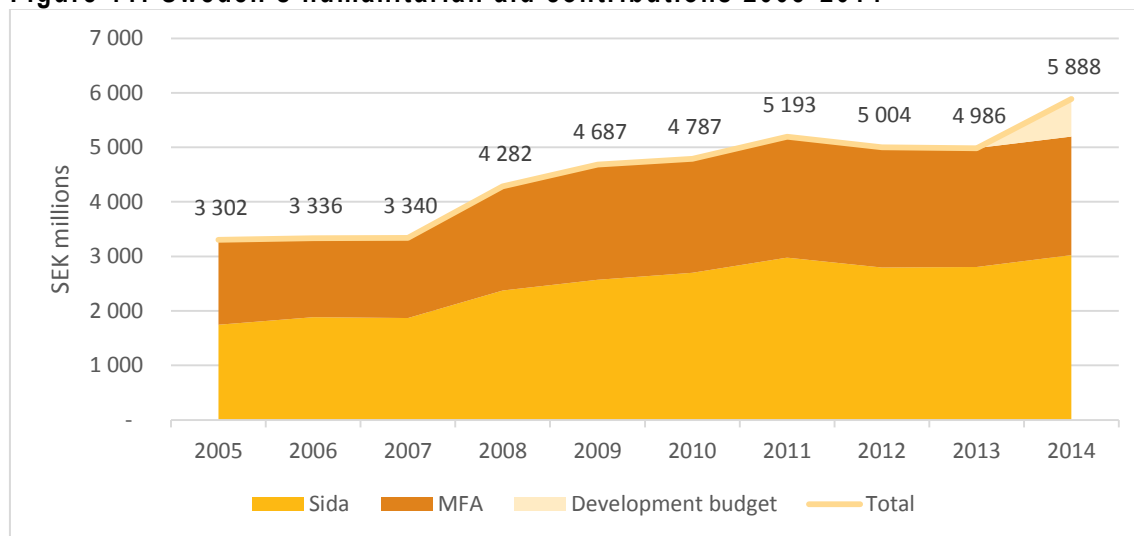
Figure 10: Ten most 'generous' donors of international humanitarian aid in 2014



Source: Development Initiatives 'international humanitarian aid' based on OECD DAC and OCHA FTS data.

However, Sweden's contributions in absolute volume terms are significantly smaller than the leading three donors at just 5% of the total from governments and the EU in 2014, compared with the US (32% of total contributions in 2014), the EU (13%) and the UK (12%).

As demonstrated by Figure 11 below, Sweden's humanitarian aid budget grew significantly overall (by 28%) between 2007 and 2008 and continued to grow year on year until 2012 when the total budget fell by 4%. Contributions remained relatively flat in 2012 and increased by 4% in 2014, equalling the earlier 2011 high. Sida's contributions accounted for 57% of the Swedish government's humanitarian aid budget in the period 2011-2014. It is also worth noting funding from Sweden's development budget has also recently been allocated to humanitarian activities, with MSEK 690 allocated from the development budget in 2014.

Figure 11: Sweden's humanitarian aid contributions 2005-2014

Source: Sida internal funding database.

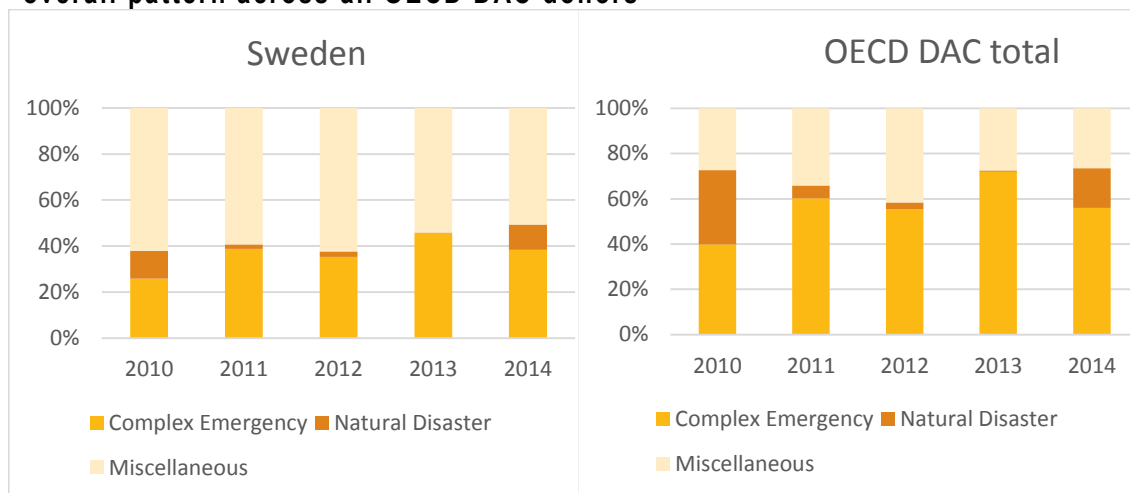
This section covers four aspects of Sweden's humanitarian funding – funding by type of crisis, the geographical focus of Sida's funding, Sweden's funding by sector and Sweden's funding through different channels.

i. Funding by crisis type

During the study period (2011-2014), 40% of Sweden's humanitarian funding captured within the FTS was attributed to complex emergencies and 4% to natural disasters. The remaining 56% was categorised as 'miscellaneous'. The high proportion of funds marked as 'miscellaneous' is in part indicative of Sweden's emphasis on un-earmarked contributions and flexible partnerships as well as contributing to global-level initiatives and programmes through its 'methods' portfolio. However, it is also a consequence of inconsistencies and errors in coding of data by FTS and therefore, caution should be exercised in interpreting this data.⁵³

⁵³ On inspection of specific entries for Sweden allocated to the category 'miscellaneous' in the 2014 FTS data, it is clear that a good number of them were clearly indicated as earmarked for particular crises and therefore could have been attributed to particular types of crises. It is not possible to assess whether a consistent margin of error applies to all data in the FTS or whether Sweden's contributions are particularly affected.

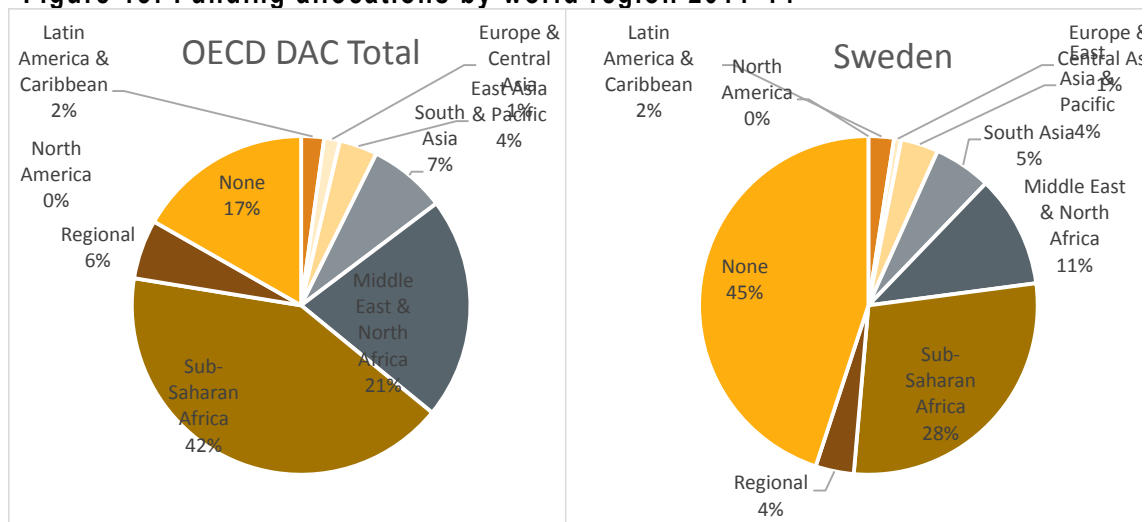
Figure 12: Sweden's funding allocation by crisis type compared with the overall pattern across all OECD DAC donors



ii. Geographical focus

As noted above, a large proportion of Sweden's funding is not allocated to specific crises being contributed as flexible un-earmarked funding and contributing to global-level initiatives. Sweden's allocations however follow a broadly similar distribution to the DAC overall pattern, with the strongest concentration in Sub-Saharan Africa and the Middle East and North Africa.

Figure 13: Funding allocations by world region 2011-14

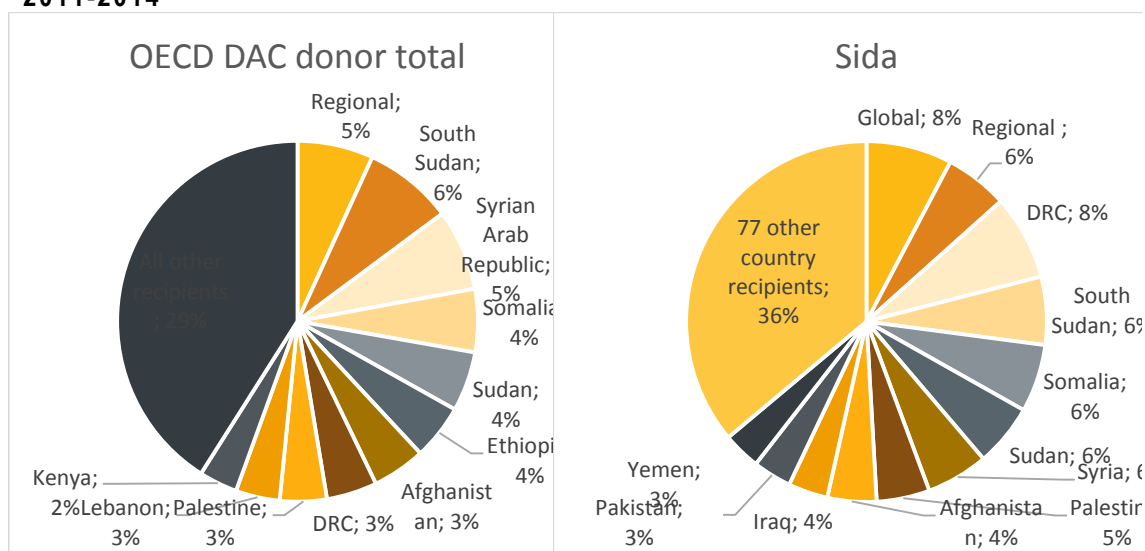


Source: UN OCHA FTS.

The leading 10 recipient countries of funds allocated by Sida during the study period have received just over half of Sida's total allocations (51%). This is somewhat more concentrated than the overall picture for DAC donors, where the leading ten reci-

ents receive 43% of the total. The relative priority of leading countries is also similar to the overall DAC pattern.

Figure 14: Leading country recipients of OEAD DAC donor and Sida funding 2011-2014



Source: DAC total based on OCHA FTS data. Sida data from Sida's internal funding allocation database.

When considering Sida's contributions alone, 91% of funds were allocated to specific crises and regional responses between 2011 and 2014, with the remaining 9% allocated to global level programmes. Sida's funding allocations have shifted somewhat in terms of regional priorities during the study period, with the share of funds allocated to Africa and the Americas falling, while funding to Asia (which includes the Middle East region) have grown from around a third, to 41%. Funding for global programmes have also increased their share of the total, from 6% in 2011 to 14% in 2014.

Figure 15: Sida funding by world region 2011-2014

	2011	2012	2013	2014
Africa	51%	52%	46%	43%
Americas	6%	5%	3%	0%
Asia	35%	34%	41%	41%
Europe	2%	1%	1%	1%
Global	6%	7%	9%	14%

Source: Sida's internal funding allocation database.

iii. Funding by sector

Determining Sida's sectoral priorities is challenging because a large proportion of funds are un-earmarked and because contributions have not always been rigorously coded in the FTS data. However, based on the available data, it is clear that Sweden places a far lower priority on food aid and multisector assistance than OECD DAC donors overall, choosing instead to spread allocations across a range of sectors. Allocations patterns across sectors are otherwise overall, highly consistent with the OECD

DAC overall pattern with the exception of a notable priority given by the Swedish government to coordination.

Figure 16: Funding by IASC standard sector, 2011-2014

	SAFETY AND SECURITY OF STAFF AND OPERATIONS	EDUCATION	MINE ACTION	ECONOMIC RECOVERY AND INFRA-STRUCTURE	SHELTER AND NON-FOOD ITEMS	AGRICULTURE	PROTECTION/HUMAN RIGHTS/RULE OF LAW	WATER AND SANITATION	COORDINATION AND SUPPORT	HEALTH	MULTI-SECTOR	FOOD	SECTOR NOT YET SPECIFIED
Sweden	0%	1%	0%	1%	1%	2%	3%	3%	12%	8%	6%	6%	58%
OECD DAC donors, total	0%	1%	1%	2%	2%	3%	3%	3%	7%	11%	12%	19%	37%

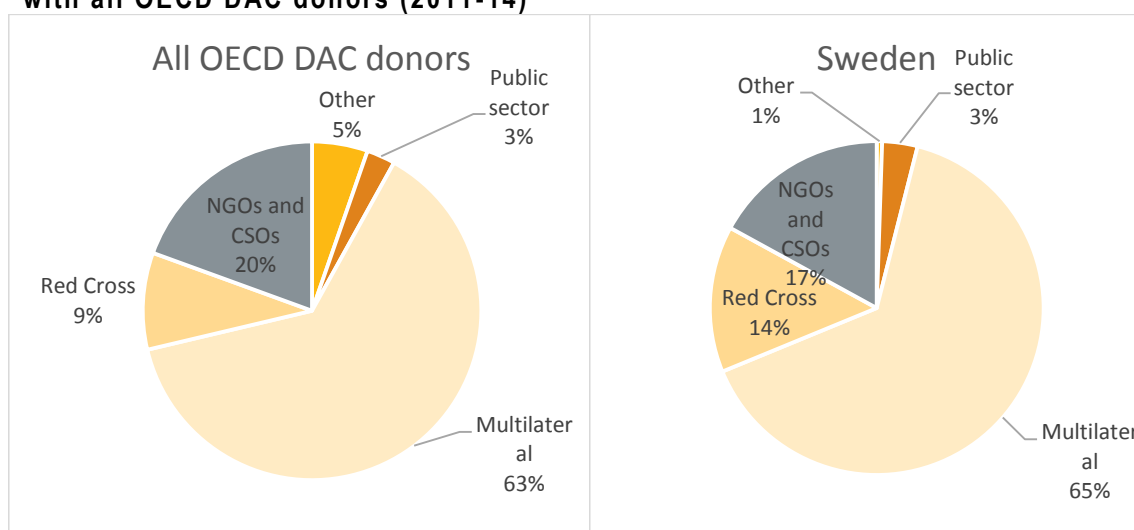
Source: UN OCHA FTS

iv. *Funding channel*

Sweden's funding portfolio is divided between core un-earmarked support, largely to multilateral organisations, administered by the MFA, which comprised 42% of total contributions in 2014 and contributions earmarked to particular crises, regions administered by Sida, which accounts for the remaining 58% of Sweden's humanitarian contributions in 2014. Sida's allocations are channelled through a combination of multilateral partners, CSOs, the Red Cross and MSB (see figure 17 below).

Overall, including contributions reported by the MFA, Sweden's choice of funding channel is highly consistent with the aggregate pattern for all DAC donors during the study period, with a slightly lower emphasis on Red Cross and CSO partners overall. However, when Sida contributions are considered separately from Sweden's overall contributions including those from the MFA, a far higher emphasis on these categories of partner is evident. Moreover, a significant proportion of Sida's multilateral contributions (14%) are in fact contributions to country-based pooled funds, which often channel a significant proportion of funds to CSOs.

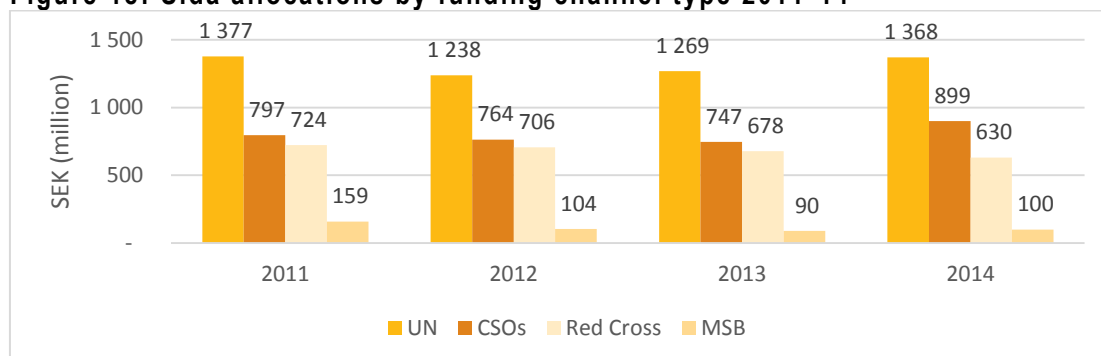
Figure 17: Sweden's humanitarian assistance by funding channel compared with all OECD DAC donors (2011-14)



Source: UN OCHA FTS

Figure 18 below provides an overview of Sida's funding by channel type from 2011-2014.

Figure 18: Sida allocations by funding channel type 2011-14



Source: Sida internal funding allocation database. Note that contributions from the development budget in 2014 are not included here.

Figure 19: Funding to Methods Organisations in 2014

Methods Based Initiative	Organization Funded	Amount Funded	Timeframe
GenCAP	OCHA	SEK 2 Million	Through 2015
ProCap	OCHA	SEK 2 Million	Through 2015
Assessment Capacities	ACAPS through NRC agreement	SEK 6 Million	Until 2014
Migration Response Capacity	IOM	SEK 2 Million	Until 2015
Internal Displacement Monitoring Centre (IDMC)	IDMC through NRC agreement	SEK 3 Million	Through 2015
Humanitarian Innovation Fund (HIF)	HIF	SEK 6 Million	Until 2016
International Council of Voluntary Organisations (ICVA)	ICVA	SEK 2 Million	Through 2015
Harvard Policy and Conflict Research (HPCR)	HPCR	SEK 4.7 Million	Until 2015
Sexual and Gender Based Violence (SGBV)	UNHCR	SEK 5 Million	Through 2015
FAO Cluster and Cash Transfers	FAO	SEK 3 Million	Until 2015
WHO	WHO	SEK 20 Million	Until 2014
Karolinska Institute	Karolinska Institute	SEK 2 Million	2014
Humanitarian Accountability Partnership (HAP)	HAP	SEK 2.2 Million	2014
Active Learning Network for Accountability (ALNAP)	ALNAP		Until 2015
Development Initiatives (DI)	DI		
United Nations Disaster Assessment and Coordination (UNDAC)	OCHA	SEK 2 Million	
Swedish Humanitarian Active Response Personnel (SHARP)	Save the Children Sweden	SEK 11.5 Million	Until 2014
Humanitarian Policy Group (HPG)			Through 2015
ICT and WASH (Pakistan and Ethiopia)	Oxfam	SEK 8 Million	Through 2016

Methods Based Initiative	Organization Funded	Amount Funded	Timeframe
Community Based Psychological Support Programme	Swedish Church	SEK 4 Million	2016
Plan	Plan	SEK 1.2 Million	2014
ACF	ACF	SEK 2.5 Million	2014
DRC	DRC	SEK 0.7 Million	2014
IRC	IRC	SEK 1.3 Million	2014
SRK Gender and DRR	SRK	SEK 4.1 Million	2014

Figure 20 below provides a detailed list of Sida's humanitarian funding per partner per year from 2011-2014. This makes it possible to track any changes in funding for individual organisations. This is followed by an analysis of funding to CSO partners as a group and then multilateral partners as a group.

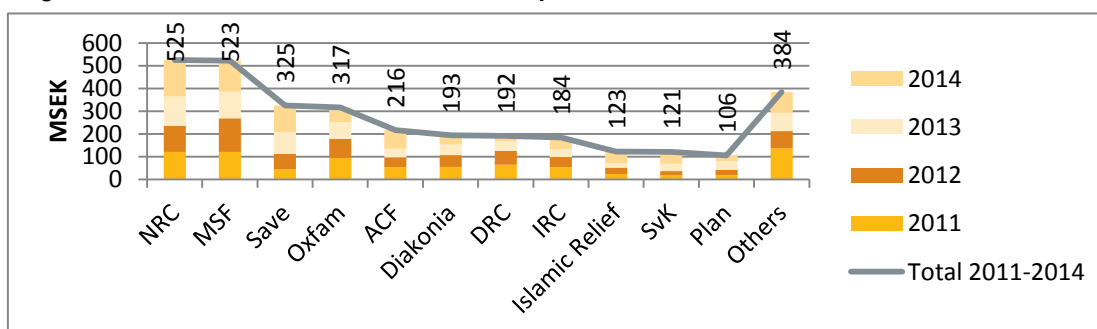
Figure 20: Sida's funding to individual partners from 2011-2014

	2011	2012	2013	2014	total
Multilateral, incl. IOM and WB					
UNDP PF	413 000 000	393 000 000	342 500 000	415 000 000	1 563 500 000
UNICEF	287 779 646	223 618 001	202 351 274	174 585 391	888 334 312
UNHCR	183 600 000	206 000 000	211 000 000	208 000 000	808 600 000
OCHA PF	117 000 000	78 000 000	132 000 000	232 000 000	559 000 000
OCHA	101 000 000	109 000 000	115 000 000	93 500 000	418 500 000
UNRWA	75 000 000	80 000 000	72 500 000	80 000 000	307 500 000
FAO	84 438 815	69 381 893	55 460 487	57 334 014	266 615 209
IOM	25 984 561	41 958 286	38 651 617	54 957 285	161 551 750
WFP	20 000 000	18 567 022	61 000 000	18 000 000	117 567 022
UNISDR	15 610 000	15 000 000	15 000 000	15 000 000	60 610 000
WHO	0	0	20 000 000	20 000 000	40 000 000
UNDP	29 000 000	3 000 000	3 500 000	0	35 500 000
WB GFDRR	25 000 000	0	0	0	25 000 000
Total	1 377 413 023	1 237 525 202	1 268 963 379	1 368 376 690	5 252 278 293
CSO					
	2011	2012	2013	2014	Total
NRC	120 000 000	114 000 000	129 500 000	161 561 874	525 061 874
MSF	120 000 000	148 562 800	117 000 000	137 000 000	522 562 800
Others	135 653 872	76 240 521	80 545 220	91 217 806	383 657 419
Save	43 922 614	67 892 898	96 695 863	116 403 565	324 914 940
Oxfam	93 927 207	85 000 000	73 083 977	64 600 000	316 611 184
ACF	52 700 000	43 638 677	37 795 901	82 361 778	216 496 357
Diakonia	54 782 238	51 969 887	45 577 103	41 000 000	193 329 228
DRC	64 000 000	60 632 270	42 032 779	24 863 318	191 528 367
IRC	53 000 000	44 952 580	35 430 000	50 360 812	183 743 392
Islamic Relief	22 887 227	29 127 910	18 608 702	51 969 937	122 593 777
SvK	19 050 000	17 050 000	32 087 446	52 417 974	120 605 420
Plan	17 041 449	24 998 216	38 294 742	25 358 418	105 692 825
Total	796 964 608	764 065 759	746 651 733	899 115 483	3 206 797 583
Red Cross					
ICRC	495 000 000	460 000 000	471 000 000	450 000 000	1 876 000 000
SRK	228 500 000	246 000 000	206 605 000	180 000 000	861 105 000
Total	723 500 000	706 000 000	677 605 000	630 000 000	2 737 105 000
MSB					
MSB	159 000 000	104 301 753	89 799 364	99 853 183	452 954 300
Total	159 000 000	104 301 753	89 799 364	99 853 183	452 954 300

Source: Sida internal funding allocation database. Note that contributions from the development budget in 2014 are not included here.

Sida supports a relatively large number of CSO partners through its strategic multi-annual partnerships and through specific project funding for non-framework partners. Sida's two largest CSO partners, NRC and MSF, each received 16% of Sida's total contributions to CSOs between 2011 and 2014. Figure 21 below summarises funding to the top 11 CSO partners from 2011-2014.

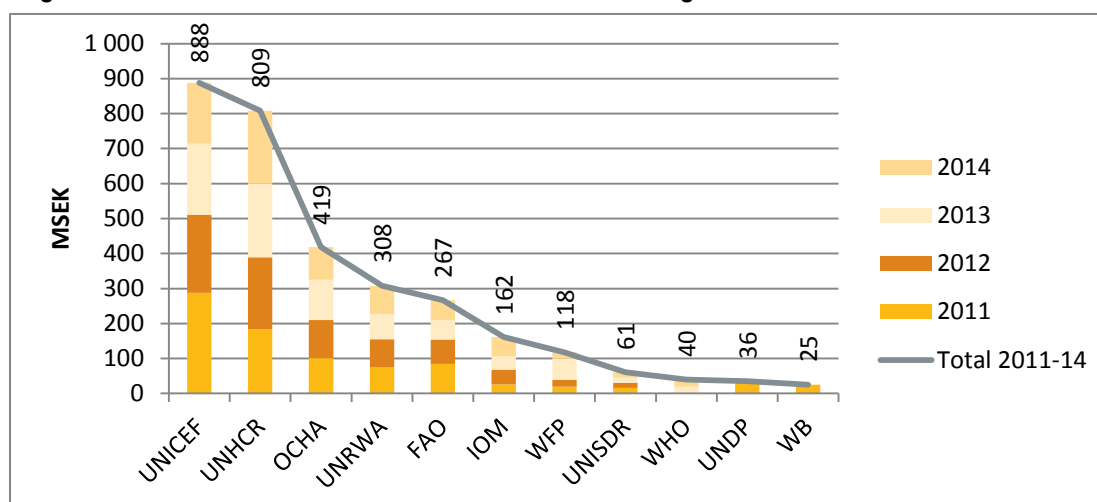
Figure 21: Sida contributions to CSO partners 2011-2014



Source: Sida internal funding allocation database. Note that contributions from the development budget in 2014 are not included here.

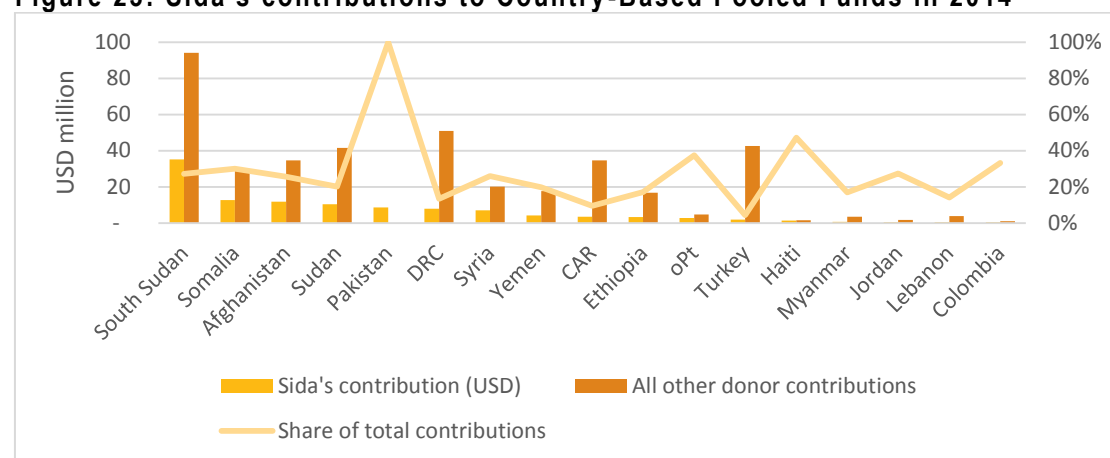
In addition to the MFA's core contributions to multilateral agencies and the CERF, Sida is a significant provider of lightly earmarked and earmarked contributions to multilateral agencies. UNICEF and UNHCR are by far the largest beneficiaries of Sida funding receiving 28% and 26% respectively of Sida's contributions to multilateral organisations between 2011 and 2014.

Figure 22: Sida's contributions to multilateral agencies 2011-2014



Source: Sida internal funding allocation database. Note that contributions from the development budget in 2014 are not included here.

As already noted in section 3.2, CBPFs are the largest recipient of Sida funds. In 2014, Sida contributed to every single CBPF. In Pakistan, it was the only donor to the ERF.

Figure 23: Sida's contributions to Country-Based Pooled Funds in 2014

Source : OCHA Funding Coordination Section

Annex 6 - Comparative partner analysis

The evaluation team emailed the matrix below to partners requesting them to complete this by indicating which Sida strategy goals, crosscutting issues and sectors they were working on with Sida funding. If a goal, sector or crosscutting issue was a major part of their work, they indicated this with a capital X. For example, if gender was an important issue for them or if they shelter was a major component of their Sida-funded programmes, they entered a capital X into these cells. If a goal, crosscutting issue or sector was a small part of their Sida-funded work, they indicated this with a small x. If they were not working on a Sida goal, crosscutting issue or sector, they left the relevant cell blank. The matrix below presents the responses received. This tool has limitations in that it is reliant on partner self-reporting and provides only an overview of partner programmes. However, it has been useful for examining particular issues in greater depth during interviews.

Evaluation of Sida's Humanitarian Assistance - Partner programming details

	ICRC	Swedish Red Cross	UNICEF	UNHCR	UNRWA	FAO	IOM	ACF	IRC	Islamic Relief	MSF	NRC	Oxfam	Plan	Save the Children	Svenska Kyrkan	Swedish Mission Council
Strategy goals and perspectives																	
Allocation of resources based on humanitarian needs and evidence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
International humanitarian law and humanitarian principles	X	x	X	x	x	X	X	x	X	X	x	X	x		X	x	x

ANNEX 6 – COMPARATIVE PARTNER ANALYSIS

Participate in humanitarian coordination mechanisms	x	x	X	X	x	X	X	X	X	X	x	X	x	x	X	x	x
Increase professionalisation of humanitarian staff	X	X	X	X	x	X	X	X	x	X	x	X	x	X	X	X	x
Strengthen national & local humanitarian response capacity	X	X	X	X	x	X	x	X	x	x	X	x	X	X	X	X	X
Ensure participation of affected populations	X	X	X	X	x	X	x	X	X	X	x	X	X	x	X		x
Ensure quality, learning & innovation	X	x	X	X	x	X	x	X	X	X	X	X	X	x	X	x	x
Emergency preparedness and prevention	X	X	X	X	x	X	x	X	x	X	X	x	x	x	x	x	x
Disaster Risk Reduction	x	X	X	x		X	X	x	x	X	x	x	x	X	x	x	X
Links to longer-term development	x	X	X	x	X	X	X	x	x	X	x	X	x				x
Crosscutting issues																	
Gender	x	X	X	X	X	X	X	X	X	X	X	X	x	x	x	X	X
Environment	x	x	x	x	x	X	X	x	x	X		X	x	x	x		x
Protection	X	x	X	X	X		X		X	x	x	X	x	X	X	x	
Conflict sensitivity	X	x	x	x	X		X	x	x		x	X	x	x	x	x	x
Accountability to affected populations	x	X	X	X	X	X	x	x	X	X		X	x	x	x	x	x

ANNEX 6 – COMPARATIVE PARTNER ANALYSIS

Risk management	X	X	X	x	X	X		X	x	X	X	X	x	x	x	x	
Sectors																	
Food	X	X		X	X	X		X	x	X		X	x		X	X	X
Nutrition	X		X	X	X	X		X	X	X	X	X	x	x	X	x	
Water, sanitation and hygiene (WASH)	X	X	X	X	X		x	X	X	X	x	X	X	x	X	X	X
Health	X	X	X	X	X		x	X	X	X	X				X	x	x
Livelihoods	X	x		X	X	X	x	X	X	X		X	X	x	X	X	x
Agriculture	x			x	x	X	X	x	x	X		X	X		x		
Shelter	X	X		X	X		X		x	X		X	x		X	X	
Non-Food Items (NFIs)	X	X	x	X	X		X	X	X	X	x	X	x	x	X	X	X
Education	x		X	X	X				X	x		X		X	X		
Protection	X	x	X	X	X		X		X	x	x	X	x	X	X	x	
Human Rights/Rule of Law	x	x (IHL)	X	X	x				X	x		x					
Common services (IT, air services)			x	x			X		x	x			x				
Other		X - OD						X	CTP, GBV			X - Cam mgt; x - GBV				X	

Annex 7 - Interviewee List

Interviewee Name	Organisation
Peter Lundberg	Head of Humanitarian Unit, Sida
Ewa Werner-Dahlin	Director, Asia, North Africa and Humanitarian Assistance Department, Sida
Carina Staibano	Humanitarian Unit, Sida
Jessica Eliasson	Humanitarian Unit, Sida
Susanne Mikhail	Humanitarian Unit, Sida
Lisa Mossberg	Humanitarian Unit, Sida
Bilan Osman Jama	Humanitarian Unit, Sida
Ingela Winter-Norberg	Humanitarian Unit, Sida
Adam Kahsai-Rudebeck	Humanitarian Unit, Sida
Malin Greenhill	Humanitarian Unit, Sida
Maria Thorin	Humanitarian Unit, Sida
Magnus Carlquist	Head, Afghanistan Unit, Sida
Torbjörn Pettersson	Head, Africa Department, Sida
Sofia Calltorp	Ministry for Foreign Affairs, Sweden
Oscar Schlyter	Ministry for Foreign Affairs, Sweden
Elisabeth Folkunger	Embassy of Sweden in Kenya
Ewa Nunes-Sörenson	Head of Development Cooperation, Liberia
Ulrika Josefsson	Head of Development Cooperation, Afghanistan
Urban Sjöström	Head of Development Cooperation, Somalia
Johan Schaar	Head of Development Cooperation, Palestine
Maher Daoudi	Humanitarian Programme Officer, Palestine
Katarina Clifford	Swedish Mission, Geneva
Lars-Adam Rehof	Syria Crisis Team, ECHO, Brussels
Nicolas Roggo	ICRC
Andrea de Domenico	Chief, Funding Coordination Section (FCS), OCHA
Angela Hinrichs	FAO
Jeff Tschirley	FAO
Martina Buonincontri	FAO
Eleanor di Giovanni	FAO
Heidi Olli	WFP
Mohammed Abdiker	IOM
Monica Goracci	IOM
Sarah Lotfi	IOM
Bruce Reed	IOM
Louis Hoffmann	IOM
Patrice Quesada	IOM
Luke McCallin	OCHA
Amanda di Lorenzo	OCHA
Anne-Marie Kerrigan-Deriche	UNHCR
Juni Berglund	UNHCR
Darla Silva	UNICEF
Carolina Hepp	UNICEF
Koorosh Raffii	UNICEF

Fardau Procee	UNRWA
Reine van Holsbeek	UNRWA
Eléna Virijevic	ACF
Elvira Rodriguez	ACF
Julie Bordes	ACF
Agnes Björn	Plan Sweden
Anna Garvander	Church of Sweden
Dario Marlovic	Islamic Relief
Khusbu Patel	IRC
Laia Blanch	IRC
Linda Horgan	Oxfam
Mikael Wiking	Swedish Mission Council
Monica Billgren	Save the Children Sweden
Prashan Thalayasingam	Save the Children Sweden
Jenny Lindblad	MSF
Mia Lundkvist	MSF
Sine Holen	NRC
Lena Hansson	Swedish Red Cross
Petra Nyberg	Swedish Red Cross
Lars Peter Nissen	ACAPS
Kim Scriven	HIF
Barnaby Willitts-King	Humanitarian Policy Group, ODI
Nan Buzard	ICVA
Britta Ramberg	MSB

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Sida documents

The evaluation has drawn on several documents produced by Sida including :

- Directions for Sida Support for Humanitarian Action through Civil Society Organisations (CSOs)
- Tool on Gender Equality in Humanitarian Assistance
- Guiding principles – Methods and Capacity Development Support
- Internal working document on Innovation in Sida's Humanitarian Assistance
- Designing Relief and Development to Enhance Resilience and Impact
- Humanitarian Operational Guidance – IHL and Protection in Humanitarian Situations
- Draft Humanitarian Operational Guidance – Contributing to Resilience through Humanitarian Action
- Risk Management in Country Based Pooled Funds – Sida initiatives and progress
- Sida's Humanitarian Allocation – comparison 2014 and 2015
- Sida's Humanitarian Allocation Process 2015
- Sida's Humanitarian Mid-Year Allocation – 2015
- Terms of Reference for multilateral, CSO and methods working groups
- Think piece on cash-based support in humanitarian contexts
- Checklist for quality assurance of humanitarian interventions
- Guide to 2013 Humanitarian Country Analysis

Annex 9 – Syria Case Study

Evaluation of Sida's Humanitarian Assistance Case Study Report Syria Crisis

Final Report

October 2015

Tasneem Mowjee
Lydia Poole

Indevelop Sweden AB

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Abbreviations and Acronyms

3RP	Regional Refugee and Resilience Plan
ACAPS	Assessment Capacities Project
CSO	Civil Society Organisation
DFID	United Kingdom Department for International Development
DRC	Democratic Republic of Congo
ECHO	European Union Humanitarian Aid and Civil Protection Department
ERF	Emergency Response Fund
GBV	Gender Based Violence
GHD	Good Humanitarian Donorship
HCA	Humanitarian Crisis Analysis
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
MENA	Middle-East and North Africa
MFA	Ministry for Foreign Affairs
MIRA	Multi-Cluster/Section Initial Rapid Assessment
MSB	Swedish Civil contingencies Agency
OCHA	Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
RRM	Rapid Response Mechanism
SARC	Syrian Arab Red Crescent
SHARP	Syria Humanitarian Assistance Response Plan
SMS	Short Message Service
SNAP	Strategic Needs Analysis Project
SRP	Strategic Response Plan
ToR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency

1 Introduction

1.1 BACKGROUND

This case study report is part of the Evaluation of Sida's Humanitarian Assistance commissioned by Sida. According to the Terms of Reference (ToR), the objective of the evaluation is to document the extent to which Sida has fulfilled the goals of its humanitarian assistance strategy 2011-2014. Discussions with the management at Sida's humanitarian unit and the Ministry for Foreign Affairs (MFA) during the inception phase made it clear that the evaluation should focus on Sida's implementation of the strategy, identifying what is working well and where there are challenges.

Sida identified two case studies to assess its humanitarian capacity and ability to implement the strategy at field level - the Democratic Republic of Congo (DRC) and the Syria crisis. The DRC case study entailed a visit to the country to consult partners and visit Sida-funded projects, while the case study of Sida's humanitarian response to the Syria crisis is a desk review, based on telephone interviews and a document review.

1.2 CASE STUDY CONTEXT

1.2.1 The Syria Crisis – a large-scale multi-country violent humanitarian crisis

The Syria crisis escalated rapidly from March 2011 to become the single largest humanitarian crisis in the world today – a crisis which has severely tested the limits of the capacity and resources of the international humanitarian response system. The crisis grew quickly from non-violent civil protests against the government to a full-blown civil uprising which emerged in response to a large-scale military response from the government. The armed opposition is in reality a collection of geographically disparate and uncoordinated groups and the conflict has been significantly worsened by the emergence and arrival of domestic and foreign armed radical Islamist groups.

The humanitarian consequences have been extremely severe, with hundreds of thousands of civilians thought to have been killed, millions displaced and extensive damage inflicted on housing and infrastructure. The humanitarian response is a complex one spanning five countries and multiple crisis-affected population groups. Inside Syria itself, displaced populations are supported through a relief operation coordinated via Damascus and implemented by locally-based partners. In addition, a large-scale cross-border response managed out of Turkey targets internally displaced and crisis-affected Syrians in Northern Syria. There is also a significant population of Palestinian refugees (estimated 560,000 in need of assistance in 2015) who had been resident in Syria prior to the crisis, were receiving support from UNRWA, and who continue to be supported and targeted separately as a refugee caseload. Large numbers of refugees are displaced into neighbouring countries including Jordan (1.2 million in 2015), Lebanon (623,974), Turkey (1.6 million), Egypt (136, 661), and Iraq (242,468). Large-scale refugee responses have been mobilised to support these populations. This already complex response has been further complicated by a rapid and

dramatic deterioration in security inside Iraq, where there are now an estimated 2.2 million displaced Iraqis.⁵⁴

Each of the affected countries poses a different set of political, access and coordination challenges and while the impacts of the crisis are indeed regional, the response is highly varied in scope, strategy and actors according to the country context. Coordination and fundraising for the response is divided into an OCHA-coordinated humanitarian response inside Syria (including the Damascus-led response and cross-border operation from Turkey) and represented in the annual Syria Humanitarian Assistance Response Plan (SHARP)/Strategic Response Plan (SRP). The Syria crisis was upgraded to a Level-3 crisis in January 2013 and the cluster system activated under OCHA's coordination in Syria.⁵⁵ Coordination and fundraising for the refugee response is led by UNHCR and represented in the Regional Refugee and Resilience Plan (3RP), which coordinates fundraising for the responses in Egypt, Iraq, Jordan, Lebanon and Turkey.

The humanitarian response is not only challenging by virtue of its scale, complex coordination and logistical challenges – the response has also challenged habitual approaches to principled response; raised difficult questions about the remit, competence and comparative advantage of international humanitarian actors; and forced new thinking and new approaches to burden-sharing and providing assistance to refugees, which are likely to have ramifications for governments and international actors far beyond the current Syria response. The lack of access and consequently information and data on the scale and severity of needs has been particularly problematic in prioritising and coordinating the response.

1.2.2 Sida's engagement - funding

Funding requirements to support the international response to the Syria regional crisis have increased sharply since the beginning of the crisis. In 2011 the international response was small in scale (USD 28 million from all donors). Indeed, prior to 2011, few international actors had a significant and sustained presence in Syria itself and scaling up and coordinating a large-scale response proved extremely challenging. But by 2012 a full SRP had been developed and, in 2013, requirements increased sharply as the crisis continued to escalate, and the response grew in scale and prominence, particularly after the Level-3 declaration. Following very rapid growth in funding to the crisis in 2013, despite continued growth in requirements, the rate of growth in

⁵⁴ All displacement figures from "Overview: 2015-Syria Response Plan and 2015-16 Regional Refugee and Resilience Plan"
https://docs.unocha.org/sites/dms/Syria/Overview%20of%202015%20Response%20Plans%20for%20Syria%20Crisis_150322.pdf

⁵⁵ Level 3 is the global humanitarian system's classification for the response to the most severe, large-scale humanitarian crises. It is an indication that the situation requires a significant response from the humanitarian system rather than a reference to the severity of the crisis. <http://www.rescue.org/blog/l3-101-basics-level-3-emergencies>

financing contributions dropped off considerably in 2014 indicating that donors are beginning to scale back humanitarian funding to the crisis (see Figures 1 and 2).

Figure 1: Strategic Response Plan requirements and funding for the response in Syria 2012-2014

	Revised re- quirements (USDm)	Funding (USDm)	Funding gap (USDm)	Annual % change in revised requirements	Annual % change in funding
SHARP 2012	348	216	132		
SHARP 2013	1,410	956	454	305%	343%
SHARP 2014	2,256	1,123	1,133	60%	18%

Source: UN OCHA FTS

Figure 2: Regional Refugee Response Plan requirements and funding for Syria regional crisis 2012-2014

	Revised re- quirements (USDm)	Funding (USDm)	Funding gap (USDm)	Annual % change in re- vised require- ments	Annual % change in funding
RRRP 2012	488	374	114		
RRRP 2013	2,982	2,164	817	511%	479%
RRRP 2014	3,741	2,333	1,407	25%	8%

Source: UN OCHA FTS

Sida's support to the crisis response began in 2011 with contributions to existing partners, UNHCR, UNRWA and the regional OCHA-manged regional Emergency Response Fund (ERF). Allocations increased significantly in 2012 in response to the growing scale of the crisis, and again in 2013.

During the study period, Sida was the fifteenth largest donor overall, according to OCHA FTS data, and the ninth largest among the OECD DAC group of donors.

The majority of Sida's funding to the crisis between 2012 and 2014 has been provided via framework agreement partnerships (72%), with a further 19% of funds channelled via the Rapid Response Mechanism (RRM). A small proportion of funds were allocated to other projects (8%).

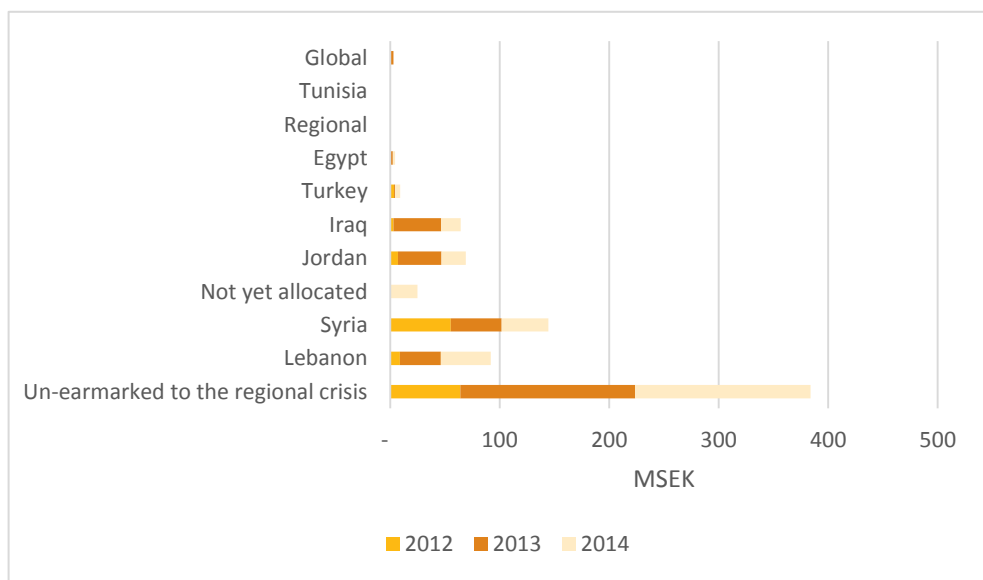
Figure 3: Sida's funding allocations to the Syria crisis by type of funding agreement 2012 - 2014

	2012	2013	2014	% of total 2012-14
	-	-	20.0	2%
Other projects	43.0	7.5	-	6%
Framework agreement	50.4	263.9	269.1	72%
RRM	49.3	72.7	30.8	19%
Total	142.7	344.1	319.9	

Source: Sida internal funding allocation database.

Achieving an adequate allocation of funds in relation to the scale of the crisis, balanced with demands from other crises, as well as maintaining an appropriate balance of contributions across refugee hosting countries and Syria itself are challenges faced by all donors to the crisis. Tracking the balance of Sida's allocations across crisis-affected countries in the region is challenging in part because of the significant volumes of funds which have been lightly earmarked to the regional crisis and also owing to reporting inconsistencies in Sida's records. Sida aimed to ensure 60% of its funding was allocated for Syria with the remaining 40% for the rest of the region. Sida's Humanitarian Crisis Analysis (HCA) in 2015 highlighted Sida's intention to earmark 50-60% of its funding to Syria itself.⁵⁶ It planned to continue to allocate specific funding to Lebanon and Jordan, with other contexts (Turkey, Egypt) covered through unearmarked funding and the RRM.

Figure 4: Sida funding allocations to the Syria regional crisis by recipient country



Source: Sida internal funding allocation database.

In addition to sectoral and agency specific requirements, Sida's analysis of the crisis in 2013 and 2014 identified the following recurrent cross-cutting issues:

- The need for flexibility to adapt to changing circumstances;
- The need to advocate for access to affected populations;
- Weak identification, analysis and prioritisation of needs;

⁵⁶ Sida's decision to earmark funding specifically for Syria highlights the balance that it has been striving to achieve between flexibility and trust in the ability of partners to prioritise the greatest needs and, in a context of resource constraints, ensuring that assistance is targeted to the more difficult operating environment in Syria.

- Problems in coordination;
- The need to prioritise protection and assistance for acutely vulnerable groups such as Palestinian refugees, women and children.

Sida's choice of partners also reflects, in part, its efforts to follow the strategic priorities indicated in the HCAs. For example, support to the ERF is identified as a strategy to support local and national Civil Society Organisations (CSOs) who have greater access to affected populations. Strong support to the Red Cross Movement similarly, reflects its unique level of access through the Syrian Arab Red Crescent (SARC).

Figure 5: Sida's allocations to the Syria regional crisis by funding channel 2012-14

	2012	2013	2014	% of total 2012-14
UN agencies	62.0	121.1	105.0	36%
Emergency Response Fund	15.0	45.0	75.0	17%
CSOs	12.7	53.4	59.8	16%
Swedish Red Cross	23.1	32.8	26.3	10%
ICRC	8.0	52.0	20.0	10%
MSB	21.9	39.8	8.7	9%
Not yet allocated	0.0	0.0	25.0	3%
Total	142.7	344.1	319.9	

Source: Sida internal funding allocation database.

1.2.3 Sida's engagement - staffing

During the evaluation period, Sida had one full-time person in Stockholm and no full-time person in the field until it was able to recruit a programme officer to be based in Amman in May 2014. Prior to mid-2015, two staff members from the Swedish Embassies in Turkey and Lebanon worked on humanitarian issues for a small proportion of their time, which had proved to be useful, while the staff member in the Embassy in Jordan managing the human rights and democracy programme spent 25% of her time on humanitarian issues, working closely with the Sida staff member in Stockholm until the recruitment of the full-time staff member. By contrast, donors such as DFID and ECHO have had at least one or two staff members per country in the region and even a small donor like Switzerland has had a much larger number of humanitarian staff in the field. This limited humanitarian staff capacity has been a challenge for Sida's engagement with the crisis (highlighted by six interviewees). Sections 2.1.1 and 2.3.1 discuss the implications of these staffing arrangements.

Some Sida interviewees also noted challenges with organisational structure, which had implications for staffing and working methods. During the evaluation period, the Middle-East and North Africa (MENA) unit had a member of the humanitarian unit embedded in it. This person was responsible for all humanitarian crises in the region, which included Yemen and Libya in addition to the Syria regional crisis. While she was able to work with the organisational focal points within the humanitarian unit, this was placing an unreasonable workload on the staff member. Therefore, in March 2015, the heads of the two units decided to move responsibility for humanitarian crises in the region back to the humanitarian unit. As a result, there are now three humanitarian staff members with responsibility for different geographical areas (the

Syria crisis, Yemen and North Africa), which should help to distribute the workload more evenly. While moving the responsibility for humanitarian assistance out of the MENA unit entails a potential risk that it will be less well coordinated with the longer-term engagement by the MENA unit, there is high-level commitment to avoiding this. The MENA unit retains a national programme officer in Jordan to work full-time on humanitarian issues. Although this staff member reports to the MENA unit, she also liaises closely with the geographical and organisational focal points with the humanitarian unit, despite this resulting in multiple points of contact with Stockholm.

1.3 METHODOLOGY

Since it was not feasible to address all of the 16 evaluation questions through the two case studies, the evaluation team focused on the following evaluation topics that were best informed by country-level primary data collection:

- How Sida-funded activities have complemented and added value to the broader humanitarian response at the country level
- The extent to which partners target assistance to the most vulnerable
- Crosscutting issues (including participation of affected populations, gender, protection and local capacity building)
- The extent to which resilience and early recovery programming is integrated with Sida humanitarian assistance
- How Sida has supported coordination between humanitarian actors at country level
- Whether Sida has coordinated its efforts with those of other donors
- The extent to which Sida humanitarian programming is innovative.

The desk review has involved a review of documents, including Sida travel reports, Sida's HCAs and partner reports. The evaluation team also conducted telephone interviews between 11 August and 9 September 2015 with:

- 7 staff members from Sida and the Swedish government
- 7 United Nations (UN) staff members
- 1 interviewee from the Red Cross Movement
- 10 staff members from four Civil Society Organisation (CSO) partners
- 4 representatives from the Department for International Development (DFID) and the European Union Humanitarian Aid and Civil Protection Department (ECHO) to provide an external donor perspective

1.3.1 Limitations

The main limitation for the desk review has been the turnover of staff within other donor agencies and Sida's partners in the region. This made it challenging to reach interviewees that had worked with Sida during the evaluation period. To the extent possible, the team contacted relevant interviewees in their new roles but, in many cases, it was not possible to secure interviews with them. The process of trying to contact interviewees that had worked with Sida or their successors was very time-consuming and considerably extended the period over which the desk review was conducted.

A second challenge with obtaining telephone interviews was the fact that the desk review (like the rest of the evaluation) was conducted over the summer holiday period

of July and August. As a result, it was necessary to conduct a number of interviews in early September. The evaluation team had only set aside four working days for data collection through interviews since it anticipated that the desk review would be based on a small number of interviews. It exceeded this allocation since the review ultimately involved 23 telephone or Skype interviews.

In addition, since Sida provided considerable lightly earmarked funding, it was often difficult to identify specific results attributable to Sida from partner reports.

2 Findings

2.1 SIDA VALUE-ADDED

This section starts by describing how Sida has added value to the humanitarian response to the Syria crisis. It goes on outline ways in which Sida adheres to principles of Good Humanitarian Donorship (GHD).

2.1.1 Sida's added value to the response

Sida has added value to the overall humanitarian response to the Syria crisis, including for its partners, in a variety of ways. Its support for the regional Emergency Response Fund (ERF), and the country-specific ERFs that OCHA established subsequently, has added value by providing flexible funding, enabling direct funding to local NGOs that could operate in areas that were hard to reach and ensuring that contributions arrived at critical junctures. In addition, Sida has participated actively on the Advisory Boards of the ERFs, advocating for funding according to needs and the strengthening of local humanitarian response capacity.

For Sida's partners, the flexibility that Sida's lightly earmarked funding provides has been the most valuable aspect of its contributions. This is particularly because the Syria crisis has been a rapidly changing situation so Sida funding has enabled agencies to adapt even though other donors have tightly earmarked their contributions. Almost all the partner interviewees appreciated the fact that they were able to communicate easily with Sida and that it had a thorough understanding of field realities. There was considerable respect for Sida's professional approach to the response.

Unlike many of the other donors contributing to the Syria crisis response, Sida is perceived as a neutral donor by partners and other donors. Sida interviewees also reported feedback from Syrian citizens and CSOs that it is regarded as neutral. This has been valuable because it has enabled Sweden to be a credible and strong voice in dealings with UN agencies. Even larger donors found it helpful if a more neutral voice such as Sweden's delivered difficult messages to partners. One interviewee felt that this perception had earned Sweden a seat in global donor coordination mechanisms (since its level of funding was not as high as many other donors). A donor interviewee expressed a similar view, arguing that a neutral donor such as Sweden was more welcome on UN Humanitarian Country Teams than some other large donors. One interviewee believed that Sida's principled stance on humanitarian issues made it easier for it to support more sensitive issues such as human rights.

Sida's project funding to its CSO partners has been more important for them than simply filling gaps. However, the ability to flexibly deploy funds to partner identified priorities and changing needs was noted as being of particular value among CSO partners. One CSO partner that made use of the RRM for example, found it very useful for initiating activities that other donors would probably not have funded, such as an education in emergencies project in the early stages of the crisis and meeting the need for clothing for infants, identified when the CSO was working on other activi-

ties. Other CSO partners have taken advantage of the flexibility of Sida funding to redirect it to unmet needs when they received other donor funding that was earmarked to specific geographical areas or activities.

Non-CSO partners have made greater use of Sida's funding for gap filling. One of the ERF's objectives is to fill critical gaps in the response and funding. This was useful for CSOs, enabling them to ensure continuity in services when there were gaps in their funding. Also, the International Federation of Red Cross and Red Crescent Societies (IFRC) used Sida's funding to complement the logistics hardware that the German Red Cross provided to SARC with technical expertise. A UN partner had used Sida funding to move water and sanitation facilities to accompany refugee populations that had been forced to move. It noted that Sida's funding was smaller in amount than that from other donors but filled gaps, 'like sand in a bucket of rocks; it makes a programme solid and doable'. Another UN agency had used Sida's funding to pay national staff in Syria and make emergency repairs to facilities, which other donors were less willing to finance.

Sida has also added value to the overall Swedish response to the Syria crisis. Sida's funding has complemented that of the MFA. The Sida humanitarian staff member's active links with donors and partners at the field level provided information that the MFA could draw on for its decision-making and advocacy at the highest levels (for example, field-based information on coordination in the region enabled the MFA to raise the issue at global level in the context of discussions on the Transformative Agenda). This was also useful for other donors that were trying similarly to coordinate messages to UN partners from the field and capital levels. The close working relationship between Sida and staff based in the Embassies also ensured that the Embassies strongly advocated with partners on critical humanitarian issues such as protection and coordination.

While Sida has added value to the Syria crisis response in these different ways, field-based staff members argued that, if it had been better staffed, Sweden would have been able to capitalise more on being perceived as a neutral donor. Although Sweden was able to advocate on crosscutting issues, such as gender and protection, and for strengthening the overall humanitarian response, for example through better coordination, a greater field presence would have given it a stronger voice. A donor and a UN interviewee suggested that a wider field presence, including in Gaziantep, would have meant that Sweden could balance the voices of the more politicised donors and strengthen the overall humanitarian response. Although there is a clear division of roles between Sida and the MFA, with the latter responsible for advocacy, there would be an added value to having adequate staffing at field level to engage on operational humanitarian issues.

2.1.2 Ensuring needs-based funding

Providing assistance according to needs has been a major challenge in the Syria crisis because of the difficulties with conducting needs assessments. The UN tried for over a year to conduct a Multi-Cluster/Section Initial Rapid Assessment (MIRA) in Syria, even training enumerators in the governorates and preparing a database. However, the government did not allow the MIRA to go ahead. Sida's 2013 HCA acknowledged the problem: "The lack of reliable data and analysis is staggering, and proving to be one of the key factors, together with the lack of humanitarian access, which hinders

an efficient response, as it renders it impossible to ensure programming and prioritisation according to needs and effective preparedness planning. Some recent improvements have been achieved, but there is still much to be done.”

Despite the challenges, Sida has made a concerted effort to ensure that its assistance is needs-based. One way in which it has done this is by providing lightly earmarked funding to UN and Red Cross partners, enabling them to respond to the needs on the ground as they arose. The combination of Sida funding and the MFA’s core support to UNHCR meant that Sida could argue strongly for UNHCR to take a more needs-based approach and target assistance to the most vulnerable.⁵⁷ In discussions with OCHA as well, Sida has emphasised the importance of providing assistance too hard to reach communities through the ERF.

Sida has also invested strategically in improving the capacity of key partners and institutions to improve information management, needs analysis and coordination to support needs-based decision making. In particular, it has used MSB secondments strategically, placing information management officers, database specialists and assessment coordinators with OCHA, UNICEF and UNRWA and seconding a GIS expert to UNDP. Sida’s support for the Assessment Capacities Project (ACAPS) at a global level has had a practical benefit at the crisis level since ACAPS worked on the Strategic Needs Analysis Project (SNAP) with MapAction.⁵⁸ Sida was able to review raw data from the SNAP and other needs assessments to check who had been consulted.

In addition, at Embassy level in Lebanon, Sweden called for like-minded donors and aid agencies to base their funding on clear needs assessments and to target assistance to the most vulnerable. In particular, Sweden argued strongly for UNHCR to target assistance on the basis of needs rather than their refugee status. While there is evidence that this is happening, it was not possible to attribute this directly to advocacy by Sweden and/or other donors. On sensitive issues, such as gender-based violence, the Embassy encouraged partners to base their work on more empirical evidence, whether needs assessments or surveys.

2.1.3 Adherence to humanitarian principles

As noted in section 2.1, the perception of Sida as a principled and neutral donor in a highly politicised crisis has been one of the ways in which it has added value to the

⁵⁷ Although it is logical to target assistance to the most vulnerable in a resource-constrained environment, UNRWA has argued that it is difficult to do this when almost the entire population of Palestinian refugees in Syria is below the poverty line and no other agency is providing assistance to them. This is why its cash assistance programme, supported by Sida, is broad-based. An evaluation of the programme found that this was also more cost efficient than needs-based targeting (UNRWA 2014). In Jordan and Lebanon, UNRWA’s targeting of assistance had a devastating impact because those who had been excluded then became increasingly vulnerable until they were eligible for assistance.

⁵⁸ The project ran from December 2012 to June 2015 and aimed to support the humanitarian response in Syria and the region by providing independent analysis and supporting coordinated assessments. For further details, see <http://www.acaps.org/en/pages/syria-snap-project>.

broader response. Sida's humanitarian unit provides significant funding for the International Committee of the Red Cross (ICRC), which is specifically mandated to promote respect for international humanitarian law and has undertaken this work in Syria as well. Sida has also made efforts to ensure that its partners adhered to humanitarian principles, for example by calling for the ERF to strengthen the capacity of local CSOs on this issue. A couple of Sida's CSO partners also mentioned making an effort to ensure that their local partners adhere to the humanitarian principles. One of the CSOs had stopped working with a partner when it realised that the partner may not be maintaining an impartial approach.

Also, for the funding provided to SARC through IFRC, Sida reviewed raw data from the SNAP to follow up on whether SARC was providing assistance across conflict lines to areas in need. Having an IFRC staff member based in SARC's head office also helped to ensure that staff members were aware of the need to adhere to humanitarian principles. A shared context analysis of Syria also found that, despite close links to the government and security services, SARC has proved to be more effective and impartial than international agencies had initially feared and that, at a local level, staff and volunteers work in accordance with humanitarian principles (Slim and Trombetta 2014).

2.1.4 Timely, flexible and predictable funding

As noted in section 1.2.2, Sida has provided a considerable amount of lightly earmarked funding to UN agencies and the Red Cross Movement. This has given partners considerable flexibility to allocate funding to the areas of greatest need, including the ability to decide how much of Sida's funding to allocate for activities within Syria and how much to use for the neighbouring countries.

Sida has also been flexible in permitting CSO partners to make changes to their projects in order to respond to the fluid context and changes in levels of access, and partners were very appreciative of this.

Partners that accessed the RRM found this very timely and helpful both in terms of the speed of response and in terms of funding being available when they identified critical needs. Partners receiving annual support through their framework agreements had mixed experiences of timeliness. One CSO partner that has received regular annual funding found that Sida funding was timely because there was a smooth link between the annual cycles of funding so that there was continuity in its assistance. However, a UN partner received Sida funding in the latter part of 2014 so it had used it for gap-filling activities. Sida has also provided considerable funding to the ERFs and a review found CSO partners critical of the slowness of funding processes because the average time between submitting a proposal and receiving funding was two and a half months (Stoianova 2014).

Partners also had different experiences of the extent to which Sida's funding was predictable. While Sida's funding is usually annual, one UN agency had received two-year funding for its Syria programme. One CSO partner felt that there was high likelihood that Sida's funding for its project focusing on protection for women would continue, even though the funding was allocated annually. This made it easier to undertake longer-term activities such as case management, which cannot be programmed with six-12 month funding. A UN partner had found that Sida's funding was of a longer duration than that of other donors, who might only provide funding

for six to nine months. This enabled it to hire staff on a longer-term basis. By contrast, one CSO partner noted delays in funding in 2014 leading to uncertainty about whether the organisation would receive funding. Even though it was fairly certain that Sida would continue supporting its response to the Syria crisis, it did not have complete predictability. A UN partner in Lebanon had received Sida funding in 2012 and 2014 so the gap in funding in 2013 had reduced predictability. It was also uncertain about future Sida funding.⁵⁹

2.2 CROSS-CUTTING ISSUES

Sida focuses on several cross-cutting issues of importance that the evaluation team examined as a part of this case study. In the context of the Syria crisis response, Sida partners noted that the emphasis of Sida and other humanitarian actors has been on issues such as gender, protection and coordination rather than the environment. They argued that this was because the focus has been on the immediate emergency response. Although some partners recognise the need to do more on the environment, the operating conditions inside Syria have made this extremely difficult. In the neighbouring countries, partners have addressed issues such as pressures on water systems due to the influx of refugees but categorised these as social cohesion projects rather than environmental ones.

2.2.1 Gender

In the Syria context, as elsewhere, Sida has made a concerted effort to raise the issue of gender mainstreaming and to push partners to include a gender focus in data collection, targeting and monitoring. Partners acknowledged that it has been a serious challenge to collect gender-disaggregated data in Syria and to follow up on gender issues systematically given that international humanitarian agencies are often working remotely. In addition, in a context of open conflict, it has been a challenge to set up systems to collect gender- and age-disaggregated data. As one CSO partner noted, health professionals have tended to focus on providing life-saving treatment rather than registering patient data but the organisation has worked with field monitors to strengthen data collection and ensure that health facilities were meeting the needs of women and children. In addition, it had tried to ensure that female health staff were available to serve patients and was supporting some health facilities focusing on women and children specifically.

In the neighbouring countries as well, Sweden has been vocal about the need for taking account of gender issues and addressing gender-based violence. A Swedish government interviewee noted that Sweden had collaborated with like-minded donors to raise concerns about the negligible focus on gender and the complete lack of focus on

⁵⁹ To enable partners to ensure continuity in their humanitarian work, DFID has provided more predictable multi-annual funding. This has not only avoided situations where partners might have to disband a programme and then set it up again (which is very expensive) but it has also enabled them to provide greater job security to national staff in Syria, who take great risks in carrying out their work.

gender-based violence in the UN's vulnerability assessments of Syrian refugees in Lebanon in 2013 and 2014 (WFP, UNHCR and UNICEF 2013 and UNHCR 2014).

Some Sida partners had implemented projects or activities targeted specifically at the needs of women. For example, IFRC used Sida funding to start the distribution of women's emergency kits (containing non-food items) for internally displaced women in Syria. These kits were developed in response to feedback from displaced women themselves. A CSO partner was undertaking a women's protection project that had centres providing services to women, particularly survivors of gender-based violence.

One CSO partner was not conducting gender analyses specifically but analysed programmes from a protection perspective to avoid a negative impact on women, men, girls and boys. It also aimed to incorporate a gender perspective into its monitoring. A UN partner that is committed to mainstreaming gender had tried to ensure that women were involved in project committees and that its water and sanitation facilities were adapted to the needs of women. However, it admitted that its programmes were not sufficiently adapted to addressing gender relationships in different communities.

While the ERF has required applicants to use the gender marker and ensured that there was a gender focal point on the Review Board to examine the gender aspects of proposals, it has followed up on gender issues in implementation to a limited extent (with monitoring focusing on the timeliness of implementation, deliverables and the number of beneficiaries).

Although at least two partners were aware of the need to ensure that the needs of boys and young men were addressed, it is a concern that many of Sida's partners discussing their approach to gender issues tended to equate this with addressing the needs of women. The tendency to overlook the protection concerns related to males has been a general problem in the response to the Syria crisis as highlighted in a study on vulnerability assessment in Jordan and by an evaluation of Danish humanitarian assistance to the Syria crisis (ACAPS and UNHCR 2013 and Mowjee 2015).

2.2.2 Protection

Sida has recognised that the Syria crisis is largely a protection crisis. Therefore, it has raised the issue with UN agencies, particularly with OCHA for Syria and with UNHCR in Lebanon. This included advocating for the improved working of coordination mechanisms such as the protection sector group. A Swedish government interviewee pointed out that the Operational Peer Review of the UN's response to the Syria crisis had been critical of the failure to address protection concerns inside Syria. Both humanitarian agencies and other donors were hesitant to focus on protection because this was a highly sensitive issue and it was easier to focus on the delivery of emergency assistance. However, Sweden has had a strong focus on protection.

Sida has complemented the advocacy on protection with funding for partners (particularly CSOs) with a strong emphasis on protection in their work. This, in turn, has strengthened advocacy efforts because it was clear that Sweden prioritised protection (as well as gender) not only as a policy issue but also through its funding.

2.2.3 Coordination

Coordination has been a major challenge for the response to the Syria crisis, not least because the response has been spread across five countries and multiple locations within a country (such as Gaziantep and Antakya in Turkey). In addition, donors and

agencies engaged in cross-border operations have been wary of sharing highly sensitive information. Within Syria as well, there was a lack of coordination of assistance provided from Damascus (including cross-line) and cross-border operations from Turkey and Jordan. Therefore, Sweden has been a strong advocate for improved coordination. For coordination inside Syria, it called for the Whole of Syria approach that linked assistance provided from Damascus with cross-border operations. This was adopted in September 2014 (due to UN Security Council Resolution 2165).⁶⁰ It has also advocated for better coordination in the neighbouring countries, calling robustly for UNHCR to strengthen its coordination role, particularly in Turkey, and advocating for better cooperation between UNHCR and OCHA.⁶¹ Interviewees within Sida and the Swedish government felt that being perceived as a neutral donor and one that has provided flexible funding but also tried to maintain a balance between funding for Syria and for the neighbouring countries had enabled Sweden to press for improved coordination.

Sida has contributed financially to strengthening coordination through its funding to OCHA, the regional ERF and then the country-specific ERFs that OCHA established. All projects submitted to the ERFs have to be discussed with the relevant local authority and go through the established coordination structure in the country. NGOs that apply to the ERF are required to be a member of the relevant sector group or cluster so this has increased participation in these groups. Sida also provides funding for priorities and activities in the humanitarian response plans that are coordinated at country level.

In addition, as outlined in the 2013 HCA and also in section 2.1.2, Sida has sought to address the challenge of weak coordination and poor information management by seconding staff from MSB to strengthen coordination inside Syria as well as in the region. A DFID interviewee noted that this was one way in which Sida had added value to the overall humanitarian response to the crisis.

As in other contexts, Sida has required its CSO partners to be engaged actively in field level coordination so this has been another way in which it has sought to strengthen coordination between humanitarian actors. Sida's active knowledge of its humanitarian partners has meant that it has been able to focus limited staff resources on pushing partners that were weak on coordination. Therefore, a CSO that is extremely active in both UN and CSO coordination mechanisms reported that Sida had not raised this as an issue in discussions.

Donor coordination for the Syria crisis response has been as problematic as coordination between humanitarian agencies. In Turkey, for example, coordination was diffi-

⁶⁰ <https://www.humanitarianresponse.info/en/operations/whole-of-syria>

⁶¹ This included on contingency planning since, in mid-2013, UNHCR and OCHA developed separate contingency plans (one focused on refugees and one focused on groups other than refugees) to respond to the consequences of potential air strikes within Syria by the United States.

cult because donor representatives were based in different locations – Gaziantep and/or Antakya to oversee cross-border operations, in the capital Ankara or in Istanbul. Donors also did not have regular meetings in Lebanon, although that has changed since June 2015. A donor interviewee reported that donor coordination, together with coordination for the Syria crisis response overall, had improved considerably.

Sida worked in close cooperation with the MFA and Embassies to participate in donor coordination mechanisms at capital, regional and country levels. The Sida staff member responsible for humanitarian assistance to the region also met regularly with donor representatives during field visits and stayed in touch via email and telephone calls. This was helpful for sharing information about partner performance and also developing common messages on areas of concern. One of the positive aspects of having limited staff resources was that the same Sida and MFA staff members participated in donor coordination at the different levels, enabling them to access the different types of information shared in the different fora and avoid different interpretations of information (which was a challenge for donors with larger teams and different staff members participating in the different fora).

For field-based staff working on humanitarian issues, one of the benefits of participating in donor coordination mechanisms was being able to establish a good working relationship with donors that had a much larger field presence (particularly DFID and ECHO) to obtain detailed and even sensitive information about partner performance from them. Similarly, a donor interviewee reported that it was helpful to be able to consult with Sida staff about partners, e.g., when it received an application for funding from a CSO that Sida had decided to stop funding, it was useful for the donor to check the reasons for Sida's decision. In Turkey, Sweden hosted donor coordination meetings with UN agencies at the Embassy. Another benefit of participating in donor coordination meetings was the opportunity to develop common messages, mainly to UN agencies. The staff member at the Embassy in Lebanon took the initiative of creating a donor group to call for improvements in coordination and the focus on protection.

Since Sweden was one of the few donors providing development funding to Syria, a field-based staff member also participates in donor coordination meetings focused on longer-term efforts within Syria.⁶² Although donors recognise the disconnect between coordination on humanitarian and development issues, there have not been any moves to combine donor coordination meetings on the different types of assistance or even ensure greater collaboration.

⁶² This is a small group of donors comprising the United States, the United Kingdom, the European Union, Japan and Sweden. There have been suggestions that humanitarian and development donors could have a joint meeting once a month or quarterly but development donors were still in the process of establishing themselves and developing their own work programmes. The fact that donor coordination is so divided across the region has not helped either.

2.2.4 Accountability to Aid Recipients

Due to access challenges inside Syria, international aid agencies have been working remotely through local partners. This makes it more difficult to ensure accountability to aid recipients and not all of Sida's partners have been systematic about it. However, the desk review identified a range of mechanisms used by Sida partners (although these are not necessarily linked to Sida support but done as part of good programming practice).

To ensure that aid was being delivered to communities in need and also to obtain feedback, SARC had set up a Facebook page on which it posted photos from distributions and activities in hard to reach areas. This had been used extensively by communities to comment on the assistance received and to highlight needs. SARC has a large network of local volunteers that are part of the affected communities so they have also been a useful source of information. For the Sida-funded health programme, SARC had placed boxes in waiting rooms where users could place written feedback. The senior health advisor at headquarters read this feedback and an interviewee reported that it tallied with the findings of an external evaluation of the health programme. As described in section 2.3.2, one CSO had also used Facebook, together with videos and photos, as part of its monitoring. Another CSO had started a project in August 2015 that incorporated a new model for beneficiary accountability using a mix of approaches, including information technology. Sida was one of the donors to this project.

In the neighbouring countries, where it was easier to access affected populations, Sida partners had greater opportunities to engage with aid recipients. One CSO partner described setting up aid recipient committees for different sectors, such as education or water and sanitation, as part of its programmes and consulting with these. It also made extensive use of focus groups to ensure that its programmes remained relevant and appropriate. The Humanitarian Accountability Partnership had also facilitated a workshop for the CSO, enabling it to plan for the establishment of effective aid recipient feedback mechanisms to ensure that they could be more actively involved in the design and re-design of programmes. In addition to conducting its own consultations with aid recipients, a UN partner had hired two companies to conduct third party monitoring of its projects, which included obtaining beneficiary feedback without the agency's staff being present. It was also in the process of setting up a Short Message Service (SMS) mechanism in Lebanon to obtain feedback on its programmes and ensure that these were responsive to the needs of aid recipients.

Since the Syria crisis is in its fifth year, humanitarian agencies should have been further forward with their mechanisms for accountability to aid recipients in neighbouring countries but there has been a sense of the response being overwhelmed by the scale of the crisis in the first two to three years. This is not a challenge specific to Sida partners but across the board - the evaluation of Danish humanitarian assistance to the crisis identified that aid recipients were often frustrated by the inability of agencies to respond to their concerns and feedback (Mowjee 2015).

2.2.5 Strengthening National and Local Capacity

Sida's international partners have had to work extensively through national and local CSOs in order to reach affected populations inside Syria, but Sida has also supported direct funding for national and local CSOs to deliver services and organisational de-

velopment through the ERFs. Through its participation on the Advisory Boards, Sida had lobbied for more funding to local NGOs in Syria and the neighbouring countries. It had also advocated with OCHA and its international implementing partners to work on strengthening the capacity of Syrian organisations. Funding from the regional ERF to national CSOs increased from 5% of total allocations in 2012 to 26% in 2014, which is not insignificant since the regional ERF disbursed a total of US\$ 76 million from 2012-2014 (OCHA 2014). In the four countries covered by the regional ERF (Syria, Jordan, Lebanon and Iraq), OCHA conducted training in Arabic for local CSOs on the programme management cycle and applying for funds from the ERF. In some cases, particularly CSOs operating in hard to reach areas in Syria, OCHA providing individual organisational coaching because the government had hindered broad-based capacity building. A review of NGO experiences with pooled funds set up in response to the Syria crisis found that national CSOs and smaller international CSOs appreciated OCHA's training and capacity building efforts, although it noted that national CSOs receiving funding from the Turkey Humanitarian Pooled Fund had not benefitted from the same support (Stoianova 2014).

The extent to which other Sida partners have focused on strengthening local and national capacity has varied, even in the neighbouring countries where this is relatively easier. The scale of the refugee crisis meant that many humanitarian organisations coming into the region or trying to scale up their responses focused on direct delivery or, in the case of UN agencies, on working with international CSOs. However, as the situation in the neighbouring countries stabilised, there has been greater consideration for working with local partners and strengthening their capacity. One UN interviewee pointed out that all funding agreements with international CSOs in Lebanon include a capacity building component, whether of a government entity or local CSO. It is also building the capacity of local CSOs with which it has a direct funding agreement. In Lebanon, this shift is being spurred on by the government, which has prioritised a more nationally-led response during the process of developing the 2016 crisis response plan. Even within Syria, a CSO partner had recently included a training component for local authorities and CSOs into a Sida-funded project since Sida had been very supportive of this approach.

Sida's human rights and democracy programme has also been strengthening the capacity of Syrian CSOs. While this has not been specifically for humanitarian response, the general organisational development support could have a spill over effect for humanitarian response since some local organisations work across different types of assistance.

2.2.6 Risk management

The operating environment within Syria is obviously a difficult one, making the issue of risk management a critical one. Risk management in Syria has a number of different aspects - due diligence, staff security, aid diversion and access. There was a clear political signal from Sweden's former Development Minister that the country had a higher appetite for financial risk in the Syria crisis response in order to ensure that assistance reached those most in need. However, this had not been translated into internal Sida guidance on acceptable risk thresholds.

The lack of sufficient staffing to follow up on the response to an emergency of the magnitude of the Syria crisis has been a source of frustration for field staff (and

commented on by some external interviewees). One of them argued that Swedish taxpayers might well question whether the level of staffing was commensurate with Sida's substantial funding for the Syria crisis. Nevertheless, due to the commitment of the staff working on humanitarian issues, Sida has undertaken due diligence in the selection of partners and followed up on partners' measures for avoiding aid diversion in proposals as well as in discussions. One area that it emphasised was how international partners engaged with national organisations, including SARC. This has included arguing for going beyond building the capacity of national CSOs on proposal and report writing and promoting humanitarian principles and sharing good practice. Sida had worked closely with DFID on this issue, particularly on the advisory boards of the country-based pooled funds in the region. Sida had also assessed the performance of its partners through a mix of mechanisms that included field visits (from Stockholm with field-based staff or by the full-time field-based staff member), regular engagement with partners by field staff in Turkey and Jordan working on humanitarian issues, and drawing on the knowledge and assessments of other donors, particularly DFID and ECHO.

Sida's partners had measures in place to address risks to staff security and external risks to their programmes. They had also adopted different measures to monitor the delivery of their assistance and mechanisms to ensure that aid was not diverted or inadvertently fuelling the conflict. The ERF, for example, relied on UN agencies or international NGOs operating in the same area as ERF recipients to provide feedback and also called partners regularly to obtain updates. OCHA staff in sub-offices within Syria also made an effort to visit project sites. Since the regional ERF had experienced a case of funds being mismanaged that was being investigated by auditors and OCHA, the country-specific ERFs were establishing a risk management framework. One of Sida's CSO partners interviewed acknowledged that, while the organisation was good at analysing risks during the programme planning and design phase, it did less well on documenting how it continued to assess risk and whether its measures to mitigate them were still valid. A UN partner that has moved towards risk-informed systems and decision-making also noted that, while the agency conducts an annual risk analysis and also expects partners to do risk assessments, it is still learning about how to operate as a risk informed agency. UNRWA uses a risk register that it updates every six months to identify different categories of risks and mitigation measures. It is transparent in sharing this with donors. Nevertheless, an evaluation of its cash assistance programme, to which Sida has contributed, identified that it need to improve its risk management and internal control systems (UNRWA 2014).

2.2.7 Conflict sensitivity

The extent to which Sida partners have mechanisms to ensure that their assistance is conflict sensitive varies. In Syria, due to the on-going violence, aid agencies have had more restricted humanitarian space and opportunity for ensuring a do no harm approach. The main approach has been to get access to populations in need and to try to deliver assistance regardless of who is in control of an area.

Some partners have made attempts to be conflict sensitive and ensure that they do no harm, both in Syria and in the neighbouring countries. The IFRC staff member working with SARC worked to ensure that the latter followed a do no harm approach, particularly in protecting patient data gathered as part of a Sida-funded health programme. The database system was designed to enable staff to lock it down if neces-

sary to prevent access by security services. While the ERF does not have a specific system to ensure conflict sensitivity in the programmes that it funds, it has aimed to provide assistance in hard to reach areas inside Syria through local CSOs. It has also tried to ensure that projects in Jordan and Lebanon promote social cohesion by assisting the vulnerable amongst host populations as well as refugees. A UN and a CSO partner had adopted a similar approach. One CSO partner explained that it relied on its field-based security teams in the neighbouring countries to analyse the dynamics of relationships between refugees and communities and local authorities and also to assess the impact of the organisation's programmes. It also tries to ensure transparency about its programmes, particularly aid recipient selection, in order to avoid tensions. A UN partner was also relying on sub-national offices to ensure that its programmes were adapted to local community realities.

2.3 LINKAGES TO DEVELOPMENT AND INNOVATION

This section focuses on two issues highlighted in Sida's humanitarian strategy. One is that of linkages between humanitarian and development assistance (referred to as the perspective of early recovery in the strategy) and the other is that of innovative approaches in responding to the major challenges posed by the Syria crisis.

2.3.1 Early Recovery and transition out of conflict

Some Sida partners highlighted the challenge of working on recovery or longer-term assistance in Syria where the conflict and violence is on-going, although there is a need for longer-term development to complement humanitarian assistance in Jordan and Lebanon in particular. Nevertheless, the UN is in the process of developing a strategy for resilience in Syria so that it can draw on development funding to support basic services such as access to water and solid waste management. Some aid agencies are also having discussions about establishing a consortium to undertake resilience programming in Syria with development funding from the European Union. One of Sida's CSO partners indicated that Sida and other donors had expressed interest in supporting the initiative.

Sida has not explicitly supported longer-term efforts with its humanitarian assistance but is one of the few donors that has taken the step of elaborating a development strategy for Syria (DFID is another donor that has done so). It will start to implement this in 2016. The rationale for the strategy is the recognition by Sida and the MFA that the crisis is going to be protracted and that Sweden, as one of the larger government actors engaged in the region, needs to provide development as well as humanitarian assistance. Sida has been providing development funding for support to human rights and democracy inside Syria since the beginning of 2013 under the MENA strategy and, recognising that it would take some time to formulate the Syria strategy, the MFA stepped in to provide funding for stabilisation and for the World Bank to strengthen the capacity of municipalities in Jordan and Lebanon to cope with the refugees that they were hosting. Both Sida and the MFA recognised the importance of consolidating these development initiatives under an overall strategy and Sida submitted the strategy proposal to the government at the end of August.

The strategy aims to complement Sida's humanitarian assistance by supporting livelihoods and local municipal authorities to provide basic services (such as water, health

and education), in addition to continuing the human rights and democracy assistance. A UN interviewee suggested that Sida could lead the way for other donors that were considering providing development assistance to Jordan and Lebanon but were facing challenges with the designation of these countries as middle-income countries.

The approach of Sida's MENA unit is very positive because few donors have development departments that recognise the value of working with their humanitarian colleagues and building their development strategies on the foundation of humanitarian assistance. Having a humanitarian staff member embedded in the MENA unit has no doubt been helpful in ensuring collaboration and a shared context analysis for both the HCA and the Syria strategy. Also, at the end of 2013, the heads of the MENA and humanitarian units travelled to Lebanon and Turkey together, which helped to develop a shared understanding of the challenges. Furthermore, Sida has consulted its humanitarian partners in Turkey, Jordan and Lebanon (including partners from Syria that were able to travel to Lebanon) about the Syria strategy.

As highlighted during Sida's humanitarian field days in 2015, a shared context analysis between Sida's humanitarian and development staff members is a crucial first step in ensuring that development funding addresses longer-term needs in protracted crises such as Syria so that humanitarian funding can focus on more urgent needs.⁶³ Sida's humanitarian staff member worked particularly closely with the staff member working on the human rights and democracy programme to develop a shared context analysis for the HCA and for updates to colleagues in the MENA unit. This was useful because the human rights and democracy programme could utilise humanitarian maps and information on access while the humanitarian staff member could get a better understanding of local actors in Syria. This was a resource intensive process but the feeling was that it improved the chances of better programming and that, therefore, Sida should resource such interaction more systematically.

Sida has an existing development cooperation strategy for Turkey and has also made a concerted effort to include support for Syrian refugees that complements Sida's humanitarian assistance. This includes:

- Ensuring that the support that the Swedish Migration Board is providing to its counterpart in Turkey includes migration management for refugees.⁶⁴
- Incorporating assistance to Syrian refugees into the work of the Human Rights Foundation of Turkey, which helps victims of torture

⁶³ Sida has worked closely with the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC) to adapt the latter's resilience systems analysis for the Syria strategy, thereby combining humanitarian and development perspectives.

⁶⁴ This is important because, as a Sida travel report from March 2014 noted, humanitarian actors welcomed the transfer of responsibility for the Syria refugee response in Turkey to the General Directorate for Migration Management because it offered an opportunity to increase transparency, efficiency and targeting of those most in need of assistance.

- Having a strong focus on Syrian refugees in a new UNDP legal assistance programme for vulnerable people in Turkey
- Making provision for legal assistance to Syrian refugees in the new programme agreement with the Raoul Wallenberg Institute for human rights and humanitarian law.

In addition, the Embassy in Turkey had been in dialogue with the World Bank about financing a study that could help to trigger substantial development funding from the European Union.

Having staff members working on development cooperation at the Embassy but spending a proportion of their time on humanitarian issues has facilitated linkages. For the staff member based at the Jordan Embassy, it was helpful to have an overview of Sida's humanitarian engagement since civil society partners on the ground often make no distinction between their humanitarian and development work. It also made it easier to identify potential linkages between protection work by humanitarian agencies and under Sida's human rights and democracy portfolio.

While Sida has not used its humanitarian funding for programmes with a specific longer-term approach, a few of its partners, such as IFRC and UNICEF, have been building the capacity of local actors as a form of sustainability. IFRC has worked closely with SARC on information management, including the collection of gender- and age-disaggregated data, and logistics systems that enabled SARC to track delivery items.

Sida's focus on crosscutting issues also creates the opportunity for linking its humanitarian and development assistance. In Syria, Sida identified the possibility of links between the focus on protection and gender issues on the humanitarian side and work on women's rights and advocacy campaigns to reduce gender-based violence under the human rights and democracy programme on the development side.⁶⁵ There was a perception that Sida could have done more to foster links between the different organisations working on these issues but also a recognition that there was a degree of complementarity in the organisations working on these issues from their different perspectives. There was also a view that consolidating development efforts under the new strategy will make these linkages clearer. For example, the strategy emphasises support for capacity building that would include working on gender issues. This should enable Sida to work longer-term and go further than has been possible with humanitarian funding.

⁶⁵ Since it is up to individual staff members to identify synergies between Sida's humanitarian and development assistance, there was no evidence that there had been learning on this issue between the Turkey and Syria programmes. Rather, the identification of synergies on crosscutting issues in Syria had arisen due to the close working relationship between the humanitarian and human rights and democracy programme officers.

2.3.2 Support for innovative approaches

The operating environment within Syria is particularly challenging in terms of access and international agencies are reliant on local partners. As a result, there is a need for remote monitoring mechanisms and also innovative approaches to reaching affected populations in hard to reach areas. Although there is a feeling that humanitarian agencies as a whole had not been particularly innovative in Syria, UNRWA identified two programmes to which Sida has contributed as innovative. The first is its cash assistance programme, where the innovative component is the use of a money transfer company to ensure the programme's reach. The other was the development of self-learning materials to adapt to a context where students are often unable to attend school. A CSO partner noted using community mobilisation (i.e., groups of civilians to form a convoy) as an innovative way to ensure that medical assistance reached designated hospitals. This was because it has been risky to use technology, such as mobile or satellite phones with a Global Positioning System (GPS), since these can be used by armed actors to target facilities such as health centres for bombing. Although the use of technology in Syria has been limited, one CSO had used Facebook, videos and photos as part of its monitoring processes while local ERF partners have also used videos and photos shared through WhatsApp. A UN interviewee described how aid agencies had to find an alternative needs assessment methodology when the Syrian government prevented the MIRA from going ahead. This was a tool called governorate profiles that involved workshops in most of the governorates with participants drawn from the districts to spend one or two days providing information on the level of needs and priorities. Sida had been very supportive of this approach.

In Jordan and Lebanon, a CSO partner suggested that two programmes to which Sida was contributing, could be regarded as innovative. One involved supporting landlords to rehabilitate accommodation to Sphere standards in return for allowing refugees to live there rent free for an agreed period. This has been an innovative approach to shelter, adapting to the fact that most refugees are not in traditional camps and responding to the challenge of ensuring suitable accommodation for a very large number of refugees. It had the advantage of benefiting host communities as well as refugees (which has been important to avoid exacerbating tensions in Jordan and Lebanon) and also avoiding inflation in rent costs by making more accommodation available. Sida was one of the first donors to this programme, which enabled the CSO to demonstrate its success and then attract subsequent donors. The other project involved providing legal aid services to refugees in an emergency context rather than waiting for a more developmental environment. This complemented the shelter programme, leading to a comprehensive range of services for refugees.

Other Sida partners indicated that it had not provided specific financing for innovative approaches or prioritised the issue in discussions. For example, two UN partners identified developing innovative technological solutions in the neighbouring countries but they had not used Sida's funding for these because the funding was not sufficiently large. A CSO partner had developed a new commodity tracking system for assistance within Syria but this had been funded by other donors. Sida's humanitarian staff member in the field noted that she had not observed innovation as an aspect of partners' work during project site visits.

3 Conclusions

Sida's response to the Syria crisis has been well-managed and has added value both to Sweden's response and to the overall international humanitarian response, particularly by being a principled and flexible donor. Sweden has also been able to use field information to be strategic in advocating for issues critical for strengthening the humanitarian response – gender, protection and coordination. These achievements have been due to the commitment of staff working on humanitarian issues and interviewees were unanimous in their praise of the humanitarian staff member based in Stockholm, who was well-informed about field realities and partner strengths and weaknesses. However, Sida and Swedish government interviewees felt that it would have been possible to make greater use of Sweden's principled voice if Sida was better staffed.

There was great appreciation of Sida's contributions to the ERFs (both financial and in terms of engagement on the Advisory Boards) as well as its flexible funding to partners. However, there was a view amongst some partners that Sida's funding could be more predictable in order to reflect the fact that this is a protracted crisis. The situation of the refugees in neighbouring countries has stabilised to an extent but they will need continued assistance for some time to come.

Sida is also a leader in the donor community in preparing a development strategy for Syria and the region. The MENA unit's efforts to complement humanitarian assistance in Turkey and through the Syria strategy demonstrates significant creativity and flexibility in adapting development assistance to middle-income crisis contexts and supporting longer-term humanitarian outcomes in a protracted crisis. This is perhaps the most innovative aspect of Sida's response to the crisis. Once the Syria strategy has been approved by the government, it will be important to ensure continued close collaboration between humanitarian and development staff members to deliver complementarity at the level of programmes in the field.

Although there were a number of examples of Sida contributing to innovative approaches or programmes, this was because they were relevant responses to the crisis rather than because of their innovative nature, which had not been discussed with partners. Thus, Sida had not actively encouraged partners to be innovative or supported this aspect of their work specifically. This is understandable due to the scale of the crisis when simply responding to the huge level of needs across the region has been a challenge. Also, there were other priorities for strengthening the humanitarian response on which Sida focused, such as protection and coordination.

Where Sida partners could make improvements, e.g., on ensuring conflict sensitivity, strengthening national and local capacity and accountability to aid recipients, particularly in the neighbouring countries, these are challenges that go beyond Sida funding. However, moving forward, Sida could consider how to support partners on these thematic issues, perhaps through greater sharing of best practice and linkages between its support for methods organisations at global level and partners in the field.

Syria case study - Annex 1 - People interviewed

Name	Organisation
Amira Malik Miller	Sida
Rula Dajani	Embassy of Sweden in Jordan
Marie Wikstrom	Embassy of Sweden in Jordan
Anders Frankenberg	Head of MENA unit, Sida
Axel Nystrom	Formerly at the Embassy of Sweden in Turkey, currently in MENA unit, Stockholm
Fredrik Lee-Ohlsson	Formerly at Embassy of Sweden in Lebanon, currently in Swedish Mission in New York
Oscar Schlyter	Ministry for Foreign Affairs, Sweden
Louisa Medhurst	DFID
Philippe Royan	DFID
Matteo Paoltroni	ECHO
Youcef Hammache	ECHO
Raul Rosende	Deputy Regional Humanitarian Coordinator
Sarah Hilding	OCHA Syria
Amani Salah	Formerly Syria regional ERF manager, currently ERF Jordan manager
Violet Warnery	UNICEF
Peter Tubman	UNRWA
Emilie Chazelle	UNRWA
Ayman Gharaibeh	UNHCR
Åsa Jansson	Formerly IFRC Syria, currently at Swedish Red Cross
Carsten Hansen	Regional Director, NRC
Robert Beer	Whole of Syria Response Coordinator, NRC
Niamh Murnaghan	Lebanon Country Director, NRC
Dario Marlovic	Islamic Relief Sweden
Elmi Hussein	Islamic Relief Sweden
Alan Mosely	Deputy Director for Programmes, Lebanon, IRC
Vaness Vesnaver	Regional Programme Manager, IRC
Khusbu Patel	IRC
Laia Blanch	IRC
Charlotte Kjørup	Formerly Danish Refugee Council, currently at Danish Red Cross in Lebanon

Syria case study - Annex 2 - Documents reviewed

In addition to Sida travel reports and partner reports on Sida funding, the evaluation team reviewed the following documents:

ACAPS and UNHCR (2013) *A Vulnerability Analysis Framework for Syrian Refugees in Jordan: A review of UNHCR and partner vulnerability analysis approaches in health programming Zaatari camp and cash assistance in urban settings*. Available from:

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Mowjee, T. (2015) *Evaluation of the Strategy for Danish Humanitarian Action 2010-2015: Syria Response Case Study Report*. Ministry of Foreign Affairs of Denmark. Available from:

http://www.netpublikationer.dk/um/15_evaluation_2015_syria/Pdf/15_evaluation_2015_syria.pdf

OCHA (2014) *Syria Emergency Response Fund Annual Report 2014*. Available from:

https://docs.unocha.org/sites/dms/Documents/Syria%20ERF_Annual%20Report%202014.pdf

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<http://www.unocha.org/syria>

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OCHA (2015) *Updated Overview: 2015 Syria Response Plan and 2015-16 Regional Refugee and Resilience Plan*. Available from:

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Sida (2015) *Syria (including Iraq, Jordan, Lebanon and Turkey) Humanitarian Crisis Analysis*. Available from: <http://www.sida.se/globalassets/sida/sve/sa-arbetar-vi/humanitart-bistand/syria-including-iraq-jordan-lebanon-and-turkey---humanitarian-crises-analysis-2015.pdf>

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Slim, H. and L. Trombetta (2014) *Syria Crisis Common Context Analysis*. Co-ordinated Accountability and Lessons Learning (CALL) Initiative. IASC Inter-Agency Humanitarian Evaluations Steering Group, New York. Available from:

https://docs.unocha.org/sites/dms/Documents/Syria%20Crisis%20Common%20Context%20Analysis_June%202014.pdf

Stoianova, V. (2014) *ICVA's Review of NGOs' Experience with the Syria-Related Pooled Funds*. International Council of Voluntary Agencies. Available from: <http://www.alnap.org/resource/19580>

UNHCR (2014) *Syrian Refugee Response: Vulnerability Assessment of Syrian Refugees in Lebanon*. Available from: <http://reliefweb.int/sites/reliefweb.int/files/resources/LebanonInter-agencyUpdate-VASyR8August2014Final.pdf>

UNRWA (2014) *Evaluation of the Emergency Cash Assistance Component of the Syria Emergency Response Programme of UNRWA*. UNRWA Department of Internal Oversight Services. Available from: <http://www.alnap.org/resource/20672WFP>, UNHCR and UNICEF (2013) *Vulnerability Assessment of Syrian Refugees in Lebanon*. Available from: <https://data.unhcr.org/syrianrefugees/download.php>

Annex 10 – DRC Case Study

Evaluation of Sida's Humanitarian Assistance Case Study Report Democratic Republic of Congo

Final Report

October 2015

Langdon Greenhalgh
Sarah Gharbi

Indevelop Sweden AB

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Abbreviations and Acronyms

CHF	Common Humanitarian Fund
DRC	Democratic Republic of Congo
DRR	Disaster Risk Reduction
CRM	Complaints and Response Mechanism
DFID	Department for International Development
ECHO	EU Humanitarian Aid and Civil Protection Department
GBV	Gender Based Violence
GHD	Good Humanitarian Donorship
HCT	Humanitarian Country Team
IDP	Internally Displaced Person
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
UNDP	United Nations Development Programme
WASH	Water Sanitation Hygiene
RRM	Rapid Response Mechanism
RRMP	Rapid Response to Population Movements
ToR	Terms of Reference
UNICEF	United Nations Children's Fund

1 Introduction

1.1 BACKGROUND

This case study report is one of two case studies of the Evaluation of Sida's Humanitarian Assistance commissioned by Sida in April 2015. According to the Terms of Reference (ToR), the objective of the evaluation is to document the extent to which Sida has fulfilled the goals of its humanitarian assistance strategy 2011-2014. Discussions with the management at Sida's humanitarian unit and the MFA during the inception phase made it clear that the evaluation should focus on Sida's implementation of the strategy, identifying what is working well and where there are challenges.

Sida identified two case studies to assess Sida's humanitarian capacity and ability to implement the strategy at field level, one of them being the Democratic Republic of Congo (DRC) and the other the Syria crisis. The case study of the DRC entailed a visit to the country to consult partners and visit Sida-funded projects. The case study of Sida's humanitarian response to the Syria crisis is a desk review.

1.2 CASE STUDY CONTEXT

1.2.1 The Democratic Republic of Congo – a protracted and complex humanitarian crisis

The Democratic Republic of Congo is one of the world's longest standing humanitarian crises that is now entering its 23rd year. Most of the country's population suffers from a lack of access to basic services and very weak governmental institutions. The population is subject to widespread corruption, high levels of food insecurity, recurring epidemics, high levels of human rights violations and seemingly endless eruptions of violence in the Eastern provinces – including very high levels of gender based violence (GBV). The DRC was in 2013 ranked as number 186 on UNDP's Human Development Index despite its natural resources and economic potential.

In the North and South Kivu provinces, violence has continued despite the 2013 defeat of the M23 armed group. In the last few months, there have been attacks against both civilians and UN peacekeepers in North Kivu. The situation in the Katanga province has also deteriorated as of late, and the situation in Ituri, in the South of Province Orientale, also remains tense (ECHO 2014). There has also been some regional turmoil, as the South Kivu province has witnessed large groups of refugees from Burundi fleeing across the border.

As national elections are scheduled to be held in DRC in 2016, there has already been significant tension in the country as the current president, in power since 2001, is coming to the end of his second and last constitutional term. There is the risk that a

new crisis could emerge, which could have dire consequences for the whole sub-region. (Internal Crisis Group 2015)

The 2015 Humanitarian Implementation Plan for Democratic Republic of Congo and Great Lakes Region describes the most acute humanitarian needs as follows: *“In conflict-affected areas, widespread insecurity resulting in exposure of the population to exactions and the lack of access to basic services (quality health care, education, etc.) remain key problems. Food insecurity, the lack of access to water and sanitation, and the loss of shelters and non-food items caused by displacements frequently give rise to major humanitarian needs. On the other hand, the nutritional situation is more problematic in the neglected central areas of DRC compared to the regions affected by the conflict, and therefore benefitting from several years of presence and interventions by humanitarian organisations.”* (ECHO 2014)

Logistical challenges (i.e. the complete lack of infrastructure in most parts of the country), security constraints and cyclical population movements make the DRC a challenging and costly environment to work in for humanitarian actors. The country is effectively split in two with vast majority of the humanitarian activities taking place in the eastern part of the country (based from Goma) and the humanitarian coordination centre being in Kinshasa.

Further, there remain significant siloes in the DRC between the international humanitarian, development and stabilization efforts in the DRC. There are no clear results from the efforts made to connect these three siloes, with each operating within their own objectives and delivery modalities.

As recently as 2010-2011, DRC was at the top of the global funding allocation for humanitarian crises. In 2015, the Humanitarian Response Plan for the DRC requested USD\$692 million for humanitarian response activities. As a result of the increasing number of humanitarian crises globally and the perceived decrease of the needs in the DRC, as compared to the period 2008-2011, there has been a reduction of international humanitarian funds directed towards the DRC in the last few years, with contributions to the appeal dropping by 38% between 2013 and 2014, to a level of contribution of 47% in 2014 (see Figure 2 below). (Sida 2015b). In fact, Sida’s humanitarian funds to DRC have been cut by about 39% between 2011 and 2014 (Sida 2015c). The relative (to previous years) lack of focus on funding support to DRC combines with a current lack of clarity regarding from where, either humanitarian or development actors, resilience programming funding will be resourced. Without robust resilience based programming, humanitarian assistance is required year after year for what many would consider preventable needs thereby making the justification for humanitarian funding even more challenging.

Figure 1: Funds requested and received within UN Humanitarian Response Plan for DRC 2011-2014

	Revised requirements (USDm)	Funding (USDm)	Funding gap (USDm)	Annual % change in revised requirements	Annual % change in funding
2011	735.8	487.4	248.4		
2012	791.3	583.4	207.9	8%	20%
2013	892.6	629.4	263.3	13%	8%
2014	832.1	392.9	439.2	-7%	-38%

Source: UN OCHA FTS data.

Figure 2: Sida's contributions to the DRC crisis 2011-2014

	2011	2012	2013	2014
Contribution (MSEK)	267	259	199	176
Annual % change		-3%	-23%	-11%
Share of Sida's total contributions	9%	9%	7%	6%

Source: Sida internal funding allocation database.

1.2.2 Sida's Engagement

The overall objective of Swedish development cooperation in the DRC is to strengthen the conditions of poor people for sustainable peace and improved living conditions for poor people. 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

Sida's humanitarian funding to DRC is provided through three channels:

- The Rapid Response to Movements of Populations (RRMP) programme through UNICEF
- The Common Humanitarian Fund (CHF) and also known as the Pooled Fund
- Bilateral funding to Sida's partners

Sweden was the 4th largest humanitarian donor in 2014 to DRC (with 5.5 % of all contributions), behind only USAID (34 %), ECHO (19 %), and DFID (10 %) and followed by Canada (5.1 %). Sweden has been co-chairing the Good Humanitarian Donorship (GHD) forum with DFID for the last three years. Sweden is an active member of the Humanitarian Country Team (HCT) and a member of the CHF's advisory board, being the second largest donor to the CHF after DFID (Sida 2015c).

The total amount allocated by Sweden in 2014 was 176 MSEK. Sweden's Ministry of Foreign Affairs supports several multilateral organisations, like UNHCR, UNDP, and more specifically WFP (World Food Programme) in DRC with 4.4 MUS\$ to the protracted relief operation (Sida 2015c).

1.3 METHODOLOGY

Since it was not be feasible to address all of the 16 evaluation questions through the DRC case study, the evaluation team focused on the following evaluation topics that were best informed by country-level primary data collection:

- How Sida-funded activities have complemented and added value to the broader humanitarian response at the country level
- The extent to which partners target assistance to the most vulnerable
- Crosscutting issues (including participation of affected populations, gender, protection and local capacity building)
- The extent to which resilience and early recovery programming is integrated with Sida humanitarian assistance
- How Sida has supported coordination between humanitarian actors at country level
- Whether Sida has coordinated its efforts with those of other donors
- The extent to which Sida humanitarian programming is innovative.

The evaluation team began preparations for the DRC field visit from the end of May. Based on Sida's humanitarian funding and advice from Sida's humanitarian staff at the Embassy in Kinshasa, the team decided to travel to Kinshasa, Bukavu and Goma. The field visit took place between 20th and 31st July 2015. A team member consulted with key stakeholders (partners and other donors) in Kinshasa. In Bukavu and Goma, team members consulted with representatives of Sida partners from all levels in the organisations (from country directors to field officers). The team also visited one project site in Kabizo (in the Rutshuru territory) where they conducted a focus group with aid recipients. Solidarités International facilitated the project site visit and the intervention benefited from support from the RRMP.

1.3.1 Limitations

Due to limited time, security constraints and the logistical challenges of travelling in DRC, the team was only able to meet with one group of aid recipients. Several of Sida's partners proposed visits to project sites that would have required one to two days of travel, which was unrealistic to fit into the tight schedule for field work. This was partially compensated by the fact that the team met with field officers within Sida partner organisations and not only with top-level management staff. Further, the DRC evaluation work took place during the summer when many expatriate staff were on holidays away from the DRC making some face-to-face interviews with key stakeholders impossible. To the extent possible, the evaluation team conducted remote interviews via phone or asked that stakeholders submit written responses to the evaluation questions ensuring that the input from key persons not available at the time in DRC was still incorporated.

2 Findings

2.1 SIDA VALUE-ADDED

There is widespread appreciation and respect for the significant contributions Sida consistently brings to the on-going humanitarian crisis in the DRC. Sida is viewed as a positive and influential donor in the DRC that is a consistent and strong voice within the humanitarian community. Sida consistently ‘punches above its weight’ in the DRC as it shares a high position within the donor community at the same level of influence as many larger donors (in terms of annual monetary contributions). As such, despite the challenges inherent in working in the DRC, Sida is a net positive value add to the humanitarian response in the DRC.

Yet, as with the rest of the humanitarian community, Sida is challenged by the annual cycle of humanitarian interventions required to respond to this chronic crisis. While addressing the root cause of the conflict is beyond Sida’s particular mission as a humanitarian actor, Sida bears a part of the burden related to addressing the annual humanitarian issues that persist as the conflict continues unabated year after year. As a humanitarian actor, Sida is dependent on entities in the stabilisation and development communities to foster the changes needed that would bring about some economic and social stability to the region, thus enabling an environment that would finally result in fewer humanitarian needs. As funding levels and global interest wane the longer the conflict goes on, Sida faces an increasingly difficult position of being a key humanitarian donor in DRC, though with diminishing resources.

2.1.1 Challenges with a needs-based funding approach

Sida advocates for a needs-based approach to funding and humanitarian assistance in DRC. Yet, it is widely believed that there are more needs than can adequately be addressed in the DRC. The lack of consistent and reliable data⁶⁶ that can assist in prioritizing response makes it even more challenging to target needs-based programming.⁶⁷ Without a clear country level understanding of the needs, Sida (and the entire hu-

⁶⁶ Reliable data can be particularly challenging to collect related to IDPs in the DRC. Responsibility for data collection related to IDPs may not always be as clear with refugees where for example UNHCR would have clear responsibility within the international humanitarian community for data collection and management.

⁶⁷ DfID DRC Humanitarian Strategy: “There are significant challenges in accessing reliable data in DRC, but the information that is available highlights the burden imposed on the population as a result of lack access to basic services, markets or meaningful income generating opportunities.”

manitarian community) prioritize needs as best possible given the information available. The lack of more precise data hinders both effective needs-based targeting and the justification for donor resourcing.

Further, most of the more acute humanitarian needs are in the eastern part of the DRC where the majority of humanitarian agency programming is located. Multiple stakeholders raised concerns that important needs in other areas of the country do not receive the same level of attention as those areas in the east where there is the highest concentration of humanitarian agencies. For example, other regions of DRC experience high levels of vulnerability that exceed emergency thresholds (Humanitarian Practice Network 2008). Yet these emergency level needs in non-eastern locations that are often reoccurring and linked to development programming challenges can be overlooked when most of the humanitarian community is based and focused on the east. Thus, the needs in one part of the country (the east) are heard more clearly than in other parts of DRC. This is not to suggest that the needs in eastern DRC are not highly justifiable, indeed there are very real and critical needs that Sida and the humanitarian community are addressing. However, there is a persistent challenge in prioritizing needs, particularly given the lack of reliable data, both in the conflict affected areas in the east and in non-conflict affected regions.

2.1.2 Promotion of Humanitarian Principles

Sida is widely viewed by key stakeholders in DRC as being a more independent, neutral and principles-based donor that is less swayed by political influences. In the DRC context, where political complexities can be pervasive and inhibiting, Sida is appreciated as a donor that is less political and more focused on better humanitarian programming. This legitimizes Sida as a key donor in the DRC that goes beyond the offering of substantive financial support to partners. However, there is limited evidence that Sida's position of being a principles-based donor (particularly with respect to independence and neutrality) is used to effectively address humanitarian issues of concern to Sida and its partners when working in a complex conflict situation. Questions were raised at multiple levels regarding the extent to which Sida could use its unique position to be an even more effective advocate on particular issues of importance to Sida and the humanitarian community; particularly related to the intersection between stabilisation and humanitarian operations.

2.1.3 Coordination

Sida is a key humanitarian actor and coordination partner within the humanitarian community in the DRC. Sida has good working relationship with the international humanitarian community (partners, UN agencies and other donors) particularly at the Kinshasa level where the majority of country-level DRC humanitarian coordination is

focused. Sida currently represents the donor community as a part of the Humanitarian Country Team (HCT) and with the Good Humanitarian Donor group in DRC⁶⁸. While Sida's co-chair position on the GHD will soon transition to another donor, it has used its time to support more effective humanitarian coordination particular related to donor, HCT and INGO coordination. Further, Sida is providing approximately 50% of the funding allocated for a new INGO coordination platform in DRC. This new platform was requested by the INGOs so that their voice would be stronger within the UN-led HCT structure and overall humanitarian architecture in DRC.⁶⁹

Maintaining good working relationships and ensuring regular visits to the field assists Sida with maintaining a good contextual understanding of the changing political and operational complexities and dynamics in the DRC. Sida participates in the DRC HCT annual contextual analysis where the humanitarian leadership come together to understand the changing dynamics of the crisis. Evidence from the Sida humanitarian country analysis, which is quite comprehensive⁷⁰, supports this evaluation's understanding that in the DRC the Sida contextual analysis is sufficient.

However, questions were raised as to the extent to which Sida could further influence and advocate within coordinating bodies (particularly the HCT and GHD) to proactively address long-standing issues that are a challenge to effective humanitarian programming in DRC. One such topic is the disconnect between humanitarian and development programming, which Sida has taken a leadership role in addressing - though substantive progress on this long-standing challenge is difficult to assess. Other topics such as ineffective stabilization efforts, despite more than two decades of presence, are not addressed by Sida.

2.1.3 Rapid, Flexible and Predictable Funding

In the DRC, there exist two primary mechanisms through which Sida humanitarian assistance is provided: a) The "Réponse Rapide aux Mouvements de Population" (RRMP) and b) The Common Humanitarian Fund (or 'Pooled Fund'). UNICEF and OCHA administer the RRMP while OCHA manages the Pooled Fund (with administrative support from UNDP). Both the RRMP and the Pooled Fund provide a value-added contribution to addressing humanitarian needs in DRC. The RRMP is particularly effective in supporting timely response to rapid onset emergencies. The Pooled

⁶⁸ DRC is one of several countries globally where the GHD has sought to operationalize its platform at the field level.

⁶⁹ The INGO platform was also designed to mitigate administrative challenges faced by many INGOs working in DRC.

⁷⁰ The Sida humanitarian country analysis includes assessment reports, links with the HAP and justifications for the allocation of funding.

Fund is generally considered to be slower in terms of the allocation of funding to partners when new humanitarian crises emerge in DRC. Pooled Fund donations are arriving later and later on an annual basis, often taking 5-6 months to be transferred.

The Pooled Fund is deemed by Sida to be a valuable tool for Sida's humanitarian assistance strategy and portfolio in DRC. The Pooled Fund allows Sida to provide support to a wide range of organisations (including national organisations) and crisis affected areas. There is a significant Pooled Fund team in DRC that provides Sida with support in allocating and tracking these resources that may not ever be possible with only one Sida humanitarian officer in country. Sida is a critical donor to the Pooled Fund having provided over 16% of the total funding to the Pooled Fund since 2006⁷¹. There remain concerns regarding the long-term viability of the Pooled Fund, particularly without Sida support, and also concerns regarding the slow speed of the Pooled Fund for some humanitarian programming. The Pooled Fund is highly reliant on two donors, Sida and DfID, for its funding and with fewer donors contributing to the Pooled Fund now as compared to the past, an even greater level of reliance on Sida (and DfID) funding is created.

Additional Sida humanitarian funding is provided on a bilateral basis to several key partners as well (primarily through the Sida Rapid Response Mechanism or RRM that is used as a part of framework agreements with pre-vetted Sida partners). The RRM is deemed to provide rapid and flexible funding in DRC. Funding can be allocated within a 48-hour period, which is more rapid than most other donors. Thus, with respect to the RRM, Sida funding can be considered responsive to the changing conditions and requirements in DRC.

In terms of flexibility, Sida is generally considered quite a flexible donor in DRC. Sida negotiates with partners to shift funding (either to different programmes or to alternative areas of geographic focus). Funds allocated in one year that are not used can be shifted to the subsequent year. These shifts can be made based on a revised situational analysis, discussion between Sida and the partner and a brief document explaining why the change is needed. Further, Sida does not usually request reimbursement for unused funds, and does not ask that unused assets be sold and the value returned to Sida. As compared to other donors, where this type of flexibility is not possible, Sida stands out as being relatively flexible in its funding and support to partners in DRC.

⁷¹ Sida CHF Assessment Memo June 2015. Since 2006, the CHF received 882.7 million USD in contributions from 11 different donors, including Sweden which provided 144 million USD. DfID provided the CHF with contributions of 447.9 million USD since 2006, or over 50% of the funding for the CHF.

Regarding predictability, most Sida partners (particularly those operating within framework agreements) in the DRC understand that they will be a Sida partner in the future but they are not always clear in terms of what level of funding they may expect on an annual basis from Sida.

2.2 CROSS-CUTTING ISSUES

Sida incorporates several crosscutting issues of importance that the evaluation team examined as a part of the DRC case study. In general, the evaluation team found that, in principle, there is widespread buy-in and support for the mainstreaming of these cross-cutting issues amongst its partners. However, this could not necessarily be attributed to Sida's influence or prioritisation of these cross-cutting issues. Instead, the evaluation team found that these are mostly issues that Sida's partners have integrated as a part of their regular programming's best practice. Further, the extent to which Sida's partners translate their support in principle to promoting these cross-cutting issues into practice varies significantly according to the partner organisation and cross-cutting issue. Each of these cross-cutting issues, of particular importance to Sida, is discussed further below.

2.2.1 Gender

Sida is a vocal and visible proponent of gender considerations in DRC. Many stakeholders recognise the contribution that Sida consistently makes in ensuring that gender is a topic of focus within the HCT. Sida funded programmes specifically advocate and support gender mainstreaming and address gender issues. For example, in some projects female heads of households are asked to collect food assistance, and in other project consultations with women groups are meant to take place at a time and place that is safe and convenient for them. For some partners it was noted that the emphasis on gender from the Stockholm level had influenced their own headquarters and thus been pushed to the partner field level as well.

Most Sida partners emphasise gender issues. Some are more advanced in their ability to deliver gender sensitive and balanced programming than others. Some partners, such as NRC are very focused in the gender analysis. Other significant partners are less focused on gender, incorporate gender as only one of the many considerations related to their programming actions, and they do not report on gender as a major area of work. A recent evaluation of the Pooled Fund did note that projects tended to be gender sensitive in designing activities but failed to use gender analysis in needs assessments or in designing project outputs or results (OCHA 2015).

In terms of partners, UN agencies and donor representation, it is worthwhile noting

that of the current 18 members of the HCT only one representative is female. MONUSCO representation at the leadership levels is similarly heavily reliant on senior male staff.⁷² This suggests that while partner programming attempts to incorporate gender considerations, that these same considerations are not always taken into account with respect to the gender balance on key leadership and coordination teams relevant to the humanitarian response in DRC.

2.2.2 Protection

Protection of particularly vulnerable groups is a key programmatic area of work for most Sida humanitarian partners in the DRC. In many ways, the crisis in the DRC is a crisis of protecting specific populations from the on-going conflicts that erupt throughout the eastern part of the country and the persistent failure of basic social services⁷³. Protection is a fundamental programming goal that is supported by Sida and imbedded in most partner programmes in one way or another. The type of protection programming and effectiveness of protection programming varies from partner to partner but all Sida partners recognise and appreciate the importance of protection programming in the DRC context. Sida partners engage in a wide range of protection programming aimed at ensuring that individuals are aware of their rights, advocacy for communities, facilitation of access and community action. However, this protection work cannot necessarily be primarily attributed to Sida's emphasis or direction, but instead is considered an accepted component of good programming by partners in DRC.

Further, the effectiveness and quality of protection programming in DRC (by Sida, its partners and other humanitarian agencies) can be questioned. Stakeholders cited a drop in protection mainstreaming in DRC from 2010 to 2014. Some specific vulnerable groups (elderly, disabled people, ethnic groups such as pygmies) are not always protected to the extent needed.

Gender Based Violence (GBV) – GBV is widely recognized as a massive issue in DRC. While there is widespread support, including by Sida, to try and address GBV, there are real practical challenges related to actually preventing GBV through international humanitarian GBV programming. Sida GBV specific programming has been successful in some targeted instances, while often facing challenges in the identification of partners with the required capacity and expertise to manage these particularly sensitive programmes. For example, Sida previously identified a GBV focused part-

⁷² All of the 5 top leadership positions listed on the MONUSCO website were men.

⁷³ Sida Assessment Memo 2015: "What is called humanitarian action in DRC is in fact largely social protection compensating failing delivery of basic social services due to the inability of the State in providing them to the population."

ner and program in North Kivu to specifically support with the treatment of GBV patients. This was a unique initiative that addressed a very specific need but that was suspended due to capacity challenges related to the Sida partner. Thus, only a limited number of reliable partners exist in DRC through which Sida is comfortable channeling its financial support for GBV programming.

Collection of Sex and Age Disaggregated Data – Most Sida partners have existing processes and systems in place to collect this data to the extent possible⁷⁴. In general, the collection of sex and age disaggregated data is highly variable but more consistent with respect to health and nutrition focused programming when individual beneficiaries are registered as a part of the programme service delivery. Non-Food Item (NFI) distributions and community level WASH programming does not consistently collect sex and age disaggregated data, instead often obtaining this data only at the head of household level (not for each individual family member).

2.2.3 Strengthening National and Local Capacity

Sida cannot and does not directly support national or local organisations in DRC (or globally). Thus, Sida is reliant upon its partners to strengthen national and local capacity. In DRC Sida is particularly reliant upon the Pooled Fund to provide funding support to national organisations⁷⁵. While this is useful mechanism for Sida to allocate financial support to a wide range of national organisations, there is little Sida oversight of those organisations' programming and thus direct input into the level of support national or local organisations receive in terms of strengthened capacity building from the Pooled Fund.

Otherwise, many Sida's partners rely upon national and local partner capacity to deliver services. In the case of INGOs, they identify specific local institutions to assist with delivering specific services. The Red Cross and Red Crescent Movement seeks to work through the Congolese Red Cross. UN agencies usually move their funding to INGO partners or work in support of the government's local institutions. Each of these partners have their own methods and processes related to capacity building of their national or local partners. The extent to which these capacity building efforts are successful or not could not be determined based on the reporting and information available at the time of this case study. However, it is clear that over the many years of this humanitarian crisis a generation of Congolese humanitarian workers with significant experience gained through working with UN agencies, the Red Cross and

⁷⁴ Sida Assessment Memo 2015: "The reality tell that in conducting needs assessments, humanitarian actors still do not manage to disaggregate data along sex and age, as required."

⁷⁵ In 2014, CHF supported 19 different national organizations.

INGOs have established themselves in the DRC and globally (particularly in response to humanitarian crises in other francophone countries).

In general, there are significant national capacity challenges in the DRC⁷⁶. Years of inadequate educational investment (at the primary, secondary, university and post-graduate levels), poor employment opportunities, weak (and often inexistent) public and private sectors have depleted the national and local capacity in DRC. Indeed, addressing these issues are critical national and development failures that hinder effective humanitarian programming in DRC. Without a highly capable workforce to draw from for employment, it is more difficult for Sida's humanitarian partners to identify and capacitate national partners and their staff.

2.2.4 Accountability to and Participation of Aid Recipients

There is some evidence to suggest that affected populations participate in the design and delivery of Sida partner interventions. Requirements from Sida regarding the participation of affected populations are quite clear and there are good intentions on the part of partners to meet those requirements. Sida partners do maintain procedures and processes to ensure that this takes place and there is awareness as to the importance of this component for effective humanitarian programming. When visiting an RRMP target community in Kabizo, Rutshuru, the evaluation team had the opportunity to meet with affected community representatives who had been recently displaced by the conflict. They confirmed through our focus group discussion that indeed they had been consulted prior to, during and subsequent to the intervention taking place.

However, the reality of working in DRC presents many challenges related to meaningful participation of affected populations. Issues with access to affected populations due to security constraints and geography persist making minimizing the time available to meaningfully engage affected communities. Different partners have different definitions and levels of rigor regarding meaningful participation of affected populations. Thus, Sida partners face challenges in ensuring that in all cases, mechanisms and tools⁷⁷ for ensuring participation are integrated into their programming. As an example, key Sida tools such as the CHF do not yet incorporate a complaint mechanism.

⁷⁶ Sida Assessment Memo June 2015: "DRC have been requiring continuously external humanitarian assistance since 1994 amounting to 10 billion of USD, though without building the necessary local capacities ..."

⁷⁷ For example, there is an accountability framework within the RRMP.

2.2.5 Risk Management

Sida has recently shown evidence of a higher level of donor accountability and risk management related to partner performance in DRC. Specifically, in 2013-14, Sida identified and held partners accountable for suspected malfeasance by their national partner organizations in the DRC. An external entity⁷⁸ was identified to conduct a verification and risk management study that identified ways in which donor accountability risks could be reduced. This led to several key Sida partners strengthening their systems and processes related to funding accountability, and one organisation being suspended as a Sida partner in DRC because that organization could not assure Sida of adequate risk management by its national partner organization. In the case of the pooled fund, Sida worked with its partners (particularly UNOCHA) to strengthen their risk management systems in lieu of simply cutting funding which was found by some to be constructive and supportive.

2.3 RESILIENCE AND INNOVATION

Resilience programming is viewed by some as a relatively new and innovative way in which to define and advance more effective assistance in DRC. The extent to which resilience programming is new or innovative is debatable, with some suggesting that this new catchword (Christoplos 2014) is a re-packaging of past terminology and practices to meet the current ‘fashion’ of today. However, there is momentum building around the resilience concept as a way in which to organize and direct more effective humanitarian and development assistance in DRC. How this platform also incorporates the critical stabilization component within DRC remains to be seen.

2.3.1 Resilience (Transition, DRR, Recovery and Rehabilitation)

Defining and advancing resilience work in the DRC is a significant challenge. There is a lack of consensus within the donor and wider humanitarian and development communities in the DRC as to what resilience (or early recovery, transition, DRR) means in the DRC context. Resilience can be seen as both a new perspective on development and as a problematic new concept (Christoplos 2014). Not all donors or partners agree that resilience building is viable or relevant in the DRC. The HCT, as a representative body of the humanitarian community, is divided as to if a focus on resilience is indeed the best approach to take at this time.

Sida has proactively stepped into this challenging area of work and is supporting efforts aimed at strengthening communities’ resilience to withstand shocks from macro or micro crises. Sida recognizes that a different approach to humanitarian (and devel-

⁷⁸ In 2014 PriceWaterhouseCoopers conducted a verification study that evaluated the relevance and efficiency of Sida partner risk management systems.

opment) programming is needed in the DRC and believes that a resilience based approach may be a more effective way to address the hereto inability to fundamentally improve the global humanitarian situation in DRC that has persisted for two decades. It remains to be seen if these efforts will result in improved programming, but the potential and need is widely recognized regardless of the pessimism surrounding the ability of this effort to deliver.

In some cases, such as with the Pooled Fund⁷⁹, decreased humanitarian funding has resulted in the need to try and tap into development funding. Increasingly there is the hope on the part of Sida and other supporters of the Pooled Fund that the resilience concept is a potential avenue through which to attract additional resourcing that is less and less available from the humanitarian donor community, but may be available from the development community, if connected with resilience based programming.

2.3.2 Innovation

There is limited evidence from the DRC to suggest that Sida is influencing or advancing innovative humanitarian programming. Most partners no longer consider cash programming and the use of mobile technology as particularly innovative given that these methods are now integrated as standard practice into many different programmes. In the past there was funding available for more innovative programming and DRC was even considered as a good place to test new humanitarian innovations given more consistent programming cycles. However, there appear to be fewer opportunities for these types of innovative programmes, primarily due to funding constraints (which can also make programming cycles less predictable). However, the evaluation team did identify the ‘Mobile Vulnerability Analysis and Mapping’ (mVAM) project⁸⁰ supported by Sida, financed through the Humanitarian Innovation Fund (HIF) and implemented through the World Food Programme in DRC, as an example of a new type of mobile technology that is innovative and potentially scalable. This work suggest that Sida remains supportive of the introduction of innovative practices to the DRC humanitarian context and beyond.

⁷⁹ CHF funding (both in terms of total funding and the number of donors contributing to the CHF) has consistently been in decline since 2011. In the past the CHF covered approximately 20% of the projected needs in DRC while now it is only covering approximately 10% of the needs.

⁸⁰ The mVAM project provides for the used of mobile voice technology for the collection of household food security data. Data collected through voice feeds into established information systems by providing additional, real time data for humanitarian decision making. It allows for a more precise understanding of time and cost-efficiency of voice data collection relative to existing face-to-face methods of collecting data. <http://www.elrha.org/map-location/mvam-piloting-mobile-voice-technology-household-food-security-data-collection/>

3 Conclusions

3.1 SIDA VALUE-ADDED

In the DRC, Sida offers a high level of value-added to the humanitarian response and humanitarian community. Sida is an active contributor both in terms of funding and human technical competency (through its in-country humanitarian programming representative). As a result, Sida is respected for its role and contributions within the humanitarian community.

Sida is viewed by stakeholders as taking a principled approach, particularly related to avoiding political based programming and remaining as independent as possible. Being viewed as a principled donor places Sida in a unique position in DRC through which it can play a leadership role in the humanitarian community and beyond. The extent to which Sida effectively utilises this unique position to address long-standing challenges in the DRC (such as the disconnect between the humanitarian, development and stabilization communities) is questioned.

Sida attempts to prioritise programming based on needs; however the lack of reliable data for targeting makes this a significant challenge for Sida (and other humanitarian donors in DRC). Sida's active leadership role and support to the key humanitarian coordination mechanisms in the DRC mitigates this challenge and Sida is able to tri-angulate information from a range of humanitarian actors, ensuring that Sida programming is as well informed and targeted as possible given the context. Through the CHF and the RRMP, Sida is able to support many of the key international (and some national through the CHF) humanitarian agencies providing humanitarian services in Eastern DRC. Sida's work in the DRC is generally considered as being rapid (through the RRMP in particular), flexible (in terms of Sida working with its partners to adjust programming as needed) and relatively predictable (at least in terms of key partners knowing they will receive some funding – even if they may not know how much they will receive on an annual basis). Sida is a staunch supporter of both of these mechanisms making Sida an invaluable partner to the agencies that rely upon those mechanisms for support.

3.2 CROSS-CUTTING ISSUES

In the DRC, Sida's partners are incorporating cross-cutting issues of importance to Sida into their programming. However, there is no direct causal link to suggest that Sida is the reason that these cross-cutting issues are incorporated. Instead, Sida is likely reinforcing and helping to ensure that their partners maintain a focus on some cross-cutting issues (particular gender). Thus, while cross-cutting issues such as gender, protection, GBV and participation of affected populations will always be key areas of work, most Sida's partners take their work in these cross-cutting areas seriously and attempt (with varying levels of success) to address them as appropriate. The extent to which this actually translates into stronger humanitarian programming was

not possible to determine and likely varies according to the type of programming being delivered and the context. In DRC, Sida does not place a great deal of emphasis on capacity building of national entities with the only way in which it can directly support national partners being through the CHF. Finally, risk management is an area where Sida has shown an increasing desire to hold its partners to a higher level of accountability. Sida identified partners where malfeasance was a challenge and either suspended their funding or worked with them to adopt more robust risk management practices.

3.3 RESILIENCE AND INNOVATION

In DRC, Sida is one of the leading donors (along with DfID) promoting resilience programming. While this may be partially a coping mechanism to adjust to the decrease in humanitarian funding (and thus an attempt to attract additional development funding particularly as related to the CHF), Sida is taking a leading role in putting the resilience concept at the forefront of the humanitarian community. Given that this initiative is still at this nascent stage, there are limited concrete advances related to this initiative and a lack of consensus within the humanitarian community as to what the resilience agenda is and if it should be actively supported. As such, Sida and other advocates of the resilience agenda face a significant challenge in advancing this work.

Regarding innovation there is limited evidence to suggest that the programming Sida is supporting is particularly innovative (particularly if innovations related to cash programming and mobile technology are no longer considered innovative by partners). However, Sida does maintain a continued interest and level of support to very targeted innovative programmes in DRC (such as the mVAM).

DRC case study - Annex 1 - People interviewed

Name	Organisation	Title	Location
Adolphe Baduda	Oxfam	Team Leader	Bukavu
Denise Holland	NRC	Area Manager	Bukavu
Georges Bwema Kingi	NRC	Senior Project Officer	Bukavu
Basimise Rukabu	NRC	Field Coordinator	Bukavu
Angelina Abedi	NRC	Field Officer	On the phone
Annabelle Vasseur	ECHO	Technical Assistant	Bukavu
Arsène Azandossessi	UNICEF	Head of Office	Bukavu
Adelard Mahamba	UNICEF	Emergency WASH Officer	Bukavu
Felix Mongakilele	UNICEF	Child Protection Officer	Bukavu
Neville Mudekereza	UNICEF	WASH advisor	Bukavu
Mikael Amar	NRC	Country Director	Goma
Benoît Poirier	NRC	Area Manager	Goma
Julie Raphanel	Solidarités International	Monitoring and Evaluation Coordinator	Goma
Eleophas Mbonzo	Solidarités International	Programme Manager	Goma
Gracia Kambale Bahwere	Oxfam	Protection Advisor	Goma
Pascal Gatanazi	Community Representative	Secrétaire du Comité des déplacés	Kabizo
Mpoze Moise	Community Representative	Secrétaire Adjoint des déplacés	Kabizo
Cyprien Rwalinda	Community Representative	Président Société Civile et Président du Site de Déplacés	Kabizo
Irakunda Serngendo	Community Representative	Chargée de la Propreté	Kabizo
Kubwayo Ndatuje	Community Representative	Chargée de la Propreté.	Kabizo
Steven Michel	UNICEF	Emergency Specialist	Goma
Heuriette Chigotto	UNICEF	Emergency Officer	Goma
Gabriela Erba	UNICEF	Monitoring Specialist	Goma
Thierry Lembandi	UNICEF	Emergency Specialist	Goma
Diallo Boubacar	Save the Children	RMP Field Coordinator	Goma
Francois Landiech	Sida	Chargé de Programmes Humanitaires	Kinshasa
Silvien Auerbach	MSF	Chef de Mission	Kinshasa
Alessandra Manegon	ICRC	Head of Delegation	Kinshasa

Stefano Severe	UNHCR	Humanitarian Coordinator	Kinshasa
Joanna Trevor	Oxfam	Head of Office	Kinshasa
Joseph Inganji	OCHA	Head of Office	Kinshasa
Metsi Makhetha	OCHA	Programme Officer	Kinshasa
Oumar M'Barack	USAID	Senior Programme Officer	Kinshasa
Jeff Titlton	USAID	Programme Officer	Kinshasa
Theresia Lyshoj-Landiech	Swedish Red Cross	Country Representative	Kinshasa
Anna Guittet	Sida	Representative	Khartoum, Sudan

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Evaluation of Sida's Humanitarian Assistance

Sida commissioned this evaluation to examine its implementation of the goals and perspective in its humanitarian strategy from 2011-2014, identifying what is working well and challenges. The evaluation concluded that Sida is a leading humanitarian donor, not only in terms of financial resources but also in implementing the Good Humanitarian Donorship principles and strengthening the humanitarian system. Sida's high level of achievement has raised expectations amongst partners and its own staff of continued progress, despite resource constraints. In particular, Sida could consolidate gains made through different initiatives on crosscutting and thematic issues, basing its funding on objective criteria, and strengthening partnerships, for example by linking partner performance to funding decisions.

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Address: SE-105 25 Stockholm, Sweden. Office: Valhallavägen 199, Stockholm

Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64

E-mail: info@sida.se. Homepage: <http://www.sida.se>

