EVALUATION OF DG ECHOs INTERVENTIONS IN THE OCCUPIED PALESTINIAN TERRITORY AND LEBANON

09 March 2012

JOHN WILDING, FOOD ASSISTANCE, SHELTER, WATER AND SANITATION, TEAM LEADER

KATE BURTON, PROTECTION

ANNINA MATTSSON, HEALTH

MARTINE VAN DE VELDE, QUALITY ASSURANCE

COST OF THE REPORT IN €97196 WHICH REPRESENTS 0.0232% OF THE TOTAL AMOUNT UNDER EVALUATION

ECHO/ADM/BUD/2011/01206

The report has been financed by and produced at the request of the European Commission. The comments contained herein reflect the opinions of the consultant only.
# Table of Contents

1. Introduction .............................................................................................................. 3

2. Background ............................................................................................................... 4

3. Intervention strategy *(strategic, programmatic and operational)* ......................... 5

4. Performance according to sector by DAC criteria *(relevance, effectiveness, efficiency, impact, sustainability)*
   4.1 Humanitarian Food Assistance (HFA) ................................................................. 9
   4.2 Protection ............................................................................................................. 13
   4.3 Water, Sanitation and Hygiene ......................................................................... 20
   4.4 Shelter ............................................................................................................... 22
   4.5 Health, Mental Health and Psychosocial Services and support to the Disabled ................................................................................................................................. 24

5. Connectedness and Coherence ................................................................................ 30

6. Coverage .................................................................................................................. 30

7. LRRD ....................................................................................................................... 31

8. Findings according to Relevant Evaluation Questions ......................................... 33

9. Conclusions and recommendations ....................................................................... 40
1. Introduction

24. DG ECHO has commissioned Channel Research to carry out an Evaluation of DG ECHO's interventions in the occupied Palestinian territory and Lebanon between 2006 and 2011.

25. According to the Term of Reference (ToR) for this evaluation, DG ECHO wishes to assess the ‘effectiveness, appropriateness and relevance of its interventions and strategy in the region’. The specific objectives of the evaluation were outlined in the approved Inception Note to be the following:

- To provide lessons learning and accountability in view of improving the performance of ECHO's future strategies in the oPt and Lebanon;
- To identify possible LRRD strategies, to identify and recommend issues for defining ECHO’s multi-sectoral strategy and for improving the effectiveness of future operations in addressing humanitarian needs of the Palestinian people; and
- To identify what, if any, other sectors of intervention could have been or should be addressed by ECHO.

26. The sectors to be addressed by this evaluation include, for both the oPt and Lebanon:
- Humanitarian Food Assistance (HFA)
- Protection
- WATSAN
- Health
- Shelter
- Psychosocial support

27. Due to time limitations and the relative importance of the various sectors in terms of funding, it was agreed in the Inception Note that the two key areas to be focused upon were **Humanitarian Food Assistance** and **Protection**. The other sectors are covered in less detail.

28. The evaluation included a review of documentation and interviews which allowed for elaboration of an Inception Note. This was followed by visits to the occupied Palestinian Territory from 11 October to 23 October, and Lebanon from 23 October to 1 November. Just under 80 interviews were conducted with DG ECHO staff, partner staff and other stakeholders. Only a limited number of beneficiaries were met in each country. Contrary to plans, the evaluation team was not able to visit the Gaza Strip due to non-issue of permits by the responsible authorities. Interviews with staff based in Gaza were therefore conducted by telephone or in Jerusalem.

29. Debriefings were held with DG ECHO in Jerusalem and in Beirut, in addition to a debriefing with the Regional Support Office in Amman. This Draft Report was presented and discussed in Brussels in early February 2012.

30. The Team refers to the Terms of Reference for this evaluation included in Annex A. for a full background and aims of the evaluation.
2. Background

31. The Israeli occupation and ongoing conflict between Israelis and Palestinians that have persisted for decades, affect the entire region and continue with no apparent end in sight. The dilemma facing the Palestinians induces, on the one hand, a slow degradation of quality of life and, on the other, a series of sporadic destruction of life and property. These have devastating implications on the lives and livelihoods of the Palestinian people.

32. OCHA characterises the situation in occupied Palestinian territory (oPt) as a "crisis of human dignity", where the Palestinian population of over 4 million is denied access to fundamental human rights such as freedom of movement, protection of family life and access to adequate housing, health care, employment and services. The situation is similar and often more dire for the approximately 400 000 Palestinian refugees crammed inside Lebanon's twelve overcrowded refugee camps and 42 ‘unofficial gatherings’. In the case of the sporadic effects of incursions or bombardments, the consequences for the civilian population range from physical injury and loss of life to destruction of homes, property and livelihoods, forced displacement and psychological damage. Other factors include rising global food prices (which have an adverse effect due to high dependence on imported food) and harsh cyclical climatic conditions which, coupled with limited freedom of movement, lead to significantly reduced agricultural and pastoral activities for Palestinian herders and farmers in the West Bank.

33. Humanitarian assistance to tackle these effects has continued over time but levels of support rise and fall with the outbreaks of violent crises. The outbreak of the second Intifada in 2000 marked a shift in the aid response from longer-term development assistance to emergency relief and, since then, the oPt remains among the top recipients of aid globally. Donors proved quick to respond to eruptions of violence in the oPt and Lebanon in 2006, 2007 and 2009. During 2009, the year following Operation Cast Lead over Gaza, the oPt received a total of US$ 3.1 billion in aid out of which US$ 1.2 billion was for humanitarian assistance. The 2010 CAP budget request was over US$ 664 million, while for 2011 the figure is over US$ 585 million.

34. In the absence of protection by the legal duty-bearers, for the Palestinian population in oPt and Lebanon, the humanitarian community has always played a crucial role in ensuring them a minimum level of dignity. Humanitarian assistance has mitigated the negative effects of occupation and violence, while many Palestinians remain dependent on assistance packages from UNRWA or other agencies. However, as each peak in violence recedes, funding shrinks and donors increasingly question the efficiency and effectiveness of humanitarian actors in the context of a protracted crisis with no comprehensive political settlement in sight. This is especially pertinent in the current context where humanitarian indicators such as acute global malnutrition, communicable disease and large scale displacement are quite simply very low, even during times of acute crisis.

35. Since 2000, the European Commission has provided nearly €600 million in humanitarian aid to Palestinians in the West Bank and Gaza Strip, as well as to Palestinian refugees in Jordan, Lebanon and Syria. In West Bank and Gaza (WBG), DG ECHO has been supporting access to food, clean water, healthcare and employment opportunities (especially for families who have lost their homes and/or been forcibly displaced), as well as supporting protection activities aimed at monitoring respect for international law and holding duty-

---

1 The Israeli and Lebanese authorities.
bearers accountable through legal assistance and advocacy. In the Palestinian refugee camps in Lebanon, DG ECHO has supported interventions aimed at providing adequate shelter, water and sanitation, access to secondary healthcare and psychosocial support, as well as protection activities - its support has been especially focused on assisting those unable to receive UNRWA services or those who live in Lebanon's unofficial gatherings.

3. **Intervention strategy** *(strategic, programmatic and operational)*

3.1 **Strategic**

36. Reference to DG ECHO funding in oPt/Gaza (WBG) and Lebanon *(Annexe D)* and Chronologies *(Annexe E)* illustrates DG ECHO’s changing response to the changing circumstances of those territories with a flexibility and rapidity for which its comparative advantage is notable.

37. By 2006, DG ECHO had moved from just classical assistance (food aid, health and Watsan, which address the symptoms of the problem) to include wider issues which represent some of the immediate causes of those symptoms through activities such as advocacy, protection, humanitarian food assistance and livelihoods. At the same time, DG ECHO had become more proactive in its approach while remaining reactive to events on the ground such as 2006 Israeli-Lebanon conflict, the Gaza blockade that began end of 2005 and the 2007 Nahr al-Bared camp (NBC) conflict in North Lebanon and the 2008 ‘Operation Cast Lead’ over Gaza.

38. In 2009, the Global Plan emphasized a strong shift towards protection as an ‘entry point’ for intervention and, in order to focus DG ECHO efforts in this direction in oPt, indicated a reduction of its geographic focus viz: “Attention will be paid to vulnerable localities such as Area C, Jordan Valley, East Jerusalem, and Bedouin communities. Specific protection interventions will be continued such as legal assistance, improving living conditions, monitoring of the humanitarian situation, economic security assistance, and advocacy efforts.”

For Lebanon, the Plan recognised the weaknesses of its protection efforts to date viz: ‘The humanitarian response so far lacks comprehensive, systematic and consistent assessments and analyses of protection issues of Palestinian refugees.’

39. Both statements, while welcomed for the fact that they highlighted the protection issue, did not, in fact, bring about any significant successes in preventing accelerating violations in oPt while, in Lebanon, some movement has been seen as a result of the ‘Right to Work’ and the ‘Rights of non-IDs’ campaign there. Whether the latter can be attributed to DG ECHO is unknown and, while geographic focus does have its benefits, the move in oPt does give the impression that there are no protection issues in the non-Area C zones – this is not the case.

40. This report will argue that more robust defence of the populations’ legal rights in oPt and human rights in Lebanon is absolutely necessary if DG ECHO’s associated interventions are to be meaningful and its expenditures not wasted through later demolitions of its supported assets in oPt and continued denials of rights in Lebanon.

---

2 2005 Evaluation of ECHO’s Humanitarian Decisions in the Middle East and an Assessment of ECHO’s Future Strategy in the Context of the Palestinian Crisis.

3 With the exception of a demolition postponement (until now) brought about by the intervention of NRC.
41. Since 2008, the volume of funding has fallen steadily with consequent changes in approach. Currently (2011), DG ECHO is still committed to remain in Lebanon, oPt and Gaza and the Team thoroughly endorses this decision for the foreseeable future. Withdrawal from Lebanon would be short-sighted in light of the continuing internal and external threats to the country’s stability, the evolving situation in Syria and the general instability in the region, which can spill over into Lebanon.

42. Budget restructuring from a high of 84m Euros in 2006 to 58m Euros in 2010/11 and due to fall further to 52m Euros in 2011/12 is well understood by the Team in the face of the considerable global calls on DG ECHO’s limited funding but this has to be carried out in full view of the present needs and the potential eruption of new violence. The priority of those needs lies (and always did lie) in addressing the causes of the needs and this requires that DG ECHO takes a principled stand with regard to the fact that it should not be paying for costs which are the responsibility of the duty bearers. The financial cost of a principled stand is low relative to the ongoing cost of addressing the symptoms – the cost is the resolve to stand by principle. While addressing the causes is a political issue and not falling within its mandate, DG ECHO is not prevented from taking a robust principled stand against Occupying Power transgressions and particularly with regard to funding actions which will publicise such transgressions and support actions in the courts towards ensuring that that power recognises its responsibilities under international law.

43. It is clear that programmes have to be streamlined and this does imply a reduction in the number of implementing partners (much as this is not really desirable) but the Team considers that, in justifying cuts to its partners, DG ECHO does not make its reasons clear and hides behind its ‘mandate’ which it interprets as emergency-based. While emergency response is a component, the base of the DG ECHO mandate is humanitarian – overuse of the word “emergency by field staff raises the issue as to whether this point is always understood.

44. Council Regulation (EC) No 1257/96 of 20 June 1996 Concerning Humanitarian Aid Article 1 of Chapter I (Objectives and general principles of humanitarian aid) states: “The Community’s humanitarian aid shall comprise assistance, relief and protection operations on a non-discriminatory basis to help people in third countries, particularly the most vulnerable among them, and as a priority those in developing countries, victims of natural disasters, man-made crises, such as wars and outbreaks of fighting, or exceptional situations or circumstances comparable to natural or man-made disasters. It shall do so for the time needed to meet the humanitarian requirements resulting from these different situations.”

45. Not only does the word ‘emergency’ not appear in Chapter I but also does not appear until Chapter III under “Procedures for the implementation of humanitarian operations Article 13”. The correct terminology is ‘humanitarian requirements, needs, urgent needs etc.’ found throughout Chapter I. The team attended DG ECHO/participating NGO partner meetings in the field, noted DG ECHO’s preponderant use of the word ‘emergency’ and indicated this to DG ECHO staff in private.

3.2 Programmatic
46. While continuing to address the traditional sectors of humanitarian food assistance (HFA), health, drinking water and Watsan, by 2006 DG ECHO was now supporting the
livelihoods, psycho-social and protection sectors with the addition of the shelter sector in Lebanon.

47. Also by 2006, and particularly in oPt, DG ECHO is becoming increasingly known (and respected by implementing partners) for its coordination and leadership role in line with its more proactive approach. This has continued and strengthened and does not appear to be in conflict with UNRWA, whose role is limited to its own registered refugees and mandate.

48. DG ECHO’s choice of partners has been largely appropriate with geographic coverage assured by partners’ flexibility, their adoption of effective local partners in required locations and their continuation in strategic locations often, but not always, assured through other funding by other donors. Reductions in implementing partner numbers due to budget restructuring and streamlining, while possibly selecting for the best, is resulting in the loss of some NGO partner particularly in peripheral areas.

49. The Team considers that the value-added of local partners (who contract through DG ECHO’s international partners) is not fully appreciated and local partners feel that they are considered only as ‘sub-contractors’ with little chance for contribution to the HIP or even to the planning of their own DG ECHO funded interventions. If more local partners are to be sourced in order to strengthen, particularly, a more robust Protection and Advocacy role, then this needs to be looked at. Despite the fact that DG ECHO is not able to partner directly with local NGOs due to its funding procedures, it still has the opportunity to encourage its international partners to strengthen their own partnerships and explore opportunities to allow local partners to take a more decisive role in the selection of activities for funding.

3.3 Operational

50. In 2006, DG ECHO was still maintaining a technical assistance capacity in the field in order to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations. Interventions supported (by sector) included:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HFA</td>
<td>Food-in-kind delivery;</td>
</tr>
<tr>
<td>Water</td>
<td>Water trucking;</td>
</tr>
<tr>
<td>WATSAN</td>
<td>Rehabilitation of potable water structures;</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation of sanitary structures;</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>Cash for Work (CFW);</td>
</tr>
<tr>
<td></td>
<td>Unconditional cash grants;</td>
</tr>
<tr>
<td>Psycho-social</td>
<td>Child trauma treatment;</td>
</tr>
<tr>
<td></td>
<td>Recreational facilities;</td>
</tr>
<tr>
<td>Protection</td>
<td>Advocacy;</td>
</tr>
<tr>
<td></td>
<td>Support to Red Cross;</td>
</tr>
<tr>
<td></td>
<td>Support to UNRWA;</td>
</tr>
<tr>
<td>Shelter</td>
<td>House reconstruction and rehabilitation.</td>
</tr>
</tbody>
</table>

51. While implementing partners note their respect for DG ECHO’s coordination and leadership role in line with its more proactive approach, in oPt particularly, these partners have judged the increasing prescriptive nature of DG ECHO’s indicative intervention preferences to be irritating but the Team has no issue with a prescriptive approach as long as...

5 But could be in conflict with OCHA
6 Some international NGO partners feel the same.
7 The DG ECHO rule that interventions must be contracted through international partners is an issue beyond the remit of this study, but is a subject which should be revisited in Brussels.
it is consistent and appropriate. However, partners also indicate their impression that DG ECHO’s annual changes of intervention preferences are not consistent and create extra work, particularly at the time of call for proposals and CAP preparations. The Team considers that DG ECHO was not consistent in its annual change of preferences during the first three years of the reporting period (i.e. in the Global Plans written in 2005, 2006 and 2007\(^8\)) but, more importantly, has not communicated nor defined its thinking to its partners in a clear manner.

52. By the 2007 Global Plan, adoption of the term ‘emergency job creation’ was recognising the significance of poor economic access to food. In 2008, the second peak in funding after 2006, priorities remained similar. In 2009, as funding began to fall and while still including the same sectors, the Global Plan became more precise and, at the same time, more prescriptive with regard to output criteria.

53. In the 2009 Global Plan for oPt, DG ECHO indicated its intervention preferences to include (by sector):

**Humanitarian food assistance:** priority on short-term humanitarian food assistance and CFW activities for unemployed people, livestock herders and the Bedouin community, as well as support to distribution of partial free food rations and fresh food in Gaza, and dry food to WB Bedouin populations cut off from markets.

**Watsan:** familiarisation efforts with regard to water management concepts; improvement of potable water consumption; reduction of water losses; increased collection of municipal wastewater through the improvement of collection systems.

**Health:** geographic area focus for the maintenance of adequate health care provision, quality and coverage, notably in basic health care (primary health, ophthalmic and services to PWD).

**Psycho-social:** school- and organisation-based enhancement and measurement of pre-school and school-age children’s psychosocial abilities; raising awareness of caregiver violence through tailored trainings, meetings and unguided workshops.

**Protection:** continued monitoring of Israel’s respect for its IHL obligation towards the occupied Palestinian population.

**Livelihoods:** geographic selection for the improvement of victim self-sufficiency through job creation in small public infrastructure rehabilitation/construction; improvement of community services.

54. In the 2009 Global Plan for Lebanon, preferences were indicated as:

**Health:** specific support to PRCS/L through drug and medical equipment provision, and management capacity and technical service strengthening.

**Social:** home care and basic home adaptations assistance to the elderly and disabled; physiotherapy training of social workers and health providers; early detection and referral (to specialized organisations) of psychosocial problems; provision of therapeutic treatment to children in close collaboration with health and specialized centres.

**WATSAN:** provision of rain water channelling in unofficial gatherings;

**Shelter:** rehabilitation of targeted shelters for unregistered refugees in unofficial gatherings and official camps.

**Protection:** protection activities for unregistered refugees; direct assistance for vulnerable victims of the 2007 Nahr el Bared conflict

**Humanitarian food assistance:** ensure better diet diversity, economic access to food and better nutritional status; support employment generation; support agriculture and livestock production.

\(^8\) For the years implementation years 2006, 2007 and 2008
55. While much of this activity would already have been covered in earlier years, the foregoing was a useful consolidation of DG ECHO’s aspirations and a constructive list of intended outputs. The 2010 Humanitarian Implementation Plan (HIP), which replaced the Global Plan nomenclature, was very similar in nature while the 2011 HIP again stresses Protection and HFA in Gaza, WB Area C (particularly the most vulnerable Bedouin herder communities).

56. The 2011 HIP for oPt also addresses primary health care in Gaza and isolated WB communities and, surprisingly⁹, continuation of support to people with disabilities through the provision of outreach and rehabilitation services. Remote parts of Area C and the Seam Zone are also prioritized for WASH intervention while the subjects of contaminated water and sanitation are again addressed in Gaza and, for Psycho-social care, the emphasis is on follow up projects particularly in Gaza, the Seam Zone, Area C, Hebron H2 and East Jerusalem.

57. The 2011 HIP for Lebanon very much concerns the need for cutting back in the Health, Watsan and Shelter sectors while confirming the ongoing prioritization of Protection and stressing the need for better targeting in the HFA sector. While accepting the logic behind the cut-backs, this report discusses the fact that, despite earlier NGO partners’ surveys, there remain urgent humanitarian needs in the Watsan and particularly Shelter sectors.

4. Performance according to sector by DAC criteria (relevance, effectiveness, efficiency, impact, sustainability)

4.1 Humanitarian Food Assistance

58. By 2010, ECHO’s Specific Objective with regard to HFA was stated as “To safeguard the availability of, and access to food for vulnerable populations affected by the Israeli-Palestinian conflict in the oPt and Lebanon, and to stabilise or improve their nutritional status by delivering appropriate and adequate food aid/food assistance and by providing short-term food security and emergency livelihood support.”¹⁰

Occupied Palestinian territory

59. Due to the facts that HFA interventions are ongoing by a number of donors and Palestinians are able to cultivate their land (albeit that surfaces are in a continual process of reduction/restriction) and able to work/trade, albeit no longer in Israel and to a much more limited extent with the outside world, there appear (superficially) to be few Food Security issues. GAM rates¹¹ are unusually low at around 3% against a typical humanitarian intervention threshold of 15% and food markets are observed to function efficiently and are well supplied.

---

⁹ In light of DG ECHO and partner fears to the contrary.

¹⁰ Supporting document to the Commission Decision on the approval and financing of a GLOBAL PLAN for humanitarian Actions in the Middle East from the budget of the European Union ECHO/-ME/BUD/2010/01000 - Submitted to the Humanitarian Aid Committee in December 2009.

¹¹ Global acute malnutrition – by anthropometric measurement (typically upper arm and weight-for-height measurement) against internationally recognised norms.
60. Vulnerability to Food Insecurity is nevertheless widespread. Restricted access to production and sustenance resources along with forced displacements are increasingly limiting the capacity of Palestinians’ agricultural and livestock production potential. Access to these resources is a *sine qua non* for agricultural and livestock production and development.

61. The vulnerability is manifested, not in poor physical supply of food, but in poor economic access\(^\text{12}\) to it and, while a *relevant* response to the issue can be through direct food assistance, this is not necessarily the most *effective* or *efficient* means of addressing the problem. While funding some direct food assistance, DG ECHO has been addressing the economic access issue more *effectively* and more *efficiently* through cash injection via the mechanisms of Cash for Work, unconditional cash and cash voucher schemes. In terms of *impact*, cash grants and voucher schemes only offer small temporary relief in improving access to food on an individual basis and represent little sustainability but CFW and livelihood support has made some, albeit small, *impact* on community and other assets which remain *sustainable* albeit always threatened by occupying power demolitions. The most significant *impact*, however, rests in stimulation of the local economy through the introduction of cash and its effect on further economic activity leading to the multiplier effect.

62. DG ECHO funded WFP E-voucher schemes, notably in Gaza, are contributing to improved diets and human dignity but also helping to stimulate local production and processing. The E-voucher in Gaza enables beneficiaries to access a range of locally produced, locally processed or locally procured foods which provide more ‘tasty’, varied and nutritionally more comprehensive components than those in the traditional WFP food basket and the nutritional and economic activity can be electronically monitored by proxy. There is a significant *impact* on the local economy through the multiplier effect of onward passage of monies within the population\(^\text{13}\) and, in enabling local food producers and processors to remain in business until hoped for relaxation of restrictions allow for trading in the West Bank territories and beyond, introduces a significant degree of *sustainability* into the intervention.

63. This not only provides DG ECHO with an opportunity to lead in the support of an *effective*, *efficient* and ‘state of the art’ mechanism to address economic access to food supplies but also presents a possible ‘flagship’ for DG ECHO replication in other countries. It has been argued that poor economic access to food is a poverty reduction issue but, under circumstances where possibilities for poverty reduction are severely limited because of clear IHRL violations, particularly for victims who cannot work (elderly, sick, disabled etc), trade or take part in development activities, then the poverty issue becomes a humanitarian issue.

64. Beneficiary *targeting* has been of major concern to DG ECHO who has encouraged partners to refine their methodologies in order to reduce costs, improve operational *efficiency* and achieve the greatest *impact* upon the most vulnerable.

65. Excellent working relations with the EU Delegation have enabled DG ECHO’s planned withdrawal from and handover to other Commission services of Food Assistance in

\(^{12}\) Having the financial means to purchase food.

at least Area C of the West Bank in 2013. The Team is, however, concerned that there is currently an unclear strategy for a smooth **continuum** nor precise programming on the part of the Delegation\(^{14}\) and not enough is known about the impact of the complex aid system. A lack of **protection** for any constructive (CFW, agricultural improvement etc.) food security intervention leads the Team to fear that the Delegation will be unable conclude on actual vulnerabilities, not only in priority areas but also in Areas A and B, in order to achieve effective **LRRD**. If the Delegation is unable to address the root causes of existing vulnerabilities (due to denial of the legal responsibilities of an occupying power and forced displacement), the Team fears that the handover may not be **sustainable** and that DG ECHO may find itself drawn back into the Area at a later date in order (once again) to address urgent humanitarian needs. While the close working relationship continues, however, there are possibilities for a form of ‘reverse’ **LRRD** or **contiguum** whereby, with flexibility, the two institutions may assist each other to make the handover **sustainable** by ensuring that the added value of each actor is the starting point of any intervention strategy.

**Lebanon**

66. In Lebanon, the 2010 HFA objectives were translated into (and limited to) a small (1.2 m euro) intervention in the UNRWA Nahr el Bared camp with funding for food and cash for food until such time as beneficiaries can move into newly constructed shelter. While this is an **effective** and significant (approximately 68% of UNRWA food commodity needs in NBC\(^{15}\)) contribution to **relevant** humanitarian food needs in the camp, it does raise questions.

67. The shelter reconstruction programme is already behind schedule\(^ {16}\). This DG ECHO commitment to the cost of NBC feeding over the next two or more years would not appear to be the best employment of its limited funds in the country and responsibility for it might rest better with the EU Delegation, which is strongly associated with funding of the reconstruction. Since the level of funding (1.2 m euro) is small in EU Delegation terms, can be linked to the latter’s reconstruction budget and does have a known (albeit extending) timeline, it would seem logical for the cost of the intervention to be absorbed into the Delegation budget, while sensitively addressing the **CAVEAT** below:

**CAVEAT**: **DG ECHO cannot withdraw or change its support without its guaranteed replacement as this would endanger stability in the camp and put UNRWA staff and partners in peril!**

68. UNRWA in NBC currently allows beneficiaries a bi-monthly choice between a food basket and cash – this is not an **efficient** employment of management resources. Against a background of rising food prices and the fact that the cash allocation is fixed at the beginning of the fiscal year, it is likely that a steady preference towards food-in-kind will proceed throughout each year so reducing the **impact** of cash. If DG ECHO is to remain responsible for this intervention, it needs to address the issue by increasing funding for the HFA cash contribution in order to ensure that the cash for food grant is equal to the value of the food basket at every distribution - ie. allow ongoing cash alignment (increases/reductions) with changing food prices.

---

\(^{14}\) It is understood that DEVCO’s Food Security Thematic Programme (FSTP) funds will be employed in this area but, at the time of writing, no written planning had, as yet, been undertaken by the EU Delegation.

\(^{15}\) DG ECHO 2010 decision: Euro 1,200,000 against UNRWA Food Commodities budgetary needs for 2012: USD 2,420,000.

\(^{16}\) Only 300 family units are ready for inhabitation and, at current rates of building, construction is expected to continue significantly beyond the 2013 planned completion date.
69. The original planned rate of HFA beneficiary number reduction should have allowed for both food price inflation and flexible cash allocations while maintaining the 1.2 m euro level of intervention but this is now in question.

70. At the time of writing (November 2011), the alpha coefficient\(^\text{17}\) for cash v food\(^\text{18}\) is greater than one, meaning that food-in-kind is more **cost-efficient** than cash to buy the same commodities and quantities in the local market and, accordingly, it is a) cheaper for UNRWA to provide the food basket than cash to purchase the same commodities and quantities in the local market and b) there is currently a beneficiary preference for the food basket\(^\text{19}\). This preference is accentuated by the fact that the value of the food basket continues to rise (currently more than **USD** 20 per person) while the cash option remains static at just over **USD** 10 per person (throughout 2011). The comparison is not strictly scientific, however, in that the food basket is high in energy whereas research\(^\text{20}\) reveals that cash schemes (unconditional cash, paper- and E-vouchers) result in lower energy rations but giving wider dietary range including milk, eggs, green vegetables and fruit. As well as being more ‘tasty’, the cash diets reduce beneficiaries’ vulnerability to nutritional deficiencies with regard to iron, trace elements and certain vitamins etc. Furthermore, the comparison does not take account of reported significant selling of food basket components at lower than market prices.

71. The advantages of cash are:
   i) cash represents an economic stimulus to the camp economy and, outside the camp, the stimulated economy encourages reliance between neighbouring refugees and the local Lebanese population. In other words, it encourages ‘peace by trade’.
   ii) cash can be more **efficiently** distributed;
   iii) cash can be more easily monitored and its **impact** more correctly measured;
   iv) cash enables a greater degree of beneficiary dignity.

While strictly observing the CAVEAT above, the Team would recommend a greater DG ECHO emphasis on cash for HFA intervention. UNRWA is not in agreement with the foregoing but the Team considers that the latter’s concerns would be alleviated if the cash component were raised to the value of the ‘food basket’ and adjusted to that value at each distribution.

72. With regard to refugees’ own food production which would normally be very a suitable area for intervention, conditions do exist for land rental outside the camps and gatherings but, since this is strictly illegal, there is no possibility for DG ECHO to encourage ‘kitchen garden’ food production and development while, inside the camps and gatherings, there is virtually no available land.

73. This leaves little opportunity for intervention in the livelihoods sector other than training in vocational skills (carpentry, masonry, plumbing, welding, electrics etc.) which can be ‘saleable’ within the camps and offered, albeit illegally, outside the camps. World Vision has expressed an intention to commence this work and other organisations such as Premiere

---

\(^{17}\) Alpha coefficient = the cost of the same food as that in the food basket in the local market divided by the actual cost of UNRWA purchase of food, transport, storage and delivery etc.

\(^{18}\) The current allocation (October 2011) of cash is just over **USD** 10 per person while the current (October 2011) value of the food basket is more than **USD** 20 per person.

\(^{19}\) Food:cash 55% : 45% in July 2011 and currently understood to be 65% : 35% in October 2011.

\(^{20}\) WFP independent studies in oPt and Gaza.
Urgence and Mercy Corpse have implemented DG ECHO funded training projects successfully in Lebanon over the reporting period.

4.2 Protection

74. As donor-fatigue develops over decades, questions are increasingly asked about ways in which funding could be more sustainable and have wider impact. With growing frustration of funding the legal responsibilities of the duty-bearers, a shift towards strengthening protection activities and linking them to other sectors has taken place. It is widely agreed that humanitarian assistance cannot be provided indefinitely without parallel efforts towards accountability and safeguarding the provided assistance from demolition or redundancy caused by population displacement. Protection activities have always been centred on the legal framework of a context and, in this regard, the specificity of these two contexts\(^\text{21}\) demonstrates very clearly the need for continued humanitarian assistance, but not without a strong protection angle.

75. In the oPt context, where the Geneva Conventions apply most prominently and violations of international humanitarian law (IHL) and human rights law are frequent, DG ECHO has, since 2009, placed a strong focus on ensuring that protection be a key component of all programming. On the other hand, the refugee camps in Lebanon face a protracted human rights situation characterised by lack of fundamental human rights, exacerbated by bouts of acute IHL violations. In Lebanon, there are more duty-bearers and fewer humanitarian actors than in the oPt and it emerged from discussions with partners that there are less coordination efforts between different organisations as regards protection, apart from during times of emergency such as during 2006.

76. DG ECHO's 2009 Protection Funding Guidelines broadly describe protection as "non-structural activities aimed at reducing the risk for and mitigating the impact on individuals or groups of human-generated violence, coercion, deprivation and abuse in the context of humanitarian crises, resulting both from man-made or natural disasters". In this section the report will exclude one of the interpretations of protection as being pure deliverance of humanitarian aid – the assessment of that activity is made in other sections.

Occupied Palestinian territory

77. As noted in the 2005 Evaluation of ECHO’s Humanitarian Decisions in the Middle East, DG ECHO was traditionally only funding ICRC and OCHA for protection activities. Protection itself had been considered more a sector than a potentially cross-cutting issue, nor was advocacy emphasised as a vital component of it. Much has changed over this reporting period and DG ECHO's strong impetus towards protection and the diversification of partners has been very relevant\(^\text{22}\) and in line with identified needs. The shift can be described as encouraging the three complimentary foci of i) Protection as entry point; ii) Protection mainstreaming; and iii) Advocacy.

4.2.1 Protection as entry point

78. The Evaluation Team began by assessing how this notion is understood and implemented on the ground. All actors recognised the need for the priority-targeting of protection-affected populations as beneficiaries, but only DG ECHO partners were aware of

\(^{21}\) OPt and Lebanon.
\(^{22}\) Some say long-awaited.
the concerted shift in this direction. DG ECHO's role as a driver in encouraging this was emphasised and appreciated by them since other donors have not taken such a focused approach. The ICRC uses a very clear protection-led approach in its work, as per its mandate. However, some partners stressed that protection should not be the only entry point – for example when their mandate or intervention is clearly poverty-driven rather than protection-driven. UNRWA, in its job creation programme for instance, uses poverty-led (PMTF) criteria but allows a certain number of spaces for beneficiaries with urgent protection needs (e.g. members of a family whose home and livelihood has been demolished). The Team considers this to be a very pragmatic approach

79. However, more guidance should be given on how to implement protection as an entry point for interventions and DG ECHO could have an added value through its support for the cluster system or through its own coordination role, in order to share ideas and methods. As an example, it was wrongly perceived by partners that DG ECHO would only fund West Bank projects located in Area C, seam Zone or East Jerusalem, whereas in fact some considered high humanitarian needs to be present in other areas of the West Bank. In fact, if DG ECHO is to really advance its protection role, then it needs a protection expert in its regional office in order to provide such guidance and coordination, as well as to take on the very challenging task of expanding DG ECHO’s pool of protection specialist partners and installing a far more robust response to violations and denials.

4.2.2 Mainstreaming protection

80. Again, although DG ECHO is recognized as a strong driver in mainstreaming protection and while many actors are already implementing it, there is a lack of understanding of the term even among DG ECHO partners. Instead, each organisation defines it individually according to their mandate, objectives, interest and capacity, which creates diverse efforts at different levels but which, in fact, often complement each other. These interpretations are:
  - mainstreaming as ensuring all staff are aware of basic human rights principles so as to respect dignity of beneficiaries during assistance/service provision;
  - mainstreaming as encompassing certain components which, while not being the direct objective of the project, will tackle certain protection-related problems in the targeted area or beneficiary community;
  - mainstreaming as ensuring that all organisations can identify IHL violations during their work and monitor, report or refer to the correct mechanism for response.

81. The first two are internal at partner level and would not likely require additional DG ECHO resources outside the funded programme. The third is viewed as critical in order to prevent violations or respond quickly to them, is linked to advocacy efforts and needs to be strengthened. DG ECHO needs to continue its support to emergency response mechanisms, such as that for child protection led by UNICEF (the "Inter-Cluster Response Framework: Child Protection and Education") or that led by the Displacement Working Group (DWG).

82. Both of these mechanisms require more support than currently received in order to consolidate and widen their efforts. There are gaps where certain violations (outside the specialised scope of each mechanism) are not being effectively treated in a coordinated manner and the DWG mechanism has an enormous potential to cover them. DWG is trying to expand its efforts in this area and, in fact, already covers almost all of the pertinent legal issues, so widening it would be more cost-effective than starting in separate clusters.
83. However, for this mechanism to be effective, coordination will need to be strengthened (see also later section on coordination with OCHA) to ensure an approach that is inclusive and makes best use of expertise and coverage on the ground and thus the recommendation for a DG ECHO protection specialist to be installed in the regional or Jerusalem office. The CAP 2011 objectives include mapping of the actors on the ground in order to help in monitoring violations or refer them effectively. This should assist DG ECHO to respond quickly (through its partners) to violations and denials but, for this, it is crucial that emergency protection funds be available and which can be very quickly mobilised. This is currently not the case and has negatively affected individual partners' abilities to respond to protection incidents.

84. The clusters have an important role in coordination for an emergency response mechanism and to help partners understand how mainstreaming can best be identified and implemented by them. Some actors believe that, since they are not specialist organisations, they should not be trying to mainstream protection. However, without requiring extra resources, they have a potential role to play due to their specialised area of work or their coverage in remote areas (e.g. identifying violations and referral to response mechanisms). DG ECHO, through its communications and its support for the cluster system, can encourage this further particularly if availed of its own protection specialist for continuous contact with them. Some clusters (e.g. WASH and Health) have been stronger at mainstreaming (at least at a strategic level) while others remain weak.

85. Some gaps have been identified which should be further examined by DG ECHO. One is strategic protective presence (e.g. presence during the morning hours when house demolitions are most prevalent or in the evening hours when settler violence is most common) which could be an effective complimentary measure to mitigate negative effects of violations. Some organisations do work on this and their capacity could be strengthened by DG ECHO. Such an approach, when conducted carefully and strategically, is coherent with DG ECHO guiding policy on protection. Secondly, there is a statistically proven trend towards increased settler violence and settler participation in demolitions over the last two years and this should receive more attention (perhaps through the DWG rapid response mechanism which is expanding into that area). Finally, some partners, especially those in the West Bank (e.g. UNRWA and DRC), are addressing the enhancement of self-mobilisation, awareness and local community advocacy efforts and DG ECHO strengthening of this would be appropriate and would improve the sustainability of its interventions.

4.2.3 Advocacy

86. The relevance of DG ECHO's focus on advocacy is clear and all actors agree that such a focus is absolutely essential. DG ECHO has funded various advocacy efforts but, without more coordination, a better strategy and reinforcement from DG ECHO and other donors, the effectiveness of partners' efforts will remain limited.

87. Advocacy efforts in oPt can be divided into four groups:
   a) The UN cluster-led advocacy efforts;
   b) Individual or group advocacy actions by partners (including ICRC);
   c) Those conducted by Israeli NGOs;
   d) Those conducted by Palestinian NGOs.

88. UN-led advocacy is generally well coordinated and the working group is supported by DG ECHO. The DG ECHO funded E-WASH advocacy task force is active. The HCT
Advocacy Strategy Messaging (finalised towards the end of the reporting period and supported by DG ECHO) is perceived to be extremely progressive, is inclusive and thus an effective guiding tool. However, it must be recalled that local NGOs have used such messaging (and in a much bolder manner) for years and it is far from revolutionary in those circles. The clusters also contribute to the UN treaty body mechanisms which, albeit important and must be continued, is now old and often, similar to the HCT document, only a ‘light’ form of pressure on the duty-bearers. If DG ECHO wants a more comprehensive approach and stronger impact in advocacy, it should consider supporting (through an INGO partner) local specialist NGOs which have remarkable expertise in certain areas and which match DG ECHO objectives. Israeli NGOs are strong in litigation and in targeting the Israeli public with a view to ‘positively’ changing policy while Palestinian NGOs are good at monitoring, reporting IHL and human rights violations, and providing evidence for litigation, as well as international advocacy (e.g. positively influencing the proceedings of the EU Association Agreement). These competences should be supported.

89. ICRC, supported by DG ECHO throughout the reporting period, has performed its strong and consistent approach to advocacy, aimed at changing the behaviour of perpetrators through confidential representations. Furthermore, DG ECHO has funded non-ICRC advocacy over the reporting period to ensure complementarity of approaches and space for creativity - this is considered to be a very positive initiative. Currently, however, many actors, voices, messages and tools exist with ad hoc reports, press releases and campaigns which need consolidation. While partners understand the need to raise their level of advocacy intervention, they fear risking ejection from oPt by the occupying power in the absence of increased support from their donors. Interesting and successful efforts include DRC’s pre-emptive advocating against the demolition of a water cistern or Btselem’s "Shooting Back" project to document, on video, violations as they happen, though neither funded by DG ECHO. Individual efforts by partners, however, remain limited and need greater DG ECHO and EC support. DG ECHO could encourage partner sharing of best practices and encourage coordination, while the EU Delegation should lobby its Israeli and Palestinian counterparts, Brussels HQ and other international donors in order to enhance its effectiveness in advocacy. It is understood that DG ECHO does attempt to bring advocacy efforts up to EU/ Brussels and international level; however, these attempts remain weak and new efforts could be conducted with the support and ideas of specialised local NGOs such as those mentioned previously, who have decades of experience in conducting targeted advocacy campaigns while considering all the political sensitivities of this conflict. DG ECHO coming from a purely humanitarian standpoint could have an extremely important added value in these efforts.

90. In this regard, as outlined in the HIP 2011, DG ECHO is well cognisant of the fact that the occupation has cost implications on its efforts. There is thus an opportunity to take on a stronger supportive role to advocacy efforts relating to cost of the occupation to humanitarian donors or cost of damages to humanitarian projects/infrastructure. DG ECHO could commission research into the cost of such damage and could ensure more systematic collection of information by partners. Some studies have partly covered this issue viz. AIDA, in 2011, estimated the cost of restrictions to the aid community as being US$ 4.3 million per annum, while an earlier report by EuropeAid following Operation Cast Lead in 2009 also conducted a damage assessment. DG ECHO, through its partners, has a wealth of information which can be vital for evidence-based advocacy and should use this rather than building and rebuilding in silence.

23 This was also a recommendation in the 2005 Evaluation – see §137.
With regard to the ICLA legal project by NRC, part funded by DG ECHO (for Area C), this strong programme has remarkable immediate results and has achieved a freeze on demolitions in almost all its legal cases, thus allowing for those families to remain in their homes. It can be regarded as a strong form of pre-emptive advocacy simply through its litigation. It is effectively, however, only a short-term solution and a sudden Israeli order to overturn these decisions could leave thousands homeless overnight. Part of the problem with this programme is that it takes individual cases rather than focusing on group cases (a successful focus for NGOs such as Adalah) or selective/smart cases (the focus for Palestinian NGO Al-Haq in its universal jurisdiction cases) which aim to tackle overall policy rather than individual cases. As long as DG ECHO is reluctant to fund such ‘principled cases’, which are of interest to NRC for example (including outside of Area C, when relevant), the longer term impact of this extremely important project will be severely limited. There is also a stronger need to build the capacity of local lawyers in international law, and while this is not a task for DG ECHO itself, it is a training opportunity (within a specialist partner framework) which can be funded by the institution.

In terms of connectedness, DG ECHO's approach to protection in oPt tackles issues that directly relate to its impact in humanitarian assistance - it is cross-cutting, holistic and fully coherent with its guiding policy on protection. Despite some successful approaches on the ground, it is probably still too early to properly assess the protection shift that has occurred in DG ECHO's funding over the reporting period. However, what would help DG ECHO to monitor protection entry point, mainstreaming and advocacy would be to install a tool to record approaches of different partners and identify where their efforts could be coordinated and linked.

The shift has certainly allowed funding of more partners, which has been effective in allowing for more interesting approaches. There is definitely a willingness of partners to work more closely together, but coordination between DG ECHO-funded partners, and between donors, remains weak in parts and, while this is the case, effectiveness will still be limited. In this regard, DG ECHO has strongly supported the Protection cluster, which was at its most useful when established following Operation Cast Lead. Outside of a crisis, it serves to coordinate (to a certain extent), share information, avoid duplication and provides a platform for the ad hoc establishment of task forces. However, certain clusters (elements within clusters) must be strengthened and be more inclusive for smaller organisations, which are often important in sharing best practices and more creative approaches. While this is not strictly DG ECHO's role, the latter has a stake in ensuring that coordination works to improve the impact of its programmes, while avoiding undermining the efforts of the cluster leads or taking over duties from OCHA. DG ECHO could also have a role in coordinating the donors in order to ensure that they share information and direction, and to communicate their partners' tools, messages and best practices. DG ECHO’s technical input is highly appreciated by partners.

In terms of overall effectiveness, in the absence of a political solution, the larger objectives in this field must be to change perpetrator behaviour and policy through informing EU, international and Israeli citizens of transgressions through their political representatives and media (so leading to the objectives of restitution and victim support). This can still be done to a certain extent outside of the political realm and by humanitarian actors such as DG ECHO, whose funds are having less efficient results than they could have, due to violations.

---

24 This is a notable objective of the 2011 CAP.
committed by Israeli authorities. DG ECHO's efforts in tackling some of these has been important but more resources need to be dedicated to improving advocacy (both preventive and post-violation) and litigation assistance, as has been described throughout this section.

95. Protection activities do not generally employ as many resources as assistance activities and so funds allocated have been a relatively small part of the DG ECHO budget but have aimed at permeating all sectors. As such, some impact has been achieved at relatively low cost which would demonstrate an efficient allocation of resources. Legal assistance has had some impact for Palestinian individuals, families and communities but this is not enough and the resources allocated need to be substantially increased.

Lebanon
96. In Lebanon, the legal framework is different. The Palestinian refugees supported by DG ECHO since 2006 live in precarious situations in camps and gatherings in a protracted human rights crisis where the duty-bearer is the Lebanese government. They face:

a) restricted enjoyment of fundamental human rights due to their status within Lebanese legislation;
b) sporadic bouts of violence and IHL violations by Israeli (2006) or Lebanese (2007) forces exacerbate their poor humanitarian conditions;
c) lack of a national government to safeguard their human rights and to provide adequate services which exacerbates, even further, their dependence on international aid.

97. The third point, relating directly to a solution to the Middle East conflict and the right of return of the refugees, is beyond the remit of DG ECHO. The first two levels are the only ones that can be tackled by DG ECHO and the humanitarian community through protection activities.

UNRWA protection unit
98. The bulk of DG ECHO's funding has gone to supporting the coordination of UNRWA's multi-donor Protection unit. Such a unit is evidently vital and support for it relevant in order to consolidate protection efforts in Lebanon. Though slow in developing since its inception in 2009, it is becoming stronger and more focused on its objectives. However, DG ECHO's recent shift towards focusing almost exclusively on UNRWA for protection, while understandable in terms of trying to achieve greater consistency and sustainability in protection work, is one that could limit DG ECHO's impact in the area.

99. The reasons for this are several: firstly, certain organisations have a specific expertise and experience that, when handed over to UNRWA, could reduce quality of service and follow-up due to UNRWA's size, wide focus and reduction in general funds. Some examples of such organisations are Save the Children in the case of children, DRC for the issue of non-IDs and NRC for legal assistance as regards shelter and housing. Secondly, UNRWA is widely perceived as not always being very 'grassroots' and accepted by local populations in Lebanon. On the one hand, UNRWA needs to work on messaging and communication to improve this but, on the other hand, organisations which are closer to the people have a role to play in bridging the gap. Thirdly, it is always good to have different approaches in the field of protection.

100. Diversification of actors and perspectives leads to greater creativity, complimentarity and effectiveness and ensures a sense of responsibility in organisations to both improve their own services and to coordinate with others. As this report recommends an expansion of DG
ECHO efforts and resources in the **protection** sector, and as there is a limit to the number and absorptive capacity of existing protection-specialised partners, it has to be concluded that DG ECHO must make efforts to find more such partners beyond UNRWA. It is understood that such expertise can be found in the country and can be contracted through known INGOs.

101. At the same time, the DG ECHO-funded UNRWA protection unit needs to strengthen its coordination, especially with regard to the current and future plans of different actors. UNRWA has the potential (without necessarily requiring extra financial resources) to take on an important coordination role and to assist actors to mainstream protection across relief services. This is currently not being consistently carried out.

**Advocacy efforts**

102. In Lebanon, *advocacy* efforts are performed more by NGOs than by UN bodies. Generally, they have been **coordinated** and **effective**, as manifested by DG ECHO partners in areas where, while direct attribution is difficult, it is likely that they had an important part in engendering the required changes. On the one hand, ongoing efforts to achieve better legal recognition of the non-IDs have thus far been successful and have led to a more regularised status for this population of Palestinians. On the other hand, consolidated campaigning has led to a more strongly enshrined right to work for Palestinians, something that has been lacking and essential for decades. Whether this will achieve the desired **impact** and be fully implemented remains to be seen.

103. The focus that *advocacy* partners have placed on the ‘perception’ of Palestinians among Lebanese society is **relevant** in a context where the Lebanese public have most influence to provoke change, but who still harbour animosity towards Palestinians after the Lebanese Civil War. One example of this is the important (if belated) DVD produced by UNRWA in 2011 and targeted at the Lebanese public. Along this same vein and as is already programmed by UNRWA, the protection unit should continue to increase its **advocacy** activities (especially since a large budget is dedicated to this activity). However, to achieve a stronger **impact**, DG ECHO should bear in mind that other actors’ added value in this field can be further exploited, notably where their messaging can often be bolder and credible than that of UNRWA.

104. A gap for further examination by DG ECHO, following the success of the ‘Right to Work’ campaign, is to fund specific studies into new areas relating to human rights restrictions in Palestinian camps and gatherings, and this is where specialist agencies can contribute. Legal research on aspects such as rights to health, rights of the child, women's rights or right to adequate housing, coupled with collection of relevant data in those fields and linked specifically to DG ECHO’s own intervention sectors, could form the basis of strong *advocacy* campaigns. These could use certain essential rights as a basis to tackle the situation of the Palestinian refugees (*without necessarily encroaching on the sensitive subject of integration/assimilation*), targeting the Lebanese public and government and potentially obtaining extremely important results. Since DG ECHO is one of the few, if not only, international donors with the capacity to undertake such a supportive role, the institution can again manifest its ability to contribute such added value.

**Legal assistance**

---

25 UNRWA advocacy efforts are limited by the fact that it is perceived as being biased in favour of the Palestinians and, as a UN institution, is regulated on what it can say. This is the case (although in slightly different contexts in both Lebanon and oPt.)
DG ECHO has funded various efforts at providing legal assistance to Palestinian refugees, notably the outstanding DRC work with non-IDs, which has encompassed legal assistance, advocacy for rights and provision of livelihood assistance to the most vulnerable. Such a multi-faceted approach is extremely effective and could be one that DG ECHO could apply in advocacy areas such as health, children and adequate housing.

The impact of legal assistance by itself is small because they are only individual cases and, in a difficult legal framework where their rights are not fully enshrined in domestic legislation, it is difficult to litigate in the national courts (and similarly in international or regional court mechanisms). However, the impact of litigation of individual cases can be increased when associated with the advocacy gaps mentioned above, since engendering changes in legislation will facilitate litigation of rights. Furthermore, linking assistance activities (in particular using specific data from such programmes) with advocacy would ensure better connectedness, so that short-term interventions would take into account wider and longer-term problems.

**Coordination and response in time of crisis**

There have been coordinated protection efforts (particularly in time of crisis) in the past but communication between partners about current and future projects is now weaker. In terms of DG ECHO's response to outbreaks of conflict, its flexibility and rapid response was one of its best assets and its support to organisations other than UNRWA has enabled a strong response. This was demonstrated in the Nahr el Bared crisis when, while UNRWA movement was restricted, PRCS (also being the main actor in emergency preparedness) was present throughout to respond to urgent needs. DG ECHO's support in this context is relevant, partly because it can react quickly in time of conflict and respond well to urgent needs. DG ECHO needs to accept that, although urgent needs often become protracted and advocacy efforts necessarily take more than one year, DG ECHO is still one of the most pertinent donors for the support of such activities and its approach here coherent with its policy in this field.

This is due to its multi-faceted, holistic approach which tackles humanitarian assistance, livelihood support and advocacy to concurrently tackle the cause and has shown itself capable of obtaining remarkable results in some areas.

**4.3 Water, sanitation and hygiene (WASH)**

**Occupied Palestinian territory**

DG ECHO has supported very relevant interventions in both the West Bank and Gaza and has been guided by the WASH cluster which is considered to be the most active and effective amongst all the clusters through its coordination and call for rights through its E-WASH Advocacy Task Force. The sector, however, suffers from similar violations to the shelter sector, namely demolitions, denied access and settler violence (including the insidious action of water poisoning). Again, far stronger ex-ante and ex-post protection efforts are needed to safeguard victims’ potable and livestock water supplies before denials, and to safeguard DG ECHO interventions after reconstruction.

The modalities of such protection effort are not easy but include:

a) ‘live advocacy’ or the real-time publicising of the threat and events as they happen via the media (both Israeli and international);
b) achievement of ‘peace by presence’ which may be by the ongoing presence of a media cameraman at the site and/or the very frequent visits of (preferably international) staff;
c) appointment of legal representation either directly or through a protection specialised NGO partner;
d) publicity and its wide dissemination with regard to any rebuilding which may be necessary;
e) legal procedure damage claim.
Clearly this cannot be performed for every single case, but it is necessary to choose a ‘test case’ which has the potential to stop further violations in the vicinity.

111. Water trucking, particularly in the West Bank, is expensive and lacks any form of sustainability but without which there would be a humanitarian disaster within days and a loss of productive assets (livestock) on a significant scale. Deep-well water extraction and pumping via pipelines has been funded by DG ECHO but is costly and most vulnerable to their abuse, take-over or later demolition.

112. The rehabilitation of water cisterns is low cost and highly effective but is again vulnerable to demolition and poisoning. Under current Israeli regulation, the use of transportable water storage structures would theoretically not fall under the status of illegal structures and DG ECHO should therefore consider the funding of water bladders to which water could be trucked or which could constitute extension storage to existing cisterns. They could also be linked to existing springs or water harvesting structures.

113. The water problem of Gaza is that of falling water tables, falling upstream supplies from the main aquifers, contamination and salination through ingress of sea water into the water table. It is widely accepted that the solution to water problems in Gaza is the construction of large scale desalination plants in order to allow the water table of the aquifer to rise to ensure adequate drinking water for 1.6 million people. However, this type of large-scale intervention is beyond the DG ECHO mandate, but this does not mean that the institution should not support advocacy efforts towards this solution in light of the fact that potable water is a fundamental human right. In the meantime, the focus in Gaza is largely on the user end of the water sector. The population mainly relies on trucked water from Israel along with the purchase of bottled water but contaminated water continues to be consumed by the poorest, while many purchase water which has been extracted from suspect or saline supplies or treated for salt removal by reverse osmosis techniques. Some of the latter three supplies, while not necessarily contaminated, are understood to retain poor taste.

114. The efficiency of the DG ECHO partners in Gaza is noted by their reported immediate provision of assistance to cases of urgent humanitarian needs while their borehole interventions are providing short to medium term solutions and are able to guarantee potability in these time frames, but which are unsustainable in the longer term. Associated awareness campaigns by partners which address personal hygiene and sanitation are,  

---

26 Which might preferably encompass a group of households or communities.
27 Large rubber water bags.
28 Which would, anyway, require a considerable period of time (years).
29 Due to delays in getting the necessary building materials into Gaza, the undertaking of such a project is likely to take several years to complete.
30 In fact, DG ECHO should advocate for longer term sustainable solutions to all known potable water and sanitation issues.
31 Humans can build immunity to some water-borne diseases from their own specific and long-used sources.
however, having significant impact on the vulnerable and this is reported to be manifested in their increasing resilience to water-borne diseases.

115. The Sanitation sector is made particularly difficult in Gaza by the high population pressure on limited land resources, consequent limited sites for sewage pit construction and limited possibilities for their evacuation. While DG ECHO continues with installation of sewage systems with house connections, the issue of disposal remains a problem and the material continues to be evacuated into the sea. This presents another area for DG ECHO advocacy for a longer term sustainable solution.

116. The excellent working relationship between DG ECHO and the EU Delegation have enabled good synergies between the two institutions and bode well for LRRD efforts towards passing the sector over to the Delegation in the near future after “ECHO’s finalisation of remaining small scale WATSAN interventions to cover overall needs”32 as defined in the NRC/Premiere Urgence survey.

**Lebanon**

117. Watsan needs continue to prevail in both camps and gatherings and the Team observed that Government authorities do allow certain ‘non-eligible’ interventions to proceed when it suits them. Such a situation occurred in Daouk gathering in South Beirut wherein the deteriorated sewage system presented a significant health risk, not only to gathering inhabitants, but also to a hospital in close proximity and to surrounding Lebanese populations. Construction of a new and very professional DG ECHO-funded foul drainage system has been allowed by the authorities and the partner is now in the process of direct works.

118. This was a minimum cost and highly cost efficient professional intervention which is sustainable and now presents a high profile for DG ECHO visibility. Again, lack of available health indicator base-line data prevents proper assessment but reports of pre-construction infective disease rates and foul odours would indicate a high level of impact.

119. Due to the narrow scale of the gathering’s alley-ways, all works had to be undertaken by hand but, even though small and complex vis-a-vis their usual scale of intervention, such a project is appropriate for undertaking by other Commission services and efforts should be made to pass such constructions to the EU Delegation. The latter has expressed an interest in taking over such works in employing bilateral funding lines such as available under the Neighbourhood Policy. In that most sewage scheme jobs are larger scale and suited to implementation by commercial contractors, the sector is a case upon which DG ECHO and the EU Delegation could cooperate in the spirit of LRRD.

### 4.4 Shelter

**Occupied Palestinian territory**

120. IHL and IHRL violations, in terms of house and other structural demolitions, drinking water limitations and forced displacement by the occupying power constitute the root cause of urgent Palestinian shelter needs. DG ECHO’s response is highly relevant to these needs and its robust stance on continually re-building its own structures after sustained demolitions of the same properties is both admirable and correct. This is costing substantial monies to the

---

32 ECHO Funding Decision 2011.
European tax payer, who is largely unaware of the loss of its investment. As the Occupying Power accelerates such behaviour, the impact of the interventions is currently judged to be rather limited other than to show solidarity with the victims.

121. Unless DG ECHO can safeguard its funded interventions, the appropriateness of the interventions per se has to be questioned. Under international law, the Occupying Power is responsible for the shelter and sustenance of the occupied population, not international donors. This is a political issue in which the politicians have been (and continue to be) summarily impotent.

122. While DG ECHO has no diplomatic mandate and can only take a principled stand, it is enabled to support measures in safeguarding its interventions and also to support litigation against demolition in its ex-ante and ex-post phases. DG ECHO is availed of a very small number of quality partners in the litigation sector but whose absorptive capacity is rather limited. DG ECHO should expand in the sector through identifying new partners (see Section 4.2 - Protection above).

123. While partners cannot be expected to address every actual or threatened violation, ‘cherry-picking’ of a small number of ‘winnable’ cases should be supported. DG ECHO is also availed of advocacy funding which needs to be employed in informing, not only the European tax-payer, but also the electorate of other nations including that of the Occupying Power itself (see Section 4.2 - Protection above).

**Gaza**

124. Response to Gaza’s urgent shelter needs, brought about significantly by the December 2008 Operation Cast Lead, has been severely limited by restrictions on the import of building materials into that territory. DG ECHO should not be tempted to intervene in the shelter sector in Gaza at such time as re-building becomes a possibility there. It should, however, continue to respond in cases of urgent needs following demolitions or an emergency situation such as that brought on by Operation Cast Lead.

**Lebanon**

125. While the Shelter sector is typically a candidate for LRRD to other Commission services who have some bilateral budget lines with some flexibility and longer (3 to 5 year) funding cycles, the prevailing legal limitations (particularly in the gatherings) on refugee possibilities for building new structures (and even for reasonable maintenance works) make intervention in the sector difficult. DG ECHO has a comparative advantage over the EU Delegation with regard to its flexibility and rapid response capacity.

126. ECHO’s interventions in the shelter sector have been very relevant to the urgent humanitarian needs presented by decaying, unhealthy, badly constructed and even dangerous housing inhabited by many refugees. DG ECHO’s interventions in the sector, through direct partner or sub-contracted works, are observed to have been very effective in addressing the needs, efficient in their performance and very cost efficient in comparison with the cost of works of other players in the sector. The paucity of baseline data (which prevails in all sectors) makes calculation of impact difficult, but reported reductions of respiratory illnesses and infectious diseases after house rehabilitations would indicate the very positive impact.

---

33 Such as the Neighbourhood Budget Line.

of interventions which have reduced mould infestation, prevented moisture ingress and repaired leaking roofs.

127. DG ECHO is, however, incorrect to refer in its Funding Decision 2011 to near “completion of high urgent shelter needs”. These remain significant and ongoing as observed by the Team in South Lebanon. Construction of new structures (roofs, external walls etc) is illegal in ‘gathering’ shelters and rehabilitation therefore has to be to existing structures which never did meet any sort of standards. Rehabilitation cannot, therefore, be carried out to proper international professional standards and this constitutes a problem for the other Commission services which normally require three technical/financial bids according to high technical specifications.

128. DG ECHO has funded very relevant interventions addressing high urgent shelter needs through roof repair, water-proofing, insulation, painting and tanking to achieve significant impact on water ingress/leakage (and so on the health of the occupants) and at costs with which the other Commission services would find it difficult to compete due to their tendering procedures and technical specifications. However, when confronted by structures for which international building standards could not be met, DG ECHO partners have employed novel methods which achieved the desired effect but not in a way that would normally be acceptable to other Commission services. Through local administration contacts and low-level agreement, partners have managed to achieve good results which are, nevertheless, not sustainable in the longer term. The problem with such ad hoc works is that they are relatively short-lived (five to ten years) and the maintenance cycle is short and limited but, if the problems are not addressed urgently, they present a health risk (dampness) and even risk to life from collapse – such risks fall within DG ECHO’s humanitarian response imperative.

129. The EU Delegation has indicated that it is interested in working in the gatherings on such difficult challenges and that it could possibly avoid the attainment of international professional standards. While the Team doubts the possibility of such Delegation intervention, DG ECHO should investigate the issue with them towards LRRD and, if workable, pass this sector to them.

4.5 Health, Mental Health and Psychosocial Services and support to the Disabled

Occupied Palestinian territory

130. The humanitarian assistance funded by DG ECHO in the health sector during the period of review can be divided into three categories: support to access to primary health care; support to emergency response and preparedness during and in the aftermath of Operation Cast Lead in both West Bank and Gaza; and support to mental health and psychosocial services. The focus on these three aspects of health care provision is appropriate given that denial of access to health care in the West bank and quality health care in Gaza, together with response capacity in the case of a sudden escalation of hostilities, and the impact of the protracted crisis on people’s psychological health are key areas of concern for this sector. Projects implemented by DG ECHO partners have been relevant as they have contributed to increased access and provision of curative care through a mix of

---

35 Supporting walls without footings etc.
36 Installation of water-proof membranes to walls below ground level.
different activities including mobile clinics, capacity building of MoH PHCC’s, provision of drugs and equipment to clinics in Gaza, and training for community health workers. There has also been a surge in the support of PSS through an array of different partners and one key project dealing with the disabled. While support to both psychosocial disorders and persons with disabilities is relevant in a protracted crisis, the types of projects funded require a longer term commitment and DG ECHO is not the right donor for interventions that are dealing with more structural issues.

131. West Bank closures, coupled with restricted income and growing household expenditures, make access to health facilities often difficult (if not impossible) especially for the elderly, female-headed households, disabled and chronically sick. Mobile clinics have been the response of most partners to deal with this lack of access. Up until 2009 DG ECHO also funded the capacity building and equipping of MoH PHCs in many of these hard to reach localities but it was decided to discontinue this support due to the fact that MoH health staff often suffered from the same issues of access to reach the clinics, and were often on strike due to not having been paid their salaries by the PA or not motivated to travel to distant locations for work due to the problems involved as a result of the closure regime. This intervention therefore resulted in being inefficient and ineffective. While mobile clinics are also affected by closures and require long travelling times, INGO partners appear to be able to negotiate access most of the time, especially in the Area C enclaves and the seam-zone where access to primary health care is most limited. While mobile clinics are not a sustainable response to compensate for failing MoH’s PHC services and have limited impact in addressing acute health problems, they are however effective in providing care to patients with more chronic diseases and preventive treatment which is extremely relevant given that the oPt has seen a steep rise in chronic and non-communicable illnesses in the past decade. According to partners and monitoring reports, there was also no reported duplication of ECHO funded mobile clinic services with MoH services.

132. While the team was unable to visit Gaza for this evaluation, the key stakeholders interviewed and the reports indicate that DG ECHO is focusing on the right angle in Gaza by addressing the issue of quality, rather than access. Therefore, supporting the stocking of clinics not covered by UNRWA or the MoH with necessary drugs, and focusing on emergency preparedness both in regard to standard operating procedures and stock-piling is considered very appropriate. However, there is some concern that the emergency preparedness project in Gaza could have more impact if the approach was more participatory. Neither the MoH nor the civil society organisations in Gaza have been involved in the project from the formulation to the implementation stage, which may fail to raise their interest, their ownership and their accountability, as well as securing their willingness to continue after the partner withdraws.

133. DG ECHO funded projects in the psychosocial sector in WBG since 2006 have varied greatly in terms of intervention modalities and documented positive effects on the psychological well-being of the beneficiaries. In a protracted crisis such as oPt there is no question whether PSS interventions are relevant – they undoubtedly are. However, in the absence of any regulatory authorities for this sector or support to the relevant line ministries (MoH, MoE, MoSA) to develop capacities in MHPSS, these types of activities are expected to be supported for many years to come as linking these projects to an existing framework or even sustainable initiatives in the communities is not deemed possible. While there is an active MHPSS cluster lead by UNICEF, and both DG ECHO and the MHPSS partners have
played an active role in it, the cluster is unable to address the more structural issues facing the sector.

Similarly, DG ECHO has supported access to rehabilitation services to PWD’s in Gaza for three consecutive years. While there is no doubt that a need for services for the PWDs is acute, especially after Operation Cast Lead in which more than 5000 Palestinians were injured, this type of intervention needs long-term commitment and institutional support from either an established Palestinian institution or a government entity in order for the continuum of care to be ensured.

134. DG ECHO used to fund the health cluster coordinator but stopped this at the end of 2010 as it did not have any apparent impact on the improved delivery of health services to vulnerable Palestinians. Coordination through the health cluster is currently exemplary according to health sector partners as the WHO funded cluster coordinator has taken a strong lead and is managing to bring all the actors together even on more difficult issues such as how to harmonise the approach to using protection as the primary entry point and to mainstream protection in the health sector.

135. Partners expressed concerns over the trend that DG ECHO is moving away from trusting partners and the health clusters needs assessments for the CAP and becoming very prescriptive in where they want to work and what they want to be done. This trend goes against Good Humanitarian Donorship principles and undermines the point of needs assessments. While it is understandable that DG ECHO’s keenness on ensuring that programming is based on real urgent needs and targeting those most vulnerable, as long as it is unable to fund a thorough needs assessment of the health sector in the oPt, it must rely on those presented by the partners.

136. As of 2010, DG ECHO prohibited any cost-recovery in the health activities it funds in the oPt. This has lead to complaints from the partners that it undermines existing MoH structures as well as the implementing NGO’s systems that they have implemented for several years. While this makes sense for Gaza where a large part of the beneficiaries are considered social cases and cost-recovery has not been applied in the past, the logic does not apply as clearly in the West Bank. There is merit in retaining and encouraging the concept of ‘community participation’, especially in a context where this has been the modus operandi of both the MoH and local NGOs well before the arrival of DG ECHO in oPt. Encouraging the idea of a public health system as a thing of value seems appropriate in a protracted crisis, especially when the fees charged to patients are established, not in relation to the actual cost of the service, but more as symbolic fee. In addition, vulnerability in oPt is multi-faceted and not simply tied to income and assets. Vulnerability in relation to health care is primarily a case of physical access due to the Israeli policies of closure.37

37 As per the DG ECHO OPT Strategy per Sector for 2011, the areas covered for Health interventions are those where’An estimated 120 communities face difficulties in reaching health services in the West Bank due to their isolation, in the seam zone of the northern West Bank specifically where there are 10,000 Palestinians who are physically separated from health services’. Surveys conducted by DG ECHO’s health partners in other protracted crises, such as the DRC, confirm that even the poorest communities are willing to contribute financially to a healthcare system that they consider to be accessible and effective, and that even the most minimal contribution will encourage the patients to demand quality of service. Where the patient is identified as a social case, all fees are waivered and therefore there is no concern that those most vulnerable will not be served by the assistance provided. This was also the system applied by DG ECHO partners in oPt up until the blanket ban on cost-recovery late 2010.
137. DG ECHO argues that the systems that the implementing NGO partners have to put in place to ensure that the total amount of the cost-recovery from a project is reinvested in the same communities are costly and complicated, and that the notion of ‘renivestment’ is not always clear. However, the evaluation team would like to encourage the re-examination of the possibility of cost-recovery in the West Bank together with the implementing partners, as well as having a dialogue about the matter with MoH in order to ensure that the current policy is not undermining existing practices while at the same time ensuring that those most vulnerable are not denied access to care.

Lebanon

138. Palestinian refugees in Lebanon cannot benefit from any form of social or public health insurance due to restrictions imposed on them by Lebanese regulations. According to UNRWA, about 95% of Palestinian refugees in Lebanon do not have any health insurance and rely completely on UNRWA’s services and provisions. The health needs of the refugee population are relatively high with acute illnesses and non-communicable diseases increasing. While primary health care services in UNRWA health centres are free and there is almost full coverage for secondary health care services, Palestinian refugees must pay the bulk of the cost of expensive tertiary care. Having to pay for high-cost private treatment is pushing already struggling families further into poverty.

139. DG ECHO has been consistently supporting health care services for the Palestinian refugees in Lebanon since 1997. During the period under review, it has done so through a dual approach: i) by supporting PRCS (better access and quality of care through support to the five hospitals and the social cases); and ii) by supporting INGO partners who are filling the gaps of UNRWA health care provision (support for the disabled, the elderly and psychosocial services). Overall, the support to health care services for the Palestinian refugees consists of roughly 50% of the total DG ECHO funding for Lebanon since 2007.

140. Despite UNRWA having contracted a number of MOH and private Lebanese hospitals to complete the provision of secondary and tertiary health care as of 2010, the five PRCS hospitals (3 inside the camps, 2 outside) remain the primary providers of secondary health care for the Palestinians refugees in Lebanon. DG ECHO has provided regular support to the PRCS hospitals since 2004 through the Netherlands Red Cross based on the fact that Palestinian refugees have limited financial access to the Lebanese secondary health hospitals.

141. In addition to management and systems support, DG ECHO is providing PRCS in Lebanon with approximately 20% of drugs and medical supplies needed for the current level of operations. DG ECHO is also supporting the treatment cost of social cases by paying the balance of bill for patients that are not able to pay the total amount of the medical bill or who are not covered by UNRWA or other payers.

142. As the principal secondary health care providers for Palestinian refugees in Lebanon, support to the PRCS hospitals is important. In addition, the three hospitals located inside the

---

38 Workshop on “UNRWA Health Services: Past, Present and Future” Hosted by UNRWA Lebanon in Beirut, 23 June 2011
39 Just over EUR8.5 million of a total of EUR17.8 million.
40 Patients that are not covered by UNRWA either because they are i) Non registered or non ID Palestinians ii) Registered Palestinians but suffering from chronic diseases covered by UNRWA iii) Private patients (eg. Lebanese or Syrians) not able to pay the total amount of the encountered medical expenses.
camps (Balsam in Ein al Helwa, Safad just outside Beddawi and Haifa in Burj al Barjaneh) are hospitals of first response in the case of an emergency in the camp, especially if there is an escalation of violence and the camp is closed off by the Lebanese authorities. The hospitals have issues both in terms of quality of care and management that need to be addressed in order to ensure that they are effective and efficient in delivering services and in responding to possible large scale emergencies.

143. However, PRCS faces a problem of chronic under-funding and is likely to need external financial support for many years (if not indefinitely) given its mandate and its nature as a social institution. According to a recent Quality Assessment of Secondary Healthcare provided by PRCS, staff motivation at PRCS hospitals is low as staff are underpaid and there is little opportunity for training or skills development.41 This is combined with a falling occupancy rate (in-patient) and decreasing average lengths of stay.42 This is no doubt about the result of an expansion of UNRWA’s coverage package but PRCS also argues that this is because of UNRWA’s policy of preferring to refer patients to the Lebanese hospitals.

144. It is difficult to see how DG ECHO can strategically keep on supporting the PRCS hospitals in the current form (medical and material support, management support), without the possibility of an exit strategy. The other Commission services have expressed no interest in taking over the support of the PRCS hospitals for the same reason - it is not sustainable as there is no visible exit strategy. While the action is fully in line with DG ECHO’s strategy to address the humanitarian needs of Palestinian refugees by providing access to quality secondary healthcare for the most vulnerable43, in order for the intervention to be relevant and appropriate, the rationale for DG ECHOs support should be to serve the medical needs of vulnerable Palestinian refugees only. It is therefore necessary to reconsider the activities supported and re-focus in order to render the overall support more efficient and sustainable. It is recommended that DG ECHO focus on specific aspects of service quality, while taking great care not to get involved in longer term institutional support strategies that require several years of commitment. Fundamentally, PRCS should resolve this issue together with MoH and UNRWA but with DG ECHO facilitating discussions while making it clear its intent to withdraw.

145. The funding of the medical costs for social cases is deemed both relevant and appropriate by the evaluation team. However, there seems to be only limited data available on what type of medical care is being covered for the social cases. It appears that it is largely care for patients who suffer from chronic diseases which again raises the issues of sustainability of DG ECHO’s support as these cases are most likely to need financial support for the foreseeable future.

146. In addition, over the past years there have been an increased number of vulnerable non-Palestinians who have benefited from having their medical bills paid by DG ECHO. While the funding decisions per se do not contradict ‘other affected populations’ from receiving assistance,44 clear analysis as to who these other affected persons are and what makes them vulnerable (should be made up front by PRCS or at least at the end of project report. DG ECHO’s commitment to improving the access to and quality of health care provided by PRCS can be made more sustainable by focusing on specific aspects of service quality, while taking great care not to get involved in longer term institutional support strategies that require several years of commitment. Fundamentally, PRCS should resolve this issue together with MoH and UNRWA but with DG ECHO facilitating discussions while making it clear its intent to withdraw.

---

41 Quality of Secondary Health Care provided by PRCS Lebanese branch hospitals, March 2011.
42 PRCS Utilisation and Financial statistics for 2010, July 2011, PRCS.
43 Specific objective 2 of decision ECHO/-ME/BUD/2010/01000.
44 ‘To address the humanitarian needs of Palestinian refugees and other affected populations in Lebanon…’, ECHO/-ME/BUD/2009/01000 & ECHO/-ME/BUD/2010/01000.
services for Palestinian refugees is linked to specific violations of IHRL and the limitations of UNRWA as a health care service provider. DG ECHO should not be funding the care of patients who have other potential recourses for their health care needs.

147. As part of its strategy in gap-filling, DG ECHO has funded INGO partners to complement UNRWA health care services in areas where UNRWA is unable to provide adequate assistance. The 2005 Evaluation identified three areas where gaps still existed:

- **Mental health and psychosocial services**: It is clear that in a context where just under 300,000 persons are crammed into overcrowded camps and gatherings with low-standard housing and very little privacy, and have been in the same situation for the past 50 years without any solutions to their situation in sight, psycho social and mental disorders are bound to be widespread.

- **Elderly Care**: More than 11% of the Palestine refugee population in Lebanon is considered elderly and they are in need of specific Medical, Health, and Psychosocial services.

- **Disability Care**: Very limited rehabilitation services and specialists in disability care.

148. DG ECHO took these recommendations at heart and have since funded projects in the three areas consecutively with the same partners for three years. While the interventions are relevant and have undeniably had an impact, such as in the case of DG ECHOs funding to MPDL for home modifications, technical aids and orthopaedic surgery for Palestinian refugees with disabilities, the funding has not strategically encouraged clear linkages to and collaboration with UNRWA, and the interventions are consequently not sustainable. None of the partners have been able to formulate annual projects which would target specific issues and have instead developed multi-year programmes without a clear exit strategy. This is understandable given the weak or non-existent regulatory framework for any of these areas of intervention in the context of the Palestinian refugees in Lebanon. However, DG ECHO should not get involved in multi-year funding for sensitive interventions that rely on the continuity of funding.

149. UNRWA recognizes the need to take the lead in the provision of mental health and psycho-social services to its constituents. However, this is a lengthy process requiring both additional funds and capacity. With regard to the care of the elderly, it is unlikely that UNRWA health care professionals will be able to carry out home visits to those who are unable to come to the PHC’s, not only because of a lack of funds, but also due to security concerns as tension between UNRWA staff and the refugee population is at times very high. UNRWA should assume its responsibility towards providing specialised care for the disabled refugees as it has a dedicated department for this purpose and an allocated budget. However UNRWA, by definition, does not provide technical aids.

150. The issue of funding MHPSS, support for the elderly and disabled is therefore not a question of whether there is a need, or even an acute need, but rather that if UNRWA is unable to absorb these interventions into its activities, there is no foreseeable exit strategy for DG ECHO. The evaluation team therefore recommends that DG ECHO should not fund interventions in the future that are clearly multi-year in their nature, but that more importantly risk doing more harm than good if not followed through successfully, to some definitive end. The team therefore also recommends that DG ECHO review carefully its current agreements.

---

45 Evaluation of ECHO’s Humanitarian Decisions in the Middle East and an Assessment of ECHO’s Future Strategy in the Context of the Palestinian Crisis.
in these three areas and work out, together with the partners, an exit strategy which allows DG ECHO to pull out with minimum disruption to the beneficiaries of the projects.

5. Connectedness and Coherence

151. The concepts of **Connectedness** (or the extent to which interventions take account of longer-term needs and interconnectedness of humanitarian problems) and **Coherence** (or the need to assess security, developmental, trade and military policies, to ensure that there is consistency and, in particular, that all policies take into account humanitarian and human rights considerations) face a difficult challenge in the face of the legal, political and historical circumstances of both oPt and Lebanon.

152. In oPt, the Occupying Power’s total rejection of IHL and IHRL norms and its accelerating control and displacement of its population to areas convenient to the plans of that power makes DG ECHO’s **coherence** with central and local administration policies meaningless – it can only be **coherent** with its own mandate and policies. **Connectedness** with longer-term needs in the context of oPt can be strengthened in two ways; by building in LRRD approaches to the humanitarian interventions at the design phase in order for there to be a more longer-term outlook; and through the strengthening of more coordinated and focused advocacy efforts based on IHL and IHRL, rooted in the principles of humanitarian protection. Connectedness in oPt is currently weak and there is a clear need of strengthening both components in DG ECHO programming. In Lebanon, denial of human rights leads to a similar impasse.

153. DG ECHO is therefore left with three choices:

   i) continue its interventions in the oPt and Lebanon based on addressing the causes of violations instead of just focusing on the symptoms (which is not in DG ECHO's mandate)  
   ii) take a robust, principled stand with a strong **Protection** element supporting its humanitarian interventions; or  
   iii) withdraw from the theatre of operations.

   It is the evaluation team’s opinion that there is the opportunity for ECHO to strengthen the impact of its interventions when these are supported by a protection strategy and by a strong advocacy strategy to raise awareness on rights violations. Equally important is to integrate LRRD approaches at an early stage of humanitarian interventions.

6. Coverage

154. In both oPt and Lebanon, the Team considers that DG ECHO is covering the right sectors and that there are no obvious gaps wherein it should venture. DG ECHO is now significantly narrowing its sectoral and geographic intervention as indicated for oPt by reference to **Annexe B.1** (‘ECHO’s funding in 2011 in the occupied Palestine Territory’). It can be seen to cover Area C of the West Bank, East Jerusalem and the Gaza strip. In 2009, the geographical focus in the West Bank had been narrowed from all of the West Bank to Area C, enclaves and the seam-zone as part of an attempt to somehow define the notion of ‘protection as an entry point’ linked directly to the factor of Palestinians’ limited access. This narrowing of the geographical focus is understandable in the light of a new approach (protection as an entry point) as well as in the face of reduced funding. However, the
Evaluation Team would caution DG ECHO against becoming too prescriptive in their approach. ‘Protection as an entry point’ is both a relevant and appropriate criteria for project selection and, if rightly identified using agreed upon indicators for that specific sector, there should be no need for a geographic limitation. The limit for project selection lies, however, in DG ECHO’s and its partners’ comparative disadvantages vis-a-vis the comparative advantages of other donors and their specialist partners.

155. Therefore, if a project qualifies for ‘protection as an entry point’ but its location happens to be in Area A or B (for example a farming community based in area B but with all its land in Area C, or a community in Area B suffering from closures and regular settler violence such as around the Qalqilia-Tulkarem area), this should not mean that the project does not qualify for DG ECHO funding. ‘Protection as an entry point’ should therefore be used as the primary criteria for project selection with clear, demonstrable comparative advantages over over other instruments in order to ensure a consistent approach to targeting and alignment to the needs assessments produced by the clusters.

156. In Lebanon, interventions are now limited to include HFA and rental subsidy in the Nahr el Bared camp in the North, Shelter and WASH in the gatherings, Health and Protection. These interventions are not comprehensively meeting urgent humanitarian needs but are ‘gap-filling’ in relation to issues not covered under the UNRWA mandate, providing a geographic spread and taking account of other donor intervention.

157. DG ECHO’s comparative advantages, in terms of rapid response and flexibility, indicate its potential to respond to needs raised by its partners and the sectoral clusters wherever they might arise. If strengthened by Protection measures to support its projects and to take a principled stand, particularly in oPt, DG ECHO can choose (in future plans) to intervene in situations where there are possibilities for greatest impact.

7. LRRD

158. Linking Relief, Rehabilitation and Development (LRRD) is a Commission mantra towards which DG ECHO has striven in its interventions ever since its establishment. The principle is that DG ECHO’s interventions should have ‘a beginning and an end’, in other words, have an ‘exit strategy’ with actions taken during the intervention period to prepare for ongoing action (where needed and justified) by other Commission services, other international institutions or the community.

159. In its short history, DG ECHO has increasingly and strenuously made such efforts but the continuum towards the other, longer-established Commission services has, however, always proven to be difficult to achieve. The reason lies in the fact that these services have stricter implementation parameters, stricter tendering procedures, less flexibility, slower funding processes, tend towards much larger interventions and are subject to completely different (and longer) funding cycles. The process also requires the close cooperation of the other services which, while not always forthcoming from some EU Delegations, works well in the territories in question here and notably so in oPt.

---

46 Both Shelter and WASH will be phased out in Lebanon when outstanding issues identified by the NRC/Premiere Urgence survey have been addressed.

47 Although this is a very positive attribute of their budget lines.
160. Nevertheless, difficulties persist in these territories as discussed earlier viz; i) The proposed handover of assistance to the bedouin and herder communities by DG ECHO to the EU Delegation in Area C and East Jerusalem in 2013 causes concern to the Team because it considers the EU Delegation to lack adequate flexibility to respond to rapidly changing circumstances there and observes no clear strategy for a smooth continuum towards the Delegation’s take-over. The reasons why these communities are particularly vulnerable and need assistance in the first place is because of the aggressive policies of the Occupying Power clearly aimed at driving Palestinians out of the area. It is therefore clear that, unless the EU Delegation addresses the cause of the vulnerability, there cannot be sustainability in the activities it will fund. Furthermore, a return of DG ECHO might be necessitated in order to respond to urgent humanitarian needs at a later date. A solution to this problem may be a contiguum whereby DG ECHO and the EU Delegation operate in parallel for sufficient time to make the eventual continuum sustainable. With the current level of cooperation between the two services and DG EEAS, this may be workable but requires a significant and robust element of protection and advocacy. 

ii) Handover of Shelter rehabilitation to the EU Delegation in the Lebanon ‘gatherings’ presents a problem with regard to international professional standards and tendering procedures normally required by other Commission services. The EU Delegation has indicated that it could possibly avoid such requirements in its employment of such budget lines as the Neighbourhood Policy. DG ECHO should investigate this issue with its implementing partners and, if workable, pass the Shelter sector to the EU Delegation. There appears to be some reticence by the DG ECHO regional representation with regard to this course of action on the grounds that the partners tend to be passive. If DG ECHO is to achieve real LRRD, however, extraordinary efforts are required.

iii) Handover of the WATSAN sector is planned but faces similar challenges as noted in ii) above. Since the sector is availed of probably the best and most efficient cluster arrangements, extraordinary efforts by DG ECHO, with the support of the cluster, could make real LRRD a possibility.

161. The paucity of real opportunities for development in favour of refugees in both WBG and Lebanon, because of severe restrictions (demolitions, displacements and access to productive resources in oPt, limited markets in Gaza and illegality of work and construction in Lebanon) in those territories, leaves little potential for intervention which would lead to development with, perhaps, the exception of training.

162. There is little possibility for development in an environment where productive and sustenance resources are limited or their access denied, where demolition of new (and even existing) structures is widespread and where the threat of displacement prevails. Without an element of protection in DG ECHO interventions, there is little potential for primordial development intervention which could lead to implementation by other Commission services, other International Institutions or the communities. DG ECHO has shown great courage and resolve in continually re-building its funded but then demolished structures but this is costly to the European tax-payer. DG ECHO's interventions should, therefore, be better safeguarded and better protection of the civilian population ensured through advocacy (including through information to the tax-payer and efforts through EU diplomacy etc.) as well as through strategic litigation efforts which, while providing protection for individual families, can also act as a tool for advocacy against illegal policies.

48 Further analysis can be found in Annex E.
8. Findings according to Relevant Evaluation Questions

Regarding 3. Intervention strategy

8.1 What has been the impact of recent budget restructuring and streamlining?

163. Restructuring and streamlining have been necessary in order to release DG ECHO funding towards its pressing global humanitarian needs, which may be seen as more urgent than those currently addressed in WBG and Lebanon. At the same time, DG ECHO has been quite right to maintain a strong presence in WBG and a ‘skeleton’ presence in Lebanon due to the very serious IHL/IHRL violations in the former and rights denials in the latter. An even more important justification for remaining in the latter lies in the fact that instability both within Lebanon and in the region (notably the Syrian unrest) just about guarantee a demand for a DG ECHO response in the short to medium term.

164. DG ECHO has skilfully reduced its scale of intervention but to a point at which implementing partners are, at best, complaining that they will, in the future, be under-funded or, at worst, no longer implementing on behalf of DG ECHO. The latter constitutes the loss of some high quality partners which is unfortunate in recognition of the current need for readiness.

165. It is also difficult with regard to funding of some of the recommendations made in this report and notably the need for significant expansion of the protection sector in oPt, which might require yet more financial streamlining in other sectors.

166. Areas of intervention most badly impacted are those that result from the structural poverty endemic in both the victims’ local administrations (eg. the Palestinian Authority) and in their families. Peripheral areas such as disability and the elderly are particularly negatively impacted by the cutting process, while it is clear that some of the partners who address such issues will find it difficult to find funding elsewhere and may contemplate having to leave the territories (viz. MPDL in Lebanon).

167. It is noted, however, that DG ECHO’s ongoing pressure on partners’ improved targeting has never left such ‘social cases’ out of the equation. The question here is whether ‘social cases’ or, more exactly, victims of structural poverty fall within the responsibility of DG ECHO. Rights denials in Lebanon and legal violations in WBG constitute barriers to such victims’ access to assistance such that, what are fundamentally poverty issues, have become humanitarian issues. The line of delineation is so blurred that differential targeting is virtually impossible and DG ECHO has to treat both issues as humanitarian. This dilemma can only be addressed in the shorter term by closer attention by the EU Delegation and DG ECHO in concert.

8.2 What are the advantages and constraints of working on consortia? What is the impact on beneficiaries’ needs of recent ECHO efforts to encourage consortia?

168. DG ECHO has started to encourage consortia amongst its implementing partners in order to reduce the number of contracts it has to manage and in order to encourage more multi-sectoral projects. While this seems appropriate in order to balance DG ECHO staff workload with available resources, the Team did not witness a single example of a consortia where the partners were actually implementing a project together but rather that it
was a question of convenient\textsuperscript{49} contractual arrangements. None of the partners saw any advantages in forming a consortium for a DG ECHO bid and they all have their own niche intervention area, both geographically and sectorally, and they all have slightly differing mandates and often different management and organizational cultures.

169. There are other limitations to different INGOs effectively working together. For example, the INGOs receiving US funding have to adhere to very specific partner and beneficiary selection criteria, which other INGOs refuse to submit themselves to. Finally, there is always the question of who should be the lead agency as this entails both control of the budget and increased visibility. It therefore appears that the formation of consortia is not relevant for the improved delivery of assistance on the ground, while it may be more efficient from an administrative perspective for DG ECHO in that it would involve managing fewer small contracts. The Team considers that it is unlikely that consortia will have a positive impact on aid delivery on the ground and the policy should therefore be reconsidered.

8.3 What has been the financial decisions’ impact, considering the following points:

8.3.1 Contribution to the reduction of human suffering

170. The fact that the situation in oPt, Gaza and Lebanon is not a humanitarian crisis in the normally understood context is testament to the donors’ long-term humanitarian assistance efforts, including significantly those of both DG ECHO and other Commission services. It is said that the Palestinians are not ‘hungry but angry’. This (if anything worse) suffering is something about which DG ECHO can do very little until a political settlement is reached - however, as discussed throughout this report, it can try to mitigate against the more negative symptoms through parallel efforts which tackle the cause through such as strengthening advocacy efforts.

8.3.2 Aid dependency

171. The Palestinian people have become aid dependent after more than 60 years of external support and the situation has been perpetuated by all donors and actors alike in the occupied Palestinian territory and Lebanon. They suffer from a perceived entitlement and high dependency due, \textit{inter alia}, to direct food assistance to significant parts of the population for decades and the fact that they have a strong sense that someone is to blame for their predicament. However, they are an educated and diligent people, and do respond to more innovative assistance modalities designed to stimulate their economies as well as being given more responsibility through locally contracted NGOs – this should be expanded. The long dependency has made the victims resistant to rapid change and, if these are not introduced with sensitivity, dissent can lead to violence (e.g. moving directly and rapidly from direct food assistance to cash for the Palestinian refugee populations in Lebanon and Gaza).

172. DG ECHO has been very aware of the issue of aid dependency by constantly reviewing and analysing its strategies in the two contexts. By encouraging, for example, better targeting of beneficiaries by its partners and by introducing new and innovative intervention criteria (‘protection as an entry point’) it is doing its best to avoid further deepening aid dependency amongst populations that are not necessarily the most vulnerable and, to this end, is encouraging auto-sufficiency.

\textsuperscript{49} Convenient to obtaining DG ECHO funding.
173. DG ECHO should consider, however, the possibility of introducing cost recovery elements (in line with PA procedures) in some of its interventions in oPt (for example health and water). This would be possible, while still ensuring that those without means (social cases) would receive the services free. This is recommended in relation to the fact that vulnerability in the oPt is multi-faceted and only partially related to assets and income, and more strongly to issues of access or denial. Such cost-recovery elements have been practiced by DG ECHO in other protracted crises in order not to undermine existing structures and in order to encourage the notion of ownership. This would strengthen DG ECHO’s stance against further deepening aid dependency.

8.3.3 Aid effects on local economy and on local population’s revenues
174. Some cash-based interventions such as CFW, unconditional cash grants and cash-for-food vouchers have been proven in assessments to have a stimulatory effect on both camp and neighbouring populations’ economies particularly where commodity purchases have to be made from local suppliers and processors\(^{50}\). No study has been found regarding calculation of the multiplier effect of introduced cash but evidence indicates that this is significant. There is no evidence of an inflationary effect of cash intervention on food prices because the size of the input is negligible \textit{vis-a-vis} the size of the market nor is there any evidence of food price deflation due to free food aid for the same reason.

8.3.4 Aid effects on health and nutritional habits
175. Both morbidity and malnutrition indicators are low for what is not a classic humanitarian crisis situation and this is partly due to the long-term provision of health care and food aid support but is also due to the lack of economic and physical access to these factors which do exist, anyway, in the absence of aid. Nutritional deficiencies have been proven to be reduced by enabling the populations’ economic access to food of their choice.

8.3.5 Aid effects on the environment
176. In one case it seems that the related environmental effect should be assessed: in certain gatherings in Lebanon where shelters are being rehabilitated right on the beach (e.g. Jal el Bahr), the waste and sewage from these houses goes straight into the sea. DG ECHO’s decision not to carry out watsan interventions in Gaza involving water from the rapidly emptying aquifer was \textit{appropriate} given the possible longer term environmental impacts of reductions. Otherwise, impact on the environment, both positive and negative, would seem to be negligible as a result of DG ECHO intervention.

8.3.6 Local capacity building due to humanitarian programmes
177. Support to local NGOs through International implementing partners\(^{51}\) enables their capacity building, but they complain that they are just sub-contractors despite having high standards of their own. They would prefer to be availed of direct contracts with DG ECHO (which is not currently possible under the mandate) but which would expose them to higher level management and technical expertise and, accordingly, higher levels of capacity building.

178. DG ECHO has very little contact, however, with the local implementing partners, which in many cases are the final face-to-face interface of DG ECHO funding with the beneficiaries. DG ECHO would benefit from engaging more proactively with the Palestinian implementing partners, especially in the oPt, in order for them to have a thorough

\(^{50}\) \textit{Viz}: Gaza.

\(^{51}\) Or those having offices in European countries.
understanding of DG ECHOs policies and vision on the ground. Currently, there are at least two layers of organisational ‘DNA’ between DG ECHO and the communities which benefit from its funding – that of the INGO and that of the Palestinian NGO. In order to ensure that the DG ECHO ‘DNA’ (such as the same understanding of ‘protection as an entry point’) is transferred to the activities, more direct liaison with the Palestinian implementing partners is encouraged.

8.4 Have the needs been properly identified and, consequently, have the strategy and the implemented interventions been adequately formulated and prioritised? How could ECHO’s strategy and programming be improved?

179. DG ECHO has an ongoing drive to improve partners’ targeting and this still has some way to go before it is ideal. As targeting approaches greater precision, however, the ‘hard core’ of needs tend to lie in the areas of structural poverty and social issues which are not really within DG ECHO’s mandate. Nevertheless, it could be argued that the victims’ circumstances are compromised by denial of their rights and, as such, the symptoms of structural poverty and social problems have in fact become humanitarian needs. Targeting by prescriptive rules will, therefore, remain unclear until such time as other Commission services (and not DG ECHO) are clearly able to ‘catch’ structural poverty and social victims who ‘slip’ through the ‘targeting net’.

180. After more than sixty years of the suffering of the Palestinian people, the humanitarian needs are clear as are the interventions required to address the symptoms and as are the causes of those symptoms. The problem is that DG ECHO is only effectively addressing the symptoms and not the causes. This report highlights the fact that, although Protection has been identified as the priority sector for DG ECHO intervention as an ‘entry point’ for its other well implemented interventions, the nature of the violations and denials are now so entrenched and brutal that it is hardly having any impact on stopping them, so making associated interventions little more than short-term alleviations of the symptoms.

181. The strategy recommended here is to mount a robust protection and advocacy effort in association with all its interventions and to make this meaningful through the appointment of a dedicated Protection specialist within DG ECHO at the regional or, preferably, Jerusalem level.

Regarding 4. Performance according to sector

8.5 What are the gaps, lessons to be learnt and limiting factors for the development of the different sectors considering the following points:

8.5.1 Planning and aid mobilization

182. DG ECHO has a well established and effective representation in East Jerusalem and needs to stay there as such as long as urgent humanitarian needs remain in the foreseeable future, while its ‘skeleton’ representation in Beirut is currently adequate. However, DG ECHO should not make the mistake of pulling out of Lebanon completely (for short-term cost-saving reasons) in light of the very real potential for instability within the country and potential for the conflict in Syria to spill over into the country.

183. With current budget reductions, DG ECHO is hardly in a position for any scale development of the different sectors. However, it must learn the lessons of correct recognition of its mandate, clearer communication of its thinking to partners and taking a stronger (but sensitive) leadership role while communicating this better to other donors.
184. DG ECHO’s mandate is to meet urgent humanitarian needs. It states that its role is not to fill gaps. There is no contradiction between the terms – if there is an unmet urgent humanitarian need, then that constitutes a gap.

185. While it does not have a diplomatic or political mandate, DG ECHO must address and prioritise the Protection recommendations contained in this report and encourage other Commission services, which do have that role, to take a more robust and principled stand, not only to safeguard its own sectoral interventions, but also to prevent its beneficiaries’ retreat from IHL and IHRL violations.

186. DG ECHO should also learn the lesson of ‘economic access’ and plan its funding with a view to economic stimulus to the refugee- and their neighbours’ economies.

8.5.2 Partners’ operational capacities (staff, logistics, administration, access)

187. DG ECHO’s current streamlining have selected (by default) for those partners with geographic, capacity, technical and management comparative advantages. However, the streamlining process has marginalised some excellent partners and sectors, particularly those associated with structural poverty or social issues. It would be in DG ECHO’s own self interest to help such partners to find other sources of funding (in the spirit of LRRD), if only to assure their presence in the territories, to be called upon when needs arise.

8.5.3 Partners’ strategies

188. Partner strategies have become very much linked to DG ECHO strategies and this is why the latter must be more consistent and far clearer in their communication of those strategies.

8.5.4 Partners’ control, monitoring and auto-evaluation systems

189. While partners welcome DG ECHO’s leadership role, they do not like its prescriptive nature and, particularly, its reporting requirement which comes from good monitoring and auto-evaluation – they cannot have it ‘both ways’. Clearly, there is a need for partners to improve their targeting, monitoring and auto-evaluation but DG ECHO can assist them in defining (far more clearly) indicators of need and success against which to monitor and report. If this is achieved, then partners can monitor and report in a much briefer fashion. In fairness to DG ECHO, it has made enormous strides in this direction with its ‘one-document system.

8.5.5 Partner's mobilization of other sources of funding?

Regarding 5. Connectedness and Coherence

8.6 Is the harmonized approach with the CAP a good initiative? What lessons can be learned from the process?

190. The harmonised approach with the CAP in oPt has been much appreciated by all the partners. Not only has it given DG ECHO more influence over the process and the ability to shape cluster strategies, but as DG ECHO solely funds projects that have been approved by the CAP (ICRC protection is the only non-CAP project that DG ECHO funds) it is by definition aligned with the priorities identified by the clusters, supporting the process of UN reform and coordination. Humanitarian donors that fund projects not prioritised by the clusters undermine the entire notion of coordination. It is therefore important that DG ECHO continues this approach.
8.7 How effective has the coordination, complementarity and coherence been at the following levels: between humanitarian agencies on the ground, between aid providers and local counterparts, between donors at field and HQ levels? What are the main areas for improvement and how? Have any possible gaps been identified in the humanitarian assistance delivered by ECHO and other donors to the targeted population?

191. Coordination in the oPt is a prominent feature and there is a constant reflection on humanitarian action. There are various coordination bodies both for the humanitarian actors and the development ones. DG ECHO is funding and chairing the Humanitarian Task Force, as well as co-chairing the Friday Group which brings together implementing partners and donors, and is even attended by a representative from the EU Delegation. However, while there is much coordination at all levels, there is little strategic collaboration, especially amongst donors to encourage the adoption of new approaches. If, for example, other donors do not follow DG ECHO in taking a more robust stand on protection in order to protect their interventions in the oPt, the overall impact of this shift in the strategy will be weakened.

192. While DG ECHO regularly sees many of its partners in the various communication and coordination fora, some INGO and UN partners expressed the opinion that the subjects of discussion tend to be of a ‘day-to-day’ functionality nature and do not enter into real debate on the underlying humanitarian issues. Similarly local NGO partners felt that this type of dialogue was often absent from their relationships with the INGOs, as the former are seen primarily as sub-contractors and not equal partners with an equal voice. Therefore, while a great deal of coordination takes place, the impact of the coordination on the reduction of suffering for Palestinians, is not always clear. In this regard, the CAP is seen as a ‘shopping list’ in which the agencies try to ‘fit’ into a pre-defined (by the donors) format in order to secure funding.

8.8 How have DG ECHO’s different roles (facilitating coordination, as an active donor, etc) been perceived by donors, partners and other stakeholders?

193. The evaluators approached this question by trying to assess the perceived added value of DG ECHO over any other emergency donor. DG ECHO is clearly perceived as unique in that it is engaged and provides technical advice, it is flexible and responds quickly, it is generally participative in field visits and in strategic planning processes and thus encourages partners to conduct more internal reflection and better refine their own priorities, modalities of working and efficiency.

Occupied Palestinian Territory

194. DG ECHO has a very strong presence in oPt and is known to be a strong and vocal donor. It is engaged, visits partners’ projects, is in tune with their concerns and advises them on planning and programming (although not consistently among all partners). It is quick to identify gaps where research is needed (such as in the psychosocial and humanitarian food assistance sectors) which has helped to improve strategies and priorities. However, it was mentioned by Gaza partners that DG ECHO should provide more guidance on counter-terrorist legislation and how they can overcome these hurdles in order to ensure quality of humanitarian services. It was positively noted that DG ECHO is now starting to look into these issues.

195. In terms of dialogue, DG ECHO brings actors together but many felt that these fora could be used for more substantial dialogue on strategic and future issues, could be more
inclusive (local NGOs and PA bodies) and should start discussing developmental issues and LRRD rather than purely humanitarian ones, if it wants to think in terms of sustainability.

196. With regards to DG ECHO's coordination role, this is considered as positive by many players. A delicate balance will need to be struck so that DG ECHO can bring players together and ensure dialogue is enhanced, while ensuring not to undermine the coordination role of OCHA or that of the cluster systems. In this way, it will also help prevent unrealistic expectations to be placed on DG ECHO as to what it should be providing to partners.

197. DG ECHO needs to be more careful in its communication to partners with regard to its vision, strategy, funding and protection mainstreaming. This issue arose particularly with regards to the CAP procedures and funding decisions which partners do not understand fully. Moreover, DG ECHO should be clearer in its position and strategy on LRRD for certain sectors or programmes, otherwise it is difficult for partners to plan. DG ECHO could have a much stronger role in identifying areas for coordination between its partners and sharing best practices, in order to help avoid duplications and to improve efficiency.

198. Regarding other donors, some are ignorant of DG ECHO’s current thinking. Others recognise DG ECHO as a driver, an important humanitarian donor whose opinion has weight and who has potential to harmonise approaches and coordinate, with a potential role to improve joint donor advocacy efforts towards accountability by duty-bearers. Within the Palestinian Authority (PA), DG ECHO is recognised as an important humanitarian donor, however they also see it as one which bypasses the PA in discussions relating to LRRD and longer-term strategies which affect national planning priorities.

199. Operationally, DG ECHO is perceived as a “pragmatic donor” that overcomes certain contextual hurdles in creative ways to ensure that work is carried out. However, although partners acknowledged that report-writing is important for them to properly record and reflect upon their activities, DG ECHO’s bureaucratic procedures are loathed almost unanimously by partners who felt that large amounts of time is wasted with small details, especially with its new online Appel process which is reported to not function correctly. There have been long delays in receiving funds, which have hampered the start of projects. DG ECHO's strict categorisation by sector in its funding procedures was said to prevent creative cross-sectoral approaches which could not fit into any single funding category.

200. In general, it can be said that DG ECHO’s relationship with NGOs seems to be stronger than that with UN agencies. DG ECHO could reduce this problem by allowing more dialogue with them, linking partners where relevant and encouraging sharing of best practices, simplify heavy bureaucratic procedures wherever possible, ensuring timely payments, communicating its planning thinking and vision in a clearer way, and redefining its coordination role so as not to undermine the roles of OCHA and the clusters, thus setting more realistic expectations of what it can meet.

Lebanon201. DG ECHO in Lebanon does not have such a strong presence and role as that in oPt, partly because its physical presence and funds are smaller, there are less actors and so less need for a coordination role. Partners appreciated the technical support given by DG ECHO and would like to receive more, stating that it has helped them to reflect upon and tighten up their work and increase cost-effectiveness. Dialogue encouraged by DG ECHO between partners over past years, when it happened, was greatly praised by partners and it seems that there is no other donor in Lebanon doing the same.
202. DG ECHO’s real added value in Lebanon has been in its quick response to needs that have erupted in times of crisis, its precise identification of the gaps and its technical input.

8.9 How effective have the DG ECHO communication, information and visibility activities been during the evaluated period?

203. DG ECHO visibility is everywhere through employment of stickers by its partners while communication and extension of information would appear to have been adequate.

204. The principle knowledge of DG ECHO comes, not from specific efforts on its own behalf, but from the good name that it has created for itself as a ‘partner’ not just a ‘donor’ and the leadership role that it has taken on and this by default. With regard to the latter point, DG ECHO is well respected despite being criticised for its being too ‘prescriptive’.

9. Conclusions and recommendations (for every conclusion there is a recommendation)

205 Conclusion i)
While there are many urgent humanitarian needs to be addressed in both oPt and Lebanon, these are only symptoms of the causal factors of violations of international law (IHL and IHRL) in WBG, and denials of Human Rights in Lebanon. These are the legal responsibilities of the Occupying Power and the host nation respectively.

206. Recommendation i)
While DG ECHO is limited by its mandate to not politically address the causal factors of the consequent urgent humanitarian needs, it can still take a stronger principled stand with regard to victims’ vulnerabilities and translate this into more effective concrete actions while continuing to address those needs. In the oPt this could be done by expanding support to the litigation efforts (see recommendation iv), setting up an advocacy tool to monitor various efforts and results, sharing best practices between partners, commissioning a more comprehensive study on the damage done (in financial terms) to humanitarian projects as a cause of the occupation and using this as an advocacy tool, boosting advocacy efforts of response mechanisms like that for violations relating to children or for displacement, and exploring how to better utilise the strong capacity of local NGOs for international or regional advocacy efforts. In Lebanon this could be done by maintaining support for litigation programmes that can have a strong advocacy impact, maintaining the expertise of more diverse actors and supporting these specialist partners in conducting studies on specific legal areas (e.g. women, children, shelter and housing) that can be used as advocacy tools.

207. Conclusion ii)
Construction interventions in oPt have been demolished illegally\(^{52}\) by the Occupying Power and DG ECHO has taken a responsible humanitarian stand in re-building them, several times if necessary. This, coupled with many other expensive occupation-related costs borne by humanitarian donors is not, however, an efficient use of European tax-payers’ funds allocated for humanitarian purposes. The European tax-payer should be aware of how his/her taxes are spent.

---

\(^{52}\) Under International Law, the occupying power must take responsibility for the shelter and sustentation needs of the occupied. In denying permission for reconstruction in oPt, the occupying power has broken this law but defends its demolitions on the grounds that the reconstructions are legally contrary to the denial of permission. This may be a clever way of avoiding the issue but is still illegal.
208. **Recommendation ii)**
DG ECHO should continue its robust re-building regime but, at the same time, inform European (and other donor) tax-payers through renewed *advocacy* efforts within its capacity in order to reduce violations. As outlined in the above recommendation, advocacy could be strengthened through support for different kinds of litigation efforts, through focus on the financial cost of the occupation for the EU taxpayers, and could better use the expertise and experience of local NGOs in defining a more structured advocacy strategy.

209. **Conclusion iii)**
DG ECHO needs to respond, not only to ex-post symptoms of violations, but also to victims’ vulnerabilities to violations, particularly with regard to demolitions, settler violence and forced displacements, and ensure it is done in a comprehensive way through encouraging coordination between relevant actors.

210. **Recommendation iii)**
The DG ECHO supported Protection Cluster (specifically its sub-group DWG), together with the support of the ICRC, has already established an emergency response mechanism (mostly for West Bank) which comprises multi-partner response to immediate humanitarian needs, *protection* and *legal assistance*. This needs to be expanded and more strongly supported.

211. **Conclusion iv)**
While DG ECHO has some excellent *litigation* specialist partners, their absorptive capacity is limited and their numbers need to be supplemented.

212. **Recommendation iv)**
*Protection*-related legal work should be enhanced, especially in oPt, through strengthened capacity of existing partners and consideration of new specialised (possibly local) partners. “Principled cases” that tackle discriminatory and potentially aggressive policy need to be supported on a strategic basis which selects “test cases” for action.

213. **Conclusion v)**
Different partners interpret protection criteria differently with regard to its mainstreaming and intervention. DG ECHO partners do not understand well how to “mainstream” protection and thus have developed different ways of doing so, which has given good results but that are not necessarily shared between partners. With regards to “protection as an entry point”, partners had misunderstood DG ECHO’s funding decisions and believed it was too prescriptive and limiting the proper identification of, and response to, urgent humanitarian needs. DG ECHO has not well been able to monitor partners’ efforts and how successful each has or has not been.

214. **Recommendation v)**
DG ECHO should improve its guidance and communication to partners with regard to implementing *protection* mainstreaming and “protection as an entry point”. Different approaches to mainstreaming should be supported; however, DG ECHO should ensure there is space to share and discuss best practices. To monitor different partners’ efforts in this regard, DG ECHO should develop a tool that enables it to track these efforts and thus better assess impact.

215. **Conclusion vi)**
Significantly low GAM rates and well supplied very active food markets do not indicate malnutrition issues\textsuperscript{53} but vulnerability to food insecurity is widespread. This is due, not to food supply, but to poor economic access to food.

216. **Recommendation vi)**
DG ECHO should considerably expand its move towards measures which will enable better economic access to food through CFW, unconditional cash, cash vouchers and E-vouchers. The Team would strongly recommend much increased support to the latter as a means of improving the range of dietary components; stimulating victim, refugee and their neighbours’ economies; enhancing human dignity and creating a modern and **effective** ‘flagship’ for replication in other concerned countries.

217. **Conclusion vii)**
Increasing denial of physical access to means of production (land) and sustentation (notably water for human and livestock production) is increasingly limiting DG ECHO’s potential for interventions which would encourage food production.

218. **Recommendation viii)**
The fact that people face land access issues and settler violence in oPt and have to break the law in order to carry out cultivation in Lebanon presents DG ECHO with an opportunity for **advocacy** intervention which it should support robustly.

219. **Conclusion viii)**
There is a potential for training in marketable trades albeit that there is currently a reduced market in WB/Gaza\textsuperscript{54} and opportunities for work severely limited in Lebanon. Training can provide an opportunity for young people’s meaningful activity and potential for future work.

220. **Recommendation ix)**
DG ECHO should encourage its partners to provide high quality training in marketable trades\textsuperscript{55} particularly with regard to locally employed staff as they work on its funded interventions. In this way, DG ECHO can ‘leave something behind’ after its exit.

221. **Conclusion ix)**
In the West Bank, the **appropriateness** of house reconstruction, in the absence of safeguarding DG ECHO’s interventions, has to be questioned while the provision of **ad hoc** shelter (tarpaulins etc.), is nevertheless **relevant**, but constitutes response to the **symptom** not the **cause**.

222. **Recommendation x)**
DG ECHO should continue its rebuilding of structures but accompany this with a very robust **protection** intervention.

223. **Conclusion x)**
While it is hoped that the blockade on the import of building materials into Gaza will ease in the foreseeable future, DG ECHO intervention in the sector there would risk its lock-in to a longer-term and high cost venture.

---

\textsuperscript{53} Although free food-in-kind interventions by many donors over many decades have made some contribution to this.

\textsuperscript{54} Due to currently denied access to Israeli labour markets

\textsuperscript{55} Carpentry, brickwork, plumbing and electrics etc
224. **Recommendation x)**
DG ECHO should not be tempted to intervene in the shelter sector in Gaza at such time as re-building becomes a possibility there. It should, however, continue to respond in cases of urgent needs following demolitions or an emergency situation such as that brought on by Operation Cast Lead.

225. **Conclusion xi)**
DG ECHO’s handover of its ‘temporary housing’ rehabilitation interventions to the EU Delegation in Lebanon raises questions of international professional standards whose exigencies the Team considers will limit possibilities for **LRRD** in this sector despite the fact that the Delegation has expressed an interest in take over.

226. **Recommendation xi)**
While urgent humanitarian shelter needs remain in the Lebanese gatherings, the Team considers that **LRRD** in the sector should be partial (ie. involve an element of contiguum) and enable continued DG ECHO response to urgent humanitarian needs in the sector as they arise.

227. **Conclusion xii)**
The WATSAN sector is a prime candidate for handover to other Commission services but some urgent needs continue to prevail. DG ECHO continues to have a comparative advantage over other Commission services and other international donors in rapid response to reports of emergency needs.

228. **Recommendation xii)**
DG ECHO should hand-over its intervention in the WATSAN sector while maintaining a ‘watching brief’ in liaison with the concerned EU Delegations.

229. **Conclusion xiii)**
**LRRD** is always a difficult issue and particularly so in WBG and Lebanon. Cooperation between DG ECHO and the Delegations is good and particularly so in oPt.

230. **Recommendation xiii)**
While DG ECHO should make every preparation for **LRRD** particularly towards EU Delegations’ takeover, it needs to ‘keep a watching brief’ and be prepared to perform **LRRD** not just in terms of **continuum** but sometimes in terms of **contiguum** ie. continuing some interventions itself in parallel with other Commission services.

231. **Conclusion xiv**
While support to both psychosocial distress and persons with disabilities is relevant in a protracted crisis, the types of projects funded require a longer term commitment and DG ECHO is not the right donor for interventions that are dealing with more structural issues.

232. **Recommendation xiv**
DG ECHO should not support MHPSS and PWD interventions that do not aim to have clear results within the one year funding cycle and are then able to be absorbed by local structures or regulatory authorities. In the absence of these, it is recommended that DG ECHO reconsiders it strategy in this sector.

---

56 As it usually does with vigour in most concerned countries.
233. **Conclusion xv**
In the West Bank, DG ECHO’s policy of no cost recovery in the health sector introduced in 2010 is undermining possible LRRD efforts in a protracted crisis where access to health is primarily limited by physical access due to Israeli restrictions.

234. **Recommendation xv**
DG ECHO should have an open dialogue with MoH and its health implementing partners about this issue to fully ascertain whether those most vulnerable are unable to obtain health services if cost-recovery is applied. If the cost-recovery was always waivered for those most vulnerable and social cases, as per the partners statements, and if not allowing the nominal fees to be collected is seriously undermining other existing programmes, it is recommended for the decision to be reconsidered.