

# Assessing the impact of humanitarian reform in DRC

by Nicki Bennett

**As UN Humanitarian Coordinator (HC) in DRC, Ross Mountain, author of the preceding article, has spearheaded introduction of UN reform initiatives. What impacts have they had on the lives of people at risk?**

The original version of this article draws on observations from more than 60 meetings and interviews in Kinshasa, North Kivu and Ituri in late 2006 with donors, international and local NGOs, the UN Mission in DRC (MONUC)<sup>1</sup>, other UN agencies and the International Committee of the Red Cross (ICRC). Responses below also incorporate more recent developments in 2007.

## **Have people at risk received more aid?**

Two new funding mechanisms, the CERF<sup>2</sup> and the Pooled Fund (PF), have drawn more than a hundred million additional dollars into humanitarian activities in DRC. However, there is very little transparency about how much ends up in the hands of beneficiaries and how much is getting stuck in the

new layers of bureaucracy created by these funding mechanisms.

DRC was among the first countries to receive CERF funding. Since DRC's 2006 Humanitarian Action Plan had only attracted around 40% of the money it needed, the HC applied for and received two CERF allocations (worth a total of \$38 million) aimed at covering gaps in 'under-funded emergencies'. In 2007, a further \$48 million of CERF money was allocated. Most major donors – but not the largest, USAID and ECHO – also increased the amount of funding they usually set aside for UN agencies because of the introduction of the PF. Many donors increased their contributions to DRC substantially after the introduction of the PF – but admitted that they had done so more out of a desire to be seen

to be supporting the new funding mechanism rather than as a result of any immediate evidence of its utility.

Most operational actors we interviewed had not seen any significant increases in their annual budgets or programmes. Neither the CERF nor the Pooled Fund are able to channel money directly to NGOs. Funding must flow through a UN participating agency with a minimum administration fee of 5%. Some UN agencies charge substantially more. Many NGOs feel more lives could have been saved and more assistance could have been provided if donors directed these additional resources straight to implementing NGOs. Some have suggested that the five PF donors must therefore explore reforms to the current PF structure to make disbursements more effective and less UN-centric.

## **Are the new mechanisms flexible and responsive?**

Since the PF and the CERF do not earmark any of their funds for

specific sectors or geographical areas, they can respond to needs in a much more flexible way than bilateral donors. However, both mechanisms were criticised for their inability to look beyond short-term horizons and offer predictable long-term funding suited to the protracted nature of the DRC crisis.

Since the October 2006 DRC elections, donors have united behind a common development framework. Seventeen donors, 15 UN agencies and the World Bank joined forces in August 2007 to produce a Country Assistance Framework (CAF)<sup>3</sup> linked to the country's first fully-fledged Poverty Reduction Strategy Paper (PRSP).<sup>4</sup> Unfortunately, no obvious linkages have been made between humanitarian planning and funding mechanisms and the CAF. There is little space for international or national civil society to engage with this framework or influence development priorities.

Several respondents feel that vulnerable Congolese are suffering from donor prioritisation of short-term interventions. One INGO gave the example of being able to easily access PF or CERF money for a three-month cholera response in Goma but having few opportunities to access funding for a more substantial public health programme that might address the reality that the collapse of state health services has made cholera an annual occurrence in Goma. Beneficiaries in Ituri were concerned that NGOs had only received funding to support them for the first three months of displacement and that ongoing assistance to enable sustainable return to their villages was uncertain. Some respondents felt that traditional bilateral donor contracts allowed more flexibility to deliver appropriate responses.

### Has aid been awarded impartially?

Donor involvement in funding allocations has decreased as donors have begun to relinquish some of their decision-making responsibilities



IRIN/Jane Some

to the UN HC. The HC is thus the single most powerful figure in the country's humanitarian community, holding formal responsibility for all funding decisions related to the PF and CERF allocations. He is also the figurehead of the cluster system.

UN agencies in DRC operate within the framework of an Integrated Mission, which means that the HC's ability to award aid in an impartial manner can be seriously threatened by the mission's broader military, political or development mandates. While there was near unanimity among respondents that Ross Mountain, the current HC, has taken care not to politicise humanitarian decision making, there is, nevertheless, serious concern about an individual with other (non-humanitarian) mandates holding such enormous power over the allocation of humanitarian aid.

Ross Mountain has managed to build trust and reduce humanitarians' fears of partiality by involving the cluster system in all planning

and funding processes and by decentralising a large part of his responsibility to humanitarian actors in the field. Many would like this decentralisation to be formally acknowledged in the funding mechanisms' terms of reference in order to ensure that future HCs do not challenge its principles.

### Has aid become more appropriate and timely?

Despite the fact that the pilot initiatives are all underpinned by an explicit desire to respond more appropriately to the needs of people at risk, very little work has been done in DRC to more comprehensively assess and analyse these needs. Strategic documents and UN planning materials rarely dedicate more than a few sentences to the issue. The 2006 Humanitarian Action Plan (HAP)<sup>5</sup>, a 70-page document, mentions needs assessment in a mere three lines. With a few exceptions NGOs have failed to systematically share assessments and donors have not enabled sufficient needs assessments.

*NGO staff member verifies details of IDPs waiting to receive food aid at Cagala, Walungu Territory, South Kivu Province, DRC, July 2007.*

While some have argued that a decentralised decision-making system should automatically result in a more appropriate and needs-based response, others argue that external and genuinely independent decision makers are needed to protect the system from the conflict of interest that exists in allowing cluster members to influence their own sources of income.

There is a general feeling that it is still too early to know whether or not the Cluster Approach and the new funding mechanisms have allowed for a more appropriate allocation of aid. Despite the well-known challenges that the Cluster Approach has encountered in DRC and in other countries – among them lack of qualified cluster leads and limited participation by international and local NGOs and government authorities – respondents were able to provide a number of examples of how the Cluster Approach has allowed them to better harmonise standards, engage in advocacy and hold others more accountable for providing assistance.

A small number of actors continue to reject the general design and principles of the Cluster Approach entirely, perceiving that UN actors are aggressively imposing their decisions on other humanitarians without consultations. NGOs question the added value of UN agencies who assume an automatic role of ‘intermediary’ between donors and implementing actors, arguing that in the majority of projects this step does not improve overall response and simply wastes money. Furthermore, some NGOs feel that UN agencies do not sufficiently appreciate the need to improve effectiveness and performance of the UN agencies in projects where their role as an intermediary does add value. While NGOs welcomed in principle the mid-2007 UN-led audit of their response capacities, many expressed incredulity that UN agencies saw no need to audit their own response capacity, thereby missing the point of the UN-led reform and an important opportunity to improve the overall provision of humanitarian assistance.

Respondents unanimously agreed that inter-agency coordination has improved and humanitarians are

now able to more quickly identify needs. Some felt that priority interventions were now discussed and agreed more quickly than they would have been without the cluster system, while others maintained that more meetings did not always translate into quicker response. A health specialist in North Kivu reported how after a malaria outbreak Médecins sans Frontières decided to proceed unilaterally and distributed mosquito nets in some of the affected areas “while the health cluster’s still sitting around the table discussing the issues a few months later.”

Since the disbursement of PF and CERF funds (which in DRC primarily aim to fill gaps of the ‘underfunded emergency’ type rather than a rapid response) can still take up to six months from the time of needs identification until the money arrives in the bank of the implementing agency, most actors identified the UNICEF/OCHA-managed Rapid Response Mechanism (RRM) as a tool that was more appropriate to delivering assistance within a shorter timeframe, taking only a few days.

### Conclusions

Donors, UN agencies and NGOs alike still find it hard to identify what concrete impact the introduction of the reform mechanisms have had on improving the situation for people at risk. The current response to renewed insecurity and massive displacement in North Kivu province demonstrates that there are still challenges to coordination, response speed and overall coverage. There is a major question as to whether the trend towards multilateral funding mechanisms is affecting the independence of operational NGOs and hence their ability to effectively represent the needs of beneficiaries. It is clear that bilateral funding is decreasing in DRC in proportion to multilateral funding. Several NGOs report an increased reliance on UN agencies for funding and feel that the implications of this could have a negative impact on their response.

The question that should underpin the current assessments of reform mechanisms is what impact the processes are having on the lives of the millions of Congolese at risk. The DRC experience has not yet produced compelling evidence of

an impact on beneficiaries but it does acknowledge that the tools hold potential – if and when they address current weaknesses identified from field-based experience.

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1. www.monuc.org
2. http://cerf.un.org
3. www.undg.org/docs/7689/UNDAF%20Final%20(9%20%20August).doc
4. www.imf.org/external/pubs/ft/scr/2007/cr07330.pdf
5. http://ochaonline.un.org/cap2005/webpage.asp?Page=1350

### View from the field

Local NGO PPSSP is actively involved in several of the clusters. Executive Director Mwakamubaya Nasekwa says the Cluster Approach is a useful platform for collaboration. They receive no funding from the CERF and put this down to a lack of information of the application process. However, PPSSP does receive funding from the pooled fund (Common Humanitarian Fund), worth \$100,000, and is expecting to receive a further \$300,000 – representing a significant year-on-year increase in the agency’s budget. Despite this, Mr Nasekwa has serious concerns over future investment which, he feels, currently depends on the humanitarian coordination structure set up by the UN, whose long-term presence in DRC is by no means assured. He suggests that in the future these funding mechanisms should be delegated to a permanent organisation on the ground, which will continue financing emergency action but will also need to develop links with organisations specialising in long-term development. *Mwakamubaya Nasekwa (ppsspic@yahoo.fr) is Executive Director, PPSSP (Programme for the Promotion of Primary Health Care), Beni, DRC.*

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