ANNUAL REPORT 2011
PAMOJA

PARTNERING 4 CHANGE

MFS II ANNUAL REPORT 2011

CARE NEDERLAND
HEALTHNET TPO
SAVE THE CHILDREN NEDERLAND
ZOA (APPLICANT)

DUTCH CONSORTIUM FOR REHABILITATION
# Table of Contents

**FOREWORD**  

**INTRODUCTION**  

**NARRATIVE PROGRESS REPORT**  

1.1 Working in fragile states  
   1.1.1 Changes in Context  
   1.1.2 Constraints  
1.2 Clarification on achievements and deviations from planning  
1.3 Partner organisations  
   1.3.1 Selection and Assessment of Partners  
   1.3.2 Capacity Building Partners  
1.4 Learning agenda and knowledge network  
1.5 Harmonisation and complementarity  
1.6 Working as a consortium  
1.7 Thematic Functions  
   1.7.1 Monitoring and evaluation  
   1.7.2 Advocacy  
   1.7.3 Communication  
1.8 Lessons learnt  

**OUTPUT PROGRESS REPORT**  

**FINANCIAL PROGRESS REPORT**  

**ANNEX 1: LIST OF ACRONYMS**  

**ANNEX 2: MAPS**  

**ANNEX 3: CONTACT SHEET**
FOREWORD

Working in fragile states means working in very unpredictable political and security situations. Parliamentary and presidential elections and/or changes in political context in all six DCR countries in 2011 have unsettled and raised tension among communities. Organisations’ work plans continuously have to be adjusted to the changing security environment, adhering to internal security protocols and UN recommendations. Relatively quiet areas can suddenly change into a conflict situation where people’s lives are at risk. This makes working in fragile states complex and insecure.

The budget reduction for the DCR programme *Pamoja* caused uncertainty during the first phase of the programme, resulting in delay and also reducing the initial momentum of country stakeholders. Programme and budget adjustments had to be made by members and partners to re-align their activities. Reconsideration of geographic and programmatic coverage took significant time and effort, as did the baseline studies and other preparatory activities. Reduction of the number of programme areas led to large distances between programme areas in some countries as well as the withdrawal of member organisations from countries or geographical areas within countries affecting the number of areas where DCR member organisations are collaborating. The budget reduction also resulted in smaller staff budgets, therefore some DCR staff have to combine their DCR function with other commitments within their organisation, which creates a challenge to prioritise their work for DCR and their organisation accordingly.

The year 2011 has been successful in setting up DCR as structure and introduce the programme in the communities, in selecting local partners to work with and in starting the implementation of activities in the second half of the year. In spite of the delays in the beginning of 2011 our staff has accomplished a lot in the second half of the year. I am sure that the success of the DCR programme is based on the commitment of our staff and partners to make a difference in the countries we work in. In the end it is all about enabling the beneficiaries to improve their lives. I expect that the programme will continue to do so in the next four years.

I hope that this Annual Report will give you an insight of DCR’s developments to achieve sustainable livelihoods, access to basic services, community governance and functional sectoral systems in the targeted communities in 2011.

*Johan Mooij, Chief Executive Officer ZOA*

1st May 2012
INTRODUCTION

2011: Take-off completed

The Dutch Consortium for Rehabilitation (DCR) is a Consortium of four Dutch based organisations for international development cooperation that have joined forces to implement a joint programme in six fragile states in Africa. In November 2010 the Dutch Minister of Foreign Affairs granted the MFSII-subsidy for DCR’s programme Pamoja.

DCR consists of ZOA (applicant), CARE Nederland, HealthNet TPO and Save the Children Nederland. The DCR programme runs in Burundi, DR Congo, Liberia, South Sudan, (North) Sudan and Uganda. The four DCR members work closely together in these six countries, implementing the programme partly together with local partners.

The country teams have made their own country annual report about the year 2011, which were then consolidated at Central Consortium level in the Netherlands to provide an overview of DCR developments in 2011 for the Dutch Ministry of Foreign Affairs. The country annual reports provide more details and will also be used for internal DCR management, monitoring and learning purposes.

The year 2011 was dominated by the start-up of the programme: revision of plans to adapt to reduced budget, structuring management, planning, setup of appropriate monitoring and reporting systems, recruiting staff, selecting local partners, conducting (joint) baseline studies, developing joint country plans and implementing the first activities. In this DCR Annual Report 2011 we will elaborate on these issues.
1. NARRATIVE PROGRESS REPORT

1.1 WORKING IN FRAGILE STATES

1.1.1 CHANGES IN CONTEXT
The DCR programme Pamoja focuses on six fragile states in Africa. One of the characteristics of these states is an often changing context and level of security. Elections and also the period before the elections always have a major impact on the population in these countries. All countries have had elections and/or had changes in the political context in 2011. Because of the impact of these changes on the DCR programme we have chosen to mention the relevant changes per country.

Burundi
The DCR programme was launched just three months after the general elections in Burundi, a period which was characterised by tensions between the opposition and the ruling party, and persistent rumours of an emerging rebellion. Thus a palpable atmosphere of uncertainty and insecurity prevailed during most of the first semester of the year. The population, the NGO staff and partners were afraid to carry out daily activities and could not move freely from one area to another. DCR activities were regularly threatened by security related incidents.

The government in Burundi has developed and passed some key policies that have the potential to promote sustainable development, poverty reduction and good governance. The government adopted other important policies such as the second poverty reduction strategy paper, the national governance strategy and the national strategy against corruption. Other important laws adopted are the Land Code, Law on tourism as well as Law on water and environment. One major issue that remains largely unaddressed is land ownership and access to land, which is practically the only source of income for poor and vulnerable households. In addition, climatic disasters and epidemic diseases worsened the already difficult situation at country level: in Muyinga and Gitega provinces flood due to heavy rains destroyed fields of crops during the growing season and a goat disease (goat pox) was reported in Muyinga where DCR activities of solidarity chain were suspended as the administration firmly forbid any livestock activity during the year. In the same province, banana was affected by a disease while this crop is counted among the staple foods.

DR Congo
Throughout the year 2011 the three health areas selected in the Lubero Health area\(^1\) in DR Congo for the implementation of DCR activities in the first year remained relatively calm. This was also the case in the other two areas of intervention, namely the areas of Health area Nundu/Fizi and Kasongo. In November 2011 the DR Congo held its presidential and legislative elections, which created certain anxiety among the population and humanitarian actors. It was feared that the situation would seriously deteriorate after the announcement of results, mainly because of expected fraud practices. Because of this, the execution of DCR activities was delayed or suspended during the election period. The elections have resulted in a chaotic and fragmentised political landscape and it remains to be seen if/when a government is formed that can effectively address the challenges that the country faces.

Liberia
Liberia’s presidential and parliamentary campaigns and subsequent elections caused political heat which grossly affected the timeliness of first year DCR activities. Offices and schools closed, movement was restricted, borders were closed, people in the capital travelled to their voting areas and community

\(^{1}\) A Health area (zone de Santé) is a geographical area within a district covered by one health centre.
members halted their normal livelihood activities to attend rallies and receive free gifts from candidates. The situation was exacerbated by the tensions that arose after the first round of elections in October. The year 2011 also saw a huge influx of 173,000 Ivorian refugees in South Eastern part of Liberia. This somewhat diverted the focus of the three consortium members in Liberia as they responded to the emergency crisis. In the education sector, some policy changes affected the context. The passing into law of the Education Reform Act 2011 set a new trajectory for the process of education reform in Liberia. It required fine-tuning of intervention strategies of all actors involved in education. An example is the establishment of county school boards as a new structure within the education system has positive implications for school governance.

**South Sudan**

In January 2011, southern Sudan successfully held a referendum in which an overwhelming majority voted for independence from the Republic of Sudan. In the lead-up to the vote and the months after, large-scale return movement brought more than 200,000 Southern Sudanese back to the region. As a result, vulnerable communities in DCR targeted areas increased in size. This large influx of people strained already weak and inadequate resources and services. In May and June 2011 southern Sudan experienced a severe fuel shortage and subsequent price inflation of basic goods. These price fluctuations had significant effects on DCR targeted populations and on DCR members, who faced much higher than anticipated costs for transport, construction, and other expenses. Tribal conflict, cattle raiding, the activities of armed militias and general insecurity affected DCR programme areas. Access to basic goods has decreased. While Western Bahr el Ghazal has generally calmed, Upper Nile continues to have regular bouts of local insecurity and is affected by the on-going border conflict between Sudan and South Sudan.

South Sudan declared its independence in July 2011 and was recognised by the United Nations. While this was an exciting development, it created a new and untested context for humanitarian and development interventions as the new government began developing new policies and procedures related to customs, tax policy and NGO engagement in the country. Commodity prices once again soared at this time and largely remained high through the end of 2011. Additionally, a new currency was introduced in South Sudan in mid-July and exchange rate fluctuations have continued since then. Finally, following independence, the growing conflicts in Blue Nile and South Kordofan, in the Republic of Sudan, as well as increased Shillik militia activities, have had an impact on DCR programming in Upper Nile specifically. Aerial bombings by the Sudan Armed Forces in the border areas of Maban and Monyo counties resulted in population movement, including towards DCR programme area of Makal county, again creating an influx of people and need for flexible programming in response.

**Sudan**

The DCR programme in Sudan was designed to be implemented in the states of South Kordofan and South Darfur. Elections in the state of South Kordofan fuelled the conflict resulting in the armed confrontation on the 6th June 2011. Some of the results of that conflict were the significant population movement from their villages and farms including the programme beneficiaries. NGOs including CARE pulled out of South Kordofan for safety and were not allowed into the area for security reasons. As a result of the lack of access, CARE requested to move the programme to South Darfur – and was granted approval. The conflict in South Kordofan and the subsequent move of the programme out of it to South Darfur was challenging in many aspects. It required the approval of the government, signing a new technical agreement and signing MOUs with the different government counterparts involved in the programme. The programme had to also identify new target communities, new partners, transfer hire staff and carry another baseline survey. At the same time, the change of geographical location presented a good opportunity for the two DCR organisations to work closer to each other in a similar (but not identical) context in the same state which makes it easier to share lessons and learn from each other. While the conflict disrupted the South Kordofan part of the programme, the Darfur part in Gereida, Nyala and Al-Deain continued with minimum disruptions.
Uganda
The targeted regions - North and North East Uganda - have been secure throughout the year. Programme beneficiaries could confidently engage in rehabilitation and development initiatives. In Northern Uganda, former IDPs are steadily resettling in their original villages as a result of the prevailing peace and stability. Access to basic services still remains a key challenge in the return sites because the aid by government and NGO’s during the civil war in Northern Uganda was concentrated on IDP Camps where people lived for years. The recovery process in Northern Uganda is slow because the government of Uganda is not able to sufficiently provide quality services, while many development partners have phased out their operation in the region, after the emergency phase. There is relative political stability after the election and swearing in of the president and the Members of Parliament in February 2011. Inflation escalated throughout 2011 and this led to rise in food and commodity prices in general. Disposable income of most programme beneficiaries became insufficient to sustain their needs. Teacher’s absenteeism increased at the peak of inflation as they were forced to find alternative livelihood options in order to meet household needs. Fuel and overhead costs increased as a result of high commodity prices.

Former IDP’s resettling in their village
“Walking for kilometres to get treatment”

It’s 11.00 am. 25-year-old Hellen Akelo arrives at the Acholibur Health Centre in the northern Uganda district of Pader, with a baby covered in a calabash. She has walked for four kilometres to bring her baby here to get immunization against preventable diseases that kill hundreds of children in Uganda each day. Ms. Akelo, who is a mother of seven, hopes that the nurses at this only health centre in her surroundings can work on her baby immediately so that she can go back and collect more of her children. She wants them all to be inoculated against polio, hepatitis and whooping cough. She says: “This is the only health centre in this trading centre. If I miss the immunization here, I will have to walk for fifteen more kilometres to find another centre. That’s why I need to rush back and collect more children.”

Hellen Akelo is only one of hundreds of women in northern Uganda who benefit from the five-year development programme of the Dutch Consortium for Rehabilitation (DCR) that supports six African countries that were affected by war. As a part of its contribution to community health, DCR trained village health team volunteers who help to carry out treatment and sensitize communities about the three leading killer diseases: malaria, diarrhoea and pneumonia. In the Acholibur Sub County alone, up to 108 volunteers were trained. They have helped to increase the number of sick children and adults who turn up for treatment at the government health centre through referring them. The volunteers also help to mobilize villagers and promote sanitation among the people who just returned to their homes after a twenty-year war that destroyed infrastructure and killed thousands of people.

One of the volunteers is Mr. Kenneth Candwong. He says: “I started my voluntary work with DCR on October 20, 2011. On an average day I refer two cases of malaria, diarrhoea and other infections to the health centre, where the people receive treatment. The biggest challenge so far is hygiene. A few homes don’t have latrines, which intensifies the spread of preventable diseases such as hepatitis.” Kenneth’s supervisor Mr. Moses Opio believes that very soon the volunteers that successfully completed their training will start to give free treatment to children under five years of age. That way they will reduce congestion in health centres and allow more people to access treatment. “In the neighbouring sub county of Angagura, the volunteers trained by DCR are already offering free door to door treatment to children with malaria, diarrhoea and pneumonia,” Mr. Opio says.

Ms. Agnes Akot, the government head of the Acholibur Health Centre, is also optimistic about the entry of the health volunteers because it will reduce pressure on the few health workers in the region and will bring the much needed services nearer to the people. “The arrival of the volunteers is timely. We only need to closely monitor their operations to sure communities get the best out of their services,” explains Ms. Akot.
1.1.2 CONSTRAINTS
The insecure political and security environment is a major constraint in fragile states as illustrated in the context section above. There is interdependence between NGO’s and governments as both need each other, but it is a continuous challenge to cooperate effectively with authorities in fragile states. For instance, Burundian authorities did finally give official recognition to ZOA in 2011 but on the other hand they are still not cooperating with HealthNet TPO in their selection of local NGO’s to take over the role of purchaser of health care.
In DR Congo the Ministry of Health has issued its latest National Sector Development Plan (PNDS 2011-2015), regulating international NGO support. It severely limits the possibilities of international NGO support as the health area of Lubero insists that contracts with local organisations can only be agreed on with the ECZS (Equipe Cadre Zone Santé) as contracting agency. Local government officials are often not able to effectively monitor social development activities in the programme areas and depend on support from CSOs to perform this role. DCR members are building capacity of the local government and advocating to them to take up their role.
Furthermore, unpredictable weather conditions in combination with poor road infrastructure constraint programme implementation, rendering certain communities inaccessible at times. Fuel shortages and fast increasing prices of basic goods are reoccurring concerns which challenges the implementation of the programme.

*DCR staff pulling their stuck vehicle to catch an appointment with a community for the baseline data collection*

Education quality and access to school remains low in most DCR countries resulting in a generally low level of educated staff. It is therefore a major challenge to find personnel with the right skills and experience for certain positions. In many cases, this meant slow recruitment processes that delayed
programme activities. The DCR programme includes serious capacity-building elements, both through support to community-based structures and collaboration with local partners and local authorities. Ultimately, DCR’s contribution to improving local access to education will help to address the underlying cause of the low human resource capacity in the region.

Due to the prolonged period of war, local communities in some areas have developed dependency on NGO support. Community members are often not willing to take up responsibilities like being a member of a development committee without pay, which complicates the implementation of the DCR programme which counts on the voluntary partaking by communities. The Pamoja programme is designed to tackle this so-called “dependency syndrome” by persistently employing participatory approaches and giving ownership to local actors. At the same time we should recognise that our approach requires a mentality change, which takes time. To further this mentality change, all DCR members undertake mobilisation efforts, together with existing community-based structures and local leaders, to encourage people to be actively involved efforts to improve the conditions in their communities.

1.2 CLARIFICATION ON ACHIEVEMENTS AND DEVIATIONS FROM PLANNING

Even though actual implementation started rather late in 2011, output figures show a relatively satisfactory picture of what was achieved during this year. The degree of progress differs significantly per result area and per country.

In Chapter 2 an overview of the achieved outputs is presented, organised according to the output indicators of the DCR Monitoring Protocol, as approved by the Ministry of Foreign Affairs. Interestingly enough in some countries a beginning of outcome results can already be perceived. This is highly motivating for both staff and target communities.

A total overview of the 2011 results reveals that progress has been most apparent in result areas 1 and 2. In many cases, activities that are to contribute to result areas 3 and 4 have been postponed to 2012.

It is important to note that lack of progress on output does not always indicate that implementation is behind schedule. Some indicators are formulated in such a way that output only shows after a longer period of time. In Liberia for example technical assessments for construction and rehabilitation of eight schools have been completed according to plan. Focus is on construction of additional classrooms to address over-crowdedness in classes. In this regard the DCR programme in Liberia saw satisfactory progress. The question that arose, however, was at what moment a school can be considered ‘rehabilitated’. In other words, when can the output target be counted as achieved?

A number of highlights per country is given below, explaining remarkable achievements or deviations from planning. As noted earlier, working in fragile states means changing contexts and also external constraints that influence the achievement of outputs. A clear example is the situation of children that need to work for their families which prevents reaching the set targets for education. For instance, despite initiated campaigns on enrolment and retention, parents still find it hard to send their children to school especially during harvest time and cultivation period many pupils drop out of school to look for food for the family or support their parents in the garden or on market days. In some areas are few formal schools in target communities, for instance in Uganda. As a result, children from the non-formal schools have limited opportunity to transition to the formal education system. DCR member organisations in Uganda have included this concern on their advocacy agenda, while at the same time affected communities should be mobilised and facilitated to start community schools. In Liberia a similar problem exists, where Sande (bush school for girls) activities are a common practice in some communities. The Sande activities are affecting the school attendance because children are taken to the bush during school period. This traditional practice runs counter to the aspirations of the DCR (as it curtails education of girls) but is very sensitive. Great caution is required in dealing with the communities about this.
It has become obvious that there is still a long way to go for the establishment of the governing structures and systems to enable the bodies to become more functional, effective and inclusive. Activities in result area 4 showed a slow start-up, but it is motivating that the outputs have already shown outcome results: Joint lobby of DCR and School Management Committees to the government led to the posting of a number of female teachers to schools that formally had none.

**Burundi**
The first year of the DCR programme has witnessed a good step towards the fulfilment of some of the target communities’ expectations in matters of health, local governance, livelihoods rehabilitation and conflict resolution. In result area 1, basic services, it was particularly in the sector of water and sanitation that the Burundi programme did well. As an example, in Gitega area more than 800 households have gained access to safe water, thanks to 16 rehabilitated water sources and to water committees’ strengthened capacities in water source management techniques. The livelihood result area (2) saw satisfactory progress in the formation of community groups such as solidarity groups and Village Savings and Loan (VSL) groups. In result area 3, community governance, networks of peace clubs have been active in conflict resolution and in many areas they have managed to facilitate reconciliation between people displaced during the civil war and those who remained in their villages.

*Waiting in front of a new water source that is being managed by a local water committee*
DR Congo

For basic services DCR in the DR Congo showed good progress in the sector of education. Four primary schools\(^2\) were constructed adhering to national and international standards and most other education related output targets were exceeded. The health sector showed a slower programme start-up, which was partly due to the complexity of the subject. Also the livelihoods portion of the programme saw more progress than anticipated when the targets were set, which is most likely due to conservative estimations during the target setting procedure. Activities aimed at strengthening community governance focused on the formation of community groups, mainly Village Development Committees (VDCs). These VDCs have been trained in community planning and 4 of them have already designed their own Participatory Village Development Plans. The activities for sectoral systems were postponed and will be carried out in 2012.

Liberia

In the result area of basic services the Liberia programme almost exclusively focuses on education. In this sector, the school construction has started. The number of children that received school supplies greatly surpassed the target. Teacher training activities could unfortunately not be executed due to education reforms by the government. This clearly shows in the outputs, for which the targets of 2011 were not met.

Liberia’s livelihood programme focused on the formation of VSL groups, most targets in this sector were met or even exceeded and a good basis has been laid for the implementation of more advanced livelihoods activities in 2012.

Access to land in Liberia forms a challenge especially for women groups and the child mothers around the ECCD (Early Childhood Care and Development) centres to start farming or kitchen gardening.

\(^2\) One of these four schools have been rehabilitated with funds from another donor called “Bulgari”.

---

Construction of school

Liberia
Deliberate efforts are being made to facilitate negotiation of land and these will continue. In the meantime, the child mothers have participated in training and practice on the fields available, sharing with others. From the moment land will become available, they can start growing their own vegetables. High illiteracy rates in Liberia affect especially women’s participation as they shy away from development activities like VSLA (Village Savings and Loan Associations). Deliberate effort is being taken to encourage them to participate and to even take up leadership positions. This challenge emphasises the added value of implementing different activities in the same community. Availability of Functional Adult Literacy classes will contribute to literacy rates in the target communities.

Strengthening community governance (result area 3) did not go beyond the mobilisation stage in 2011. CBOs and governance structures have been formed and they are now prepared to work on their management structures and systems in 2012 and beyond. Working on sectoral systems has centred around capacity building activities with governmental institutions. Particularly in the field of education there have been joint activities in the past year, which is expected to lead to better service delivery to schools in the years to come.

**South Sudan**

For result area 1 it was only in the health sector that the programme implementation lagged behind schedule. This was partly due to prolonged illness of one of the technical advisors and the sudden departure of two senior staff members. Similar to the other DCR countries, the livelihoods portion of the programme was specifically active and successful in the field of setting up VSL groups. Most 2011 targets were met and some were exceeded. Again this can also partly be attributed to conservative target setting. Community structures were strengthened through the formation of Area Development Committees (ADCs), which were formed through a democratic process that guaranteed inclusion of women, youth and other marginalized groups. The ADCs played a significant role in coordinating DCR programme activities and will continue to do so in 2012. As in the other countries, sectoral systems strengthening has seen a slower start up when compared to the other result areas, which is also reflected in the output figures for South Sudan.

*Keeping children in school is a challenge as they often have to work for their family*
Sudan
Despite the relocation of the CARE programme in South Kordofan in the course of 2011, the portion of the programme that was already in Darfur did well after the delay in the baseline. Result area 1, delivery of basic services, remained generally on target although the new technology for bricks making, necessary for school construction purposes, took longer than expected. The delays in the construction will be drawn level in the first quarter of 2012. The outputs under result area 2, livelihoods, exceeded or are on target in Sudan. Unfortunately no activities took place under result areas 3 and 4 because the bulk of these activities were planned for South Kordofan. Some of the activities planned for South Kordofan will be implemented in South Darfur in 2012 (see the DCR revised annual plan 2012).

Uganda
In the result areas basic services and livelihoods many output indicators show favourable progress. Most targets were even exceeded. Even though this is partly attributable to conservative target setting during the baseline process, it also indicates successful implementation of activities in the first year. However, a constraint was that the low literacy rates in the Ugandan districts posed a challenge to capacity building efforts. In response to this challenge, exchange visits have been organised by DCR members for local leaders so that they can learn by seeing and direct interaction with other local government leaders.
In result area 3, community governance, most output targets were not fully achieved. Nevertheless, community dialogues that were organised by DCR attracted large numbers of participants, which indicates that communities are enthusiastic to engage.

Peace club which is active in conflict resolution
“Growing rice as a single farmer doesn’t pay off”

Moses K Sumo (33 years) lives in a community called Harrisburg, the village he was born in Liberia. He lives here with his wife and four children (3 girls and 1 boy). The war started when Moses was a child. During the war his family got separated and scattered to different places in the country. Luckily, he met his parents alive in Harrisburg after the conflict ended in Liberia. At this time, the young Moses was involved in “bushwork” – trying to make a living with all that can be found in the bush. Some of his friends were involved in farming, which triggered his interest.

Moses’ parents used to grow rice in the swamps around Harrisburg. The harvest of this farm provided food for the family. “But”, explains Moses, “growing rice as a single farmer doesn’t pay off”. During the past years, Moses tried many different crops. Enthusiastic to learn, he joined the training by one of the DCR members and started applying new skills. He learnt to plant the crops with a specific distance and in lines. He tells how different his farm looks, which methods he uses to clear the ground and that he is better able to keep the weed away from his crops.

Up till this moment, his sister who lives in Monrovia, is supporting Moses to maintain his farm. When it is time to harvest, the whole family helps to get the crops from the field to the road, which is at least a 40 minutes’ walk. No roads, and the crops carried on the heads. His sister tries to sell the products on the market in town. Even with the training, the work is still hard. “You have to invest and work hard, but”, says Moses, “I contribute to my own development”.

Moses is increasing his land. His wish is to grow more to increase his income and food for his family. Last month, he joined the VSL association, which is part of the DCR programme. The money that this system can provide will be more than welcome to support his ambitions.

Moses and his family. Because of the far distance between the farm and the village, they stay in this hut when there is a lot of work on the farm.
1.3 PARTNER ORGANISATIONS

1.3.1 SELECTION AND ASSESSMENT OF PARTNERS

The process of partner selection in the six DCR countries differs per country and member organisation. In some situations partners identified were existing partners who had already established good working relationships as partners with DCR member organisations based on mutual respect and trust. The previous selection was usually made based on expertise, performance track record and credibility of the local partner organisation.

In other cases the selection process started with a call for applications by interested local NGOs to cooperate in the DCR programme. Selection criteria included: valid registration certificate, financial structures in place, availability of office space, clear organisational mission and vision, staff capacities and management skills, administrative systems and reporting quality. Existing activities in the DCR programme areas and experience in the sector were a prerequisite for selection as partner.

Once pre-selected, in most cases potential partner organisations were introduced to the 5C model. The assessments were carried out with the involvement of the management. The purpose was to reveal strengths and weaknesses. In some cases, DCR members also utilised their own internal assessment processes to further assess selected partners and to ensure that they met organisation specific requirements for partners. They also consulted with local leaders and community members about partners and referred to field visit result and reports shared.

Partners were sometimes identified in a complementary way: as partner of the other DCR member, based on previous positive experience and a good track record from important donors.

Regarding the health component, in Burundi the process of selection and assessment of partners has been based on the Ministry of Health strategy, especially for the Performance Based Financing (PBF) component. The strategy has consisted of identifying a community based organisation recognised by the local authorities for its staffing, intervention field and appreciated experience.

Hospital with improved quality thanks to performance based financing
1.3.2 CAPACITY BUILDING PARTNERS

In all countries an assessment of the NGO partner organisations was done during the baseline. An assessment tool was created, based on the 5C model, as developed by ECDPM. Although the results of the assessments were available at the time of planning, it turned out that the Capacity Building activities for 2011 were not necessarily aligned according to these results. In all countries there was a clear emphasis on building Capability 2, the capability to deliver on objectives. It appeared that in the early stages of a programme, DCR member organisations and partners feel a specific need for training/coaching and support on this capability. Once the implementation is firmly up and running, attention of capacity building will shift to the other capabilities as well.

Capacity building (CB) activities undertaken by the DCR members in 2011 can be roughly grouped in three categories. The first category is training on organisational skills, such as financial, administrative and logistical management and Project Cycle Management. The second category of CB activities was of a more programme content related nature. For example trainings on how to facilitate change in communities and on how to guide the formation and organisation Village Savings and Loan groups.

The third category of CB activities, relates more to capability 3, the capability to relate, negotiate and connect. This was the only capability besides capability 2 that received specific attention. Particularly in South Sudan and Uganda and to a lesser extent in DR Congo, CSO forums were created or facilitated. In these forums NGO-partners link up with important stakeholders for purposes ranging from joining forces for advocacy activities to exchanging experiences on programme implementation and finding resources.

Partners have reported positively about the 5C model as an approach. It reminded DCR members and partners of the insight that capacity building is more than organising trainings. However there were serious constraints in the way the model was operationalised. Furthermore, the model has proven to be more suitable as a diagnosis tool, and less so as a monitoring tool. It is therefore proposed by partners and members that they will attempt to link already used capacity assessment models with the 5C model. DCR sees its use of the 5C model as work in progress and expects to be able to report on progress of the partners’ capacity in an ever better way during the remaining years of implementation of the programme. It is agreed that the results of the 5C baseline and progress assessments will be more directive in the planning of capacity building activities in the coming years.
“Multiplied harvest”

Onésime Bakirais is a farmer in Burundi. For more than 36 years he has been living in a refugee camp in Tanzania, after having fled his country in 1972. In 2008 he and his family returned to Burundi to their original land. However, in 1976 it had been allocated to a resident farmer, who had asked the local authorities for a piece of land. Although many repatriates and residents have agreed to dividing the land in two parts with the support of DCR member ZOA and its local partner Miparec, these two families succeeded in sharing the land peacefully. For that reason, both families qualified for getting support from DCR for capacity training to improve the quality and quantities of the crops and also in marketing the products.

A very hard working farmer, proud of the quality of his crops: beans

With the support Onésime was able to multiply his harvest 3 times in 2011 and also to improve the quality of the crops. Onésime is even expecting to multiply his harvest 8 to 10 times in coming years. But to realise his ambitious plans he needs inputs as good quality seeds, fertilizers etc. which are very difficult to obtain in Burundi. ZOA is advocating for a better availability of the inputs which will help the farmers a lot with their sustainable livelihoods. The harvest can be stored in a storehouse built with the support of DCR and managed by the local community. Now Onésime has the possibility to store his crops and sell them at the moment of good market prices instead of selling them immediately after the harvest for a very low price. Onésime will be able to save money to invest in expanding his agricultural business so that he will be no longer dependent on support from NGO’s.
1.4 LEARNING AGENDA AND KNOWLEDGE NETWORK

In 2011 the Knowledge Network (KN) was established as a network of 60 persons, consisting of programme staff and partners’ staff in the 6 DCR-countries, staff based in the Netherlands and an external resource person.

The KN is responsible for the implementation of the Learning Agenda as submitted to the Dutch Ministry of Foreign Affairs. In 2011 the Knowledge Network Working Group developed a plan for elaboration of the learning questions and started with the implementation of the learning agenda as described in the following paragraphs.

Key learning questions:

1. What are effective and efficient inter-sectoral interventions to create sustainable positive change and poverty reduction in the context of fragile states?
2. How does a consortium best apply its combined expertise in rehabilitation in fragile states?
3. How can civil society actors in fragile states be empowered to implement and build on inter-sectoral intervention models?

The key learning questions are being studied in an inter-sectoral way by selecting themes of focus at consortium level. These themes are broken down into specific research questions that can be measured at project level. The specific research questions are formulated together with target groups and other stakeholders in order to generate knowledge needed at grassroots level, which can be transformed to knowledge needed at the level of partner organisations and DCR member organisations.

In the philosophy of Communities of Practice (a common tool for knowledge sharing), a platform has been created on D-groups (http://next.dgroups.org/groups/dcr-kn) for communication and information sharing. The main group is called ‘DCR Knowledge Network’, containing 6 sub-communities according to the selected themes.

In 2011, themes of focus for the KN and specific research questions were formulated in relation to the key learning questions, as summarised in the overview below. Through the online platform, concept papers were developed for each theme, specifying participation, resource persons, context information, problem definition, analytical frameworks (i.e. theory of change and definition of key variables) and action plans. In 2012 the action plans will be implemented.

In addition, collaboration is sought with Universities (academics and students) to have access to external expertise. For certain specific research questions, MSc students in International Development Studies assist with literature research and with field research.

Elaboration of key learning questions

1. What are effective and efficient inter-sectoral interventions to create sustainable positive change and poverty reduction in the context of fragile states?

<table>
<thead>
<tr>
<th>Theme</th>
<th>Countries</th>
<th>Specific research questions for 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Local governance</td>
<td>Burundi, South Sudan, Liberia</td>
<td>How can community participation influence the accountability of decision makers on basic services?</td>
</tr>
<tr>
<td>1.2 Inclusion of the poorest</td>
<td>Burundi, Congo</td>
<td>How does community governance increase the voices of the poorest?</td>
</tr>
<tr>
<td>1.3 Adult Literacy</td>
<td>Burundi, Congo</td>
<td>How do adult literacy and numerical skills play a role in improvement of household’s livelihoods?</td>
</tr>
</tbody>
</table>

3 See for example: http://beta.adb.org/documents/resources-communities-practice-creating-value-through-knowledge-networks
1.1 How can community participation influence the accountability of decision makers on basic services?

Many challenges are encountered in relation to health and education services in fragile states. The government policy may guarantee free health care for children under 5 years of age and for pregnant women, but even with funds in place for this initiative, DCR Burundi found that lack of effective management or accountability has led to corruption, and health care workers continue to demand payment. In the education sector, the government may guarantee free primary education, but corruption still prevents access to education for vulnerable children as schools demand bribes in exchange for enrolment.

DCR aims to contribute to an attitude change in the communities – to make them realise they can take part in governance, that their voices matter, and that their participation can contribute to real change through civil society organisations that represent them. Thus, co-ownership of sectoral systems is promoted, which increases general trust between the government and communities, thus contributing to the quality and sustainability of the services.

Especially CARE has developed knowledge and expertise in local governance. Knowledge sharing will be stimulated combined with applied research to answer the research question. The methodology consists of investigations and action research on community participation and accountability for a profound understanding of the actual situation. A pilot project for the use of the tool Scorecard has been decided to be implemented and evaluated in Liberia to learn more about the systems of community participation and the effects they have on accountability; thus testing whether community participation can indeed increase the accountability of service deliverers towards their clients.
1.2 How does community governance increase the voices of the poorest?

Community governance, as one of the DCR result areas and as a cross-cutting theme, is based on principles like participation, inclusion, equity, transparency, and accountability. One of the challenges is whether the poorest, most vulnerable households can also be included in community governance. The poorest are likely to face specific challenges like stigmatisation, time constrains, lack of education, and poor health. Context-specific dynamics influence factors that either encourage or discourage participation of the poorest. No evidence exists yet to claim with confidence that the poorest are included and that the DCR interventions contribute to their empowerment.

All 4 member organisations have developed knowledge and expertise in inclusion of the poorest. Knowledge sharing will be stimulated combined with applied research to answer the research question. The methodology will be based on exploring the differences and connections between the poorest and the community members that are currently included in the local governance structures. The next steps will be to generate ideas to bridge the gap between them, and to pilot these ideas within the DCR Programme.

1.3 How do adult literacy and numerical skills play a role in improvement of household’s livelihoods?

In DCR’s programme areas many small farmers fail to calculate costs (input requirements), needs for their own subsistence and compare it with potential profit. Calculating the profitability of an activity is complicated. This applies to agriculture, but also to other income generating activities and credit management. Decisions that households make to manage their economies require skills like counting, measuring and calculating. For example, to decide whether or not to take an agricultural loan, it is important to be able to compare costs and expected revenues. For the decision to sell agricultural products, store them, or use them for own consumption, it is important to be able to compare the yield with their daily needs to calculate any surplus. For keeping livestock, one needs to compare input (food, veterinary care) with output (milk, meat). For the decision whether or not to purchase fertilizer, it is important to be able to calculate the difference between the expected increase in return and the cost of these fertilizers.

ZOA, CARE and Save the Children have developed knowledge and expertise on adult literacy programming. Knowledge sharing will be stimulated combined with action research to answer the research question. Beneficiaries will be accompanied to diagnose their current practice and contribute to the design of an intervention for improvement of their practice, making use of the Reflect methodology based on the philosophy of Paolo Freire*

2. How does a consortium best apply its combined expertise in rehabilitation in fragile states?

<table>
<thead>
<tr>
<th>Theme</th>
<th>Countries</th>
<th>Specific research questions for 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Local development</td>
<td>South Sudan, Sudan</td>
<td>How can we foster active community participation after a prolonged period of emergency intervention?</td>
</tr>
<tr>
<td>2.2 Conflict sensitivity</td>
<td>Congo</td>
<td>How can we integrate conflict sensitivity into rural livelihoods interventions (esp. farming) to prevent conflict over land allocation?</td>
</tr>
</tbody>
</table>

2.1. How can we foster active community participation after a prolonged period of emergency intervention?

To increase the quality and accountability of basic services delivery related to health, water, education and livelihoods, DCR’s strategy is based on tripartite contracting between service providers, authorities and civil society. DCR and its partners work with Parent Teacher Associations (PTAs), Health Facility Committees, Water User Groups, Farmer Groups and Women Groups. Umbrella community-based structures (like Village Development Committees) are being strengthened, with attention for equity and inclusiveness of representation. Links are created between local authorities and the umbrella committees.

In the context of South Sudan and Sudan (Darfur), the international community has intervened with emergency support that has typically provided direct services and inputs to communities with few or no conditions. Communities have become accustomed to this kind of support. Thus, while aid agencies and the government are shifting away from emergency interventions to more long-term development strategies, engaging communities and encouraging active participation and local ownership of interventions is often a challenge. It is not clear what incentives are needed to convince communities to participate and how concepts like equity, inclusiveness, accountability and good governance are defined and ensured.

The DCR member organisations have developed knowledge and expertise in community development and participation in South Sudan. Knowledge sharing is being stimulated combined with applied research to answer the question: How can we foster active community participation in basic service delivery after a prolonged period of emergency intervention? The methodology is based on qualitative and participatory methods aimed at increased understanding of local beliefs and attitudes around community participation in basic service delivery.

2.2. How can we integrate conflict sensitivity into rural livelihoods interventions (esp. farming) to prevent conflict over land allocation?

DCR aims to reinforce social cohesion, support local mechanisms for resource conflict transformation and equip CBOs to become inclusive platforms for peace-building. Within this framework, research is implemented on the prevention of conflict over land allocation, since this is seen as a potential threat to livelihoods programming. Lubero, a district in the province of North Kivu (DR Congo), has severely suffered from civil war in Eastern Congo. Agriculture and cattle rearing are the primary means of subsistence, and the identity of a family and its position in the community are closely related to land ownership. Therefore, community members have developed strategies and mechanisms to keep the land they possess. Despite these mechanisms, land conflicts in Lubero district are emerging with a magnitude that threatens the already fragile social peace and stability. The main reasons are the return of IDPs and refugees, which increases the population density and land scarcity, in combination with weak governance control of the procedures related to the Land Act.

All four member organisations have developed knowledge and expertise in conflict sensitive programming in DR Congo. Knowledge sharing will be stimulated combined with applied research to answer the research question. The methodology is based on qualitative research to formulate and/or improve conflict sensitive programming approaches.
3. How can civil society actors in fragile states be empowered to implement and build on inter-sectoral intervention models?

<table>
<thead>
<tr>
<th>Theme</th>
<th>Countries</th>
<th>Specific research question for 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Partnership Sudan, Uganda, Congo</td>
<td>What needs to be addressed within partners’ organisations (strengths and weaknesses) and within their environment (opportunities and threats) to make them self-sustaining and to ensure sustainability of DCR’s programme results?</td>
<td></td>
</tr>
</tbody>
</table>

Working in a fragile context often means there are weak civil society partners on the ground. Next to selecting partners for an optimal implementation of the programme, capacity building of these partners is part of DCR’s strategy to strengthen civil society. Given the stage of development of civil society in the selected countries/regions, DCR’s approach also includes shared implementation (hybrid partnering). Shared implementation by local civil society organisations and local staff of international NGOs is expected to be a powerful strategy to build local capacity in fragile states. The share of local CSO’s in implementation will gradually increase.

All four member organisations have developed knowledge and expertise in partner capacity building. Knowledge sharing will be stimulated combined with applied research to answer the research question. The methodology is based on SWOT analyses and the development and monitoring of specific indicators for four selected partner organisations.
“Conflict affected communities are leading the rehabilitation and development process in eastern DR Congo”

In the village of Lukongo, Wazura Kasongo, the primary school was in a state of disrepair. As the only school in the village, the community identified its rehabilitation as a priority in their village development plan, elaborated with Pamoja project support in 2011. While the project provided technical guidance on the development of the community development plan, the community took the initiative to fabricate 40,000 bricks to reconstruct the school in durable material. The community advocated for additional support from their national deputy for the provision of iron sheeting for the schools roof. Impressed by their commitment to see through the project, the Deputy also personally provided the community with nails, wood planks and the funds required to pay the masons and the carpenters. The first part of the school has been completed, but the community, motivated by their success, is seeking more. “We want to fabricate an additional 20,000 bricks to add two new class-rooms to the school. We are also continuing to seek partners to help us equip the school” says Lubenga Amzati, the president of the Local Development Committee.
1.5 HARMONISATION AND COMPLEMENTARITY

As 2011 is the first year of the DCR’s MFSII programme, the focus in 2011 was mainly on how to achieve harmonisation and complementarity within the Consortium (see chapter 1.6 Working as a Consortium and chapter 1.8, Lessons Learnt) at central consortium and country level. In 2012 internal harmonisation and complementarity will be developed further. The meaning and importance of external harmonisation and complementarity was discussed between staff of the DCR member organisations in the six programme countries and the Netherlands at the DCR International Meeting in September 2011. The following sections give more specific information on the achievements of external harmonisation and complementarity activities in the DCR programme countries.

Harmonisation (potential) DCR partners
In Liberia DCR is currently working with Finnish Refugee Council (an expert NGO on adult literacy) to develop capacity in adult literacy to lobby and advocate for literacy policy implementation. In Western Bahr el Ghazal, South Sudan, DCR member Save the Children is coordinating with WFP (which provides food ratios for the target schools), UNOCHA (which coordinates local cluster meetings) and UNICEF (which provides school materials to target schools), in order to reduce duplication and improve service delivery.

DCR in South Sudan works closely in all locations with local government authorities, including county commissioners, the South Sudan Relief and Rehabilitation Committee, payam administrators, and traditional leaders. Authorities are involved in the process of identification of beneficiaries, monitoring of activities, information sharing, and technical input. Consistent engagement of relevant line ministries and other local authorities in the DCR intervention (including planning, implementation, and monitoring) has increased their knowledge and support for the intervention, at the state and county level.

In Liberia initial contact has been made between other MFSII consortia - SPARK and BidNetwork - to map out possible collaboration. Investigations are taking place to see how we could link our programmes and beneficiaries.

Participation in coordination platforms
Time management and priority setting is a challenge when working with many different organisations and stakeholders. Coordination platforms are necessary to enforce implementation, harmonisation and complementarity. However, the pitfall is to create a bureaucratic system with too many meetings.

In South Sudan the NGO Forum is the primary NGO collaborative forum, organised at the Juba level. All DCR members are engaged in the forum, including sectoral meetings and country-director meetings. UNOCHA in South Sudan organises technical coordination and information sharing sessions at the state level, in which DCR partners participate. This forum is important to ensure effective coordination of activities and shared agenda. DCR Consortium members participate in such meetings organised by UNOCHA.

The DCR member organisations in Sudan are active in all inter-agency networks at the country-level, state and sub-state level for their working areas. Such networks, and the numerous bi-lateral and multi-lateral discussions between actors that also arise, lead to effective coordination and elimination of overlap in working areas and give valuable operational support in security issues. Close cooperation with different faculties of the University of Nyala will be continued.

The programme has been and remains relevant and complementary to Sudanese government policy (state level) in the main areas of sector focus; education, livelihoods and water. DCR members will remain actively engaged in 2012 with line ministries to ensure alignment and coordination with government policies remains in place.

It could be said, that the complementarity of donors is increasing as more international donors (e.g. USAID-OFDA) move to a greater focus on recovery in Darfur.

In Uganda DCR members participated in the Dutch Platform for Education (LEARN) and Agriprofocus (Livelihood platform). DCR Uganda has laid a plan for 2012 and members will endeavor to connect with
other DCR harmonisation partners in a coordinated manner. The relationship with the Royal Netherlands Embassy has mainly been through the Dutch platform for Education and Agriprofocus. In DR Congo & Burundi DCR members participated in meetings organised by the Dutch Embassy for information sharing and coordination with other consortia. In DR Congo, DCR members actively participate in all relevant cluster-meetings.

Community consultation
1.6 WORKING AS A CONSORTIUM

At the international level of DCR a Monitoring & Evaluation workshop was held in March 2011 as a preparation for the baseline study and in September an international meeting for DCR coordination and programme staff was organised with the purpose of sharing ideas, plans and experiences, learning from each other, preparation of the Country Annual Plans, getting common understanding of the mission and vision of DCR, teambuilding etc.

Collaboration and synergy in DCR-countries
In the first year the DCR Country Coordinators started with the process of collaboration within the country’s consortium at several levels. A start was made with organising joint workshops in country for Monitoring & Evaluations, Advocacy, Communication, Knowledge, Finance, Coordination topics and Progress of activities. In Burundi a kick-off event was organised for consortium members, partners and other stakeholders while for instance in Liberia a start-up workshop was being held for members and their local partners to come with a common understanding on how to intend to work together as a consortium to achieve the objectives of the DCR programme *Pamoja*, building a team and to reflect on strategies and plans.

In the course of the year committees and platforms have been formed, depending on the needs of the DCR country’s organisations. Beside the Country Steering Committees who meet 2 to 4 times per year the following DCR committees and groups were established:

- Technical committee or Technical working group
- Programme advisory group
- Advocacy Platform
- M&E platform
- Field teams’ regular meetings
- Partners’ forum
- Country knowledge network

The committees and groups consist of DCR Member organisations’ staff and / or partners’ staff and meet regularly. Finding synergy in the activities in the first year was not always an easy exercise especially because it required quite some time for field staff to understand the added value of working together. In the course of the year progress was made by having (monthly) meetings with field staff for sharing realisation of activities, doing joint planning, make arrangements to avoid duplications in consulting and training of the target groups and taking too much of people’s valuable time.

DCR members also collaborate bilaterally by sharing logistics and exchanging experiences and knowledge. In Uganda and Burundi cost saving has been possible in the area of office sharing and the 2 DCR members in Uganda have also agreed that ZOA will implement its livelihood interventions in Nwoya district targeting the same communities and schools where Save the Children is implementing its education interventions. This is also reinforcing the DCR strategy of linking economic activities to supply of basic services.

The added value of the consortium was also realised by strengthening the inter-sectoral activities. In DR Congo CARE provided a training for other DCR members and local partners on good governance. The training was then rolled out by some of the members to their beneficiaries. The governance activities by CARE in DR Congo (especially facilitating participatory development planning) are very well linked to basic service and livelihoods activities of other DCR members. For example: building of schools by Save the Children is targeted in those communities that prioritise education and are committed to contributing themselves.

In Uganda there is regular involvement of the district leaderships in processes to establish sustainability mechanisms for the outcomes of the programme beyond the life of the consortium. Local government authority and local partners are involved in DCR programme reviews and planning activities. This is a good avenue for collective reflection and problem solving.
Collaboration in the Netherlands

In the Netherlands the Central Steering Committee, Programme Working Group and the four thematic groups met regularly. Because DCR is working with delegated responsibilities and lead roles the meetings of and between the groups do assure a consistent information, planning and decision making process.

ZOA has the central lead and the lead in DR Congo and Liberia and in M&E, CARE has the lead in Sudan and in Advocacy, HealthNet TPO in Burundi and in Knowledge Network and Save the Children in South Sudan and Uganda and in Communications. Relevant expertise is being used and shared by each of the organisations and having one focal point for each theme reduces representation and travel costs.

The year 2012 being the first full year of implementation will show whether this structure is indeed convenient for an optimal and efficient way of collaboration. The lesson learnt in 2011 is that the planning and reporting put pressure on the time and resources of the country member organisations, especially because some of them are part of an international organisation with their own requirements.
1.7 THEMATIC FUNCTIONS

The Learning Agenda and activities of the Knowledge Network are described in chapter 1.4.

1.7.1 MONITORING AND EVALUATION

Process
The first months of 2011 were important for the formation of the PM&E system of DCR. In line with the requirements from the Ministry the Monitoring Protocol (MP) was developed, based on the overall Results Table of the consortium (Annex III of the application). After the MP was finalised a baseline study was organised, to get detailed insight in the current state of affairs in the programme areas and to set the targets for 2015. During the baseline process, the MP was revised after a dialogue with the Ministry of Foreign affairs about the clarity of the document. This led to the development of a second version of the MP. In the programme countries it was reported that the short available time for the baseline study, combined with the revision of the MP (which also affected some of the indicators), compromised the quality of the baseline study.

After the baseline study was finalised (May 2011), DCR staff in the programme countries went on to further develop their own MP, based on the overall MP developed by DCR staff in the Netherlands. These country specific MPs were named Tailor made Monitoring Protocols (TMPs) and contained only those indicators from the overall MP that were relevant for the individual countries. The TMPs were extended with a number of indicators that the country programme staff felt necessary for obtaining proper management information through M&E. These indicators were retrieved from the Country Results Tables, which was the basis for the overall Result Table of the Consortium (Annex III).

Indicators
After one year of programme implementation, this annual reporting process was the first profound test for the DCR Monitoring Protocol as a monitoring and reporting document. It was found that some of the indicators did not completely express what we hoped it would express and that a number of outputs that are delivered by DCR members and partners was not covered by the Monitor Protocol indicators. DCR is therefore working on a proposal for the Dutch Ministry of Foreign Affairs to improve some of the indicators so that the quality of the Protocol will increase.

M&E systems
The Tailor made Monitoring Protocols (TMPs), combined with the country result tables, are the leading documents for Planning, Monitoring and Reporting of the DCR country programmes. The TMPs are maintained by country M&E coordinators, who coordinate data collection for reporting and who make sure that the planning of the individual DCR members is in line with the overall DCR programme. The M&E country coordinators are working in close cooperation with PM&E country platforms, consisting of M&E focal staff from the DCR member organisations.
In the Netherlands a similar system was designed. The overall PM&E coordinator works together with the PM&E working group, which consists of the M&E responsible staff of the member organisations. Their role is, among other things, to guard the quality of DCR M&E, to provide technical PM&E assistance to the programme countries, and to analyse, discuss and learn based on PM&E results. The overall MP is their central reference document for reporting to the Ministry. The M&E working group in the Netherlands works together with the Knowledge coordinator to ensure that M&E and learning reinforce each other within the programme.

1.7.2 ADVOCACY

Advocacy and policy influencing have been identified as one of the three key intervention strategies of the Dutch Consortium for Rehabilitation. DCR aims to increase the sustainability of its programmatic interventions by providing a constructive contribution to a more conducive policy environment for the rehabilitation of conflict-affected communities, to ensure that primary duty bearers strengthen their legitimacy and take their responsibility. DCR advocacy is aimed at achieving policy changes at local, national and international level that contribute to stable, peaceful and well-governed societies where all people have sustainable livelihoods and equal access to basic services. The high-risk, fragile context in which DCR operates implies a preference for direct, face-to-face lobby activities over public advocacy campaigns, and a focus on a constructive, evidence-based advisory role towards policy makers.

In the early months of 2011 the Consortium has taken its first steps towards a joint DCR advocacy strategy. An Advocacy Working Group (AWG) existing of an Advocacy Coordinator and 4 staff members of the DCR member organisations was installed in The Netherlands. The AWG was tasked with coordinating and facilitating joint advocacy activities on behalf of the 4 Consortium members both in the DCR countries and in The Netherlands. During the first months of 2011, the recruitment of advocacy staff at all levels was finalised, and an advocacy plan outlining the contours of DCRs advocacy objectives, strategies and implementing structures was agreed upon.

In November 2011 the members of the AWG participated in a participative, tailor-made workshop in order to develop a shared vision on how to support DCRs southern counterparts and partners in their advocacy efforts.

To achieve its advocacy goals, DCR applies three strategies:

1. **Country-specific advocacy**: the DCR country teams take the lead in this; the Advocacy Working Group in the Netherlands plays a support role. In 2011 each DCR organisation has started implementing targeted advocacy activities in the context of the DCR programme. In addition, the AWG has stimulated the country teams to join forces and to look for synergies when it comes to policy influencing efforts. During the second half of the year, a start has been made with the development of joint DCR advocacy strategies at the country level. The AWG has designed a tailor-made strategic planning workshop for DCR advocacy. This workshop was carried out in Burundi and Liberia. In both countries, staff of all DCR organisations jointly analysed those policy issues in the areas of health, education, livelihoods and governance, which they will jointly address until 2015. Strategic objectives, approaches and targets were identified and agreed upon. During the first months of 2012, similar strategic planning workshops for advocacy take place in Uganda and the DRC, while furthering the dialogue on how advocacy can be an integral part of DCR in South Sudan and Sudan.

2. **Thematic advocacy**, focusing on policy issues of relevance for a larger number of programme countries, to be addressed at the Dutch (and European) level; the Advocacy Working Group takes the lead, and the DCR country teams support its efforts with programme information and evidence. With regard to its thematic advocacy, the DCR members have decided to focus initially on policy developments in The Netherlands, and not (yet) to engage at European level. With its broad and diverse knowledge of, and experience in the rehabilitation of conflict-affected communities in fragile states, the DCR members aim to constructively contribute to Dutch policies in fragile states in general and in the DCR countries particular. Following various strategic sessions, and in line with the priorities of the DCR Knowledge Network, DCR advocacy in The Netherlands has a thematic
focus on conflict-sensitive approaches to food security and local governance in fragile contexts. In 2011, a start has been made with policy analysis, mapping of best practices and lessons learned in these thematic areas; coordination and cooperation with other NGO’s working in these areas has been sought; and contacts and exchanges with the Dutch Ministry for Foreign Affairs have started.

3. **Capacity building** of local actors to advocate towards policy makers on issues of relevance to their constituencies; the DCR country teams take the lead in capacity strengthening of the local actors. The Advocacy Working Group support them in doing so where required. An advocacy capacity and needs assessment of the local partner organisations in the DCR countries remains to be finalised in 2012.

![Latrines in schools: where water & sanitation meet education](image)

1.7.3 **COMMUNICATION**

A DCR Communication Working Group (CWG) was established existing of the DCR Communication Coordinator and four staff members of the DCR member organisations. The main purpose of the CWG is to involve and inform the staff members of the DCR member organisations (in the programme countries and in the Netherlands) about the DCR programme and to facilitate the exchange of knowledge, experiences and lessons learned. The CWG also aims at informing a broader public about the DCR programme, its functioning and results, working in fragile states and the importance of rehabilitation.
Main achievements of the CWG in 2011:

- A DCR Communication plan has been elaborated and a communication protocol has been established;
- A platform (in the form of a website: www.dcr-africa.org) was created where the broader audience can find information about the content and results of the DCR programme.
- Intranet has been created as internal database where all DCR documentation, news items and reports can be consulted by DCR staff members and member organisations.
- A (pilot) communication training was prepared and organised for communication officers in the countries on context of DCR, communication on behalf of DCR, elaboration of communication materials, photography and use of the website (the actual training has taken place early January 2012)
- The first issue of the DCR internal newsletter (which is meant to involve DCR staff, creating enthusiasm and connection between the countries, learning and getting to know one another) was produced in December 2011. From 2012 on the newsletter will appear on a regular (quarterly) basis.

DCR’s website: www.dcr-africa.org
1.8 LESSONS LEARNT

Linking community-based and systems approaches
In 2011 DCR has started to work on the empowerment of community-based structures to take responsibility for community level development on the one hand and strengthening the whole chain of service delivery on the other. It is assumed that these two approaches will reinforce each other, creating more sustainable provision of basic services that are accessible to all. In order to maximize the effect of integrating these approaches, it should be avoided that individual DCR member organisations focus on only one of the two approaches, while leaving the other one to their co-members. It is difficult to create synergy between the two approaches when member organisations use the systems approach but ignore the community-based approach already in their planning stages.

Linking economic development and basic services
Household and community practices affect the use of household income and opportunities. Economic activities do not necessarily translate into increased household access to basic services, if certain cultural practices motivate households to spend their additional income on other things. In the Ugandan Pokot community, for instance, wealth is greatly linked to social status and active participation in activities such as cattle raids, being a sign of courage.

Hybrid partnering
DCR defines hybrid partnering as shared implementation by local civil society organisations and local staff of international NGOs as a strategy to build local capacity in fragile states. The share of local CSO’s in implementation will gradually increase. Evidence from the first year of implementation has shown that hybrid partnering works only when a coordinated planning process, including consultations
and capacity building is established. It takes concentrated effort and time to build relationships, to create trust and to achieve acceptance, buy-in and commitment of local partners. In the DR Congo this has motivated members to consider abandon very short term, activity based contracts with partners. It is also suggested to sign MoUs with partners for the entire duration of the programme, to lay the basis for a long term relationship during which the benefits of hybrid partnering can fully flourish.

Capacity building of local partners
High turn-over of staff, made DCR members conclude that capacity building of local NGOs should focus more on organisations systems and less on individual skills of staff. It is often seen that individual employees use local CSOs as a stepping stone to their individual career development.

Working as a consortium
Some quotes on lessons learnt in working together as a consortium from the DCR country reports:

• Joint planning of member organisations sharing targets groups results in more community participation, ownership and saving time for their other activities.
• Working in a consortium is a fruitful strategy that maximizes the complementarity of interventions and facilitates the satisfaction of needs and access to rights by the most vulnerable in a comprehensive manner.
• Working as a consortium is a great opportunity to succeed in advocacy actions especially in a sense that the exchange of knowledge can lead to significant positive changes.
• The disparity in the selection of intervention areas by consortium members hampers intense harmonization and minimizes the degree of collaboration and complementarities between the consortium members.
• Working in a consortium is not easy. Flexibility, tolerance and the ability to make compromises are all key qualities required in working together within a consortium.
• Consortium and partnership approach strengthens response and increases outputs and outcomes as partners complement each other’s activities. It enhances collaboration as opposed to unproductive competition.
• Continuous positive engagement with the district authorities increases involvement of the local governments with the programmes. Increased engagement of local governments helps to reduce conflict and misinformation of beneficiaries.
• Consortium is most effective in ensuring use of available resources by supplementing each others’ interventions with knowledge (knowing who is filling the gaps you are not able to) and provide positive referral.
## DCR RESULT AREA 1: EDUCATION

<table>
<thead>
<tr>
<th>Micro level</th>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target value 2015</th>
<th>actuals after 2011 implementation</th>
<th>remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1.1</td>
<td>Schools in targeted communities that are rehabilitated or constructed according to national standards</td>
<td>0</td>
<td>64%</td>
<td>6%</td>
<td>In total 16 out of 260 schools were rehabilitated in 2011.</td>
</tr>
<tr>
<td>A2.1</td>
<td>Schools in targeted communities that are equipped according to national standards</td>
<td>0</td>
<td>64%</td>
<td>13%</td>
<td>In total 32 schools were equipped in 2011.</td>
</tr>
<tr>
<td>A3.1</td>
<td>Schools in targeted communities meeting ratio trained teachers/children (1:50 or below)</td>
<td>0</td>
<td>62%</td>
<td>12%</td>
<td>In total 28 schools met the recommended ratio; for some countries the contribution of DCR is indirect because local governments decide over posting teachers in schools.</td>
</tr>
<tr>
<td>A4.1</td>
<td>Primary schools in targeted communities with newly trained PTA or SMC</td>
<td>0</td>
<td>69%</td>
<td>31%</td>
<td>In total 73 PTA/SMCs were trained by DCR; the percentage may not be accurate because the total number of schools in one of the countries is uncertain.</td>
</tr>
<tr>
<td>A4.2</td>
<td>Primary schools in targeted communities with PTA or SMC equitably representing the composition of the community</td>
<td>62%</td>
<td>72%</td>
<td>62%</td>
<td>In 2011 there were no activities that directly contributed to this indicators value. The assumption is that the percentage did not change significantly since the baseline was done.</td>
</tr>
<tr>
<td>MP code:</td>
<td>Output indicator</td>
<td>Baseline</td>
<td>Target value</td>
<td>actuals after 2011 implementation</td>
<td>remarks</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A5.1</td>
<td>Multi-stakeholder coordination platform facilitated, comprising local civil society, government and other relevant stakeholders in education</td>
<td>0</td>
<td>37</td>
<td>5</td>
<td>These platforms were organised in 3 of the DCR programme countries.</td>
</tr>
<tr>
<td>A5.2</td>
<td>Number of monitoring and feedback mechanisms for education services established</td>
<td>0</td>
<td>12</td>
<td>6</td>
<td>These platforms were organised in 1 of the programme countries.</td>
</tr>
<tr>
<td>Micro level</td>
<td>Output indicator</td>
<td>Baseline</td>
<td>Target value</td>
<td>actuals after 2011 implementation</td>
<td>remarks</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A1.2</td>
<td>Median availability of selected generic medicines (%), including contraceptives</td>
<td>88%</td>
<td>95%</td>
<td>88%</td>
<td>The availability of generic medicines is quarterly verified in South Sudan (8 Health Centres) and Burundi (26 Health Centres, 2 District Hospitals and 1 Provincial Hospital). No lack in the availability of generic medicines in 2011 is reported.</td>
</tr>
<tr>
<td>A1.3</td>
<td>Health facility with trained staff or CHPs, according to national standard</td>
<td>0</td>
<td>5%</td>
<td>0%</td>
<td>In Burundi all staff of the Provincial Health Department and District Health Department, the Health Facilities (26 Health Centres, 2 District Hospitals, 1 Provincial Hospital) were trained in separate sessions in the use of the new PBF policies and procedures. In South Sudan and DRC support is given to the health authorities in the recruitment process to staff the HF’s to national standards. Output is reported at 0% because Health Facilities have not yet reached national standards.</td>
</tr>
<tr>
<td>A2.1</td>
<td>The % of health facilities in targeted communities with a trained health (facility) committee</td>
<td>35%</td>
<td>67%</td>
<td>35%</td>
<td>In South Sudan 10 out of 11 health committees have been elected by the communities and trained. In Burundi the members of the Community Health Centres are trained in the new standards for PBF.</td>
</tr>
<tr>
<td>A2.2</td>
<td>The % of health facilities in targeted communities with a health (facility) committee equitably representing the composition of the community</td>
<td>50%</td>
<td>70%</td>
<td>50%</td>
<td>In South Sudan 11 Community Health Centres have been elected by the communities (average of 11 members) of which 37 female and 82 male members. In Burundi and DR Congo new Community Health Centres will be elected in line with the schedule in 2012.</td>
</tr>
<tr>
<td>Meso level</td>
<td>Output indicator</td>
<td>Baseline</td>
<td>Target value</td>
<td>actuals after 2011 implementation</td>
<td>remarks</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A3.1</td>
<td>Number of multi-stakeholder coordination platform facilitated, comprising local</td>
<td>0</td>
<td>36</td>
<td>3</td>
<td>These multi-stakeholder platforms were organised in Burundi, Congo and South Sudan; 6 meetings were organised in 2011; in most cases the district health authorities were also involved.</td>
</tr>
<tr>
<td></td>
<td>civil society, government and other relevant stakeholders in public health system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A3.2</td>
<td>Number of CSOs supported in advocating for relevant public health policy changes</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>Identification and preparation of CSO started under the Community Systems Strengthening mapping in 2011. In South Sudan 4 and in Burundi 3 organisations.</td>
</tr>
<tr>
<td></td>
<td>at the local and national levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4.1</td>
<td>Additional number of PBF monitoring and feedback mechanisms for public health</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>In Burundi existing PBF monitoring and feedback mechanisms are elaborated and if necessary adjusted in 2011. All relevant staff has been trained in the implementation of the elaborated ones. Output is reported at 0 because there are not (yet) any newly established PBF mechanisms.</td>
</tr>
<tr>
<td></td>
<td>services established</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## DCR RESULT AREA 1: WATER AND SANITATION

<table>
<thead>
<tr>
<th>Micro level</th>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target value</th>
<th>actuals after 2011 implementation</th>
<th>remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP code: A1.1</td>
<td>Households in targeted communities with access to at least one latrine per 20 people</td>
<td>0</td>
<td>tbd</td>
<td>0</td>
<td>There has been latrine construction in 2011. The majority of this was however around schools and covered under the education section. In Sudan 6 latrines were constructed, but these are used by more than 20 people.</td>
</tr>
<tr>
<td>MP code: A1.2</td>
<td>Percentage of people in targeted communities who have access to water sources according to sphere standards</td>
<td>29%</td>
<td>41%</td>
<td>30%</td>
<td>For this indicator the baseline had to be redone in Burundi. This led to a new baseline and target value. In total an estimated number of 1000 additional people (based on the number of school children reached) to water according to Sphere standards, which was calculated as a 1 percent increase.</td>
</tr>
<tr>
<td>MP code: A2.1</td>
<td>Water sources with trained Water User / WASH committee</td>
<td>45%</td>
<td>90%</td>
<td>45%</td>
<td>Activities that would contribute to this indicator have been postponed to 2012. It is assumed that the number of water sources with a trained committee has remained the same.</td>
</tr>
<tr>
<td>MP code: A2.2</td>
<td>Water sources with Water User / WASH committee equitably representing the composition of the community</td>
<td>91%</td>
<td>95%</td>
<td>91%</td>
<td>For this indicator the baseline was redone in Burundi. This led to a new baseline and target value. There were no outputs reported for 2011 on this indicator. It is assumed that the percentage of the baseline has not significantly changed.</td>
</tr>
<tr>
<td>MP code: A3.1</td>
<td>Households in targeted communities reached with hygiene promotion</td>
<td>0%</td>
<td>60%</td>
<td>21%</td>
<td>In total 9314 people were reached with hygiene promotion in the programme countries in 2011. The percentage may not be perfectly accurate because the total population of the targeted areas changes over time. For some countries there are no population official figures.</td>
</tr>
</tbody>
</table>
New water source managed by a local community group
## DCR RESULT AREA 2: LIVELIHOODS

<table>
<thead>
<tr>
<th>Micro level</th>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target value</th>
<th>actuals after 2011 implementation</th>
<th>remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1.1a</strong></td>
<td>Additional households with access to improved productive infrastructure</td>
<td>0</td>
<td>70%</td>
<td>29%</td>
<td>Output for this indicator has already reached over 40% of its 2015 target after 1 year of implementation due to the successful construction of grain storage facilities in Burundi, which is used by 92% of the population of the targeted areas in Burundi.</td>
</tr>
<tr>
<td><strong>A1.1b</strong></td>
<td>Additional households with access to inputs</td>
<td>0</td>
<td>56%</td>
<td>24%</td>
<td>At least 2400 households were reached with hygiene promotion in 2011; the exact absolute figures more, but is not known (yet) because not all countries provided the total population of the targeted livelihood areas.</td>
</tr>
<tr>
<td><strong>A1.1c</strong></td>
<td>Additional households with access to knowledge</td>
<td>0</td>
<td>59%</td>
<td>24%</td>
<td>Access to knowledge was based on trainings delivered on agriculture related topics.</td>
</tr>
<tr>
<td><strong>A1.2</strong></td>
<td>Newly trained farmers-, IGA-, or VSL associations</td>
<td>0</td>
<td>100%</td>
<td>35%</td>
<td>A total number of 66 groups were trained in 2011. The percentage represents the share of the total number of groups that are planned to be trained. In some countries targets for 2011 were exceeded, so the planned number for 2015 may also be increased. In Burundi 162 additional farmers were trained, who are not part of associations.</td>
</tr>
<tr>
<td><strong>A1.3</strong></td>
<td>Farmers-, IGA-, or VSL associations equitably representing all groups in community, including most vulnerable households</td>
<td>66%</td>
<td>76%</td>
<td>66%</td>
<td>No contribution was made to this indicator in 2011; activities are planned for 2012. It is assumed that the % of associations whose representation is equitable has not significantly changed.</td>
</tr>
</tbody>
</table>
### A2.1 Households with access to inputs and knowledge for off-farm alternatives for income generation

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>32%</td>
<td>11%</td>
</tr>
</tbody>
</table>

At least 900 households were reached with inputs and knowledge for off-farm alternatives for income generation. The exact number is not clear, because not all countries reported on absolute figures.

### A2.2 CBOs are capacitated to raise awareness on land and/or water disputes

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>100%</td>
<td>24%</td>
</tr>
</tbody>
</table>

The percentage represents the share of the total number of CBOs that are planned to do awareness raising activities with, not the total number of CBOs that exist in the targeted areas.

### Meso level

<table>
<thead>
<tr>
<th>MP code:</th>
<th>Output indicator</th>
<th>actuals after 2011 implementation</th>
<th>remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3.1</td>
<td>Number of farmers, IGA &amp; VSL associations trained in advocating and networking for relevant policy changes at the local and/or national levels</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

The target was obviously set too low, because at the time of target setting it was not yet clear that this was going to be an important part of the advocacy strategy in Burundi. The programme team managed to train all these CBOs. The trainings were about advocacy and networking for policy changes at local level.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

2 platforms in Burundi were organised, both having had 4 meetings in 2011. 4 platforms were organised in South Sudan.
### DCR RESULT AREA 3: COMMUNITY GOVERNANCE

<table>
<thead>
<tr>
<th>MP code:</th>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target value</th>
<th>actuals after 2011 implementation</th>
<th>remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1.1</td>
<td>CBOs have appropriate management structures and systems in place in targeted areas</td>
<td>0</td>
<td>75%</td>
<td>20%</td>
<td>In total 72 CBOs are reported to have been trained on management.</td>
</tr>
<tr>
<td>A1.2</td>
<td>CBOs have capabilities to network or advocate and/or build peace</td>
<td>0</td>
<td>59%</td>
<td>19%</td>
<td>84 CBOs are reported to have been trained. The percentage is lower than in the previous indicator because the total number of CBOs is higher. This is because there are activities on this in more countries.</td>
</tr>
<tr>
<td>A1.3</td>
<td>CBOs take part in alliances and networks in targeted areas</td>
<td>21%</td>
<td>51%</td>
<td>27%</td>
<td>The baseline for this indicator was redone. Due to DCR activities an additional 6 percent of CBOs actively take part in alliances and networks.</td>
</tr>
<tr>
<td>A2.1</td>
<td>CBOs show representative leadership and inclusive membership (gender, minority groups) in targeted areas</td>
<td>60%</td>
<td>75%</td>
<td>61%</td>
<td>The baseline for this indicator was redone. Due to 2011 activities an increase of 1% compared to the original number was reached.</td>
</tr>
</tbody>
</table>
3 FINANCIAL PROGRESS REPORT

In 2011 the DCR-consortium has spent 77% of the budget 2011. Most of the countries have started the programme activities from the second half of the year. In Sudan only 68% has been spent because one of the consortium members had to move the activities to another programme area due to the security situation. Also some of the specific activities in the Netherlands have been started later in 2011 (Knowledge Network, Advocacy and Communication). The expenses in 2012 are expected to be at least at the level of the budget in the Annual Plan 2012.

This report shows the following figures:

A) Total consortium costs compared to the budget 2011
B) Total consortium costs per organisation
C) Programme costs per country
D) Programme costs, split per result area, activity type and intervention strategy
E) Central programme costs in the Netherlands
F) Other reports

A) Total consortium costs 2011 (compared to budget 2011)

The DCR-consortium has received € 75,975 interest in 2011 related to the MFS instalments. Only ZOA has spent a part of the interest amount (€ 18,697) in 2011 for additional MFS activities. The remaining amount (€ 57,278) will be spent by the consortium members in coming years.
ANNEX 1: LIST OF ACRONYMS

SC – 5 capabilities model
ACTED – Agency for Technical Cooperation and Development
ADC – Area Development Committee
AWG – DCR Advocacy Working Group
CB – Capacity Building
CSO – Civil Society Organisation
CWG – DCR Communication Working Group
DCR – Dutch Consortium for Rehabilitation
ECCD – Early Childhood Care and Development
ECDPM – European Centre for Development Policy Management
ECZS – Equipe Cadre Zone Santé
IDP – Internal Displaced Person
KN – DCR Knowledge Network
M&E – Monitoring and Evaluation
MoU – Memorandum of Understanding
MP – Monitoring Protocol
NGO – Non-Governmental Organisation
PBF – Performance Based Financing
PME – Policy, Monitoring and Evaluation
PTA – Parent Teacher Association
TMP – Tailor made Monitoring Protocol
VDC – Village Development Committee
VSLA – Village Saving and Loans Associations
WASH – Water, Sanitation and Hygiene
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

* Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
** Final status of the Abyei area is not yet determined.

Western Bahr El Ghazal
Save the Children, HealthNet TPO

Central Equatoria
ZOA

Upper Nile
Save the Children, CARE
South Darfur
CARE – ZOA
ANNEX 3: CONTACT SHEET

Name consortium: Dutch Consortium for Rehabilitation

Applicant

**ZOA**
Postal address:  
PO Box 4130  
7320 AC Apeldoorn  
The Netherlands  

Street address:  
Sleutelbloemstraat 8  
7322 AG Apeldoorn  
The Netherlands  

Phone: +31 55 366 3339  
Fax: +31 55 366 8799  

Chief Executive Officer: J. Mooij MBA  
Contact person: Drs. J. Jansen  
E-mail: c.jansen@zoa.nl

Participants in the consortium

**CARE Nederland**
Juffrouw Idastraat 11  
2513 BE Den Haag  
Phone: +31 70 310 5050  
Fax: +31 70 356 0753  

Chief Executive Officer: Drs. G.T.F. Eskens  
Contact person: Drs. C. Bultman  
E-mail: bultman@carenederland.org

**HealthNet TPO**
Lizzy Ansinghstraat 163  
1072 RG Amsterdam  
Phone: +31 20 620 0005  
Fax: +31 20 420 1503  

General Director: H. Grootendorst  
Contact person: G. Leerink  
E-mail: geert.leerink@hntpo.org

**Save the Children Nederland**
Laan van Nieuw Oost-Indie 14-16  
2593 BT Den Haag  
Phone: +31 70 338 4448  
Fax: +31 70 350 1279  

Chief Executive Officer: Dr. H.S.M. Wierema  
Contact person: Drs. S. Klinkenberg  
E-mail: stan.klinkenberg@savethechildren.nl