



Evaluation of the Humanitarian Programme in the Democratic Republic of Congo (DRC)

Executive Summary

Oxfam GB Programme Evaluation

May 2008

Commissioned by: Oxfam GB

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Executive Summary

Oxfam GB has been working in DRC since the 1960s. In May 2004 a four-year Programme Implementation Plan for humanitarian work (PIP P00195) was created, aiming to 'save lives and protect the health of people affected by conflict and natural disasters throughout DRC by focusing on preparedness, response, and protection issues'. This evaluation was commissioned by the country team to assess progress over this four-year period. The country remains one of the most challenging operating environments Oxfam faces anywhere in the world. Around 3.8 million people have died and an estimated 1.4 million people remain displaced by ongoing conflict in the country. Following the first democratic elections, a peace process was initiated, and whilst there seems cautious optimism, the relative improvements in stability and security are very fragile.

The humanitarian programme currently has an annual budget of \$6.5million, targeting 550,000 beneficiaries, with a staffing contingent of 160. This has exceeded the PIP target of 400,000 people. Given the challenging and expensive operating environment, this compares favourably with similar scale Oxfam programmes in cost and coverage. The humanitarian programme has focused on immediate and medium-term needs for public health (water, hygiene promotion and sanitation) and non-food items, currently carried out by field teams based in Beni (North Kivu), Bunia (Ituri) and Uvira (South Kivu). In late 2007 Oxfam also started up a programme for 40,000 people displaced by fighting to camps on the outskirts of Goma town. The field teams are supported by management and programme support functions in the Goma office. Oxfam's programmes are mainly operational but work with two local partners in North Kivu, and with the BCZS government health zone offices in North and South Kivu and Ituri.

Assessing the four-year programme lifespan proved challenging in a context that has changed considerably, and continues to do so. Very few current staff have been with the programme since 2004/2005. The PIP was designed with three high level objectives that sat above project level plans and logframes. Overall, the plans were found to be ambitious with high targets set for water/sanitation/public health work, as detailed out in logframes that have pronounced quantitative targets and indicators, but less well developed thinking on qualitative measures and a range of programme quality considerations set out in the overall PIP strategy. This apparent disconnect needs to be reviewed for the coming year. However, very good progress has been achieved in delivering these projects, with an overall completion rate of over 80% anticipated by the end of this financial year.

Much work remains in preparedness at all levels – from the overall contingency plan through to local level activities. However, some very good practices and outcomes were identified (that were at times unplanned) in the degree of flexibility, relevance and durability of public health work that leave communities feeling ownership & better placed to cope with the fluid context and future shocks.

In terms of impact on health, accurate, relevant data proved hard to obtain. The evaluation team were able to draw on statistics that at least enabled a strong sense of trends in key diseases rates in areas where Oxfam works. Of equal significance, if not more, is that informants (particularly community members, BCZS and partners) spoke consistently of reduced incidence of cholera & other water-borne diseases, and attributed this to improved public health facilities along with health promotion activities. In terms of classic public health related diseases there has been noticeable positive change.

The objective of ensuring the rights of conflict-affected people were better respected has not been systematically integrated into individual projects. However, some evidence was obtained of impact that was at times inadvertent, and relating to good analysis and programme choices that reduced risks to people.

The evaluation provides more detailed analysis against the DAC criteria (efficiency; effectiveness; impact; relevance; sustainability; coverage and connectedness).

The progress made in the DRC programme would not have been possible without an almost unprecedented commitment from the organisation towards a failing programme of four years ago. The DRC team has achieved a great deal in growing an effective and influential programme that meaningfully touches the lives of hundreds of thousands of people each year. The successes of the last few years underline again the importance of competent, committed staff at every level, and the coming period will need careful management to support new post-holders and protect against avoidable problems in continuity.

The evaluation team made four recommendations for consideration by the country management, summarised below.

- **Vision and strategy.** Oxfam DRC should re-define its future humanitarian vision and strategy for the coming 2-3 years, and set out intended scale, scope (including geographical) and capacity needs (Oxfam GB and partners). An essential component of this would be the development of location-specific contingency plans that identify response modalities and parameters. These should be signed-off in advance to enable swift decision-making and allocation of resources in the event that a new emergency response becomes necessary.
- **Programme quality.** In order to improve mainstreaming approaches and programme monitoring and learning, priority should be on:
 - “Demystifying” mainstreaming areas and translate these to clear objectives and activities in high-level strategy and project level objectives and activities. These should link clearly to development of improved advocacy objectives and activities at field level
 - Developing simple, useful systems to help field staff collect relevant information and monitor on a regular basis, supported by Goma advisors/coordinators
 - Considering simple mechanisms for improved cross programme learning
- **Management and team dynamics.** The Country Management Team should assess how to best to achieve optimal support for staff (particularly PMs), improve communications and ensure management (which is between Goma and Kinshasa) functions are more engaged and responsive to field office needs
- **Working with Partners.** As part of the overall vision and strategy development, Oxfam DRC should undertake partner assessments for current and emerging partners and develop a clear longer-term partnership strategy with clear commitments and exit intentions. Consideration should be given to allocating increased multi-year, unrestricted resources to develop partner capacity and work on this is ongoing. (Limitations on unrestricted funding and high running costs for the programme will continue to make this challenging.)

Annexes include a brief timeline constructed by staff; health data collected; partners' views on Oxfam and the evaluation Terms of Reference.

1. Table of Contents

1. Contents	3
2. Acknowledgements	3
3. Executive summary	4
4. Introduction	6
5. Evaluation scope & methodology	6
6. Context	7
7. Overall findings	8
8. Findings by DAC criteria	
8.1 Efficiency	10
8.2 Effectiveness	11
8.3 Impact	12
8.4 Relevance / appropriateness	14
8.5 Sustainability	15
8.6 Coverage	16
8.7 Connectedness	17
9. Overall conclusions	17
10. Main recommendations	18
11. Other learning points	19
Annexes	
1. Timeline	20
2. Further health data	22
3. Partner survey	23
4. Terms of Reference	25
5. Evaluation of the debriefing workshop	28

2. Acknowledgements

The evaluation team would like to thank our colleagues, partner staff and community members for the generosity with their time and thoughtfulness despite busy schedules. They appeared to value the opportunity to reflect and convey their experience. We do hope this is the case and that this document accurately reflects views expressed and will help guide future plans. Any errors lie with the authors.

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First published online by Oxfam GB in 2010.

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