
HUMANITARIAN QUALITY ASSURANCE: DEMOCRATIC REPUBLIC OF CONGO

Evaluation of Oxfam's Humanitarian Response in the
Great Lakes Region

Effectiveness Review Series

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Credit: Kate Holt/Oxfam

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ACRONYMS

ACD	Associate Country Director
AFEDEM	Appui aux Femmes et Enfants Démunies et Marginalisées
CEDERU	Centre de Développement Rural
CIDA	Canadian International Development Agency
SIDA	Swedish International Development and Cooperation Agency
CLT	Country Lead Team
CP	Contingency Plan
COOPEC IMARA	Coopérative d'Épargne et de Crédit Imara
CNR	Commission Nationale pour les Réfugiés (National Refugee Commission)
DRC	Democratic Republic of Congo
ECHO	European Commission Humanitarian Office
EFSVL	Emergency Food Security and Vulnerable Livelihoods
FAO	Food and Agriculture Organisation
FARDC	Forces Armées de la République Démocratique du Congo
FGD	Focus Group Discussion
HCGG	Humanitarian Consortium Governance Group
HH	Household
HSP	Humanitarian Support Personnel
EMMA	Emergency Market Mapping and Analysis
JCAS	Joint Country Analysis and Strategy
M23	March 23 rebel movement
MA	Managing Affiliate
MSF	Médecins sans Frontières (Doctors without Borders)
OCHA	Office for the Coordination of Humanitarian Affairs
OGB	Oxfam Great Britain
OFDA	Office of Foreign Disaster Assistance
ON	Oxfam Novib (Netherlands)
OS	Oxfam Solidarité (Belgium)
UNHCR	United Nations High Commission for Refugees
SMS	Single Management Structure
UNICEF	United Nations Children's Fund
PHE	Public Health Engineer
PHP	Public Health Promotion
RRT	Rapid Response Team
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

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EXECUTIVE SUMMARY

This evaluation covers the slow-onset, conflict-related emergency in the Eastern Democratic Republic of Congo (E-DRC) in 2012 and 2013.¹ In response to the emergency, Oxfam intervened with WASH (Water, Sanitation and Hygiene), Emergency Food Security and Livelihoods, Protection and Community Services programmes to IDPs (Internally Displaced Persons) in DRC and refugees in Rwanda and Uganda at an approximate cost of \$9.5m (about £5.76m) between July 2012 and June 2013, reaching approximately 310,000 people.²

BACKGROUND AND METHODOLOGY

Context of the crisis and Oxfam's response

Already home to some 550,000 IDPs,³ the result of years of conflict and displacement, the provinces of North and South Kivu in E-DRC fell victim to renewed conflict in early 2012, displacing yet more of their populations. Between January and April 2012 fighting between militia groups and the DRC Armed Forces (FARDC) displaced over 600,000 people: some 320,000 from North Kivu and 300,000 from South Kivu. The combined effects of conflict and displacement caused cholera outbreaks and food insecurity, inducing additional numbers of people to flee over borders into camps in Rwanda and Uganda. By October 2012 around 20,000 refugees had fled to Rwanda and 24,000 refugees to Uganda, bringing the total displaced (IDPs and refugees) to over 660,000. The rising number of displaced people and the regional nature of the conflict triggered a Category 2 ('CAT 2') emergency response from Oxfam in July 2012, mobilising additional assets and resources.

Oxfam aimed to reach around 221,500 people with emergency support – 34% of the caseload. The response in DRC started at the beginning of October 2012 with a focus on water trucking, providing sanitation facilities and public health messaging in Kanyaruchinya near Goma, reaching around 78,000 people. Oxfam Great Britain (OGB) assisted additional IDPs in Mugunga 1 camp and in Masisi through WASH and EFSL (Emergency Food Security and Livelihoods) programmes with protection as both a standalone, core activity and an integral part of all programmes. Oxfam Novib (ON) intervened with Non Food Items (NFI) distribution to IDPs near Goma and to returnees in Rutshuru.

In Rwanda, OGB's response started with Public Health Promotion in Nkamira camp in May 2012. This then shifted focus to managing the WASH infrastructure for a new camp at Kigeme for around 15,000 people. The team completed a handover to a local partner on 15 October 2012.

In Uganda OGB worked in Rwamwanja camp in Kamwenge to reach around 27,000 refugees. WASH activities began at the end of August, and EFSL interventions started in September 2012, with all programmes ending in December 2012.

In light of renewed cholera outbreaks and poor WASH facilities in urban centres and IDP/refugee camps, Oxfam's WATSAN and public health interventions can be considered to have been highly relevant and targeted at the most affected areas and people.

Methodology

As part of a wider organisational undertaking to better capture and communicate the effectiveness of its work, Oxfam developed an evaluative method to assess the quality of targeted humanitarian responses. This method uses a global humanitarian indicator tool, which

is intended to enable Oxfam GB to estimate how many disaster-affected men and women, boys and girls globally have received humanitarian aid that meets established standards for excellence. Equally importantly, it enables Oxfam GB to identify the areas of comparative weakness on a global scale that require institutional attention and resources for improvement. This tool consists of 12 quality standards with associated benchmarks, and a scoring system. It requires documented evidence, complemented by verbal evidence, to be collected and analysed against these benchmarks. A score is generated for the programme's results against each standard and as a cumulative total.

Quantitative ratings for the Response in the Great Lakes region of Democratic Republic of Congo programme, using the Global Humanitarian Indicator Tool

Standard	Level of achievement	Rating
1. Timeliness: Rapid appraisal of facts within 24 hours of pre-defined trigger, plans in place and scale-up or start-up commenced within three days.	Almost met	4/6
2. Coverage uses 10% of affected population as a planned figure with clear justification for final count.	Fully met	6/6
3. Technical aspects of programme measured against Sphere standards.	Partially met	2/6
4. MEAL strategy and plan in place and being implemented using appropriate indicators.	Partially met	1/3
5. Feedback/complaints system for affected population in place and functioning and documented evidence of information sharing, consultation and participation leading to a programme relevant to context and needs.	Almost met	2/3
6. Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle.	Not met	0/3
7. Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive.	Fully met	3/3
8. Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys.	Fully met	3/3
9. Programme (including advocacy) addresses specific concerns and needs of vulnerable groups ⁴ .	Fully met	3/3
10. Evidence that preparedness measures were in place and effectively actioned.	Not met	0/3
11. Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field.	Fully met	3/3
12. Evidence of appropriate staff capacity to ensure quality programming.	Partially met	1/3
13. Country programme has an integrated approach including reducing and managing risk through existing longer-term development programmes and building resilience for the future.	Partially met	1/3
Final rating		29/48
Equivalent to		60%

1 BACKGROUND


1.1 CONTEXT OF THE HUMANITARIAN RESPONSE

One of Africa's largest countries with a population of over 65 million, the DRC, despite holding vast quantities of the continent's potential wealth, ranks in the bottom ten out of 187 countries in the 2011 United Nations Humanitarian Development Index (HDI). Among the lowest indicators are life expectancy at birth, reproductive health, maternal mortality, gender inequality, multidimensional poverty and years spent in school.

The situation in Eastern DRC can be characterised as a chronic complex crisis. Violence, poverty and preventable diseases have resulted in a death toll of over 5 million people since 1998. Successive waves of open conflict or increased violence have produced commensurate waves of IDPs whose numbers have waxed and waned with the intensity of the conflict. In mid-2012 the number of internally displaced persons (IDPs) stood at 2.2 million, the highest since 2009 (rising to 2.6 by mid-2013), with a further 60,000 displaced as refugees in neighbouring Rwanda and Uganda. Both as cause and effect of instability, Congolese social infrastructure is wholly inadequate to meet the needs of the population, causing humanitarian indicators to deteriorate in a continual negative feedback loop. The health system is dysfunctional, leaving not-for-profit organisations to deliver minimum health services to the population.⁵ Food security actors in DRC had been 'ringing the alarm bell since the beginning of 2012 year with regard to the Integrated Food Security Phase Classification (IPC)'.⁶ Results of the seventh DRC IPC cycle held in Goma in June 2012 indicated that many areas were critically food insecure. The Emergency Food Security Assessment of April 2012 showed that 19% of the population of North Kivu was severely food insecure with 42% moderately food insecure, translating into 4.4 million people affected by food insecurity.⁷ The proliferation of armed groups causing insecurity, looting of harvests, blocked access to agricultural land and a wide range of human rights abuses exacerbated the food crisis since the beginning of 2012, requiring a comprehensive protection response.

As with previous waves of violence the current conflict dates back to the early 1990s and the Rwandan genocide when both perpetrators and victims fled into Eastern DRC. It has been exacerbated by military attempts to disarm rebel groups, making life even worse for civilians. All parties – the rebels, the FADRC and the police – have been responsible for abuses of civilians. The conflict continues to devastate communities across Eastern DRC, progressively impoverished from years of hardship and displacement.

Table 1: Snapshot of North and South Kivu⁸

	<p>North Kivu (capital: Goma)</p> <ul style="list-style-type: none">• Population: c. 5 million, density: 72/km² in 2004• 73% live in absolute poverty; two in three children are chronically malnourished, half of all adults suffer from lack of food security• Armed groups present since 1994• August 2009: 1,083,518 displaced people• Devastating volcano eruption in Goma, 2002• Strong presence of international humanitarian organisations• OI support in 2009: more than US\$ 10 million (all affiliates)
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South Kivu (capital: Bukavu)

- Population: c. 5 million, density: 71/km² in 2007
- **85%** poor; deep poverty in Walungu, Kabare, Kalache, Mwenga (2008)
- Armed groups present since 1994
- August 2009: 704,130 displaced people, of whom 338,405 in Kalehe; mass returns of Congolese refugees from neighbouring countries
- Quite strong presence of international and humanitarian organisations
- OI support in 2009: nearly US\$ 7 million (all affiliates)

Although the conflict had been escalating since early 2012, it was only in mid-July that the BBC and other news outlets started to warn of the territorial gains made by the rebels,⁹ escalation of human rights violations, more areas becoming inaccessible to aid workers, greater numbers of people fleeing and greater humanitarian suffering.¹⁰ Government authorities in Uganda warned that increasing numbers of DRC refugees could destabilise the region.

Given the increasingly alarming humanitarian situation in the Kivus, Oxfam initiated a daily 'Great Lakes Crisis telecon' in early August 2012, featuring situation updates, crisis preparedness and rollout and discussions with regional Oxfam personnel in DRC, Rwanda, Uganda, Nairobi and Oxford. These discussions set in motion the mechanisms to classify the situation as a Category 2 humanitarian emergency and to forge a coherent and coordinated response between the different Oxfam affiliates. Oxfam's Humanitarian Consortium Governance Group (HCGG) decided that Oxfam GB would take the humanitarian lead (HL) and Regional Humanitarian Lead (RHL) for operations in all three countries.

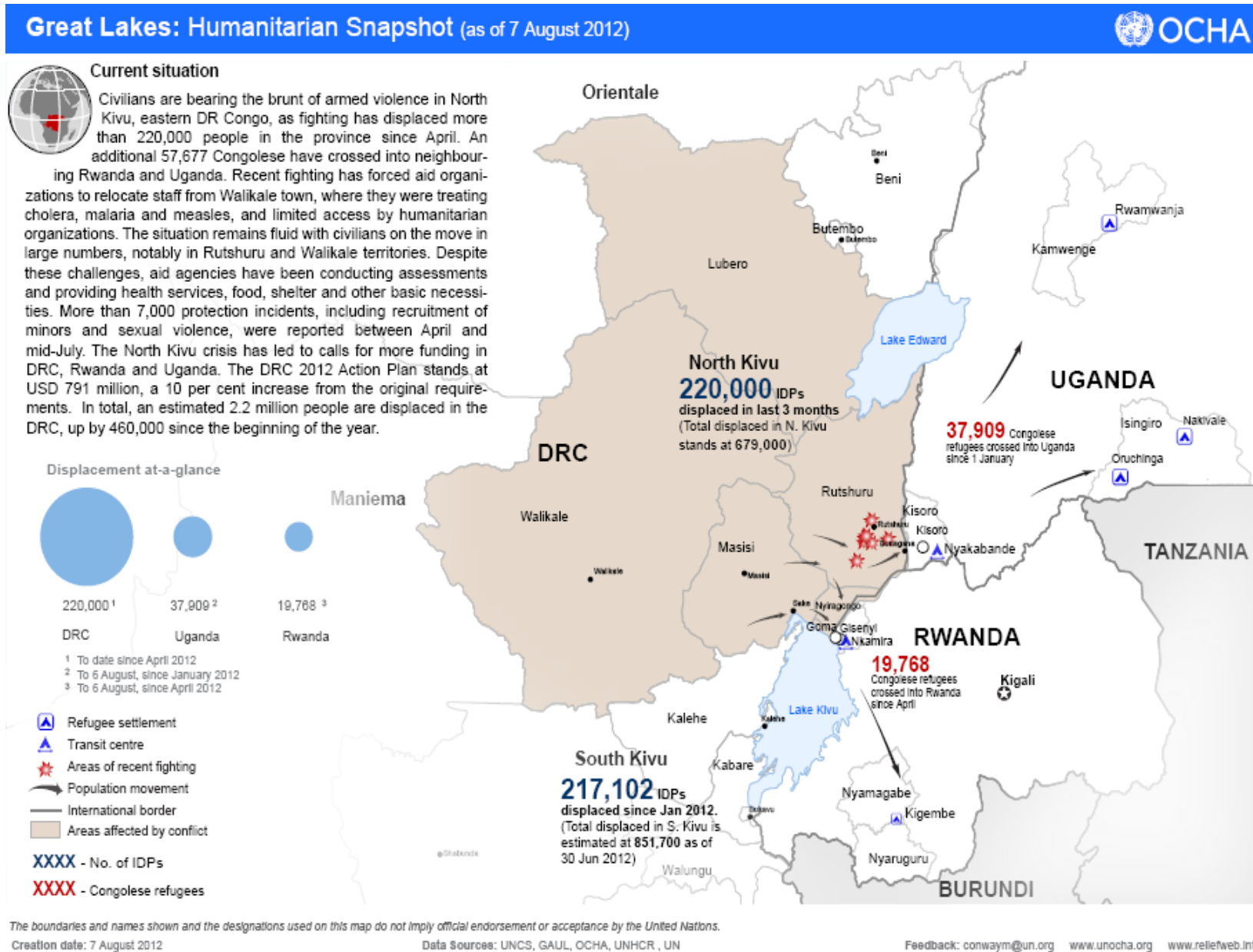
1.2 BACKGROUND TO OXFAM'S WORK IN DRC

Oxfam has been present in the DRC for 50 years where it runs its largest programme worldwide, combining humanitarian, development and advocacy work.¹¹ Oxfam affiliates – OGB, Oxfam Novib, Oxfam Solidarité – work primarily in the areas of WASH, food security-livelihoods, protection and education, with governance and advocacy being overarching themes to leverage real change.¹² Work in the west of the country has a mainly development focus: livelihoods support to recently returned refugees and IDPs settling back into their communities; education support to schools with clean water and latrines, teacher training and classroom renovation; governance support to civil society groups to help them hold the government accountable. In the Eastern DRC the affiliates' work is mainly emergency focused: WASH interventions in areas of high IDP concentrations and protection of civilians, encompassing support to local community committees to protect civilians' rights, support to livelihoods with provision of seeds, tools and technical advice to farmers' associations. In the north-east of the country Oxfam is active in WASH activities in communities affected by violence from the Lord's Resistance Army, as well as providing support to people living with HIV/AIDS.

Oxfam direct beneficiary figures for the period 2010–2011 alone stood at 1.9 million people,¹³ representing almost 3% of the country's population.

Through their long presence in the country, and their familiarity with the context and the different actors, Oxfam affiliates have been well-placed to address successive waves of conflict in the Eastern DRC (North and South Kivu) through rapid scaling up of emergency response function.

Figure 1. OCHA Humanitarian snapshot



1.3 OXFAM'S CRISIS RESPONSE STRATEGY

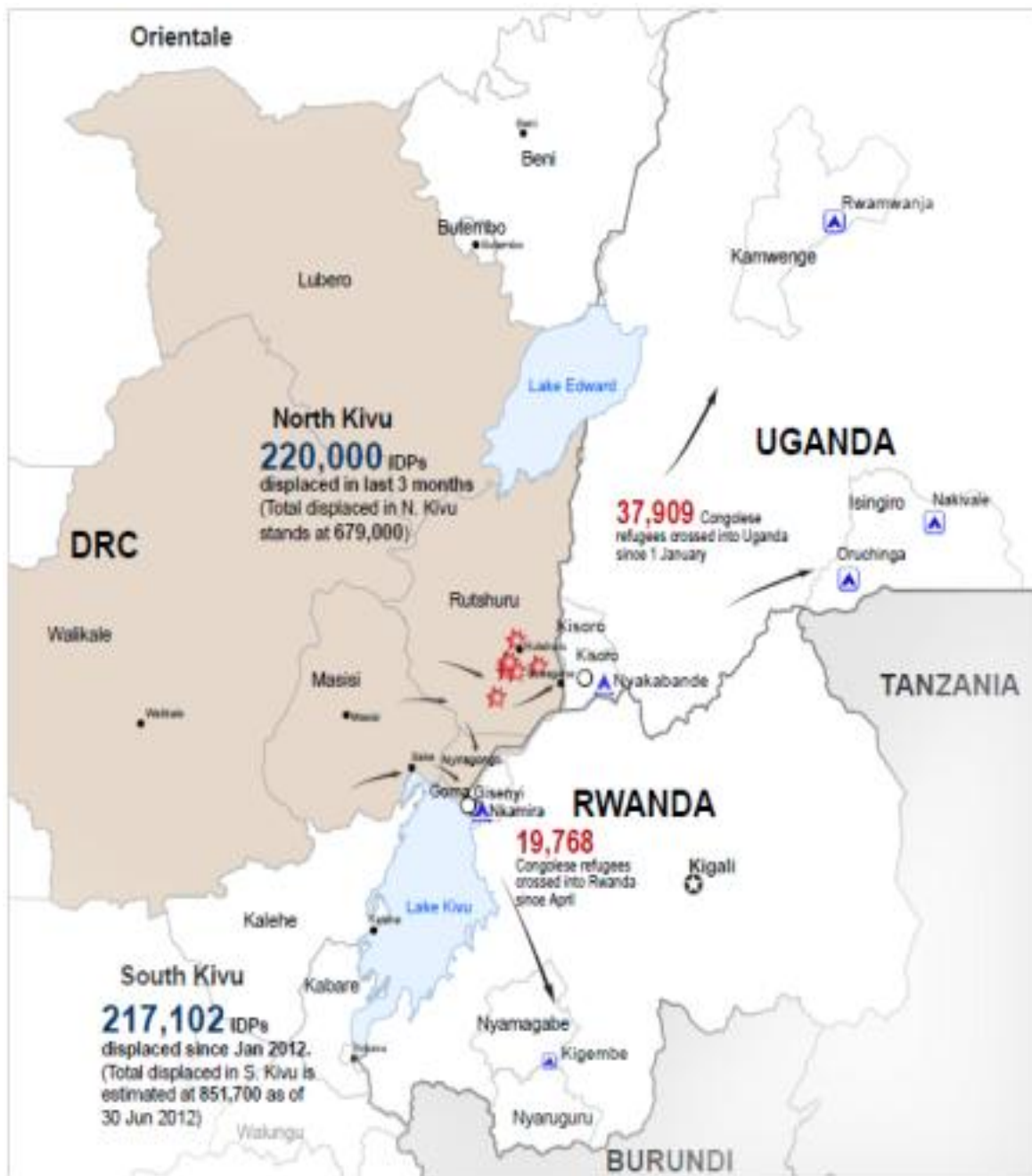
The seizure of Rutshuru territory by M23 in July 2012 was the trigger for Oxfam to declare a Category 2 (CAT 2) emergency and scale up an emergency response in the three most affected Great Lakes countries: DRC, Uganda and Rwanda. OGB was able to rapidly scale up ongoing WASH and EFSL programmes in North Kivu whereas ON provided NFIs and later, health assistance, and OS lent mainly administrative support. The rapid expansion of Oxfam programmes acted as a trigger to other NGOs to follow suit, although securing additional funding to respond to growing needs was problematic: donor fatigue and a perception of DRC's inability to stabilise despite earlier substantial funding, for which donors could see few tangible positive results, made it harder for the international community to mobilise funds this time around.

1.4 OXFAM'S INTERVENTION LOGIC

Given Oxfam's existing presence in all three countries, the decision to intervene on a larger scale was needs-based to assist the rapidly growing numbers of people forcibly displaced in those countries. Both its decision to ramp up operations and the nature of the operations themselves can be considered appropriate and relevant. Growing numbers of displaced persons within and across DRC's borders needed essential relief life-saving infrastructure and services. Providing safe water and waste disposal along with public health messaging is essential to maintaining the well-being of high concentrations of people, whether in camps or in host communities, in reducing morbidity and mortality through checking the spread of water-borne and communicable diseases – especially cholera. Targeted EFSL interventions can, when efficiently and effectively implemented, provide alternatives to negative coping strategies. WASH and EFSVL are Oxfam Core Competencies, as detailed in Oxfam Minimum Standards. Oxfam's learning experience from crises in other countries had also demonstrated the value in combining emergency FSL and WASH assistance simultaneously, given the co-dependency of these sectors in preventing morbidity and mortality related to malnutrition and promoting recovery.¹⁴ A summary table of the Great Lakes Crisis from Country Perspective (23.7.12) laid out details for the justification of an Oxfam intervention in the three countries.

Closure of Oxfam programmes in Rwanda and Uganda near the end of 2012 seems to have resulted in the 'Great Lakes Crisis' mutating to the 'DRC Crisis'.¹⁵ It is not fully clear why these offices closed, since refugees continued to need assistance in the camps. The end of planned programming and lack of additional funding may have been factors.

Figure 2. Triggers for Oxfam intervention in Rwanda, Uganda and DRC



2 OXFAM'S GLOBAL HUMANITARIAN INDICATOR TOOL (HIT)

As part of a wider organisational undertaking to better capture and communicate the effectiveness of its work, an evaluative method has been developed by Oxfam to assess the quality of targeted humanitarian responses. This method uses a 'global humanitarian indicator tool', which is intended to enable Oxfam to estimate how many disaster-affected men and women globally have received humanitarian aid from the organisation that meets established standards for excellence. Equally importantly, it enables Oxfam to identify the areas of comparative weakness on a global scale that require institutional attention and resources for improvement. The tool consists of 12 quality standards with associated benchmarks, and a scoring system. It requires documented evidence, complemented by verbal evidence, to be collected and analysed against these benchmarks. A score is generated for the programme's results against each standard, and as a cumulative total.

2.1 COVERAGE AND METHODOLOGY

This study covers the 2012 and 2013 slow-onset displacement emergency in Eastern DRC, Uganda and Rwanda, from April 2012 to October 2013. While Oxfam's development programmes do not fall within the scope of the study, inevitably there is considerable overlap and linkages with these that inform part of the evaluation.

The GHIT provides details of evidence required for the evaluation (see Appendix 2), which was collected by the Oxfam affiliates in all three countries, and this was reviewed alongside external contextual data. Sphere and HAP standards were used to measure compliance in Oxfam programmes. In all, 228 documents were reviewed – some several times. Where gaps existed in the information the consultant endeavoured to fill these through interviews with Oxfam staff. Evidence from documents provided by Oxfam and from internet searches was measured against international benchmarks and standards in order to determine a score for each of the criteria. The consultant's documentation review was greatly enhanced by having access to the Sumus database, which houses reporting documents and standards, such as WASH, EFSVL, Oxfam programme and Oxfam Programme cycle management minimum standards in easy-to-access searches.

2.2 LIMITATIONS

A successful outcome to the evaluation relies as much upon rigorous documentation as on rigorous programme implementation. As a desk-based exercise undertaken without the benefit of field observation or interviews with communities that have been targeted by the response, greater emphasis is placed on triangulating the written evidence made available to the evaluator. Where this does not exist, or has been lost, there is a risk that evaluation results will suffer as a consequence. There is a general lack of documentation relating to partnerships, human resources and internal reporting and sector-specific monitoring reports, such as baseline surveys, KAPs, PDMs, Food Consumption Scores and accountability to beneficiaries tools (complaints mechanisms). Key informant interviews with programme staff can go some way to

complementing the documentation, triangulating evidence and highlighting gaps, but interviews alone are insufficient to replace documented evidence. Unfortunately the evaluator was not able to conduct interviews with as many informants as would have been optimal to fill all the gaps: three interviews were held with OGB staff relating to DRC, which yielded valuable information. While every effort has been made to provide objective ratings based on all available evidence, the fact that some of the evidence was not available may compromise the scores.

2.3 STRUCTURE OF THE REPORT

The report is structured according to the quality standards with a section for each. At the beginning of each section is a score, which is then described below with reference made to the evidence (primary and secondary). Text boxes inserted into the report have been used to highlight innovative practice or particular successes or challenges. Some of the text boxes are summaries of specific themes. A desk study relying on documents as primary evidence must provide proof of its exhaustive research, and hence the many footnotes throughout the report.

3 TIMELINESS

	Met	Almost Met	Half Met	Partially Met	Not Met
Timeliness: Rapid appraisal of facts within 24 hours of pre-defined trigger, plans in place and scale-up or start-up commenced within three days		4/6			

Requirements to fully meet the standard:

- Initial assessment/rapid analysis of existing information within 24 hours of predefined trigger and scale-up or start-up within three days of assessment/rapid analysis.
- Triggers pre-defined in contingency plan and responded to.
- Monitoring of ongoing situation took place.
- Monitoring data were analysed and reacted upon.
- If monitoring data were not acted upon earlier, reasons are identified and justified.¹⁶

3.1 OXFAM'S RESPONSE TO THE CRISIS

Although many actors recognised that the IDP crisis started in April, the humanitarian community in general, including Oxfam, was initially slow to react to it. MSF reported on the rise in violence and population displacements in its press release in early April 2012. Oxfam's 23 May North Kivu Security Update noted that OCHA had reported 45,000 new displacements between 1 April and 9 May, but concluded that needs were limited and other organisations were responding. 'The humanitarian assistance Oxfam can provide at this time is limited.'¹⁷ OCHA's June 2012 Humanitarian Bulletin was mainly oriented as a mid-year fund-raising document emphasising the need for a longer-term engagement, but also warning of increased displacement, growing insecurity and resurgence of communicable diseases;¹⁸ IRIN (OCHA's news arm) reported a new crisis on 10 July. International news coverage was silent on the crisis until M23 seized Goma in November 2012.

Box 1. MSF's early warnings of instability and violence

'The situation is not stabilizing in Kivu. It is deteriorating again, and has been deteriorating over the last several months. We are noticing renewed violence, but what is most alarming is the commonplace nature of violence on civilian populations and aid actors.'

MSF Press Release, 11.4.12: *DRC: Civilians and Aid Workers Victims of Renewed Fighting in the Kivus*, <http://www.doctorswithoutborders.org/press/release.cfm?id=5894&cat=press-releasesthash.ZQJ5WCwT.dpuf>

The humanitarian community's reluctance to acknowledge the emergence of a new crisis can be explained by several factors. Firstly, apathy and aid fatigue appeared to prevail in many agencies until November 2012, when Goma was seized by M23 rebels and they were jolted out

of complacency. Many hoped that the crisis would be short-lived, not requiring investment in a scaled-up response, especially since reports emerged that although M23 had made significant gains in May, they were pushed back by the FARDC, only to gain ground again in June upon reported Rwandan support.¹⁹ Secondly, agencies hesitated to create possible pull factors that they perceived wider assistance might provoke, leading to a wait-and-see attitude as to the length and duration of displacement. Thirdly, Oxfam officially announced a CAT 2 emergency only in July 2012 after having conducted assessments and recognising the regional implications of the growing movement of refugees to Rwanda and Uganda.

Oxfam and other humanitarian organisations' assessments²⁰ conducted in July 2012 pointed to a need for a scaled-up response. Crisis indicators were:

- **Significant new IDP movements in DRC:** Over 220,000 people displaced due to fighting between FARDC and the M23 militia, mostly in the Rutshuru region of North Kivu, since May 2012. That the M23 rebels appeared to be gaining strength and advancing on the FARDC signified the likelihood of further displacement, especially as they were closing in on Goma. Unconfirmed reports of Kirwandan speakers being harassed was also considered a reason for likely further displacement.
- **Reports of cholera outbreaks in DRC:** Although unconfirmed, Oxfam considered these reports to be highly plausible as Rutshuru is an area of endemic cholera and Rwanguba general hospital in Rutshuru had reported 530 cholera outbreaks between May and July.²¹
- **Increasing refugee movements into Rwanda:** Arrivals of Congolese refugees in Rwanda had increased to about 200 per day while approximately 20,000 refugees had already registered at the Rwandan border. The primary camp of Kigeme had passed the 10,000 number anticipated by UNHCR and was expected to grow to 20–25,000 over the coming months. UNHCR had requested Oxfam to continue its WASH lead in Kigeme until the end of 2012.
- **Increasing refugee movements into Uganda:** While numbers of Congolese refugees in Uganda were relatively small up to July, the situation in the border region with DRC started to worsen due to M23 activity, with an increasing number of refugees entering Uganda. As of 17 July there were 34,490 registered refugees in Uganda, located in two sites: Nyakabande transit camp, Kanungu District (18,313), and Rwamwanja settlement camp, Kamwenge District (16,177), with numbers increasing daily.

Based on these assessments (in some cases, difficult and dangerous to conduct, especially in the Rutshuru area), Oxfam recognised the urgent imperative to respond. It had already had an active WASH response in Rwanda since May²² and was providing emergency WASH support to IDPs in a school in DRC/Lubero.²³ A CAT 2 emergency was declared on 17 July 2012.²⁴ This was an effective trigger to unleash needed CatFunds and initiate a rapid response in Uganda and DRC.

Box 2: The utility of Cat funding

The CAT 2 decision has proved to be a powerful tool to mobilise not only human resources but also financial resources that in other circumstances would not have been possible to get. In this sense the release of £250,000 of CatFunds to initiate the activities while looking for alternative donors was key to ensure a timely response. *RTE on Uganda, final report, February 2012*

Concept Notes detailing possible project intervention areas and activities were drawn up in mid-June 2012 based on rapid multi-sectoral assessments conducted in May and June in Rutshuru, Goma peripheries and Uganda refugee camps. A 'Great Lakes Crisis Joint Oxfam Response Strategy' was drafted by OGB on 18 July. Sitreps and regional telephone conferences started documenting the planning process, the earliest of these being Sitrep 1 dated 30 July 2012. Localities considered for intervention were: in DRC, the Rutshuru Territories (Bunagana, Chengerero, Natumugenga, Kabindi, Rubare, Rutshuru, Kiwanja and Rwanguba; in Rwanda, continued coverage of the refugee camps Nkamira and Kigeme; in Uganda, the Rwamwanja Settlement Camp. Other planning sectors included: specific activities per location, fund-raising

and advocacy, staff positioning, coordination arrangements (both internal between Oxfam affiliates and external, with other humanitarian actors in all locations) and security risk analysis.

3.2 AID DELIVERY START-UP

Once the decision had been taken to respond, taking a regional approach to scale up intervention, Oxfam had strong capacity and in-country expertise in all three countries to scale up in a timely manner. The DRC Mid-Term Review notes several rapid-response advantages: OGB had many staff on the ground with years of experience in emergency management, a strong roster of former staff deployable immediately, large contingency stocks for WASH that allowed for fast response without having to procure items internationally and access to a small CatFund allocation of \$150,000 for the initial phase of the response, allowing it to respond rapidly compared to other organisations. ON had been building humanitarian capacity of ten of its partners to respond to humanitarian crises in the Kivus and was also able to leverage significant funding (EUR 509,914 from its CatFund and EUR 150,000 from the Dutch government's unrestricted funding envelope).

According to the MTE it was OGB's appointment of a new Humanitarian Programme Coordinator whose solid experience in CAT 1 and 2 responses as well as excellent leadership, managerial and representational capacities, led to the positioning of Oxfam as a leading humanitarian actor in North Kivu – the only one to scale up beyond 100,000 beneficiaries.

Initial joint operations between different Oxfam affiliates aimed at aid delivery to a total of 100,000 people in all three countries, indicated in Oxfam's 'Breaking Emergency Summary' assessment report (July 2012) of the approximately 280,000 people affected by the crisis. Project proposals were in place by the end of July for WASH, EFSL and protection interventions benefiting IDPs in Goma peripheries and Rutshuru, and for WASH and livelihoods activities benefiting refugees in Uganda and Rwanda camps.

Scaled-up aid delivery started in Rwanda in May 2012, in DRC at the end of July 2012 and in Uganda at the end of August 2012. The response was fastest in **Rwanda** because people had already started arriving in Rwanda in April 2012, swelling the numbers of the capacity-limited transit camp and necessitating a rapid response. Oxfam responded in May 2012 to the arrival of 30,000 IDPs in a school in Lubero, **DRC**, by providing emergency latrines and pre-positioned assessment teams in anticipation of a worsening humanitarian situation. Activities commenced in Rutshuru, **DRC** with a Cholera Prevention response in the last week of July, but had to stop one week later due to insecurity in the area. Assessments were completed in the **DRC** Kibati-Kanyaruchiya area on 28 July and a WASH response was launched the following day, including water trucking, latrines construction and rehabilitation, sanitation, public health promotion and organising management committees.²⁵ This is a very fast implementation start-up, coming so soon after the assessments. However, Oxfam was slower to respond in other areas: Rutshuru, for instance, due to insecurity, was a no-go area for Oxfam for two months. By the time it became accessible other agencies had already been able to cover needs. In Masisi, assessments indicated needs, but Oxfam had trouble in staffing up operations sufficiently rapidly to intervene. In **Uganda**, the decision to intervene was made in mid-July²⁶ once a CAT 2 emergency had been declared and planning started immediately. However, aid delivery was slow, mainly due to the amount of planning, logistics pre-positioning, construction works and public health promotion (PHP) training that needed to be done before bringing actual benefits to people in the camp.

Other activities, such as EFSL, were late in starting. This appears due to a funding shortfall of \$4m. A regional telecon on 10 August explains that a CatFund loan of £150,000 had only been confirmed the previous week (i.e. beginning of August). Uganda secured a CatFund loan of £250,000 also in early August.²⁷ A CatFund loan of \$128,000 was provided to Oxfam Rwanda in May.²⁸ Other reasons included ongoing cash-for-work planning and staff shortages in DRC and Oxfam not being recognised as an implementing partner in Uganda.

3.3 TOWARDS A JUDGEMENT OF THE STANDARD

Oxfam's response in Rwanda was timely. Influxes of refugees had propelled the government of Rwanda (GoR) to expand camp capacity in May 2012, a move in which Oxfam played an active – and appreciated – part in ensuring a satisfactory public health environment. In Uganda, timely planning was also undertaken, but aid delivery was slow to start due to Oxfam deciding that the interventions of other agencies were covering needs sufficiently. Oxfam's presence in all three countries allowed it to keep a 'watching brief' on developments and to prepare for a scale-up of activities. OGB made a timely intervention in Kanyaruchiya-Kibati, but was slower to respond in Masisi and other areas where assessments had shown a need to intervene. Recognition of the crisis by the humanitarian community, including Oxfam, was only gradual and there is no 'trigger date' by which to measure the speed of response. This said, Oxfam responded quickly in planning, undertaking assessments and boosting WASH activities in all three countries. EFSL activities did not start immediately because planning was partly dependent on other NGOs who did not undertake timely assessments (in DRC). Given Oxfam's rapid response in Rwanda, but slower scale-up in Uganda and DRC, **the evaluation considers a rating of 4/6, 'almost met', to be merited.**

4 COVERAGE

	Met	Almost Met	Half Met	Partially Met	Not Met
Coverage uses 10% of affected population as a planned figure with clear justification for final count	6/6				

Requirements to fully meet the standard:

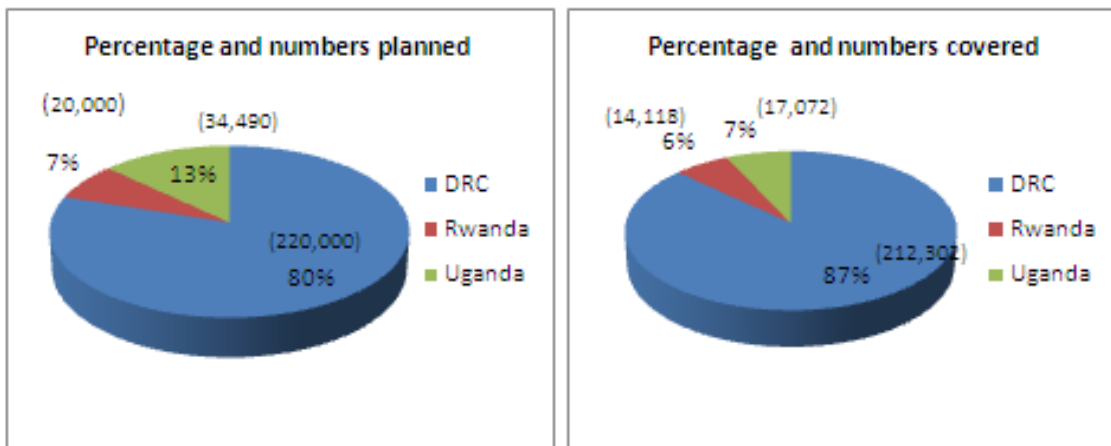
- 10% of affected population reached, or
- Justification for not reaching 10% of affected population with agreement from region or HD.
- Beneficiary numbers increase according to need – there are no spikes especially in last months of programme.

4.1 THE RESPONSE

Initial planning in mid-July 2012²⁹ indicated that an estimated 274,490 people were already directly affected by the new crisis in all three countries with approximately 1 million indirectly affected, including host families and host communities. Of the directly affected, an estimated 220,000 were internally displaced in DRC, 34,490 had become refugees in camps in Uganda and some 20,000 in camps in Rwanda. At the height of coverage in each country Oxfam was covering 212,302 IDPs (96% of the number planned) in DRC, 17,072 refugees (49% of the number planned) in Uganda and 14,118 (70% of those planned) in Rwanda.

At all times Oxfam respected the '10% principle'. Of those affected, the number of people it planned to cover was never below 10% and at times reached the 80% range. Of those planned, the number of people actually covered was consistently above 10%, again often significantly more. Even when OCHA data showed that the number of IDPs in North Kivu had risen to 914,000 (i.e. directly affected), Oxfam's coverage of 212,302 IDPs represented 23% of this total.

Figure 3. Comparison of planned and covered displaced populations in DRC, Rwanda and Uganda



Oxfam based its initial planning on a three-month emergency response in DRC and a five-month response in Rwanda and Uganda, to cover some 120,000 people in total – over 10% of those directly and indirectly affected. The planning was revised to take into consideration larger movements than expected and a longer implementation period in the case of DRC, and smaller caseloads than anticipated for a shorter implementation period in Rwanda. Population movements mirroring the waves of conflict made planning and coverage extremely challenging. Uganda experienced two waves of refugees, the first arriving in Rwamwanja camp between July and December 2012, the second, between March and April 2013, necessitating Oxfam’s intervention in two border camps in addition to the ‘settlement’ camp at Rwamwanja.³⁰ This situation was mirrored in Rwanda, where Oxfam covered the border camp at Nkamira and a new camp in Kigeme, eventually covering Kigeme only when the government moved all the refugees there and closed Nkamira. In DRC, after the conflict-related displacement in North Kivu starting in April had begun to stabilise, the area was affected by renewed conflict in October 2012, which caused a further wave of displacement. Oxfam was obliged to intervene in areas it had never planned to by sheer force of the newly assessed needs.

4.2 PROGRESSION OF TARGETS AND BENEFICIARIES REACHED

Oxfam responded flexibly to the increasing numbers of forcibly displaced persons in all three countries. However, the Uganda team did not appear to plan for growing numbers of arrivals in the settlement of Rwamwanja, leading to under-capacity of latrines construction with the result that only 35% of targeted beneficiaries were covered.³¹

The graphs below are based on data³² from sitreps at more or less monthly intervals from July 2012 to July 2013, at which point Oxfam phased out most of its activities and handed them over to other implementing agencies. Data for Uganda is provided up to the end of December 2013 when Oxfam ended its activities in Rwamwanja settlement, handing the remaining assets over to UNHCR and the Ugandan authorities³³ and latrines construction to another NGO.³⁴

Figure 4. Progression of targets and beneficiaries reached: DRC all activities, July 2012–July 2013

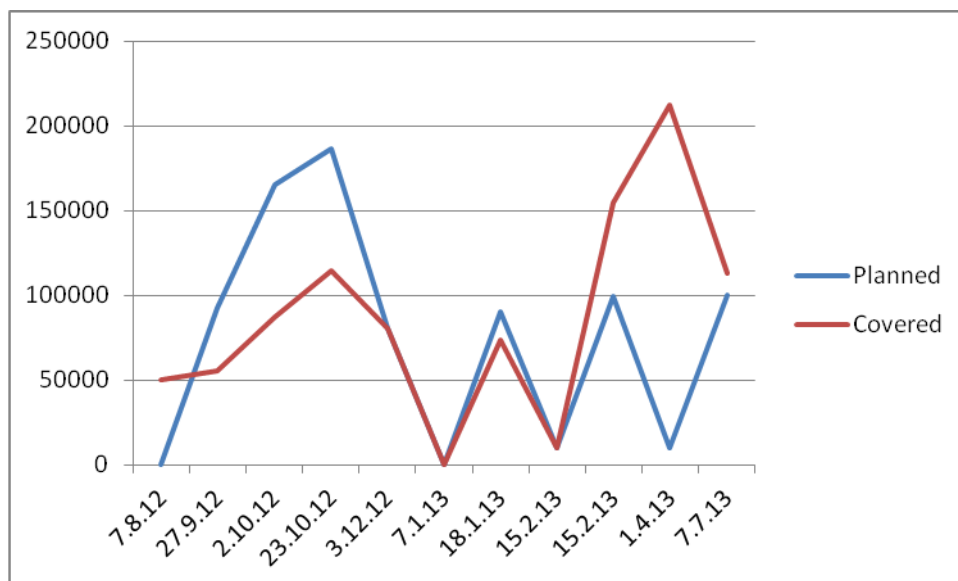


Figure 4 shows that up until the ‘new’ crisis of mid-November 2012 (capture of Goma by M23, flux of IDP movements), more activities and people were planned than covered, whereas more were covered than planned from mid-February 2013. This is explained by the interruption of planned EFSL and protection activities with the onset of the new crisis. Conversely, in 2013, Oxfam found itself providing emergency WASH activities in more IDP sites and settlements than it had planned to due to spontaneous IDP movements and a proliferation of new, unplanned settlements. These factors demonstrate Oxfam’s flexibility and ‘can do’ attitude.

Figure 5. DRC – all activities planned, July 2012–July 2013

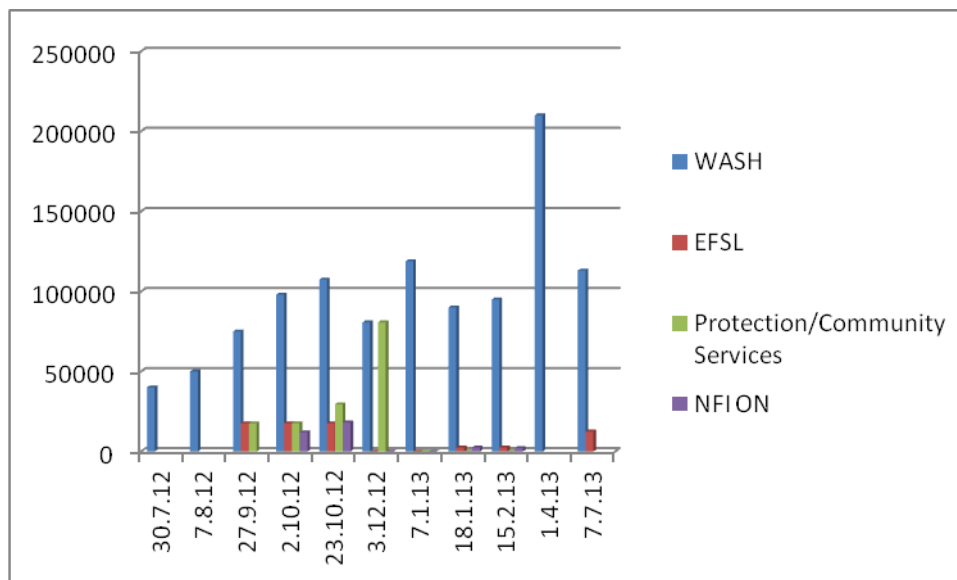


Figure 5 shows the overwhelming predominance of planned WASH activities. Incomplete data in sitreps may be the cause of this rather skewed picture of the types of activities planned – as well as those reflected as covered in Figure 6. It is clear that the mid-November crisis interrupted many of the planned activities resulting in a lower coverage overall, whereas by January 2013 additional WASH and protection/community services activities were rolled out in new spontaneous settlements.

The EFSL programme in DRC, while well planned and conducted, covered too few people for too little time, according to the DRC Mid-Term Review. The activity was greatly appreciated where it took place, however in South Kivu, under the responsibility of ON, too few people were targeted and only one distribution was made. This may have had a negative impact on people’s coping strategies. People who had saved seeds – highly necessary for the upcoming planting season and intended as a longer-term food security measure – in anticipation of receiving more cash with which to buy food, were obliged to eat their seeds at a time when food distributions decreased and no further cash distributions were made. Targeting was also a problem, with too few resources and too little capacity to benefit more people resulting in general dissatisfaction. This less than satisfactory handling of EFSL and the cash programme may have jeopardised longer-term food security and ultimate programme sustainability in a sector where food was assessed as the greatest need. The Evaluator has not found other documents with which to triangulate the findings of the MTE team. The North Kivu EFSL programme had different problems, but was much more successful. It was wider-based (blanket targeting where the most vulnerable received more cash than the less vulnerable), benefited more people for a longer time and used cash rather than vouchers (which was more popular with beneficiaries), but suffered from late payments made by the partner and too few resources resulting, according to the MTE, in the cash going only to the most vulnerable. Coverage for this activity in general may be considered as ‘average’, with much learning required by Oxfam teams and partners for future interventions.

The protection programme achieved high coverage in camps where Oxfam was working, according to the DRC MTE, although this is not well reflected in sitreps. Indeed, protection and

community services were well integrated with, and provided entry points to, the WASH and EFSL programmes through community mobiliser messaging and information-sharing. Advocacy with local authorities resulted in safer camp environments (positioning of police around the camps) and messaging emboldened people to speak out against violations of human rights, notably sexual gender based violence (SGBV) issues, and to resolve internal problems without having to resort to external assistance.³⁵

Figure 6. DRC – all activities covered, July 2012–July 2013

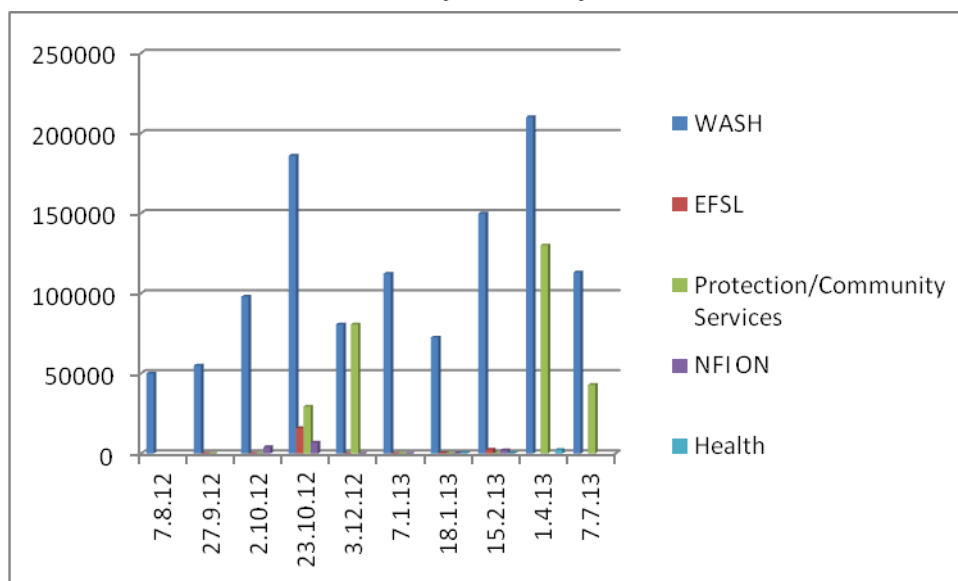
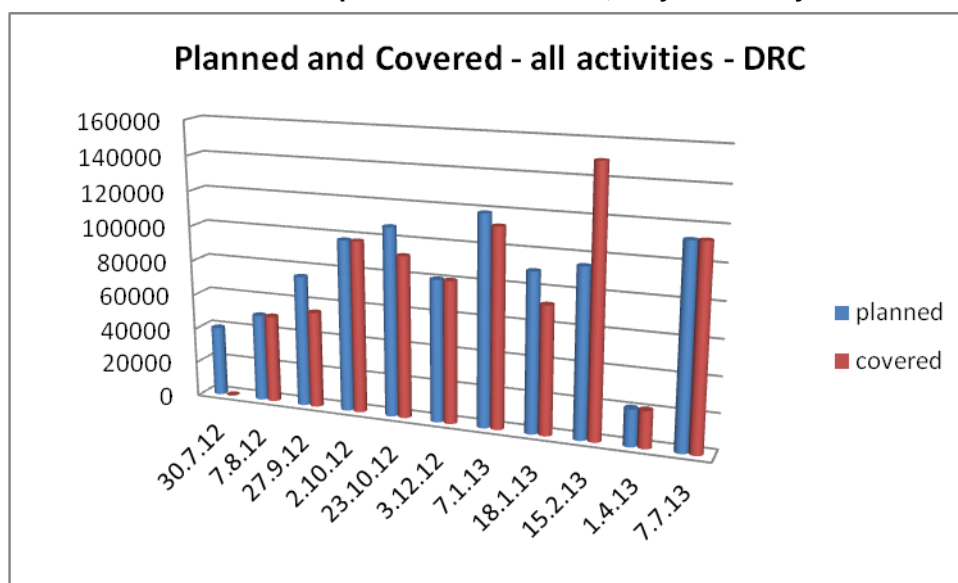


Figure 7. DRC – WASH activities planned and covered, July 2012–July 2013



While Oxfam covered most of the people it had either planned or was obliged to cover, given the proliferation of arrivals in spontaneous settlements with little or no infrastructure or other forms of assistance, it struggled to provide minimum standards of WASH facilities, especially water. Sitreps show that coverage ranged from 5.6 l/p/d in September 2012 when the situation was stable, down to 2 l/p/d in December 2012 when new arrivals in the settlements needed to be provided for. Thus while the graphs show that water was provided to everyone in the camps, the amounts provided were consistently well below Sphere minimum standards, and never actually reached them. A quarterly report to OFDA in July 2013 states that coverage was achieved in all the camps in terms of almost all Sphere standards by May 2013 with 50 latrines persons per latrine, 100 persons per shower, average water at the highest provision point was 13.9 l/p/d and cholera had not been present in the camps since the beginning of the year. In view of the disrupted conditions Oxfam had to deal with, this represents an admirable achievement.

Figure 8. Uganda: Progression of targets and beneficiaries reached, July–December 2012

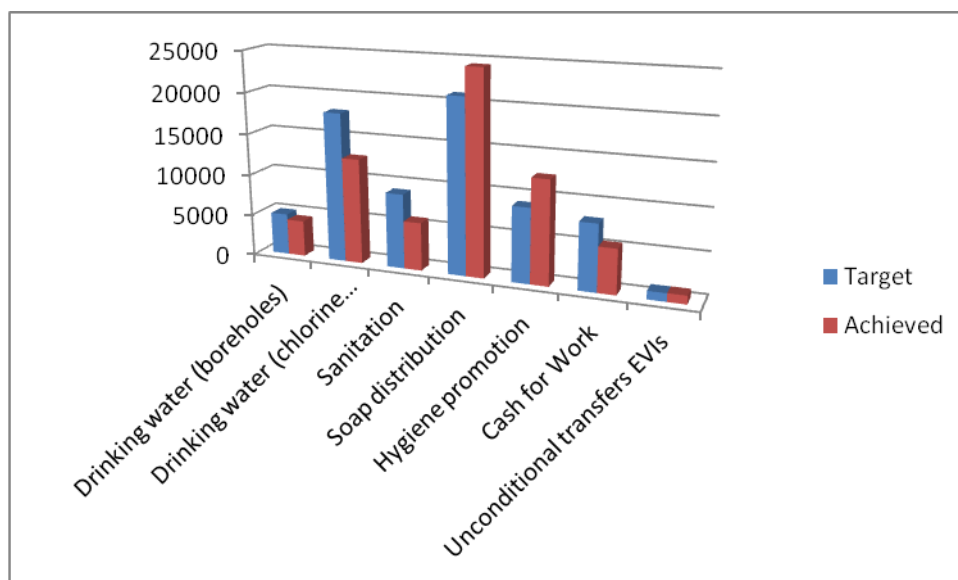
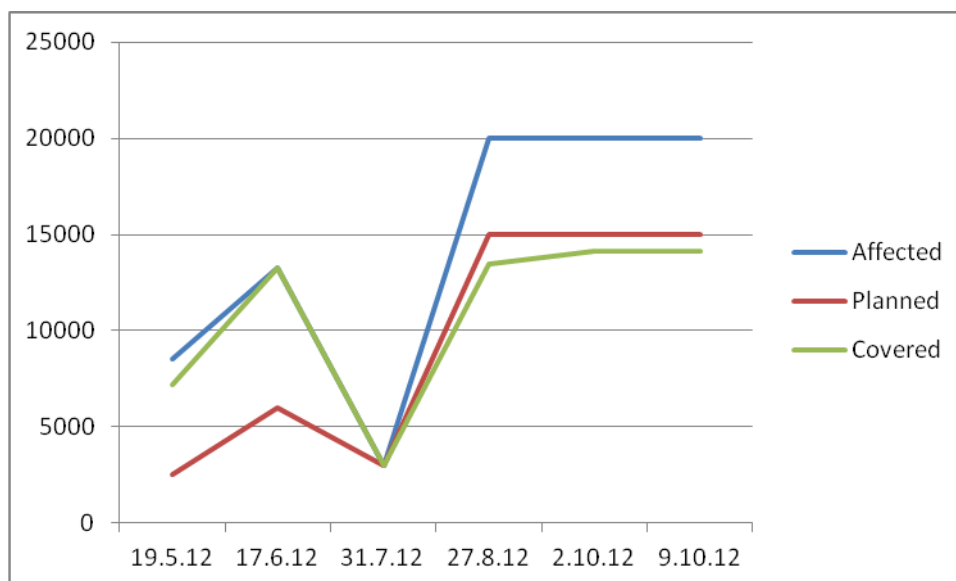


Figure 8 shows that the Uganda team achieved, or nearly achieved, most of its targets in 2012, even surpassing them in soap distribution and hygiene promotion. Uganda’s early target was to reach 30,000 refugees, this being the maximum estimated capacity of the camp where they were to be settled. However the target decreased eventually to 27,000 since there were fewer refugees in the camp.

Figure 9. Rwanda: Progression of targets and beneficiaries reached – WASH activities, July–December 2012



Initially OGB covered WASH activities for refugees in Nkamira camp only, where refugee numbers were relatively small. When the numbers started increasing it responded by scaling up its intervention. At the height of the camp population Oxfam covered over 13,000 people against 2,500 initially planned. The government of Rwanda decision in June/July 2012 to move Nkamira camp residents, as well as newcomers, to the new settlement in Kigeme left Oxfam and other agencies scrambling to cover two camps at some distance apart. Oxfam ceased activities in Nkamira at the end of July 2012 and concentrated on covering Kigeme, reaching eventually over 14,000 people out of 15,000 planned and an estimated 20,000 affected.

4.3 COVERAGE VS. TARGETS

A challenge in assessing this important standard is that Oxfam sitreps, while formatted in a common template, do not provide information in a standardised manner. For example, Uganda sitreps provide the number of beneficiaries targeted and the numbers covered so it is simple to calculate the percentages of people covered. On the other hand Rwanda sitreps give a breakdown of activity targets planned and achieved rather than numbers of beneficiaries planned and covered in each activity. This is clearly because the Kigeme camp intervention was planned to cover all camp residents with WASH activities, whatever their number. The question in evaluating the Rwanda response is more one of quality than coverage: did the targeted number of beneficiaries obtain quality services and products that met with Sphere minimum standards? In fact, with regard to water coverage, water provision ranged from only 3 l/p/d to a maximum of 10 l/p/d and never reached the Sphere recommended minimum of 15 l/p/d.

This is somewhat similar for Uganda. For instance, if Oxfam was providing 80,000 litres of water in the camp, at the rate of the Sphere minimum standard of 15 litres per person per day it would be covering 5,333 individuals or just over 25% of the beneficiaries planned (a report to SIDA indicates that 6,853 persons were covered with 16 l/p/d, but if Oxfam were providing 80,000 litres per day, the figures do not add up). If, however, it was providing the water for everyone in a camp of some 17,000 people, this would work out at 4.7 l/p/day – clearly below standard. If other agencies were providing water as well as Oxfam, this is not clear from the reports, although some reports give the impression that there were indeed other water providers, referring to ‘the Oxfam zone’.³⁶

Indeed, a common theme in the Uganda and DRC sitreps is their inconsistency in indicating the interventions of other actors in the same activity or how the work has been divided up. For example, August 2012 DRC sitreps give reason to understand that 200 Oxfam-constructed latrines and 70 showers are the only ones in a camp of an estimated 55,000 people. This would equate to 275 people per latrine and 393 people per shower. Such figures are so far below Sphere standards that it must be concluded that other NGOs were also working on building latrines and bathing facilities – but this is not clear from the reports. Looked at another way, if Oxfam was sharing the activities with others, its 200 latrines would cover 10,000 people (20% of the camp population) at Sphere standards and its 70 showers would cover roughly 7,000 at 100 people per shower (12.8%). In the case of Uganda, the target population is sometimes mentioned as 9,000 households (HH) (about 45,000 people) and sometimes indicated much lower as the expected arrivals did not materialise. Reports show coverage of 137% of planned targets achieved with 16 l/p/d, but, on closer calculation, coverage – if measured against 45,000 individuals – was only 15%.

In DRC some of the sitreps give conflicting information on coverage, both within the same sitrep and between sitreps. For example, sitrep 6 of 18 January 2013 indicates in one sentence that the target number of beneficiaries is 90,000 whereas in another the number is 100,000. The individual intervention sites do not add up to 90,000. This makes it difficult to calculate the real rate of coverage.

In DRC Oxfam was on the point of reaching its targets in the IDP camps and host communities it covered between July and November 2012 when a new conflict flare-up occurred. For some months the situation was fluid with frequent IDP movements. Oxfam struggled to provide minimum services due to access challenges, funding shortfalls and getting essential materials, such as cement, through to intervention sites.

The tables below summarise Oxfam affiliates’ achievements and the planning figures used. For ease of reference the data is shown in the three countries involved given that coverage versus targets had differing timeframes in each country.

Box 3. Analysis of coverage vs targets
DRC

Sector	Activities	Area/Oxfam affiliate/as per Sitrep	Beneficiaries planned/covered
WASH	<p>Cholera prevention:</p> <ul style="list-style-type: none"> - Training staff in cholera, chlorination and prevention - Setting up and managing 40 water chlorination points - 1 water production and distribution plant - Hygiene promotion, health messaging 	Rutshuru, OGB, sitrep 1 of 30 July 2012	Planned: 40,000. Activities suspended on 30 July due to outbreak of hostilities
	<p>Planned scale-up of camp WASH activities:</p> <ul style="list-style-type: none"> - Water trucking, - Latrines constructions (started 30 July, with first rehabilitation of public latrines, sanitation of defaecation sites, etc.) - Health promotion, training of 100 RECO for cholera campaigns - Training of 5 hygiene committees - Distribution of latrine maintenance kits - Installation of hand-washing facilities - Public disinfection of open defaecation areas 	<p>Weekly Regional Synthesis, 17.7.12</p> <p>Kibati-Kanyaruchinya, OGB, sitrep 1 of 30 July 2012</p> <p>Sitrep 2 of 7 Aug 2012</p>	<p>Planned: 10,000 HH (35–50,000 people)</p> <p>IDPs and host communities receiving approx. 3–4 l/p/d</p> <p>150 sanitation units: 64 latrines, 40 showers constructed</p>
	<p>Water: increased capacity to 300m³ but increased numbers of IDPs in and around camp.</p> <p>Development of 11 water distribution points.</p> <p>Latrines and showers construction.</p> <p>PHP messaging on cholera awareness and prevention. Creation of camp hygiene committees to promote good hygiene behaviour.</p> <p>Planning for new interventions in Masisi and Kiroshé and EFSL activities. Rutshuru considered to be adequately covered by others.</p>	Kibati-Kanyaruchiya, OGB lead, ON and OSB coordinating at Goma level, possibility of Oxfam Quebec fundraising. Sitrep 5, 27.8.12 and French language sitrep of 29.8.12	<p>Planned: 55,000; IDPs and host communities receiving approx. 5.5 l/p/d</p> <p>200 latrines and 70 showers constructed = 275 per latrine and 393 per shower, far below Sphere</p>
WASH	<p>Number of IDPs in North Kivu risen to 261,000 since April 2012. Oxfam planning on initiating WASH, EFSL and protection activities in Mugunga I, IDP population 17,600, and Lac Vert.</p> <p>Water at Kanyaruchinya (Kibati): 300 m³/day.</p> <p>Latrines construction Kanyaruchinya (Kibati): 700 planned</p>	North Kivu: Kibati-Kanyaruchinya, Mugunga, OGB, Sitrep 8 of 27.9.12	<p>Kibati, Water: Planned: 55,000 Covered: 55,000 (but at only 5.6 l/p/d)</p> <p>Sanitation: Planned: 35,000 Covered: 35,000</p> <p>Planned: 20,000 Covered: 0</p>

Protection	Mugunga I and Lac Vert, Water & Sanitation: Planned: 20,000 Covered: 0		Protection: Planned: 55,000 Covered: 0
EFSL	Planned in Mugunga: blanket coverage of cash distribution to 17,600 people and CFW for latrine construction. Total number of beneficiaries planned: 92,600 = 35% coverage of total N. Kivu IDP population of 261,000.		EFSL: Planned: 17,600 Covered: 0 Total: Planned: 92,600 Covered: 55,000
WASH	Kanyaruchinya <i>Water: 1,509m³/day (Increase in water numbers for Kanyaruchinya take into account provision to host communities.)</i> Latrines construction: 700 planned. Sanitation maintenance in camp. PHP messaging, recruiting of 40 CHVs for KAP survey, diarrhoea surveillance.	N. Kivu – Kibati-Kanyaruchinya, Mugunga I, Masisi IDP sites, OGB lead, ON, OSB coordinating, Sitrep 10 of 2.10.12. OSB leading on EFSL in Mugunga	Water: Planned: 78,000, Covered: 78,000 @ 19.3 l/p/d Sanitation & hygiene: Planned: 35,000 Covered: 35,000 Protection: Planned: 55,000 Covered: 0
EFSL	Mugunga I (and Lac Vert) Water provision, latrines and showers construction.		Water: Planned: 20,000, Covered: 0 Planned: 50 latrines, 200 showers. Covered: ?
Protection	Mugunga I and Lac Vert only.		Cash + CFW: Planned: 19,500 Covered: 18,150
NFI	Training for community mobilisers, formation of protection committees, protection monitoring. Distribution by ON in two IDP/returnee sites, potentially three.		Protection: Planned: 17,600 Covered: 0 NFI: Planned: 12,000 Covered: 4,056 Total planned: 165,000; total Covered: 87,132 (53%)
WASH	Ongoing activities as planned, but with higher caseloads, in: <ul style="list-style-type: none">- Kanyaruchinya: 78,000 targeted and covered – OGB- Mugunga I and Lac Vert: 29,400 targeted and covered – OGB	N. Kivu, OGB lead, supported by ON and OSB, Sitrep 13 of 23.10.12	Total planned: 186,562 Total covered: 114,282 (61%)
EFSL	<ul style="list-style-type: none">- Masisi: 55,000 targeted, 0 covered – OGB		WASH: Planned: 107,400 Covered: 92,000 EFSL: Planned: 17,600 Covered: 15,900
Protection	<ul style="list-style-type: none">- Goma and Rutshuru IDPs: 6,882 targeted and covered with NFIs – ON.		Protect: Planned: 29,400 Covered: 29,400

<p>WASH EFSL Community Services</p>	<p>Major shift of operations due to M23 capture of Goma on 20 November. Oxfam Goma staff evacuated and only skeleton staff remained to oversee activities. IDP numbers in flux.</p> <p>Kanyaruchinya camp abandoned no activities.</p> <p>Mugunga I – 53,208 IDPs</p> <ul style="list-style-type: none"> - Latrine construction: 500 units completed - Water trucking – 70 m3/day - Increase of tap stands. <p>Lac Vert – 24,972 IDPs.</p> <p>Formation of hygiene committees, hygiene awareness sessions, launch of campaign on clean water use, identifying child friendly spaces.</p> <ul style="list-style-type: none"> - installation of water bladders, water provision of 60 m3/day, water monitoring - Latrine construction: planned: 100, achieved: 40. <p>Bulengo – 2,480 IDPs.</p> <p>Water trucking for 1,500 IDP arrivals.</p> <ul style="list-style-type: none"> - Water distribution system using pumped water from lake into 2 x 70 m³ tanks and gravity-fed to camp where 2 x 20 m³ bladders installed. - Latrine construction: planned: 100, achieved: 0 <p>Majengo (Don Bosco camp in Goma city).</p> <ul style="list-style-type: none"> - Community services planned. <p>Masisi – camps empty but Oxfam assets and services and materials on standby.</p> <p>Rutshuru (ON)</p> <ul style="list-style-type: none"> - Post-distribution monitoring related to food and NFI activities. 	<p>N. Kivu, OGB lead, supported by ON and OSB, Sitrep 1 of 3.12.12</p>	<p>Planned and covered: 80,660</p>
	<p>Remote programming during international staff evacuation, local partners continued with water, sanitation and hygiene promotion in:</p> <p>Bulengo: (20,000 IDPs) Mugunga 1: 61,200 Lac Vert: 31,170 Don Bosco: 6,012 TOTAL: 118,382. Other spontaneous IDP settlements in and around Goma: estimated 154,000. Total IDPs: 272,382.</p>	<p>OGB, Sitreps 3, 14.12.12, 4, 21.12.12 and 5, 7.1.13</p>	<p>Estimate of total IDPs in conflict zones: 272,382, of which Oxfam is covering 118,382 (43%). Likelihood of many more IDPs in areas not reached</p> <p>Estimated Oxfam beneficiaries: 100,000 = 37% of total (of 272,382)</p>

	<p>Water delivery to sites:</p> <ul style="list-style-type: none"> • Mugunga I: 60m³ (10m³/day) + 510m³ gravity fed from Mugunga 3 (70m³/day) = total 570m³ (95m³/day) • Bulengo: 450m³ (75m³/day) • Lac Vert: 368 m³ (61 m³/day) • Don Bosco: no date 		2 l/p/d for 112,370 (not counting Don Bosco IDPs), well below Sphere
WASH	<p>According to OCHA, displacement of 150,000 people since the heavy fighting in mid-November 2012. Currently N. Kivu has some 914,000 IDPs, the largest concentration in the country.</p> <p>WASH and EFSL activities in 5 sites, 3=OGB, 2=ON</p> <p>Mugunga (50,000 beneficiaries), Lac Vert (20,000) and Bulengo (20,000) = total 90,000</p> <p>Water provision: 1,970m³ daily average.</p> <p>Latrines construction.</p> <p>Waste pits.</p> <p>Shower construction.</p>	N. Kivu, OGB, Sitrep 6 of 18.1.13	<p>Target: 90,000 = 10% of total no. of IDPs. Covered: Mugunga I: 50,000, Lac Vert: 20,000, Bwerekana: 1,250, Nyamasasa: 1,250 = 72,500 (80% of target)</p> <p>Per capita water supply: 2.2 l/p/d – well below Sphere.</p> <p>Planned: 1,000 Achieved: 830</p> <p>(90 people per latrine, well below Sphere of 50)</p> <p>Planned: 51 Completed: 13</p> <p>Planned: 595, completed: 614, of which 40 by another NGO. Total completed: 614 (= 147 people per shower, below Sphere standard of 100).</p>
Community services (formerly Protection)	<p>Hygiene promotion activities, training of RECOs and implementation with camp volunteers, sanitation and cleaning materials distributed.</p> <p>FGDs in 4 sites, planning for future activities.</p>	OGB	Implemented on ongoing basis.
EFSL	<p>OGB: EMMA assessments ongoing in N. and S. Kivu.</p> <p>ON – Food and NFIs distribution to IDPs and host families in Bwerekana and Nyamasasa.</p>		<p>Planned Bwerekana: 1,250 Covered: 250</p> <p>Planned: Nyamasasa: 1,250 Covered: 0</p>
Health	<p>Medical treatment in Kirotshé General Hospital to IDPs and destitutes.</p>		Covered: 531 in January 2013

WASH	<p>OGB beneficiaries now at 95,000 IDPs in Mugunga I, Lac Vert and Bulengo in Goma town. With assistance at non-registered sites and with ON, Oxfam covered 150,000 beneficiaries.</p> <p>Water provision: 450m³ for 95,000 = 4.7 l/p/d, including a fourth site with spontaneous IDPs.</p> <p>Latrines construction.</p> <p>Waste pits.</p> <p>Showers construction.</p> <p>PHP: HH hygiene & sanitation promotion, diarrhoea monitoring, environmental sanitation campaign conducted + cholera prevention campaign, distribution of sanitation materials, child hygiene promotion.</p> <p>HIV/AIDS sensitisation, FGDs, training on children's rights/protection, info-gathering, listening, in 4 IDP sites.</p>	N. Kivu, OGB, ON, Sitrep 8 of 15.2.13	<p>95,000 people covered @ 4.7 l/p/d, still much below Sphere.</p> <p>Planned: 1,596 Completed: 1,073</p> <p>Planned: 31 Completed: 23</p> <p>Planned: 780 Covered: 582</p>
Community services (formerly Protection)			
EFSL OGB	CFW.		Planned: 343 Covered: 341
ON	Food and NFIs distribution to IDPs and host families in Bweremana and Nyamasasa.		Bweremana covered: 900 and Nyamasasa covered: 1,250
Health ON	Medical treatment in Kirotshe General Hospital to IDPs and destitute.		Covered: 306 in Feb
WASH OGB	<p>OGB beneficiary numbers now at 210,000 covering 3 Goma camps (120,000 – WASH, Comm. Services) + Rubaya (50,000, WASH), Masisi (20,000 – WASH) and Burungo camps/settlements (20,000 – WASH + Community services).</p> <p>Continuation of water supply, latrines, waste pits and showers construction, PHE + PHP.</p>	N. Kivu, OGB and ON, Sitrep (no number) 1.4.13	210,000 covered
Community services/Protection	Same activities as above + monitoring/ data collection on new IDPs.		130,000 covered
EFSL ON	Handover and exit strategies being pursued.		
Health ON	Medical treatment in Kirotshe Health Zone to IDPs and destitute 2,302.		2,302 covered

<p>WASH OGB</p> <p>EFSL ON</p>	<p>OCHA IDP estimates now at 967,000 in N. Kivu of which 500,000–600,000 displaced or re-displaced since April 2012. Main areas are Masisi and Walikale. OCHA also reports 646,000 have returned.</p> <p>Oxfam total beneficiaries: 113,000. Cumulative: 220,000 since Aug. 2013.</p> <p>WASH: 113,000, protection: 43,000.</p> <ul style="list-style-type: none"> - Goma Camps: 43,000 (WASH and Community Services/Protection) - Rubaya: 50,000 (WASH) - Masisi Centre Camps: 20,000 (WASH) <p>OGB handed over 95% of WASH activities and infrastructure in the 3 Goma camps to Mercy Corps as at 2.7.13, continuing to provide water until full handover by 21.7.13.</p> <p>Water provision: Mugunga, (11,500 people): 57.53m³ daily supply; Lac Vert (5,800): 78.6m³/day; Bulengo (10,000): 217m³/day</p> <p>Latrines construction</p> <p>Waste pits construction</p> <p>Showers construction</p> <p>PHC + PHE activities: completed as per activities detailed above.</p> <p>Rubaya, Kibabi, Kinigi – Water points and rainwater harvesting, 30 latrines constructed for host communities in Kinigi.</p> <p>Wrap-up and handover of activities.</p> <p>Launch of support to agric. production to 2,500 HH (12,500 people) in Rubona, Rutshuru.</p>	<p>N. Kivu, OGB + ON, Sitrep (no number) of 7.7.13</p>	<p>5 l/p/d Mugunga I 7 l/p/d Lac Vert 21.7 l/p/d</p> <p>Planned: 1,900 Completed: 1,729 (91% of total)</p> <p>Planned: 31 Constructed: 38</p> <p>Planned: 780 Constructed: 1,160</p>
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Uganda

Sector	Activities	Area/ Oxfam affiliate/ Activity, as per Sitrep	Beneficiaries planned/covered
WASH	<p>Accelerating WASH implementation over and above regular (pre-crisis) camp activities. Details of planned scale-up activities:</p> <p>Water</p> <ul style="list-style-type: none"> - Regular water quality testing - Training of local water-quality testing personnel - Provision of chlorination tablets to 1,500 HH <p>Sanitation</p> <ul style="list-style-type: none"> - Provision of 1,500 latrine slabs for 1,500 HH - Mobilisation and support of communities to construct 1,500 HH latrines. - NFI distribution (hand washing soap) for 1 month for 30,000 individuals <p>Public health promotions</p> <ul style="list-style-type: none"> - Public health promotions through house-to-house visits, community trainings, campaigns and Child-to-Child activities. - Ensuring appropriate use of water and sanitation related facilities. 	<p>Uganda West: Rwamwanja settlement, Kamwenge; Uganda South-west: Nyakabande camp, Kisoro. OGB; 'Great Lakes crisis, Weekly Regional Synthesis' 17.8.12, Sitreps 1, 24.7.12, 3, 6.8.12, 4, 13.8.12 and Sitrep (no number) of May 2013.</p>	<p>Planned: 30,000 Covered: 0 Planned water coverage was for 57% of the settlement population to reach 7.5 l/p/d initially.</p> <p>NB: OGB is an implementing partner of UNHCR in the camps and an implementing partner of Unicef for WASH activities.</p>
EFSL	<ul style="list-style-type: none"> - Decision to implement EFSL activities. Details of planned activities: <ul style="list-style-type: none"> o Income Support o Unconditional cash transfer to the most vulnerable o CFW for 8,000 HH – labour-based road opening. 		
WASH	<p>Drinking water provision: planned target of 27,000.</p> <p>Sanitation, hygiene promotion.</p> <p>Soap distribution.</p>	<p>Uganda West: Rwamwanja camp, OGB, Sitrep 8 of 10.9.12</p> <p>Sitrep 9 of 17.9.12</p>	<p>Water: Planned: 27,000 covered: 5,000 (16%) Planned: 9,000 covered: 300 (1%) Soap: Planned: 3,618 Covered: 3,072 (10%) Planned: 9,000, Covered: 0 by 10.9.12, 8,000 planned and 879 achieved by 17.9.12 (3%, 29% female) EFSL/Cash</p>
EFSL	CFW.		

	Unconditional Cash Grants		Grants: Planned: 3000 Covered: 0
WASH	Latrine support. Target of 3,000 households. Training of Community Hygiene promoters.	Rwamwanja Camp, OGB, Si-trep 13 of 15.10.12	Planned: 3,000 HH Achieved: 157 HH (5% of target)
EFSL/ CFW	CFW activities planned for 8,000 HH. Caseload decreased to estimated 23,000 people. Cash Grants planned for 1,000 EVIs.		Planned: 60 Covered: 43 (72%) Planned: 8,000 HH Covered: 2,849 HH
WASH	Drinking water from boreholes: planned target of 5,000 people. Caseload decreased to estimated 27,000 people in Rwamwanja camp). Drinking water from chlorinated tablets: planned target of 18,000 people. Sanitation: planned target of 9,000 people. Soap distribution: planned target of 21,000 people. Hygiene promotion: planned target of 9,000 people.	Rwamwanja Camp, OGB, Si-trep 21 of 11.12.12	Planned: 5,000 Covered: 4,353 Planned: 18,000 Covered: 12,674 Planned: 9,000 Covered: 5,782 Planned: 21,000 Covered: 24,353
EFSL/ CFW	CFW: planned target of 8,000 people + cash grant (light CFW) to 1,000 EVIs.		Planned: 9,000 Covered: 12,461 Planned: 8,000 Covered: 5,397 (67%)
WASH	Borehole drilling, water trucking. 30,778 people in the camp. Water coverage in Rwamwanja settlement: 6,853 people were able to access 16 l/p/d (target was initially to provide 80% of target of 9,000 HH (some 45,000 people) to access 7.5 l/p/d). No mention of amounts the remainder of people could access. Latrines construction Soap distribution Outcomes for sanitation: May 2013 report indicates that main health centre referrals do not suffer/include cases of diarrhoea, attesting to Oxfam's success in preventing water-borne diseases at HH and camp levels.	Rwamwanja Camp, OGB, si-trep 22 of 18.12.12; PH expert report of 6.6.13. Proposal to SIDA covering period 1.8.12–31.12.12 RTE of Nov–Dec 2012	Planned and achieved: 10 boreholes drilled. Planned: 9,000 HH (45,000 people) with 7.5 l/p/d Achieved: 6,853 people from boreholes and 2,533 with chlorination tablets (SIDA report) with 16 l/p/d. Oxfam claims this is 136% of target achieved but 9,386 people out of targeted number of 45,000 people is just over 20% Latrines planned: 3,000 HH (15,000 people),

EFSL/CFW	<p>CFW for road building.</p> <p>HH latrines support for 500 EVIs.</p> <p>The intervention ended in December 2012 and remaining assets handed over to UNHCR and Office of the Prime Minister (OPM).</p> <p>The RTE recommended a one-month no cost extension to complete delayed WASH activities but there are no further sitreps to indicate this recommendation was actioned. A new needs assessment was carried out in April 2013 identifying new needs from a recent influx from DRC but there is no evidence camp activities re-started.</p>		<p>Achieved: 2,145, benefiting 11,985 individuals.</p> <p>Soap: Planned: 30,000 Achieved: 25,399</p> <p>Planned: 8,000 people Covered: 8,492 Planned: 1,000 EVIs Covered: 1,149. Planned: 25 kms road construction Achieved: 18 kms</p>
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Rwanda

Sector	Activities	Area/ Oxfam affiliate/ Activity as per Sitrep	Beneficiaries planned/covered
WASH	<ul style="list-style-type: none"> - Development of Site C, new area of Kigeme camp, with toilets, showers and water installations; <p>NB. Nkamira Camp is a transit centre with limited capacity, handling all new arrivals from DRC. In May 2012 the Rwanda Government decided to set up a new camp in Kigeme and to transfer all refugees there from Nkamira, given the increasing numbers of arrivals. Oxfam was asked to cover both camps as the sole provider of WASH activities.</p> <p>Kigeme camp, June–December 2012.</p> <p>Planned activities:</p> <p>Water:</p> <ul style="list-style-type: none"> - Extension of the distribution line, setting up 4 water storage tanks and 12 tap stands with appropriate drainage. - Chlorinating all water provided to the refugees if necessary. - Monthly water-users surveys. Routine water quality testing – chemical, bacterial and residual chlorine levels at household and water source levels <p>Sanitation:</p> <ul style="list-style-type: none"> - Construction of 20 blocks of 20 doors each family shared latrines segregated by gender. 	<p>Rwanda north-west: Nkamira Camp, Gis-enyi, and south: Kigeme camp, OGB. ‘Great Lakes crisis, Weekly Regional Synthesis’, 17.08.12; ‘Oxfam Great Lakes Overview’, 24.8.12</p>	<p>Affected: estimated 20,000</p> <p>Planned: 15,000 people</p> <p>OGB is an implementing partner of UNHCR in the camps and of UNICEF for WASH</p> <p>Covered: 13,477: Water, sanitation, hygiene promotion (Kigeme)</p>

	<ul style="list-style-type: none"> - Installation of hand washing facilities for all the latrines blocks constructed. - Construction of 10 blocks of communal bathing units segregated by gender. - Improvement of drainage around water points, bath shelters and latrines. - Provision of tools to refugees to improve drainage around their shelters. <p>Hygiene promotion</p> <ul style="list-style-type: none"> - Strengthening the capacity of beneficiary structures and teams to continue hygiene promotion (training, equipping, and supporting refugee community volunteers RCVs, or Community Mobilisers). - Conducting initial baseline survey with monthly follow up monitoring surveys. - Distribution of supplementary hygiene kits. - Monthly water container cleaning campaigns. - Hygiene awareness sessions campaigns dependent on outcome of the baseline survey. - Monitoring cleanliness of all sanitary facilities. - Distribution of latrine cleaning kits. <p>Nkamira camp, 14 May–31 August 2012</p> <p>PHP:</p> <ul style="list-style-type: none"> - Training of the partners in PHP and mainstreaming topics (gender, protection, accountability and HIV/Aids). - Set up and training of 25 water and hygiene committees. - 30 hygiene promotion sessions with megaphones organised. - 100 community meetings organised by the committees with the population in their block. - Hygiene kits/female hygiene kits distributed as per current gaps. - Latrine maintenance kits available. - Facilitated to establish WASH facilities by other agencies to ensure Sphere standards. - Develop critical WASH facilities to promote health & hygiene (e.g. hand-washing facilities & toilet blocks). 		
WASH	Water and sanitation	Kigeme camp: most refugees transferred from Nkamira camp, Oxfam focusing on Kigeme. OGB, sitrep 11 of 27.8.12	Planned: 20,000 people @ 15 l/p/d. Currently water activities cover all camp residents but only 8 l/p/d.

	<p>Sanitation – latrines: 670 planned, 691 completed.</p> <p>Hand-washing facilities – numbers of people increasing in the camp.</p> <p>Construction of bathing units.</p> <p>Laundry areas.</p> <p>Hygiene promotion: training of community mobilisers.</p> <p>Weekly water container cleaning.</p>		<p>Planned: 670 Achieved: 691</p> <p>Planned: 300 Achieved: 359 Planned: 300 Achieved: 359 Planned: 4 Achieved: 6 Planned: 40 Achieved: 40</p> <p>Planned: 2,000 men, women and children; Achieved: 2,669 (disaggregated data)</p>
	<p>Camp at Nkamira closed on 1.9.12 and activities handed over to local partner.</p> <p>Activities in Kigeme camp only: Little changed from previous sitrep.</p>	Kigeme camp, OGB, Sitrep 12 of 4.9.12	<p>Planned: 15,000 Currently 14,000 refugees in camp</p> <p>Water increased to 9.3 l/p/d</p>
	Kigeme	Kigeme camp, OGB, Sitrep 16 of 2.10.12	<p>Planned: 15,000 Covered: 14,118</p> <p>Water increased to 10 l/p/d</p>
	<p>Kigeme</p> <p>Water covers all camp residents but is sufficient only for 8.9 l/p/d, below the Sphere minimum standard of 15 l/p/d.</p> <p>Latrines cover all camp residents but are only sufficient for 20.5 people to 1 latrine, below the Sphere minimum standard of 50.</p> <p>No. of tap stands – meets Sphere standards.</p> <p>No. of washing facilities and bathing areas for males and females – meets Sphere standards,</p> <p>Hygiene promotion activities: meet Sphere</p> <p>Oxfam agreed with the partner Unicef to end its activities in Kigeme and hand them over to a local partner, completed on 15.10.12</p>	Kigeme camp, OGB, Sitrep 17 of 8.10.12	<p>Planned: 15,000 Covered: 14,118</p>

4.4 TOWARDS A JUDGEMENT ON THE STANDARD

Coverage of planned populations was consistently above 10% and the numbers of those planned to be assisted reached, at a minimum, 23% of those affected in each country. In view of this high level of coverage and given the chaotic situation in which Oxfam had to work, with frequently changing caseloads, its willingness and capacity to provide assistance to host communities as well as IDPs in camps, its flexibility to change course rapidly and respond to new needs merit it a **rating of 6/6, 'met', for coverage.**

5 TECHNICAL QUALITY

	Met	Almost Met	Half Met	Partially Met	Not Met
Technical aspects of programme measured against Sphere standards				2/6	

Requirements to fully meet the standard:

- Sphere standards proposed and put in place with adjusted indicators for context.
- Training in standards carried out for staff and partners with direct reference to Sphere.
- Indicators use standards, and monitoring against standards takes place regularly.
- Standards evaluated.

5.1 DEFINING THE BENCHMARK

The section below examines both the extent to which Sphere is mentioned in programmes and other documents, as well as the extent to which the standards have been respected, even if not explicitly referred to.

5.2 USE OF STANDARDS

Oxfam documents make only sporadic reference to Sphere standards, although in many cases these were met.

1. Sitreps for all three countries have been uneven in referring to Sphere standards. They are only indicated in the case of water provision, where Oxfam struggled to meet the standard of 15 l/p/d, and in DRC had to resort to the emergency reference of 5 l/p/d. Standards are not referred to at all in the case of sanitation – how many latrines or bathing areas are the minimum recommended against Sphere and how this was or was not achieved – nor in terms of water queuing time or distance to water points. A recommendation that could be considered for improvement might be, for example, a heading in every sitrep under each activity (water, latrines, bathing areas and maximum distances beneficiaries have to cover to reach them) as to what the minimum standard of each activity is, and any constraints with regard to meeting them. The sitreps give the impression that Oxfam was covering many, if not all, beneficiaries in a given location – and indeed it was in some cases – but perhaps precisely because of this wide coverage it was not up able to achieve Sphere minimum recommended standards (in all three countries Oxfam was the sole provider of WASH in camps and had difficulties achieving universal coverage at Sphere minimum recommendations). Alternatively, if Oxfam is providing services as a partial contribution, where other agencies are also providing the same, this should be mentioned in terms of whether, and to what extent, the combined efforts of all the agencies are meeting Sphere standards.
2. Programme documents. Oxfam assessments do not mention Sphere standards at all. An assessment in Uganda clearly states the problems, but not in terms of how far below Sphere standards the various sectors were at the time of the assessment, nor what could be planned in terms of meeting or aiming to meet Sphere requirements through the intervention. By way of comparison, a rapid multi-sector assessment of Kanyaruchinya, done by the NGO

Solidarité, not only indicates the current availability of water as per Sphere standards, but also proposes how much water would be needed, and could be provided by agencies, to meet these standards. Similarly, the Uganda Concept Note³⁷ mentions providing latrines for up to 1,500 households (about 7,500 people) yet the same note reports that over 18,000 people were in the camp without mentioning how the remainder of households would be covered. The latrine coverage envisaged would, however, be sufficient for 7,500 people by Sphere standards. Another part of the report indicates the target is to reach 5,000 latrines, i.e. coverage for 250,000 people, clearly far beyond the expected camp occupancy of 30,000, so inconsistency in reports is also noted. The Uganda programme implementation plan (PIP) documents covering the DRC influx crisis mentions that it would monitor the number of agencies applying Sphere standards in the response.³⁸

3. Donor proposals/reports. There is again only sporadic mention of Sphere standards in donor proposals or reports. For instance, the second quarter narrative report to the Office of Foreign Disaster Assistance (OFDA) in respect of DRC (undated) once mentions Oxfam's intention to reach 15 l/p/d, but does not report whether or not this was achieved. However, the OFDA June 2013 report shows a great improvement, with Sphere standards referred to in all activities. In general, reports are weighted heavily in terms of technical achievements rather than indicating how many people were covered against those planned, or to what extent interventions met or did not meet Sphere or any other standards. Re-orienting reports to show this data more clearly would give donors a better view of implementation progress than just reporting on how many litres of water were chlorinated in a particular site, or how many kilometres of pipeline were constructed, which does not link the activity with the planning or the achievement to actual benefits to people. Likewise, reporting on how many tap stands were constructed in a school gives no indication of how many children this served, nor with how much water. Even the way in which the wording in reports is formulated makes it difficult for donors to calculate how much was covered in terms of how many people were in need or to what extent these actions met Sphere standards. In some cases, mention is made of how many litres are consumed per person per day in a given area (which in the case of DRC was consistently below Sphere standards), but the information is not linked to any appraisal of how Oxfam intends to meet the standard or what constraints it has to contend with in doing so. The logframe in this and other reports does, however, indicate some actual Sphere standards planned and achieved (without explicitly mentioning Sphere).

A proposal to the Swedish International Development and Cooperation Agency (SIDA) for funding activities in North Kivu indicates Oxfam's intention to aim for water coverage of 5 l/p/d rather than the Sphere minimum of 15, noting that when higher amounts have been provided, wastage has been observed. With the provision of 5 l/p/d, monitoring revealed no queues at water points, suggesting that the lower quantity was considered to be sufficient by the IDPs – an assumption confirmed in FGDs. This, however, is the only reference to Sphere in the entire proposal. No Sphere standards are mentioned in respect of latrines or bathing area coverage.

A funding proposal to the Canadian International Development and Cooperation Agency (CIDA) for activities in North Kivu mentions Oxfam's intention to reach latrine and shower coverage and soap provision that are in line with Sphere standards.

Other reports mention the chlorine levels in water and the amount of time people queue for water at taps, which are Sphere compliant.³⁹ In addition, indicators justifying EFSL activities suggest attention to monitoring people's food intake habits, including negative coping behaviours that are in line with recognised standards.

4. MEAL plans: the Uganda MEAL plan refers to water standards aiming to reach 15 l/p/d but no standards are given for other activities.
5. Evaluations
 - Uganda: Not a single mention is made of Sphere standards in the February 2012 RTE. The report points out some of the constraints Oxfam encountered with respect to number of latrine slabs per household and a slowness to respond in providing two instead of the planned one per household.

- DRC: The report notes the difficulties in calculating accurate water coverage ratios at a time when IDP numbers were fluctuating daily. It suggests that l/p/d coverage reached as high as 13.8 in the case of the Goma intervention area, however this measurement is not reflected in the sitreps. Evaluators also used Sphere standards for such indicators as distance from dwellings to water points and queuing time at water points.
- Rwanda: no report available.

Box 4. Areas where Oxfam is strongest in respecting Sphere norms

- ✓ References to standards in the June 2013 OFDA report is a model of excellence and could be usefully followed in future.
- ✓ The widest use of Sphere standards is in respect of water provision.
- ✓ Good use of performance indicators, such as cleanliness around family latrine areas, queuing time at water points, distance to water points, KAP surveys on hygiene and hand-washing use, and household surveys on food security.
- ✓ Attention to gender issues – some disaggregation of data by sex and age in plans and reports,
- ✓ Coverage and training of community mobilisers for protection and Public Health Promotion (PHP) sensitisation.
- ✓ Soap distributions in Uganda and Rwanda, less noticeable in DRC.
- ✓ Provision of appropriate materials for latrine cleaning.
- ✓ Inclusion of host families in sanitation materials distributions.
- ✓ Provision of user-friendly latrines and bathing areas for disabled people using Handicap International advice.
- ✓ Synergies between WASH and EFSL sectors, linking Cash-for-Work (CFW) to improve sanitation infrastructure and linking protection in all sectors.
- ✓ Regular technical studies and monitoring to gather detailed, relevant material. Rapid EMMAs (Emergency Market Mapping and Analyses), PHE monitoring, protection analyses and studies on impact of CFW interventions.

5.3 MITIGATING FACTORS

It is clear from evaluations and sitreps that Oxfam initially faced significant challenges in measuring outcomes against Sphere standards, not least due to the increased flux of IDPs and refugees resulting in challenges to conducting accurate head counts. In the majority of cases Oxfam estimated a greater number of people needing help than actually turned out to be the case, meaning interventions based on these higher planning figures were actually quite successful in meeting the lower number of people in need. The DRC Mid-Term Review indicates the challenges of measuring progress against Sphere standards. However, imprecise figures are a staple of most emergencies, and Sphere minimum recommendations were drafted specifically for such times. Oxfam could have provided more information on progress against targets in respect of latrines and shower coverage, despite the chaotic situation. The more stable situation in the Ugandan camps could and should have made standards measurement a relatively simple exercise.

5.4 TOWARDS A JUDGEMENT ON THE STANDARD

While the evaluator acknowledges the challenges in attaining and measuring Sphere standards in emergencies, Oxfam could nevertheless do much more to mainstream Sphere standards in sitreps, donor reports and evaluations (it is better in logframes, but still not systematic) to sensitise both technical and managerial staff to the need to use and respect them.

Mainstreaming for report templates, such as the June 2013 quarterly report to OFDA, would also help donors and other strategic audiences to obtain a clearer picture of progress, or otherwise, on the ground, and see what could or could not be achieved with corresponding justifications. In many cases Oxfam did meet, or nearly meet, Sphere norms without explicit reference to them. Given the somewhat sporadic mention of, and non-systematic use of standards to measure progress, a **'partially met' score of 2/6 is justified.**

6 MEAL

	Met	Almost Met	Half Met	Partially Met	Not Met
MEAL strategy and plan in place and being implemented using appropriate indicators				1/3	

Requirements to fully meet the standard:

- MEAL staff in post.
- Budget reflects MEAL activities.
- Evidence of use of OI minimum MEAL standards.
- Indicators in logframes replicated in MEAL strategy and plan.
- Data collected, analysed and fed back to staff and partners.
- Evidence that data are used to adjust programme activities.
- Indicators reported against in donor reports at activities, outputs and outcomes levels.
- Review or learning days held with technical staff.
- OPAL has MEAL plan in place and is updated regularly.
- Final evaluation planned.

6.1 ELABORATION OF THE MEAL STRATEGY IN DRC, UGANDA AND RWANDA

DRC: No MEAL Strategy or Plan was put in place for the duration of the emergency. The MEAL Strategy and monitoring report in respect of the continuing emergency in Pweto are excellent models of how a Strategy, Plan and related monitoring should operate, indicating that the presence of a dedicated MEAL officer can make a real difference to how M&E are planned and conducted. It also demonstrates a level of learning in the sense that Oxfam has understood the importance of MEAL – and invested in it accordingly.

The lack of formal MEAL documentation notwithstanding, a number of other mechanisms in the DRC emergency attest to regular monitoring: regular sitreps broken down by sector reporting on implementation progress (or regression, in the case of the M23 takeover of Goma); protection monitoring reports; household visits; the strong presence of Oxfam staff, community mobilisers and partners in the camps interacting with beneficiaries and authorities and the very insightful Mid-Term Evaluation (MTE). The MTE observed that household visits represented the ‘best monitoring tool to evaluate the impact of PHP activities’ and ‘the strongest MEAL tool put in place by the programme’. The visits focused on monitoring the safe water chain, public health knowledge, attitudes and practice, hand washing, cholera prevention, quantity of water collected per household, presence of soap, number of water containers, incidences of diarrhoea and safe practices to prevent protection problems. Site visits allowed for observing cleanliness around latrine/bathing areas and to assess how people were coping.⁴⁰ Household interviews, while labour intensive, proved to be one of the most effective monitoring tools, allowing beneficiaries

to raise issues of concern with Oxfam staff and deal with them on the spot. They also allow staff and partners to assess the demographic breakdown of camp residents, resulting in more accurate gender and children programming.

'Issues raised in protection monitoring cover the whole of camp activities and we get to know of problems outside the camps too. Because of this information we were able to do a lot of advocacy with the police and other authorities which increased their presence around the camps and reduced the number of rapes and other harassment reported earlier.'

Interview with Anne Leewis, Protection Associate, Goma

According to the OFDA 2nd quarter report, 2013, regular monitoring in DRC camps showed no new incidence of cholera during the intervention period, indicating the success of the WASH programming and positive public health outcomes.

Uganda: A MEAL Strategy and Plan was drawn up, but only in October 2012, which was not timely, given that the programme was due to end in November 2012. The Plan included a logframe with SMART objectives. The overall outcome links only to PIP outcome but there are no activity outcomes, only outputs. Indicators relevant to achieving objectives are closely linked ensuring internal coherence and include targeted quantities and quality for each activity. Some of the indicators reflect gender, but there could be more explicit aims to reach women in CFW projects and vulnerable women and child-headed households for unconditional grants. Means of Verification are clearly stated and relevant to the type of activity. The level of monitoring frequency is mentioned in respect of each activity. Sitreps attest to the implementation of the planned activities, providing details of activities and goals reached according to the Plan (while not explicitly linking them to the Plan). Sitreps show that activities, such as water testing, provision of latrine slabs and CFW implementation, were done on a regular basis. The document does not provide templates for data collection during monitoring, which could be an improvement in order to aim for consistency of reporting and comparison of data across sites. The RTE mentions that outcomes should be elaborated as well as outputs.

Are sex and age disaggregated data being collected and reported?

Sitreps in all three countries are notably lacking in sex and age disaggregated data. Assessments⁴¹ do not provide disaggregated data even though estimates would have been entirely possible, despite the fluctuation of movements. It is absolutely necessary for even the most preliminary and rudimentary assessments to provide estimates of the breakdown of affected populations. Even transit camps have certain profiles of people moving through them and the Evaluator considers this an area that needs great improvement, to be stressed all the way down the line from Oxfam higher management to staff and partners in the field.

The Uganda PIP snapshots covering the crisis do not include disaggregated data for project activities, even though there must have been access to this data from assessments. There is a symbolic mention of 50% of beneficiaries being female, but no breakdown of age. This is inexcusable since a project proposal to SIDA, written about the same time as the PIP, mentions that about 60% of the settlement population were female headed-households, so the numbers – or at least percentages – were known. Even more recent assessments undertaken in Uganda in July 2013⁴² do not provide disaggregated data. While donor proposals and reports do provide some breakdown there is no project documentation explaining the source/estimate of disaggregated data primary source gender analyses. This rather seriously detracts from the evidence that Oxfam needs to justify its intervention strategies. Oxfam presence on sites in all three countries will have given staff a good idea as to the rough breakdown of sex and age in

camps, but there is nothing to suggest that specific analyses or use of any other agency material were made.

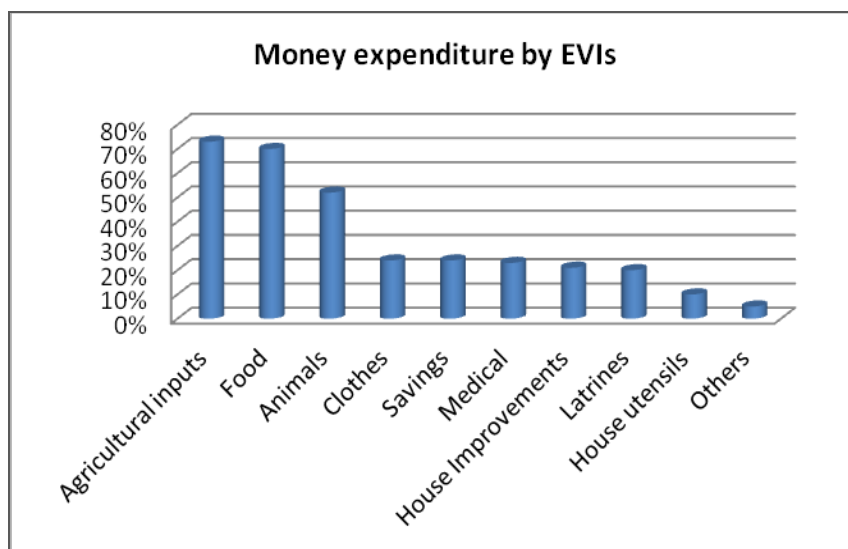
Box 5. Evidence of MEAL documentation submitted to the Evaluator

	MEAL activity DRC	documents submitted
1	Logic model and outcome statements in PIPs P00668 covering 1.5.2008–31.12.2013 and P00884 covering 1.4.2013–30.3.2017	2
2	Programme logframes have SMART objectives, monitoring mechanisms, MoV and timelines.	3
3	Donor proposals and reports indicate monitoring mechanisms and MoV in logframes and timelines.	3
4	Kanyaruchinya Protection Strategy includes monitoring mechanisms, but no MoV.	
5	Technical reviews indicate monitoring against Sphere standards.	2
6	Mid-Term Review conducted with relevant/perspicacious comments on performance monitoring and learning.	1
7	CIDA WASH proposal (19.10.12) includes evidence of EFSL baseline survey showing alimentary coping behaviours/food consumption scores.	1
	MEAL activity Uganda	documents submitted
1	Uganda MEAL strategy and plan elaborated – October 2012. Includes a logframe with SMART objectives and related indicators, means of data collection and means of verification. Plan does not show desired outcomes nor is data disaggregated by sex and age.	1
2	Uganda exit strategy drafted (November 2012). Mention of MEAL plan of activities and targets reached to justify an exit at the planned time.	1
3	Real-Time Evaluation conducted, mentions lack of outcomes	1
4	Final report to SIDA (5.2.13) mentions baseline and end-line KAP surveys, PDMs after soap and cash distributions and market assessments. However these documents were not made available to the Evaluator.	1
5	Lessons learned in the SIDA final report are especially useful in pointing out areas for improvement, such as: <ul style="list-style-type: none"> • closer attention to beneficiary consultations on choice of priority interventions prior to an intervention; and • spending more time on conducting thorough assessments considering all factors prior to project formulation. 	1

NB. No data for Rwanda.

Figure 10 shows the result of a PDM exercise in Uganda to learn how EVI beneficiaries made use of money earned in the CFW activity.

Figure 10. Evidence of post-distribution monitoring in Uganda⁴³



6.2 IMPLEMENTATION WEAKNESSES

- In the absence of a MEAL strategy or MEAL Adviser in DRC prior to May 2013, programme reviews were undertaken by visiting experts (EFSL) – in itself an extremely useful monitoring tool if conducted with relevant Oxfam staff and partners on the ground so they can learn from the experts' advice. The EFSL expert visited only in September and October 2013, too late for lessons to be learned for the current crisis, but with the likely start of a new multi-year agreement with WFP for EFSL activities, the report can be considered useful.
- An internal Oxfam audit conducted in July/August 2012 raised a number of monitoring gaps, some of which are now being addressed by the OI MEAL Officer in the new MEAL system.
 - There is a lack of a MEAL allocation in many budgets.
 - The programme monitoring/review is weak, relying on verbal feedback and a small number of visits to the field.
 - There is no overall monitoring system in place for review by Provincial Coordinators or CMT+.
 - Source programme documents in North Kivu were not formally collected, e.g. documentation supporting distributions to beneficiaries. Documentation present in the office was not filed or referenced, making it difficult to retrieve documentary evidence for future donor audits. Having major gaps in supporting project documentation runs the risk of expenditure being disallowed if a donor audit occurs.
 - A lack of monitoring of project SMART indicators reduces the ability to link achievements against country objectives.
 - Evidence of evaluations, such as KAP surveys and PDMs is taking place, but only on an *ad hoc* basis and does not feed into an overall evaluation and learning process.
 - The absence of a good MEAL system, including robust monitoring of project delivery, could result in non delivery not being identified or addressed promptly, resulting in OGB not meeting beneficiary needs.
 - The absence of an effective Evaluation and Learning system may result in missed opportunities, poor project designs and avoidable errors being perpetuated or repeated in new programmes. Oxfam also may not understand the genuine impact of its actions within the DRC, and whether overall Oxfam's work is achieving positive outcomes.

- The Uganda MEAL plan was developed at the end of October 2012, very late in the response, three months after the beginning of activities and one month before the end of the project. Such a late introduction is bound to have affected timely and comprehensive monitoring of programme implementation.
- The Uganda MEAL plan reads more like a project document, complete with an overview and logframe, than a plan to monitor, assess, and provide accountability and learning. There are no explanations of how accountability is to be achieved and no feedback/complaints mechanism mentioned in the document.
- In the Uganda MEAL plan only Output Indicators are included, not Outcome Indicators.⁴⁴ For example, an Outcome Indicator on the CFW activity might read: *X% of households have improved food security through CFW transfers, reporting on increased dietary diversity and consumption levels* with the 'means of verification' column indicating PDM monitoring. Reporting on outputs alone does not provide analysts with the wherewithal to assess any improvement on the lives of beneficiaries. Similarly, to track improvements in people's health it would be important to link WASH activities/outputs with health outcomes measured by data from health centres or other health NGO reports, and epidemiological data, such as a reduced incidence of cholera, diarrhoea and other water/sanitation-related diseases. However there is no evidence that such outcome monitoring was performed.

Baseline and endline surveys related to hunger score and dietary diversity are mentioned in the SIDA Final Report (5.2.13) as a means of verifying the effectiveness/impact of CFW beneficiaries, but evidence of these has not been made available to the evaluator.

What MEAL analysis was undertaken?

- Baseline and endline surveys (KAP surveys).
- Post-distribution monitoring (after distribution of soap and cash).
- Market assessments.
- Real-Time Evaluation (internal OGB, Uganda), Mid-Term Review (internal OGB, DRC).

What are the key outcomes of this MEAL analysis?

- Provision of water points significantly reduced the distance to walk for water (from 2 km to 0.5 km), and the amount of time spent on collecting water. This gives household members more time to engage in other social and economic activities.
- Access to sanitation improved the quality of beneficiaries' life and dignity.
- Soap and sanitary distribution was very useful to beneficiaries. Hand washing at critical times notably increased. Generally, the quality of beneficiaries' life and dignity was enhanced, especially among women and girls who had indicated during FGDs that they had problems coping with menstrual periods before the distribution of sanitary materials. After intervention they feel a lot easier and more comfortable even during their periods because they now use the sanitary materials provided.
- Cash-for-Work provided employment and cash distribution enhanced household income and livelihoods.
- Establishment of accountability mechanisms for the project. This included feedback to project teams through the community centres, volunteers and complaints register at the office. From SIDA Final Report, Feb 2013.
- The SIDA Final Report further indicates that feedback from beneficiaries was provided through verbal interaction with project teams through the community centres, volunteers and through a complaints register at the office. However, the complaints register was not made available to the evaluator. Furthermore the Uganda RTE observed that feedback and complaints mechanisms lack a suggestion box at community centres. While traditional community-based channels of communication (through community leaders or Oxfam programme volunteers) provide one measure of monitoring and evaluating progress, they

are not sufficient in themselves as an accountability mechanism as they do not ensure confidentiality for beneficiaries.

6.3 TOWARDS A JUDGEMENT ON THE STANDARD

The lack of a MEAL strategy and implementation plan for DRC is a drawback for what was otherwise a well-monitored programme, given the often chaotic circumstances. Oxfam staff, partners and community mobilisers in the camps were able to undertake a daily monitoring function simply by observing the cleanliness and maintenance of WASH sites and by talking to people in their homes about various problems. Although there is no specific evidence of a feedback or complaints mechanism, concerns could be raised in daily discussions. Protection monitoring has proved to be greater than the sum of its parts, with useful information gathered to point staff towards problems in other sectors (CFW, WASH) and take remedial action.

In Uganda, the MEAL plan could be improved in future with clearer outcomes and indicators, reference to baselines against which to measure performance, and more evidence of monitoring – such as technical reviews – and daily, weekly and monthly monitoring reports. It is highly possible that protection monitoring would also have yielded information as useful as in the DRC protection programme, but there is no evidence of this. The RTE points out useful areas for improvement, but as yet there is no evidence to show if recommendations were acted upon or if they yielded better results.

There is no evidence in Rwanda of any MEAL function in place.

Given the number of areas for improvement with respect to MEAL, **a rating of 1/3, only 'partially met', is given.**

7 PARTICIPATION OF AND ACCOUNTABILITY TO CRISIS AFFECTED COMMUNITIES

	Met	Almost Met	Half Met	Partially Met	Not Met
Feedback/complaints system for affected population in place and functioning and documented evidence of information sharing, consultation and participation leading to a programme relevant to context and needs		2/3			

Requirements to fully meet the standard:

- Evidence of consultation with community on programme areas, such as targeting, preferences for cash/food, design and siting of latrines, distribution, information channels, etc.
- Evidence of sufficient information provided to communities.
- Feedback shows that information received is sufficient.
- Evidence of complaints being addressed and reported on to complainant.
- Evidence of feedback incorporated into planning – changes made to programmes after consultation.
- Examples of good practice captured and shared.
- Feedback from communities around needs and concerns is positive.
- Evaluation reports state that programme is relevant to needs and context.

Documented evidence shows that Oxfam was stronger at involving beneficiaries and community leaders in programme design and delivery than in establishing solid complaints mechanisms, for which there appear to be no formal strategies or protocols in any of the three countries. Evidence from interviews, donor and trip reports suggest that Oxfam staff put into practice a participatory approach during the different project phases.

7.1 BENEFICIARY PARTICIPATION IN PROGRAMME DESIGN AND DELIVERY

In general, there is good evidence to indicate a high level of beneficiary participation throughout the project cycle in DRC and Uganda. The SIDA Final Report for Uganda indicates that Oxfam's interaction with the refugees in the Rwamwanja settlement enhanced working relationships and led to accurate targeting of the most vulnerable individuals for EFSL support. DRC reports attest to the high level of beneficiary consultation and participation, notably that women's voices were crucial for orienting protection activities. According to project and donor reports, beneficiary

children in both DRC and Uganda were fully engaged in Child-to-Child hygiene messaging, leading to improved hygienic practices in all age groups. This was corroborated in KAP baseline and endline surveys (not available for review but mentioned in the MTE).

FGDs held during the course of the DRC MTE showed how strongly appreciative beneficiaries were of Oxfam's approach to involve them in all phases of the response and decision making, keeping them regularly updated of programme changes, limitations and future plans (see Box 6). Importantly, they mentioned that the close engagement of Oxfam and its partners made 'a big difference' in adapting activities according to beneficiary feedback and sensitivity to their needs, compared with other humanitarian actors. This led to beneficiaries in some camps requesting that Oxfam take over camp management, a solid indicator of Oxfam's responsiveness.

Box 6. Examples of community participation and consultation in DRC⁴⁵

- IDPs were involved at every stage of project implementation. Beneficiaries participated in the siting of WASH facilities, such as tap stands, laundry decks, waste pits and bathing shelters, and were consulted for their views on the various planned designs.
- Community health committees comprised both women and men. The committees worked closely with the block leaders to oversee the proper use and maintenance of all WASH facilities. Regular meetings to review what had worked well and what needed improvement were conducted in all sites.
- Oxfam provided the committees with training, materials and supplies, and maintenance schedules, e.g. daily cleaning of latrines, collection and disposal of solid waste, routine water-container cleaning. Through voluntary Child-to-Child (CTC) activities, children acted as agents of change, spearheading hygiene promotional activities geared towards behaviour change. The committees sensitised beneficiaries to maintain latrines and tap-stand areas, ensuring hygienic conditions.
- Working with hygiene volunteers, the PHP team organised a number of clean-up campaigns at public areas. The campaigns organised the community to clean up having accumulated waste mostly around the dwelling and market areas. Collected waste was disposed of appropriately at Oxfam-provided solid-waste disposal points. Once these waste-disposal points were full, Oxfam hired a truck that emptied them and disposed of the waste away from the IDP camps at sites selected with the consultation of local authorities.
- Waste management was done at household level by distributing waste sacks; IDPs used the sacks for waste collection, which were later transported to the garbage pits. A contractor was engaged to empty the pits on a monthly basis or when full.
- An inclusive hygiene promotion approach that integrated Child-to-Child approaches into the programme enabled children to feel part of the drive to make things work. By mobilising and motivating child monitors, organising child hygiene promotion dramas, house-to-house visits and exploratory walks with the block leaders, the children were able to attract their peers into the Child-to-Child clubs. Once enrolled, the children were instructed using a peer training approach to safe hygiene and sanitation practice.
- FGDs were conducted with older persons and persons with disabilities on the appropriateness of designs, especially for sanitation, and their needs incorporated into the final designs and construction. In each block an adaptable cubicle was incorporated specific to their needs. Accessible ramps, supporting/hand rails to facilitate access and raised latrines were also installed, improving dignity and self-reliance.

- Cubicles specially designed for disabled people and the elderly also drew a lot of use from pregnant women and children who found them more user-friendly compared to the normal latrines.⁴⁶

While Oxfam also sought to involve beneficiary participation in programme activities in Uganda, evidence from reports indicates that consultations and information-sharing were somewhat less emphasised than in the DRC programme. Community Water Committees claimed to have received only one training from Oxfam and thereafter did not have any direct contact with Oxfam staff.⁴⁷ Oxfam itself recognised that more in-depth consultation with beneficiaries prior to WASH implementation would have revealed that people prioritised cultivation of household plots over participating in latrines construction, with the result, along with other factors, that the latter activity experienced delays.⁴⁸ A self-assessment led the team to conclude that more time should have been taken to consult with people prior to project implementation to hear their views on Oxfam project design and choice of interventions.

Box 7. Examples of community participation and consultation in Uganda⁴⁹

- Oxfam collaborated closely with refugee community leaders, women representatives, community selected volunteers, NGOs, UN agencies and local authorities. All project activities were openly discussed across all levels of the beneficiary community, thereby minimising suspicion and complaints of favour among different beneficiary communities.
- Prior to the beginning of implementation, Oxfam conducted community meetings and FGDs with beneficiaries. Oxfam projects, and in particular latrine related design issues, were discussed. Women raised important issues of privacy and protection, which Oxfam technicians incorporated into the project design.
- 47 Community hygiene promoters (CHPs) were selected from within the communities by their respective communities and trained, in conjunction with Kamwenge District Health Office and Oxfam, on sanitation and hygiene promotion in the settlement.
- CHPs comprised both women and men. They proved instrumental to successful implementation of the WASH activities in the settlement – conducting household visits, taking measurements for latrine construction at HH level, conducting community meetings and Child-to-Child activities.
- The committees worked closely with the block leaders to oversee proper use and maintenance of all WASH facilities. Regular meetings to review what had worked well and what needed improvement were conducted at all sites.
- Oxfam consulted with community leaders and refugees to identify EVIs for selected light CFW activities, as well as using internal vulnerability criteria, to ensure community agreement of targeting for the activity.
- Targeting of latrines built for EVIs outside the Oxfam WASH zone was guided by EFSL list of EVIs.
- Oxfam trained a water user committee drawn from beneficiaries at each of the five boreholes to ensure continuity of operation and sustainability of the Oxfam constructed boreholes.
- Prior to procurement of sanitary materials, Oxfam conducted a specific FGD with women and girls in the settlement. Based on their recommendations Oxfam procured reusable sanitary materials and underwear, ensuring satisfaction and full use of the materials provided.
- Consultations with settlement communities revealed where they most needed improved roads to be able to bring their produce for market, guiding Oxfam's siting of CFW road building activities.

7.2 ACCOUNTABILITY: FEEDBACK AND COMPLAINTS

There is less evidence of accountability to beneficiaries in terms of formal feedback and complaints mechanisms. In Uganda the PIP 'Global requirements design checklist' indicates various measures needed to ensure accountability, but there is no evidence in any documents that these were adhered to. Several documents mention the intention to set up complaints mechanisms in the Uganda response,⁵⁰ but the RTE observed that no suggestion box was put in place and that complaints mechanisms were inadequate. It noted, furthermore, that CWCs could only register feedback and complaints with the Community Chairman and not directly to Oxfam. It would seem from sitreps, project documents and interviews with Oxfam staff that Oxfam placed more emphasis on staff and partner presence in the settlement to take note of beneficiary issues and deal with them on the spot. However this has not been corroborated in a systematic fashion and there is no evidence of the kinds of complaints or feedback that beneficiaries made, how they were handled or how feedback may have led to changes in programming. Although Oxfam learned about the lateness of payments for CFW in the Uganda programme, it seemed not to have been able to correct the problems before the end of the programme. This was a recurrent complaint, noted also in a PDM satisfaction survey.

As observed in the DRC MTE, complaint mechanisms were also organised informally. While Oxfam's presence in the camps, as well as that of partner community services, allowed for the gathering of information and communication with beneficiaries, in some cases where partners were implementing (e.g. cash distributions, and also where IDPs in host families were assisted) there was no direct line between beneficiaries and Oxfam. For example, during the outbreak of violence in Goma city in November, Oxfam and partners hastily suspended their cash interventions, only completing one round out of the planned three. Beneficiaries had been informed they would receive cash three times and planned accordingly; the decision to suspend was not clearly communicated by the partner and created confusion and frustration.⁵¹

7.3 TOWARDS A JUDGEMENT ON THE STANDARD

Despite an apparent lack of knowledge of OI MEAL minimum standards on accountability, the teams in Uganda and DRC showed commitment to ensuring beneficiary consultation and seeking feedback, albeit in informal ways rather than through formal complaints mechanisms. This is especially admirable in the context of the chaotic IDP movements in DRC, which forced Oxfam to adapt rapidly to changing circumstances, as well as in Uganda where beneficiary numbers fluctuated frequently due to new arrivals and returns. However, significant progress is needed to ensure better complaints and feedback mechanisms and closer consultation with beneficiaries in Uganda prior to project implementation. **This leads to a rating of 2/3, 'almost met'.**

8 PARTNERSHIP

	Met	Almost Met	Half Met	Partially Met	Not Met
Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle					0/3

Requirements to fully meet the standard:

- Partner capacity assessment carried out.
- Capacity building plan in place (if needed).
- Documented evidence of Oxfam support to partner on capacity building (training or staff secondment for example).
- Partner agreement clearly states expectations and outcomes for both parties.
- Partner actively involved in planning, monitoring and evaluation.
- Partner feedback is positive.

8.1 OXFAM'S CHOICE OF PARTNERS AND ACTIVITIES COVERED

Region	Oxfam Affiliate	Partner/s	Activities – locations
N. Kivu	OGB	ASAF	WASH
N. Kivu	OGB	ASPLC	Distributions
N. Kivu	OGB	COOPEC IMARA	Cash distribution
N. Kivu	OGB	Benenfance	Protection
N. Kivu	OGB	BCZ	Health (Local Authorities Health Zone), institutional national partners in main towns (Chefs' Lieus)
N. Kivu	OGB	PPSSP	WASH
N. Kivu	ON	CEMUBAC	Health
N. Kivu	ON	CEDERU	Distributions, Community Services
N. Kivu	ON	AFEDEM	Distributions, Community Services
N. Kivu	OGB, ON	CNR, REGIDESO, SNEL, other	Government utility authorities and IO partners, such as UNICEF, WFP
Uganda (Rwamwanja)	OGB	DRACO company	Borehole drilling
Uganda	OGB	Local authorities and UNHCR IPs	WASH

8.2 REVIEW OF PARTNERSHIPS⁵²

There is very little documentation regarding partner relationships and the little there is comes only from secondary sources, such as evaluations, audits and donor reports. MoUs with partner organisations were not available for review and there is no first-hand evidence of partner training or other capacity-building initiatives. It is not clear to what extent partner roles were defined or how partners were involved in initial and ongoing assessments. Partner reports on implementation progress are apparently not kept in any retrievable system in the field offices and were even unavailable for review by visiting experts and auditors.⁵³ This points not only to Oxfam's inability to effectively monitor partner and project/programme performance at field and central levels (CMT + Kinshasa), but also to its inability to provide monitoring evidence to donors, potentially putting future funding in jeopardy.

A major breach of internal standards is the lack of partner assessments. The DRC audit noted: 'Partner Assessments are only undertaken when partners are initially selected, and not on an ongoing basis for their suitability to undertake different projects. Effective capacity building is not occurring. Two of the three partners visited had significant weaknesses in their support functions. One of these partners is not providing progress reports to OGB and could not provide any documentation themselves on what delivery of activities had occurred. Key documentation is not being retained and one Partner Agreement tested had no budget or project outputs defined.'⁵⁴ There is a manifest need to upgrade partner control mechanisms and to document – and retain documents on – partner programme reports and capacity-building exercises.

The DRC MTE notes that Oxfam took a risk in North Kivu, working with a partner (COOPEC Imara) that had never done cash programming before. This paid off in positive results appreciated by the World Food Program (WFP) and the beneficiaries. 'OGB gets wide recognition and praise for being a very solid partner in terms of EFSVL programming, also willing to take "calculated risks", for example when proposing direct cash transfers in the camps around Goma, and not vouchers as many other INGOs in North Kivu opt for.'⁵⁵

With regard to evidence of feedback from the partners themselves, all partners interviewed during the DRC MTE (ASAF, Benefance and ASPLC) were 'positive and appreciative of the collaboration and on-the-ground guidance and monitoring by OGB'. All attested to the value they placed in technical training to their staff. However, they felt that the OGB partnership approach was more opportunistic than strategic, more like short-term contractors for the emergency than longer-term partners. All of them hoped to develop a more formal and long-term partnership with OGB, which the MTE recommends, both to ensure continuity for future emergencies as well as to have a local monitoring mechanism after Oxfam phases out.

COOPEC Imara, the micro-credit partner organisation, said pre-agreed ways of working and having more experienced partners would have allowed Oxfam to be more efficient in the distribution of the cash. Beneficiaries reported understanding the cash distribution mechanism very well and were content with the way it was coordinated. FGDs held with communities guided programme design and there were no reports of theft after the distribution: 'Money is easier to hide than food', according to one beneficiary interviewed in the MTE.

Benefance mentioned that after eight months, communities showed that they could resolve internal problems without external assistance, or that they are no longer afraid to report cases of sexual violence, theft and other concerns related to individual and community security threats. According to the MTE, this is a very strong partner in which Oxfam has invested significant resources in previous interventions, especially in terms of technical and programme capacity-building, and regular guidance through close accompaniment and monitoring during the activities implementation.

A visiting WASH expert, the MTE, and Oxfam internal auditors indicated the need to undertake new capacity assessments or partner appraisals of partners for each new intervention. While Benefance had worked well with Oxfam in the past, the most recent capacity assessment of this partner on record dated from 2011 and no capacity assessment was undertaken for the current intervention – raising the risk of the partner being assigned a project that was beyond its capacity to fulfil, with the possible result that beneficiaries' needs might not be met.

In Uganda, Oxfam mainly partnered with local authorities and UNHCR partners to implement WASH activities, drawing also on beneficiary communities for community-health mobilisation and latrines/water-point maintenance. An audit performed for SIDA⁵⁶ mentioned several shortcomings with respect to partner reporting, including challenges such as identifying whether expenditure incurred by partners was for direct or support costs and a lack of tender waiver forms or appropriate explanations provided for costs over a certain amount. Furthermore, a review of the OGB Uganda National Change Strategy found that: 'Partners are more of contractors than strategic actors who catalyse change within a defined change model', mirroring the comment made by partners in DRC. It would appear that this is a common concern among Oxfam's partners in different countries (no review is available for Rwanda), signalling a need for greater accountability to partners.

8.3 TOWARDS A JUDGEMENT OF THE STANDARD

Although relationships with partners appear to have worked well during programme implementation, according to secondary sources only, there is a lack of documentation on partnership roles, relations and performance. Coupled with the many shortcomings listed in secondary source documents that the Evaluator was able to review, **a score of 0, 'not met' is felt to be justified.**

9 CONFLICT SENSITIVITY AND HARM REDUCTION

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive	3/3				

Requirements to fully meet the standard:

- Assessments look at safe access to services and other protection issues.
- Documented evidence that programmes respond to identified protection issues.
- Protection issues identified by other actors are acted upon.
- Protection expertise is called in when the programme requires it.
- Technical teams do safe programming.
- Advocacy strategy includes protection and action is taken.

9.1 SAFE PROGRAMMING AND PROTECTION

DRC

In the context of the violence and conflict in North Kivu it is especially important for Oxfam programmes to include protection elements in each activity. For example, the provision of safe water, latrines and bathing areas, close to homes, can significantly reduce the risk of harm to women, avoiding their having to go to isolated areas to meet their everyday needs. This has been a particularly strong element of Oxfam programming. Water provision has brought clean water closer to the IDPs and refugees, whereas previously they risked violence when they went to streams and other places where they could fetch water. Likewise for latrines and bathing areas: the provision of these in the camps has reduced the need for women to go to the bush for their needs. Women beneficiaries attest in FGDs to this enhanced safety from Oxfam activities, integrated in the WASH programming through involvement of the community. The suggestions made by men, women and children to the siting of the facilities, ensuring closeness to dwelling areas and separation of women’s and men’s facilities, has afforded further protection. Through this safe programming, beneficiaries feel more confident and less exposed to gender-based violence while using the WASH facilities.⁵⁷

The provision of Protection/Community Services was one of Oxfam’s core activities in the three countries. The aim was to provide beneficiaries – predominantly women – with information that could reduce risky behaviours (going out alone to collect firewood), and on referral services in case of rape or other attacks.

'We now look more at preventing the problems we have. We now know that we have to try to limit back and forth trips to fetch firewood in insecure areas. We try to reduce the time we spend in such areas to face less risks. Also, we have decided to go fetch firewood in groups to reduce the risks.' *Testimony of a female IDP in Mugunga I camp*⁵⁸

Women interviewed in FGDs in programme-monitoring attest to better information contributing to their enhanced confidence. Community services committees established in the camps provide information and assistance to women, referring them to specific services, such as health centres for rape, sensitising women on the need to seek help, when to be discreet and when to be open with their problems, and on how to prevent problems from occurring. The DCR MTE notes that programme monitoring indicated 80% of people knowing where to go for referral services.

Community committees are also trained to help people resolve problems internally without having to seek outside assistance. This can be considered an especially useful tool for highly stressed victims of violence, for those with psychosocial problems and to potentially reduce in-camp violent retribution incidents. According to evidence from FGDs, DRC MTE observed that Community Contingency/Protection have helped a high percentage of people to identify potential threats and learn how to react in case of future displacement. The Community Services Committees were trained in confidentiality, which conforms to the Sphere standard of not putting people at risk through their witnessing of violent events.⁵⁹

According to the DRC MTE, EFSL programming has also contributed to reducing risks to women, especially the most vulnerable who might have resorted to prostitution in exchange for food. This group has been given a minimum-security platform through the unconditional grants activity. The North Kivu EMMA recommends distributing cash at different times and sites to minimise pillage and enhance beneficiary security. It also weighs up the benefits of cash programming against general distribution, taking into consideration the volatile security environment.

The combined programming of WASH, EFSL and Community Services is mutually reinforcing in terms of raising security awareness among individuals and providing them with better protection against the many dangers they face. These activities are compliant with Sphere standards in terms of 'preventive' and 'remedial' protection modes. An added spinoff from household interviews with community mobilisers and Oxfam staff has been the accrual of information relevant to staff security:

The quality of information provided by colleagues working in protection, the systematic integration of protection activities in the WASH and EFSL interventions, has improved their access to reliable information to manage their security.

DRC HSP Security Officer Deployment Report: June–October 2013

The MTE further notes that advocacy had proved to be a useful tool as a deterrent against violence: 'Advocacy activities based on on-the-ground analysis, and targeting state and non-state actors, proved to be key to enhancing protection of affected people in the camps as well as enabling the delivery of humanitarian assistance. As a result, for example, the Congolese national police increased its presence around the camps, as well as MONUSCO.'

At a more conceptual level, the fact that Oxfam was present in the camps gave people added protection against predation: 'protection by presence'. This acts as a deterrent to would-be aggressors who, for various reasons, do not wish to be noticed or singled out by abusive activities, such as extortion, rape or killings. The high prevalence of Oxfam staff in the camps was noted in the DRC MTE as well as the low rate of protection issues in the camps.

Sitreps attest to Oxfam's acute awareness of security challenges to staff. During the flare-up of conflict in North Kivu in November 2012, all non-essential staff were evacuated and the situation closely monitored for dangers to remaining staff. All field offices have a comprehensive Security

Management Plan (SMP). Risk assessments were conducted periodically, noting new developments in project areas and possible threats to staff and partners working in and travelling to them. However the July/August audit on DRC found several shortcomings with respect to staff security, including in evacuation plans and untimely updating of security levels.⁶⁰

Oxfam management staff are aware of the nuances relating to social cohesion and the roots of conflict. Although they did not participate, they have on record the excellent inter-agency report: *Cohésion sociale et dynamiques du conflit – projet de consolidation de la paix dans les zones minières du Nord Kivu*, conducted by Search for Common Ground in June 2012, which helped to shape the programming.

Uganda

Safe programming included mechanisms to ensure that CFW payments were staggered to reduce the risk of theft or extortion. Project proposals mention attention to environmental issues, such as responsible disposal of solid waste, protection of water sources (groundwater and surface water) from potential sources of contamination, monitoring of groundwater sources utilised for WASH activities to ensure that the groundwater table is not depleted, tree planting as a CFW activity, and dissuading the use of household-level burning of wastes (in consideration of both health impacts and CO₂ emissions). In addition the siting of household latrines has given protection and dignity to refugee families.

9.2 TOWARDS A JUDGEMENT OF THE STANDARD

A rating of 3/3, 'met', is merited in respect of DRC, reflecting Oxfam's exemplary use of integrated programming to leverage protection to beneficiaries, its comprehensive staff security mechanisms to maximise safety and its close camp monitoring to register sensitive information. Uganda has also implemented safe programming mechanisms as cross-cutting issues. In Rwanda and Uganda sitreps show the security environment to be secure throughout the intervention timelines.

10 GENDER AND VULNERABILITY

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys and vulnerable groups⁶¹	3/3				

Requirements to fully meet the standard:

- Gender analysis carried out, well documented and strategy written.
- Evidence that this is used to guide design and delivery.
- Sex disaggregated data collected, reviewed and used to make appropriate adjustments.
- Programme and advocacy planning addresses needs, roles and power relations of men and women.
- Evidence that programme contributes to gender equity (services provide for men's/women's needs as appropriate).
- Gender minimum standards used and adhered to.
- Programme partners with capacity and support to mainstream gender throughout the programme cycle.
- Differentiated vulnerability analysis/assessment data identify especially vulnerable groups, and used to inform design and appropriate actions to meet their specific needs (link also to standard 7 and safe programming).
- Evidence of balanced representation of vulnerable people in managing assistance provided and ongoing feedback/consultation.
- Evidence that intervention design and delivery ensures vulnerable groups have full access to assistance and protection services.

10.1 EVIDENCE OF GENDER-SPECIFIC INTEGRATION TO WASH, EFSL AND PROTECTION PROGRAMMING

Comments made in section 9 are also relevant here. Despite the chaotic conditions in DRC for much of the fourth quarter of 2012, programming has been sensitive to gender and to other vulnerable groups. Of special note is the use of the Child-to-Child approaches that has enabled children to feel involved and part of the drive for comprehensive hygiene education. By mobilising and motivating child monitors, organising child hygiene promotion dramas, house-to-house visits, exploratory walks with block leaders and other events, children were able to reach a greater number of their peers for safe hygiene and sanitation practices.

According to Oxfam reports to donors and site visits by experts, all beneficiary groups, including women and children, were consulted in the siting, design and management of WASH facilities, attesting to Oxfam's commitment to working to reduce vulnerability. Latrines were segregated by gender providing privacy to women and girls. FGDs were conducted with older persons and persons with disabilities on the appropriateness of designs, especially for sanitation, and their interests incorporated into the final designs and construction. In each block, an adaptable cubicle was incorporated specific to their needs. Accessible ramps, raised latrines and supporting/hand rails to facilitate access were installed, thus improving their dignity and self reliance.

By incorporating men, women and children in the committees (RECO⁶²/hygiene volunteers and Child-to-Child clubs) and collecting their inputs in designing, implementing and managing the WASH facilities and services, an environment for respect of gender has been promoted and nurtured.

While early sitreps, assessments, concept notes and proposals show a dearth of data disaggregated by sex and age, there is a marked improvement as the reports progress and more data is gathered from on-site observations, household visits and data collected by other agencies.

Box 8. Integration of gender/vulnerability issues into proposals, reports and other instruments

Proposals/reports DRC	Gender and vulnerability considerations
Baseline survey	Réponse Oxfam GB à Kanyaruchinya (Kibati) – volet Protection (undated). Good assessment of protection challenges faced by women and girls, men and boys (in respect of FARDC and militia recruitment in camps).
Baseline survey	Rapport de visite à Kibati (Kanyaruchinya), 15.8.12. Focus on hygiene and nutritional situation vis-à-vis women and children.
EMMA	RDC EMMA Nord Kivu, April 2013. Considers market accessibility for vulnerable individuals.
Donor report	Quarterly Programming and Performance Report – OFDA Q1 to June 2013.
Sitreps	Initially only general reference to targeting women and vulnerable individuals; later sitreps show greater detail.
MTE	Attests to Community Services' positive impact on women, protecting them from violence through messaging, support groups and advocacy. Recommends that this activity should be captured in an Oxfam Best Practice/learning series to inform other Oxfam Protection programmes.
MTE	Attests to lesson learned of using durable materials to construct women's latrines to prevent men and boys cutting holes in the original plastic sheets to spy on women. Identification of inviolable locks on doors though this continues to be a problem.
MTE	Attests to design of latrine blocks for access by disabled persons and elderly, based on Handicap International recommendations.
Case studies on women	Annex to report to SIDA: case studies of protection challenges faced by women and children in N. Kivu and how the Oxfam community services programme helped them towards greater preparedness and resilience.
JCAS	Puts gender at the forefront of structural and relief programmes; outlines ways to strengthen the incorporation of gender equality in its work. Detailed sections on mainstreaming gender and HIV/AIDS.
Proposals/reports Uganda	Gender and vulnerability considerations
Donor proposal	Inclusion of vulnerable individuals in EFSL programming.
Monitoring report	Distribution of sanitary kits to women and girls.
Country Review	Advocates developing a practical process to integrate Gender and HIV/AIDS within all programmes, including simple indicators to measure mainstreaming.

Donor reports

- Women and girls were the main beneficiaries of newly constructed water points, reducing walking distance from 2 km to 0.5 km and the amount of time spent on collecting water. Based on FGDs conducted in Uganda settlements, about 80% of the women and girls interviewed expressed satisfaction with the safety and accessibility of the Oxfam constructed boreholes.
- Soap and sanitary distribution increased hand washing at critical times, notably before food preparation done by women.
- Provision of sanitary kits to women increased their dignity.⁶³
- Latrines construction close to homes meant that women and girls did not have to walk to the bush for their needs, increasing protection. Latrines were segregated for men and women.
- Women and children were the direct beneficiaries of PHE activities (sensitisation on awareness and hygiene practices).
- CFW activities and unconditional grants ensured that vulnerable women were included as beneficiaries. PDMs conducted after the activity reportedly showed that high percentages of these spent their earnings on food.⁶⁴
- Community Mobilisers and Hygiene Promoters comprised 33% women, ensuring relevant and nuanced access to over half the settlement population.

Gender analysis

Gender assessment, Bubukwanga refugee transit camp of 13–15 August 2013 provides a detailed analysis of the challenges facing women and children and uses disaggregated data.

10.2 RESULTS ACHIEVED

While Oxfam's focus on integrating women and vulnerable individuals into programmes seems generally positive, stronger documentation in the form of primary data, such as PDMs, KAP surveys, etc. would greatly enhance the evidence-base of these findings. There should be greater attention paid to disaggregating beneficiary data by sex and age in all documents, especially assessments, donor proposals and reports, in order to justify the programme's rationale. Review of these documents, as well as the DRC MTE and the Uganda RTE, leaves the impression that much more was actually done for women and vulnerable groups than has been documented. The lack of primary data somewhat dilutes the impact that these programmes probably had. As the Uganda RTE indicates, beneficiary data is not always consistent, leaving the impression of inadequate coordination with other agencies' databases.

10.3 TOWARDS A JUDGEMENT OF THE STANDARD

There is good evidence to show that Oxfam has not only committed itself to putting gender and vulnerable groups at the forefront of its activities, but has carried through on its commitments, leading to a **well-deserved 3/3 'met' rating for this benchmark.**

11 PREPAREDNESS

	Met	Almost Met	Half Met	Partially Met	Not Met
Evidence that preparedness measures were in place and effectively actioned					0/3

Requirements to fully meet the standard:

- Contingency plan in place, updated regularly and used.
- Evidence of monitoring of chronic situation and triggers in place for action.
- Evidence of links to existing preparedness programmes where relevant.
- Evidence of surge capacity.
- Evidence of success of preparedness programmes on current response.

11.1 PREPAREDNESS FOR THE CRISIS

'Preparedness has been one of Oxfam's weakest areas, despite having good humanitarian expertise and initial rapidly deployable capacity to respond at scale.' This is the unhappy conclusion regarding Oxfam DRC's preparedness performance expressed in the MTE, directed mainly at OGB, though also recognising the failure of the one-Oxfam organisational model. The JCAS in DRC covering 2011 to 2015 details different scenarios and a One Oxfam envisaged response, but is oriented mainly towards structural (longer-term) programming.

The matter of inadequate preparedness has been dealt with extensively in the MTE and need not be repeated. The upshot for Oxfam's reputation vis-à-vis other partners was initially to downgrade its credibility as a leading humanitarian organisation, which, given the clearly enumerated causes for this failure outlined in the MTE, must be an obvious area for urgent improvement by senior management.

The negative picture is nevertheless offset by four important assets that OGB could draw on.

1. High institutional knowledge of humanitarian emergencies in the region.
2. A number of knowledgeable and experienced national staff with years of experience in emergency response, including a strong roster of former staff who could be recruited rapidly.
3. A good contingency stock of WASH materials in North Kivu that enabled a rapid WASH response without having to wait for international procurement.
4. Access to the CatFund, which allowed for rapid scale-up compared to other organisations.

A key factor detracting from enabling a strong preparedness culture in OGB Eastern DRC, synthesised from the MTE and DRC audit reports, appeared to be the structural issue of linking relief, recovery and development. The Provincial Office (defined as the overarching OGB authority in the organisational setup) was responsible for all activities in the province, but its activities, and hence its staff competencies, were mainly targeted at development issues, less towards emergency response. A leadership under-capacitated to trigger a robust response resulted in a slow reaction to the unfolding crisis and a case of 'too little too late', which lowered Oxfam's standing in the eyes of its humanitarian peers. In recognition of this, in August 2012 OGB recruited a Humanitarian Programme Coordinator who put in place a robust, visible and

professional WASH response that had a positive effect in showing Oxfam's value to donors and peers. However, in doing so, he created a parallel office that relegated the Provincial Office to a second tier influence and ended up souring relations between the two. This is a dilemma faced by many humanitarian organisations and is at the crux of the 'transition from relief to development' debate in which very different competencies are required for each discipline. One answer would seem to be to have a rapid response mechanism embedded in the provincial office's staffing structure whereby preparedness protocols exist to rapidly deploy experienced emergency staff and other crisis-related measures when needed. This would seem to be the system that broke down with OGB, partially due to not having a preparedness plan in place. Another answer is the route that ON appeared to have followed, namely to build the capacity of local partners to respond to emergencies instead of using its own teams to do so. Given that OGB was the lead agency for humanitarian response in North Kivu and the apparent dysfunctionality of the SMS or One Oxfam system at the time, coupled with the lack of documentation from ON, it is not possible to assess how their strategy worked. We only have evidence that ON intervened in providing some NFIs and in the health sector, which was also assessed by the MTE as not having been optimally organised.

In February 2013 the Goma office organised a scenario planning workshop for a CAT 2 emergency,⁶⁵ detailing different scenarios that might require emergency response and what actions should be taken for each. This is far from a formal Contingency Plan but is at least an effort by the office to undertake preliminary preparedness measures.

While there is no evidence of preparedness planning in Uganda or Rwanda, Oxfam's presence in both countries allowed it to monitor the growing number of asylum seekers arriving from DRC and to intervene when the CLTs acknowledged the regional impact of the crisis. The Uganda RTE indicates the existence of JCAS and CP, but these have not been made available to the evaluator. The RTE further notes a weak culture of preparedness and contingency planning, observing that the lack of effective preparedness measures is not consistent with a country with 'a substantial history of Oxfam responses to different crises in different geographical areas'.

11.2 CONTINGENCY PLANS

The DRC MTE notes: 'While the country went SMS live on the 31st of March 2012 (just a couple of weeks before the crisis started), it did so without having a signed off contingency plan and security management plan in place, which according to Oxfam internal procedures, are an SMS prerequisite to go live, particularly for Priority 1 countries.' No updated CP is available from DRC, leaving the impression it has still not been elaborated.

The Uganda Contingency Plan dated 1 December 2010, valid until the end of 2011,⁶⁶ appears to have been updated in May 2012, but was not available for review. The Uganda RTE of late 2012 recommended updating it in early 2013, but there is no evidence this has yet been done. An internal document regarding National Change Systems (NCS)⁶⁷ indicates that a new plan only exists in draft form and that most staff have not seen it or are not aware of it – corroborated by the RTE. The document recommends finalising the plan and communicating it to all staff. The 2010 plan contains solid action proposals to be taken by each Oxfam affiliate in a crisis situation. One of the scenarios examined is the influx of refugees from South Sudan, but there is no mention of potential influxes from other countries. Nevertheless, the plan's provisions are broad enough to be applicable to the influx from DRC and may well have been used for the 2012 Great Lakes crisis. It outlines the human resources competencies that would be required to be in place to meet sudden influxes and includes coordination mechanisms within Oxfam affiliates and with external actors.

A Uganda Country Review (version 3 – undated) found several areas where improvement on preparedness was needed to bring performance up to the standards promoted in the National Change Strategy.⁶⁸ 'An OI Contingency Plan exists in draft form, but the majority of staff are not aware of it and have not seen it. Most senior managers understand the organisational

expectations related to humanitarian response and do consider the risks and vulnerabilities in programme development. There is some level of expertise available to respond to public health related disasters, but not adequate expertise for food and livelihoods related emergencies.’ Recommendations were to: ‘Finalise the OI contingency plan and ensure it is communicated and understood by all staff and partners’, ‘ensure that the contingency plan provides practical guidance to enable location-specific planning. This may include simulations or other field office level preparedness planning exercises’, ‘clearly provide leadership on humanitarian preparedness and response’, ‘ensure that in the development of all new programmes, DRR and CCA is embedded and that provision is made for the capacity building of staff for humanitarian preparedness and response’ and ‘develop a plan to increase the capacity of staff and/or partners in emergency food security and livelihoods programming’. There is no evidence to show that these recommendations were acted upon.

11.3 TOWARDS A JUDGEMENT OF THE STANDARD

A rating of 0 ‘unmet’ has to be made for this standard because of absent key documents to guide preparation and contingency planning (with the exception of the outdated Uganda Contingency Plan) and considering the weaknesses highlighted in evaluations.

12 ADVOCACY

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field	3/3				

Requirements to fully meet the standard:

- Advocacy strategy in place and evidence that it was written with input from programmes and field evidence.
- Strategy endorsed by OI RiC Campaign Management Team with SMART objectives for change.
- Campaigns/policy and media staff in place.
- Budget sufficient for strategy implementation.
- MEAL plan in place including evaluations.
- Proactive and reactive media work including press conferences, blogs and journalist trips.
- Evidence of lobbying at national and/or global level.
- Evidence of outcomes from advocacy messages – not necessarily Oxfam alone.
- Global – involvement of global RiC Campaign network including teleconference, lobbying in capitals, sharing of product.

The OI Regional Campaign and Media teams worked closely with the Oxfam teams in all countries, drawing together national expertise and understanding into a central regional analysis. The incorporation of advocacy, media, coalition work and popular mobilisation was stressed, thereby ensuring the inclusion of messaging at different levels.⁶⁹

A Great Lakes Joint Oxfam Response Strategy was drawn up on 18 July 2012 leading to a full Advocacy Strategy covering the period August to October 2012. The latter document includes lead affiliate roles for each country, clearly and concisely outlines the facts of the developing situation, defines the overall aim of the strategy with specific objectives and key messages, and has clear messages for public and private lobbying.⁷⁰ Following the signing of the Peace, Security and Cooperation Framework on February 24th 2013, Oxfam produced a lobby note outlining its position on the deal with recommendations for the way forward. In addition, Oxfam also lobbied at the UN, proposing specific language on protection of civilians and stabilisation for the MONUSCO mandate. Some of its recommendations were included in the final resolution. Oxfam also conducted informal and private meetings to lobby and position itself with regard to the role and mandate of the new Intervention Brigade, according to the DRC MTE.

12.1 INTERNATIONAL LOBBYING AND ADVOCACY

Media, advocacy and campaigns activities as part of the response.

A number of tools were deployed to boost international awareness of the deteriorating situation in the Great Lakes region and to lobby for greater intervention by international and regional bodies, such as the African Union and MONUSCO. These were developed by different offices in New York and the UK as well as country offices in the region, drawing on Oxfam's considerable experience as a key global advocacy actor. The profile-raising of the crisis can be seen from a variety of media sources.

Box 9. Examples of lobbying on national and international targets

Tool/document	Objective
Great Lakes Crisis Song sheet, draft, 2.8.12	Ensure consistent, factual messaging by all Oxfam offices on the developing situation.
Media advisory on the DRC crisis, 27.8.12	Update of the situation in DRC and offer of Oxfam logistical support for media trips.
Great Lakes Crisis Briefing, 3.9.12	Confidential brief to donors and regional bodies advocating restraints on Rwanda and calling for increased funding for humanitarian response.
<i>Crisis in the Great Lakes</i> , 14.9.12, Oxfam website	Overview of the situation in the three affected countries.
Key messages on DRC crisis for public use, November 2012	Update on the escalating violence and humanitarian crisis in DRC, calling for leverage of international and regional influence to stop the fighting, allow humanitarian access, and negotiate peace.
Press Release (undated) November 2012: <i>Oxfam steps up response to growing crisis in eastern Congo</i>	Single-page release describing Oxfam's humanitarian activities in response to renewed violence.
DRC crisis reactive Q&As – updated 21.11.12	Anticipated questions and answers for press conferences, journalist queries on role of Rwanda and Uganda in DRC conflict.
Press Release, 22.11.12	Update/facts of the worsening situation in DRC aimed at international media.

12.2 MEDIA AND BLOGS

A number of blogs and media publications were produced for the crisis, posted on Oxfam GB's website. There are 79 blogs, slideshows and human-interest stories on DRC, two for Uganda and two for Rwanda on the Great Lakes Crisis. These serve as concise, illustrative examples stories that highlight the plight of IDPs and refugees. The following are examples (undated except where stated).

Blog	Story/Illustration
<i>A view from Goma: Responding to the chaos of upheaval</i> by Clovis Mwambutsa, Oxfam's North Kivu Programme Coordinator	Situation of IDPs in camps and what Oxfam is doing to assist them.

Love, death and violence against women in the DRC (and elsewhere): what are we missing? Rachel Hastie	Written for International Day for the Elimination of Violence Against Women, 25 November 2012. Depicts the pervasiveness of violence against women in DRC and overall commentary on gender in conflict.
<i>Why do we need an arms trade treaty? Listen to the voices of the Congolese</i> Scott Stedjan (Oxfam America)	Highlights proliferation of arms in DRC and advocates for US government signature on global arms trade treaty.
Blog from Goma, Eddy Mbuyi, IDP	Example of 'people's voices': the difficulties of life in Kibati camp and choices faced by IDPs like Eddy.
Fatou's story in Goma	'People's voices' story of what IDPs go through to reach the safety of camps and the losses they experience.
<i>The growing crisis in Africa's Great Lakes Region</i> , 27.8.12, Samuel Dixon, OGB's Policy Adviser in DRC	Explanation of the crisis and what the international community can do to ease the suffering.
<i>Oxfam reaction to renewed conflict in Goma, DRC</i> , 23.8.12, Oxfam International	Explanation of the crisis and what Oxfam is doing to ease the suffering.
Finding a dress in displacement , 6.9.12, by Skye Wheeler, and <i>Hubert the Tailor</i>	Stories on income-generation by enterprising IDPs in Goma camps.
<i>Voices from Congo</i> booklet	Testimonies from IDPs and photos of displacement and people's resilience.
<i>From Lake Kivu to taps – Bulengo Camp</i>	Slideshow depicting how Oxfam brings water from Lake Kivu to Bulengo Camp, N. Kivu.
A refugee camp in the country of a thousand hills 18.10.12, by Laura Eldon	Description of Kigeme camp and what Oxfam is doing there to assist refugees.
<i>Congolese Refugees in Rwanda</i> – slideshow from Oxfam East Africa on Flickr, 11.10.12	Depicts refugees and Oxfam water provision in Kigeme camp, Rwanda.
Oxfam responds, as Congo refugees continue to arrive in Rwanda 25.6.12 by Gatete Thierry	Update on unfolding crisis in DRC leading to Rwanda response to refugees.
Collecting water – a child's burden , 14.9.12, by Janna Hamilton	Depicts plight of refugees in Uganda and how Oxfam is assisting.
'I miss my husband' – DRC refugees seek safety in Uganda , 31.8.12, by Janna Hamilton	Testimony of a Congolese refugee woman who fled to Uganda but lost her husband in flight.
«Un véritable tournant?», <i>s'interroge Oxfam après la signature d'un nouveau plan de paix pour la République démocratique du Congo</i> , 25.2.13, Oxfam Solidarités Press Release	Oxfam Solidarités discusses the Oxfam report on the new DRC peace plan.
Other media samples	Source
<i>'DR Congo: who are the various rebel groups at war?'</i>	France 24, 22.8.12 – www.france24.com
<i>Democratic Republic of Congo: The M23 Rebellion in North Kivu</i> , David Goggins, Legal Aid Board, October 2012	Cites Oxfam regarding problems for farmers accessing their fields/food security due to crisis.

12.3 PROGRAMME-LEVEL ADVOCACY WORK

At programme level, advocacy in DRC was considered important to sensitise local authorities to protection trends and problems in the sites that required their intervention. Strong advocacy with local law and order authorities resulted in the increased presence of police around the camps and subsequent reduction in protection problems, as noted in the DRC MTE. The Kanyaruchinya protection baseline study⁷¹ lays out a clear advocacy strategy with authorities and an information strategy to women and girls advocating for their rights to protection. The DRC MTE noted that the newly recruited HPC to Goma instigated an approach that linked advocacy to protection and security issues and fed programme information to the advocacy activities, an approach that was reportedly highly acknowledged by peer organisation in Goma. Successful protection programming and advocacy led to renewed interest from potential donors, according to the MTE.

Case studies were incorporated into donor reports illustrating the challenges faced by IDPs in the DRC and how Oxfam interventions were helping them.

At a research level, an Oxfam publication *Out of Site*, that draws attention to the need for assistance to IDPs in host families, has, according to the JCAS, been sufficiently persuasive to induce ECHO to include host family programming in its funding considerations, proving the positive impact that Oxfam advocacy can achieve.⁷²

12.4 TOWARDS A JUDGEMENT ON THE STANDARD

While it is difficult to identify the impact of advocacy on funding, evidence points to Oxfam advocacy and lobbying successfully raising the profile of the Great Lakes crisis and securing funding for its response – and possibly that of other agencies. Drawing on its considerable toolbox and experience, Oxfam has produced an impressive array of public messaging to raise awareness of the crisis, **meriting a 3/3 ‘met’ rating.**

13 ONE-PROGRAMME APPROACH

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme has an integrated one-programme approach, including reducing and managing risk through existing longer-term development programmes and building resilience for the future				1/3	

Requirements to fully meet the standard:

- Risk analysis informs both contingency plans and long-term programme strategy.
- Contingency plans show surge capacity from within existing programmes.
- Capacity planning spreadsheet shows national staff and posts filled.
- Long-term programme strategies are designed to reduce and manage/respond to risks identified.
- Evidence of plans for resilience programming for the future or links to existing programmes.
- Evaluation of resilience measures already in place.

A number of documents attest to Oxfam's efforts to implement a 'One-Programme' approach in all three countries. Documents also set out the need to forge strategic and programmatic linkages between emergency relief interventions with longer-term development programmes, managing risk and building resilience. These illustrate how Oxfam – on paper at least – is committed to ensuring coherence between the different phases of relief, early recovery and development at local and national levels, as well as coherence and coordination between affiliates.

OGB's Uganda National Change Strategy 2008–2013 is a good example of analysis of the country's development needs, prioritising four strategic levels to bring about change through targeted development programmes: reducing rural poverty, increasing resilience to disasters, building accountability and promoting women's rights (a cross-cutting issue across strategies). It commits to '[ensuring] that our experience on voice and rights, and humanitarian preparedness and response is capitalised upon in a society where ordinary citizens are increasingly marginalised both politically and economically, and individuals and communities remain vulnerable to a range of crises'. The strategy also points to Oxfam's greatest capabilities and where it could make a value added difference.

Several documents attest to Oxfam's efforts to coordinate under the SMS structure. Clear lines of responsibility were drawn up for preparing project proposals and reporting,⁷³ which the evaluation considers were largely adhered to, judging from a review of proposals and reports. However it is not clear if any inputs from MEAL advisers were provided to these processes given the lack of any such position at country levels.

At the regional level, the Oxfam Governance Framework established for the Great Lakes Crisis⁷⁴ lays out a clear strategy, proposing a 'practical, impact-oriented common sense approach and simple structure for governance and management of this crisis'. The content of

this document was based on learning from how crises were managed in Horn of Africa, Sahel, Haiti and Pakistan. This outline of the governance structure describes primarily governance and coordination, not line-management structures. As such, affiliate line-management structures remain unaffected. The document also lays out clear roles and responsibilities for each affiliate, indicating which is the managing affiliate for overall country operations and which for humanitarian interventions, lines of communications, reporting and accountability. 'As the Humanitarian Dossier assumes a national crisis response, the regional governance dimension and the process of accountability must be clearly described, including, where appropriate, how management issues are dealt with through the RHL to the HCGG.' Recommendations in the Framework include posting important documents on SUMUS, making them thus accessible to all Oxfam affiliates and Oxfam International. The current evaluation has benefited greatly from the SUMUS communications tool, only wishing that more country documents were posted on it – especially from Uganda and Rwanda.

A DRC Joint Country Analysis and Strategy (JCAS) covering the period 2011–2016 and prepared by Oxfam International, forms the basis for implementation of a single management structure (SMS) to coordinate all Oxfam activities in DRC. It was prepared from an extensive consultation process through a workshop with Oxfam staff of different hierarchical levels (although this was done prior to the arrival of any of the staff employed during the crisis). The document rationalises the need for an SMS structure by noting that the DRC is a priority country for Oxfam with an exceptionally high level of expenditure (approximately 50% of Oxfam funding dedicated to humanitarian work focused in three provinces of East DRC), and a large staffing component of 400. The JCAS articulates a common vision for One Oxfam, noting in a SWOT analysis the opportunities to find commonalities between the different affiliates and strengthening common systems and procedures. It also realistically assesses the different policies and approaches of each affiliate and the high degree of thematic diversification of programmes as possible constraints to achieving common focus. A thorough and detailed vulnerability analysis shows the importance of changing the poor governance structure of the DRC in order to slow or mitigate the cycle of poverty, conflict, displacement and vulnerability that has marked it for decades.

Adherence to the Uganda NCS, the OI Governance Framework and the DRC JCAS

1. The Uganda Country Review (version 3 – undated)⁷⁵ found several areas where improvement was needed to bring performance up to the standards promoted in the NCS. Under nearly every chapter, a main concern was a lack of information trickle-down to staff at operational levels: 'NCS is in place but not fully understood and shared by staff'; 'In Kitgum NCS evokes fear...what people are most concerned about is how it affects them individually...a move from emergency to development by staff will take some time. The way we work with communities is not empowering...partnerships are a threat to jobs...donor contracts and funding drives programme engagement...there is no head space nor the skills set to engage effectively with a development process'; 'An OI Contingency Plan exists in draft form, but the majority of staff are not aware of it and have not seen it'. This is a major theme that crops up also in the RTE and as such, needs close attention from Oxfam to rectify.
2. The OI Governance Framework, in elaborating 'underpinning principles', recommends avoiding new structures. The appointment of a Humanitarian Programme Coordinator to Goma, while not creating a new structure per se, led to the creation of a parallel office to the Regional Office in Goma, which caused a number of problems and an atmosphere of mistrust. The upshot was to misalign the sensitive, yet necessary, synergies between relief and development (noted in 11.1 above).
3. While the framework recognised the need for a high level of cooperation between Oxfam affiliates at all levels, the DRC MTE noted that cooperation fell short, negatively impacting preparedness planning: 'Oxfam was not really prepared to respond, and definitely not in a joint fashion as One Oxfam', while also noting that the country had a good institutional knowledge and experience in the country that boosted its ability to respond competently. Reasons given for the breakdown in cooperation were, according to staff interviewed in the MTE, mainly due to 'the huge demands put on country teams

to comply with all the SMS requirements, insufficient resources' and 'the fact that OGB has been undergoing an extended period of changes in management and restructuring, which has led to significant turnover at coordination' and a dysfunctional CLT at the start of the crisis.⁷⁶ ON and OBE were also dealing with turnover in management and Oxfam Quebec had closed its offices in Goma, becoming 'fairly invisible'. The reduced ability of the country team to respond rapidly to the crisis was attributed to these factors, also noted in staff interviews.⁷⁷

4. The MTE further noted that the SMS structure was put in place at the end of March 2012 (just prior to the start of the crisis) without an authorised contingency plan and security management plan, both prerequisites to an SMS 'going live'. This hampered the ability of affiliates to build internal trust, speak a common humanitarian operational language, assess CLT response capacity and develop joint working mechanisms.
5. While coordination, cooperation and coherence between affiliates may have been sub-optimal, the MTE noted that ON's focus on building partner capacity through its Humanitarian Capacity Building programme was a benefit in linking emergency relief and development. The availability of CatFunds from OGB and ON was also instrumental in rapidly scaling up emergency response compared with other organisations.

Inter-affiliate synergies can be seen in two functions, that of Advocacy Adviser and MEAL Officer, both under the auspices of OI. The former was able to streamline and harmonise media, press and other advocacy messaging, resulting in a series of professional media products. As noted by the JCAS, OI advocacy provides a strong 'alternative' voice, which emerges from local communities. The MEAL officer is assisting affiliates with improving their M&E function, as seen from the production of new quality reports.⁷⁸

13.1 SUSTAINABILITY AND RESILIENCE

Several examples in donor proposals and reports demonstrate Oxfam's commitment to promoting sustainability and resilience through its programme work. Sustainability, as articulated in the DRC JCAS, includes the need to build the organisational capacity of local NGOs, as well as building the resilience of the affected population to better prepare for and withstand future shocks. All Oxfam affiliates commit, in the JCAS, to following a model of change that 'responds to situations of high volatility and unpredictability whilst seeking progressive advances in sustainable development'. Forming local partnerships with DRC authorities and civil society has greatly enhanced its ability to leverage resilience, for example through ON's partner capacity building programme.

Achieving sustainability through humanitarian response programming has had mixed success. Relief items, such as NFIs (soap, women's dignity kits, etc.) are one-off consumables that are not designed for sustainability. On the other hand, the construction of boreholes, roads and sanitation facilities in all three countries has not only met the needs of current IDPs and refugees in the programmes under review, but can also be expected to serve future populations. However, reference in several documents to the need for drilling more boreholes and constructing more latrines because those built previously by Oxfam had fallen into disrepair or been looted, shows the limitations of durability of these expensive inputs.

An area of success that Oxfam has articulated in its donor reports is on the behaviour change that its PHP community services have brought about in promoting hygiene, maintaining latrines and common water points and the enhanced knowledge brought to women through group messaging between women who are suffering gender-based violence (GBV). These successes are also noted in the two evaluations (DRC MTE and Uganda RTE). Such changes, especially among children, who learn hygienic practices at an early age, can be expected to be sustainable in the longer term, building resilience to water-borne diseases and malnutrition. They too however have their limitations: people may be well aware of the need for hand-

washing but, without soap, have greatly reduced possibilities to avoid water-borne diseases once back in their communities. One report⁷⁹ notes that behaviour change in IDP camps and host communities in regard to adopting and applying good hygiene practices is still relatively low, noting that experience shows that such changes take time to materialise.

Other activities aimed at sustainability include:⁸⁰

- Extending the town water system to Kanyaruchinya camp provides a permanent and sustainable solution for both host communities and IDPs current and future, while eliminating the need for water-trucking.
- Extension of pipeline for water supply to Mugunga 1 will provide a sustainable solution and current and future IDPs.
- Water trucks and other vehicles procured through the programme can continue to be used after the intervention.
- Training of Community Hygiene Promoters (CHPs) from among the IDP communities in DRC and the refugees in Uganda and Rwanda for promotion of hygiene and sanitation activities can be considered to have been useful not only to the people sensitised, but also to the future career prospects of the CHPs themselves. In Uganda, Oxfam handed over the trained community volunteers to UNHCR and OPM for continued activities. Similarly, hand pump mechanics trained through Oxfam programmes will also have enhanced livelihoods prospects. Oxfam handed over all the boreholes it constructed to different partners for follow up and maintenance – hence to ensure sustainable use of the facilities.
- Oxfam worked directly with the refugee communities in Uganda to open and rehabilitate roads under the CFW programme, giving them practical skills for the future.

It is not clear from reports the extent to which Oxfam's relief interventions are linked to its development programmes. There is evidence to believe that they are not. Country strategies and reviews show that DRR programming exists to mitigate the population's exposure to future disasters in areas where Oxfam is working,⁸¹ but these do not refer to how refugees may be integrated in the country should they opt to settle locally or how IDPs may be assisted to achieve sustainable livelihoods once they return home or move elsewhere. The 2009 Uganda National Change Strategy acknowledges the existence of a 'cultural' clash between the international humanitarian department and country programmes (including country humanitarian programmes), while also noting the potential to 'get things right'. The Uganda Country Review recommends developing clarity with respect to how to phase out from some existing programmes and put in place transition plans.

In the case of Rwanda and Uganda, Oxfam's longer-term programmes were managed from different locations to where the emergency activities took place, with sporadic visits by country staff to the camps. In DRC, longer-term programmes are run from a separate office in Goma to the office set up for the response by the Humanitarian Programme Coordinator and the difficult communications between the two offices would have made it challenging for the emergency response to have merged seamlessly into the provincial office. Furthermore, with overall OGB management run out of Kinshasa, the chances of close follow-up to ensure the sustainability of emergency interventions must be remote. On the other hand, while linking relief with longer-term development can be considered problematic, linking development with relief is working relatively well, enabling rapid scale-up in case of need.

13.2 TOWARDS A JUDGEMENT ON THE STANDARD

There is still much work to be done to achieve the One Oxfam vision as articulated in the DRC JCAS, especially with regard to harmonising communications horizontally between affiliates and vertically to agency staff. This can be considered a 'work in progress' where full harmonisation takes time and may never be perfect simply due to the very different approaches and ways of

working of each affiliate. While ON privileges partner capacity-building to manage emergency and longer-term programmes with the aim of retaining a very light international footprint, OGB has a more hands-on approach, preferring more direct implementation. While both approaches have their merits, they are challenging to harmonise. Sustainability and resilience also need greater emphasis in order to meet the standards and goals laid out in strategy documents. **A rating of 1/3, 'partially met', reflects this mixed record.**

14 STAFF CAPACITY

	Met	Almost Met	Half Met	Partially Met	Not Met
Evidence of appropriate staff capacity to ensure quality programming				1/3	

Requirements to fully meet the standard:

- Job profiles match competency frameworks.
- Interviews conducted using frameworks.
- Inductions systematically carried out.
- Majority of end-of-deployment appraisals are positive.
- Development programme staff have scale-up in their job descriptions.
- Staff stay for duration of contract.

According to the JCAS, OGB in the DRC has one of the largest staff components in the world, of around 400 people (this includes development and humanitarian staff, national and international). At the time of the Great Lakes Crisis it was significantly stretched in terms of staffing capacity and funding, responding to eight other emergencies globally of the same or greater scale.⁸² Some 12 international staff and 70 national staff were dedicated to the crisis response.⁸³

Reports acknowledge the difficulties in attracting and retaining quality staff in DRC. It is a challenging country to work in, which is one reason why the Country Office was moved from Goma to Kinshasa, with improved living conditions. Another problem is the generally low level of education of the population resulting in challenges in identifying qualified national staff – especially water engineers, despite Oxfam’s competitive salaries offered. Fraud is quite common in all agencies⁸⁴ and Oxfam has not been immune from this problem. Offering staff training, only to find the trained staff leave for better-paid jobs can be highly frustrating, costly and detrimental to smooth programme management. However, deficiencies in OGB’s HR systems were noted, including examples of delayed advertisements for long-standing vacancies, incorrect recruitment and pay processes, and the absence of a good performance management system. With a high turnover of staff, it is a challenge to constantly train and re-train new staff, establish and retain records and ensure quality programming. Retention of programme records seems to have been a casualty of the changes in staff.

The OGB GOLD staff database and management system links country offices to OGB HQ. Data entered on GOLD in the field is instantly accessible in Oxford. Reports indicate that the system was not adequately maintained or updated. Some staff had not been registered on it. Self-assessments are rarely if ever performed and few people interviewed in the DRC MTE knew about it.⁸⁵

Inadequate HR systems exacerbate the risk that operational challenges will not be met by appropriately qualified staff. If staff are not sufficiently well briefed they may be unclear of their roles and responsibilities, creating confusion and contributing to a climate of fear or at least lack of transparency. They may also feel undervalued which can result in retention issues. A lack of, or incorrectly implemented, performance systems may result in performance shortcomings not being addressed – to the risk of the programme. New staff have been given an outdated model of OGB’s Code of Conduct. Training on the new code had not taken place in Goma at the time of the report.

This could result in abuse of position (power) and unawareness of updated gender sensitivities. In some cases, no Code of Conduct had been signed by new staff – or at least it was not on record. Some staff were not aware of a whistle-blowing hotline, potentially reducing the possibility of early notification of abuse.

This said, reports attest to the wide pool of current and former national staff, experienced in and knowledgeable about not only Oxfam operations, but also the wider socio-political context, who can be rapidly deployed and operational in emergencies. The recruitment system is evidently adequate to identify and recruit such people when needed, making a positive difference to Oxfam's rapid response capability.

In Uganda, the emergency response team comprised nine staff: a project manager, two public health engineers, two public health professionals and four EFSL specialists, supported by a M&E officer, a gender adviser from the Uganda team and WASH and EFSL advisers from the OGB Regional centre in Nairobi.⁸⁶ Here again Oxfam was able to draw on a pool of qualified staff to respond to the crisis.

The Uganda Country Review of the National Change Strategy undertook a thorough analysis of staffing issues, interviewing a cross-section of national and international staff, both Kampala and field based, with different roles and responsibilities. The analysis revealed a number of weaknesses in staff capacity. Main themes required improvement including the need to continuously clarify policies and procedures to staff and to have better targeted/more frequent information-sharing horizontally between teams, and vertically between management and field, to enhance awareness and knowledge. It also highlighted the challenges in recruiting the best-quality staff, many of whom turned down short-term job offers, leaving OGB to recruit second or third choice candidates: 'We do not always have the right people with the right skills delivering on roles'. Short-term contracts made it challenging to plan staff development and training with the result that many did not undergo them, ultimately resulting in a higher turnover than the norm – although there is no reference as to how this impacted delivery. Several references were made to over-ambitious goal-setting leading to over-working of staff.

The RTE noted that the rapid recruitment and deployment of former Oxfam national staff with experience in emergency response as well as the use of secondment and temporary relocation of staff were critical to the timely scale-up of initial activities. Induction of the field staff on Oxfam policies was implemented by the human resource team, resulting in individual staff knowing their roles and responsibilities. The very good working relations among field team members was also highlighted, although information sharing and synergies across sectors were again noted as weak.

14.1 TOWARDS A JUDGEMENT ON THE STANDARD

Both Uganda and DRC noted several deficiencies in building staff capacity mainly due to the inherent difficulties in recruiting and retaining staff, but also due to insufficient due diligence in managing staff capacity needs. While it is not clear is how sub-optimal staff capacity impacted programme delivery – some of the shortcomings mentioned in this report may have been the result of it. **This leads to a rating of 1/3, 'partially met', for the standard.**

APPENDIX 1: SECONDARY DATA SOURCES

The table below lists documents referred to in the *Documents used for evidence* guide and lists the quantity (not quality) of the documents made available to the evaluator. The list also gives an indication of which documents were missing (0 in the 'No. of documents' column) and the suggested source.

Document	Source	No. of documents
Initial assessment	SUMUS	11
Request for CatFunds	OGB Humanitarian Desk Officer, Oxford	2
Country food assessment/vulnerability studies	SUMUS	3
Proposals and logframes	SUMUS	6
OCHA data on crisis/CAPs/humanitarian snapshots	Internet	3
Other reports and studies	Protection Officer DRC Financial budgets	3
UN report for figures affected	Internet	3
Funding grid	SUMUS	9
Concept notes	SUMUS	7
Funding proposals	SUMUS	5
Sitreps covering duration of crisis	SUMUS	83
RTE report	DRC Mid-Term Review and Uganda RTE, SUMUS	2
Telecon minutes	SUMUS	7
WASH and EFSL strategies	SUMUS	3
Training agendas and presentations	SUMUS, Country Offices	0
Technical adviser visits	SUMUS, OGB Protection Officer, Goma	3
Donor reports	SUMUS	4
Monitoring reviews/learning events	OGB Humanitarian Desk Officer	2
Audit	OGB Internal Auditor	1 – Final DRC Audit Report
PIPs	OGB Humanitarian Desk Officer, Oxford	4
MEAL strategy and annexes	SUMUS	1 (Uganda)
MEAL coordinator field visit reports	OGB Humanitarian Desk Officer, Oxford	1 (DRC)
Recovery/Exit plan	SUMUS	3 (Uganda, DRC)
Feedback/complaints system mechanisms	Country Offices	0
Feedback/complaints monitoring reports	Country Offices	0
Evidence of complaints being addressed and reported on to complainant	Country Offices, MEAL reports (SUMUS)	0
Evidence of consultation with community – strategies and technical reports	Donor reports, MTE/RTE,	7
Evidence that changes have been made to a programme due to feedback – Sitreps, techni-	OGB Protection Officer, Goma	2

cal reports, MEAL reports		
Technical adviser visits	SUMUS, OGB Protection Officer, Goma	4
Pictures of billboards, banners, ration cards	Country office	0
Media reports on accountability	SUMUS	0
Blogs, mention of Oxfam, press releases/reports	SUMUS, OGB website	31
Partnership agreements and assessments	SUMUS, Country office	0
Planning meeting minutes	Country office	0
Partner reports	SUMUS, Country Office	0
Gender analysis and strategy	SUMUS	1
Advocacy strategy and evidence of results	SUMUS	1
Affected population feedback session reports	SUMUS	3
Pictures of structures adjusted to vulnerable groups	SUMUS, OGB website	3
Protection adviser/HSP visit reports	Community Services Report Overview and Structure (DRC), OGB Protection Officer Goma	3
Other protection actor reports	Country Office	0
JCAS/contingency plan	JCAS DRC, sent by Auditor	1
Country operating model	SUMUS	2
Interview questions and tests/TORs for HSPs	SUMUS/KARL, Country Office, Desk Officers	0
Environmental risk analysis	SUMUS, Country Office	0
Long-term programme strategy	JCAS, Uganda Country Review for National Change Strategy – OGB Humanitarian Desk Officer	2
Technical handover notes/ end of deployment reports	HSP Security Officer Deployment Report: deployment June – October 2013, DRC Crisis Handover report from Humanitarian Funding Advisor. OGB Humanitarian Desk Off.	2
Country self-assessment reports	SUMUS	1
Job profiles and team objectives showing surge capacity	SUMUS, Country Office	0
GOLD information – turnover data + absence data	GOLD	0
Capacity planning spreadsheet	GOLD, Country Office	0
Staff objectives and personal development plans	GOLD, SUMUS, Country Office	0
Total		217

Other documents reviewed:

Welcome Pack Uganda – Guidance for visitors to Oxfam GB in Uganda

Security Management Plan, Oxfam GB Uganda, July 2011

OGB Uganda Health and Safety Leaflet, 25.2.10

Establishing Ways of Working – HD and HECA Regional Centre – Great Lakes Crisis, August 2012

Draft Terms of Reference for HCT Uganda (undated)

Information for RBC report, Min Sidhu

EMMA reports (x2 – N. Kivu)

Sphere standards on WASH, protection, assessments (x9)

Media websites (x11)

APPENDIX 2 BENCHMARKS AND STANDARDS

The standards listed below are either internal to Oxfam International or are those which Oxfam has made a commitment to delivering against. The evaluator was not given access to Sumus where standards such as WASH, EFSVL, Oxfam programme and Oxfam Programme cycle management minimum standards are found. On the other hand, the benchmarks only refer to Sphere standards, which have been used extensively to assess performance, as well as HAP for accountability.

Standard	Available where?
Sphere standards	www.sphereproject.org
HAP standards	http://www.hapinternational.org/standards.aspx
People in Aid standards	http://www.peopleinaid.org/pool/files/code/code-en.pdf
WASH minimum standards	https://sumus.oxfam.org/emn-emergency-food-security-and-vulnerable-livelihoods-subgroup
EFSVL minimum standards	https://sumus.oxfam.org/emn-wash-subgroup
MEAL minimum standards	https://sumus.oxfam.org/emn-meal-subgroup
Gender minimum standards	http://sumus.oxfam.org/emn-gender-subgroup
Oxfam Programme standards (standard 8 especially)	https://sumus.oxfam.org/emn-meal-subgroup/documents/program-standards-oxfam-working-towards-agreed-set-standards-across-oi
Red Cross Code of Conduct	http://www.icrc.org/eng/resources/documents/publication/p1067.htm
Oxfam Protection Minimum standards	
Oxfam Programme Cycle Management	http://intranet.oxfam.org.uk/programme/pm/guide-to-pcm/index.htmresources

NOTES

- ¹ The evaluation covers Oxfam's intervention in IDP camps and host communities around Goma in North Kivu between July 2012 and June 2012, when programmes were handed over to another agency, and assistance to refugees in Rwanda and Uganda camps during the same period. It does not cover later interventions in Masisi (N. Kivu), South Kivu or Katanga in DRC and in Bundibugyo in Uganda as these did not form part of the regional emergency for which the CAT-2 call was originally made.
- ² Oxfam DRC's IDP Crisis Response Mid-Term Evaluation(August 2012–May 2013), Lensink, Peeters, Modino Hok, May 2013
- ³ OCHA Humanitarian Bulletin, Issue 01/01, 30 June 2012.
- ⁴ Elderly, disabled, HIV positive, single women, female-headed households are examples
- ⁵ OCHA Humanitarian Bulletin, 20.06.2012
- ⁶ Idem
- ⁷ WFP, <http://www.wfp.org/countries/congo-democratic-republic-of/overview>
- ⁸ From DRC JCAS, 2011
- ⁹ Predominantly the militia 'M23'. Amnesty International explains this group (mainly of Tutsi origin) as having its origins in early 2012 when former rebels incorporated into the FARDC as a result of the 23 March 2009 peace agreement became disaffected and formed a breakaway armed group. It is suspected of receiving military and other support from Rwanda. <http://www.amnesty.org/en/news/10-facts-you-should-know-about-crisis-drc-2013-03-20>
- ¹⁰ DRC rebels make territorial gains, BBC News, 24.7.2012. <http://www.bbc.co.uk/news/world-africa-18966197>; Humanitarian crisis worsens in DRC, AFP, 2.7.12;
- ¹¹ Oxfam in DR Congo, last updated March 2012:
<http://www.oxfam.org.uk/~media/Files/OGB/What%20we%20do/Countries%20we%20work%20in/New%20brand%20PDFs/drcNEW.ashx>
- ¹² http://www.internationalpeaceandconflict.org/forum/topics/job-international-country-director-oxfam-dr-congo?xg_source=activity
- ¹³ Oxfam in DR Congo, op.cit.
- ¹⁴ Oxfam International, May 2012, Real Time Evaluation of the Oxfam International Response to the Crisis, Chad
- ¹⁵ DRC Handover Note from the Humanitarian Funding Adviser, 2.3.13.
- ¹⁶ Reason may include donor reluctance, lack of media interest or others
- ¹⁷ North Kivu Province Security Update, Oxfam, 23 May 2012 (sumus)
- ¹⁸ DRC Humanitarian Bulletin, OCHA, 201206,
<https://groups.google.com/forum/!msg/SKIPH/5Fd9w11TxIk/o0bA6l8xjoMJ>
- ¹⁹ 'DRC offers a good example of conflict fatigue', quoted from IRIN article: Briefing: Crisis in North Kivu, IRIN, 10 July 2012, <http://www.irinnews.org/report/95836/briefing-crisis-in-north-kivu>
- ²⁰ 'Breaking Emergency Summary', Oxfam assessment report, 27 July 2012; the WASH Cluster, including Oxfam, started conducting a joint assessment in Rutshuru on 19 July 2012.
- ²¹ IRIN, op.cit.
- ²² Oxfam Rwanda Sitrep 2 of 19.5.12
- ²³ North Kivu Update, 23.5.12, in which it is decided to start weekly updates
- ²⁴ RTE, Uganda Refugee Crisis, 16–23 November 2012
- ²⁵ Sitrep 1 of 30.7.12
- ²⁶ Uganda Sitrep 3 of 13.8.12
- ²⁷ Uganda Sitrep 3 of 6.8.12
- ²⁸ Rwanda Sitrep 2 of 19.5.12
- ²⁹ Great Lakes Crisis Joint Oxfam Response Strategy, OGB, 18 July 2012
- ³⁰ Uganda Sitreps 1 of 14.7.13 and (unnumbered) of 6.6.13
- ³¹ Uganda Real-Time Evaluation (RTE), November 2012
- ³² The sitreps often provide different types of data making it extremely challenging to compare like with like. The evaluator has had to make painstaking recapitulations and re-calculations of data in the sitrep to provide an overview of trends.
- ³³ Rwamwanja report of 6.6.13 by visiting PH engineer David Watako
- ³⁴ Uganda RTE op.cit.
- ³⁵ DRC MTE, op.cit.
- ³⁶ SIDA final report, 5.2.13
- ³⁷ Proposal for Humanitarian Response to DRC Refugee Influx to Uganda, 30th July 2012, updated 8 Aug. 2012
- ³⁸ Project Snapshot for Project ID UGAB64, coverage period 15.7.12–31.1.13
- ³⁹ Oxfam CERF application

- ⁴⁰ Oxfam DRC IDPs Crisis Response Mid-Term Evaluation (Period Covered: August 2012–May 2013), Lensink, Peeters & Hok, 7-17 May 2013
- ⁴¹ Great Lakes Overview, August 2012
- ⁴² DRC Refugee Influx to Uganda – Proposal for Humanitarian Response, Oxfam Uganda, July 2013
- ⁴³ SIDA Final Report, 5.2.13
- ⁴⁴ Real-Time Evaluation Uganda Refugee Crisis, Hok & Morel, 16–23 Nov. 2012
- ⁴⁵ DRC MTE and visiting expert reports
- ⁴⁶ Quarterly Programme and Performance Report – OFDA, July 2013
- ⁴⁷ RTE, op.cit.
- ⁴⁸ SIDA Final Report, op.cit.
- ⁴⁹ SIDA Final Report and Uganda RTE, op.cit.
- ⁵⁰ E.g. Project proposal to SIDA covering period 1.8.12–31.12.12
- ⁵¹ DRC MTE op.cit.
- ⁵² This section deals with local NGO partners and not the national authorities or other IOs, the former of which were more of a service nature rather than true partners. National security forces are also excluded in the review.
- ⁵³ Interviews with Oxfam staff
- ⁵⁴ The Democratic Republic of Congo Final Audit Report, July/August 2013, Oxfam Internal Auditors
- ⁵⁵ MTE, op.cit, quoting WFP
- ⁵⁶ Oxfam Management Response to SIDA RRM audit (undated).
- ⁵⁷ OFDA programme and performance report, op.cit.
- ⁵⁸ From the document: Case Studies – Community Services
- ⁵⁹ Sphere Handbook Chapter on Protection Principles
- ⁶⁰ The Democratic Republic of Congo Final Audit Report, July/August 2013, Oxfam Internal Auditors
- ⁶¹ Elderly, disabled, HIV positive, single women, female-headed households are examples
- ⁶² RECO= Relais Communautaires or community mobilisers
- ⁶³ Handover Report to UNHCR and OPM in Rwamwanja Refugee Settlement, undated; SIDA Final Report, 5.2.13.
- ⁶⁴ Idem Handover Report
- ⁶⁵ Oxfam Scenario Planning for Cat. 2 Humanitarian Response, 12.2.13, Oxfam Office in Goma
- ⁶⁶ Oxfam International Contingency Plan for Uganda, December 2010
- ⁶⁷ Uganda Country Review – Key Issues and Improvement Areas (undated)
- ⁶⁸ Oxfam GB in Uganda, National Change Strategy 2008 – 2013 (five year strategy), March 2012
- ⁶⁹ Great Lakes Crisis Joint Oxfam Response Strategy, updated: 18 July 2012, OGB
- ⁷⁰ Advocacy Strategy – Escalation of Violence in Great Lakes (undated)
- ⁷¹ Réponse Oxfam OGB à Kanyarutchinya – Volet Protection
- ⁷² Cited in the JCAS: “ECHO staff reportedly said the Out of Site report was the main trigger for this ECHO policy adjustment”.
- ⁷³ SMS Cheminement Projet, 15.1.12.
- ⁷⁴ Oxfam Governance Framework, Great Lakes Humanitarian Crisis 2012, Regional Cat 2 Emergency – DRC, Rwanda, Uganda, Signed off by Humanitarian Consortium Governance Group (undated).
- ⁷⁵ While the NCS is a document mainly related to development programmes in Uganda, there are strong linkages with emergency preparedness and response. Review of the NCS is considered relevant for the current evaluation. Concerns highlighted in the review appear relevant for all phases of humanitarian intervention.
- ⁷⁶ DRC MTE op.cit.
- ⁷⁷ Interview with Chloe Tyler, OGB internal auditor, 16.12.13
- ⁷⁸ E.g. Rapport de Mission d’Urgence, Pweto, Lubumbashi, 30 Oct–14 Nov 2013
- ⁷⁹ Quarterly Programme and Performance report to OFDA, 2nd quarter
- ⁷⁶ Project proposal for Emergency Response for Newly Conflict Affected Population in North Kivu Province, DRC, submitted by Oxfam-Quebec, 19 October 2012, and SIDA Final Report, February 2013.
- ⁸¹ E.g. Uganda National Change Strategy, version 5, 27.3.08
- ⁸² Briefing Note: Multi-donor meeting, Goma, 30.1.13
- ⁸³ DRC Presentation to HC: Oxfam’s Humanitarian Response in DRC (undated)
- ⁸⁴ Interview with World Vision staff member, 29.1.14
- ⁸⁵ DRC trip report Sept. 2013 – EFSL Adviser
- ⁸⁶ Uganda Proposal to SIDA covering period 1.8.12–31.12.12

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