

## **DEC-funded response to North Kivu crisis**

### **Evaluation of phase 1**



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Front cover photo: Robin Hammond / Merlin

## Acronyms and Abbreviations

APIBA	Association d'appui aux initiatives de base
COPH	Conseil de concertation des Oeuvres en faveur des Personnes ayant un Handicap
CNDP	Congrès National du Peuple Nkunda's political movement,
DEC	Disasters Emergencies Committee
DPKO	Department of Peacekeeping Operations (UN)
FAR	(former) Rwandan Armed Forces
FARDC	Armed Forces of the Democratic Republic of Congo (the Congolese national army)
FDLR	Front Démocratique pour la Liberation du Rwanda
GAD	Groupe d'Action pour le Droit
GEAD	Groupe d'Etudes et d'Action pour un Developpement bien defini
HAI	HelpAge International
IASC	Inter Agency Standing Committee
ICG	International Crisis Group
IDPs	Internally Displaced People
MONUC	Mission of the United Nations in the Democratic Republic of Congo
NCA	Norwegian Church Aid
NFIs	Non Food Items
NRC	Norwegian Refugee Council
MoH	Ministry of Health
MoU	Memorandum of Understanding
OCHA	Office for the Coordination of Humanitarian Affairs
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
WFP	World Food Programme

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## HelpAge International Evaluation of Phase 1 of DEC funded response to North Kivu Crisis

### 1. Introduction

This evaluation was undertaken a part of the DEC's policy that at least four of the DEC Member Agencies benefiting from an appeal commission and publish an independent evaluation of their response within one year of the DEC appeal being launched, and that the evaluations cover a material amount of more than 33% of the whole DEC appeal.

HelpAge International (HAI) went into Goma in January 2009 in response to the massive displacement caused by fighting in Eastern Congo. This was not HelpAge's first intervention in Goma. From Jan 2002 to late 2003 the organisation undertook a DEC-funded response to a volcanic eruption. This was to have been followed by a research initiative to investigate the role of older people in the demobilisation and reinsertion of child soldiers, with the output forming the basis of a funding proposal, but as noted by the HAI assessment for this initiative, 'Insecurity prevented the initiative from taking place, and events in Darfur, followed by the Tsunami and the Kashmir earthquake sunk it.'<sup>1</sup>

This initiative is also a response to a crisis but, as the context section makes clear, one of a different nature. As the December 2008 assessment report noted:

'the current crisis is a variation on a recurrent theme. This is not a televisual, rushing response, but the enlargement of existing activities by a humanitarian community.... New entrants such as HAI must research their work thoroughly before intervening. HAI is fortunate in that it has willing former partners who would like to cooperate again, and international partners who now understand better, and value, HAI's potential contribution'.

The evaluation relates to the first phase of the DEC funded work and covers a period, Dec 2008 – August 2009. The purpose, as set out in the TORs, is

- (a) to assess the extent to which the programme has met its objectives, including the impact that the programme has made in improving the lives of older people affected by the crisis in the programme areas; and
- (b) to learn lessons from the experience in order to improve HelpAge's emergency programmes in future.

### 2. Context of intervention

#### 2.1 A brief history

The history of Congo in general, and the Kivus in particular, is both complex and violent. The extreme brutality of Belgian colonialism<sup>2</sup> was followed first by the excess of Mobutu and then by an extremely ugly war that saw widespread and horrific levels of violence against the civilian population. The impact of all this on Congolese society has been profoundly damaging. To an extent not seen in most

<sup>1</sup> Report of Trip to DRC, 3-8 December 2008

<sup>2</sup> See for example, *King Leopold's Ghost*, Adam Hochschild, Pan Books, 1998 and 2006

other long-term conflict countries<sup>3</sup> the normal mechanisms of family and community support for the elderly seem to have broken down in Goma. Congolese themselves explained this as the result of a desperate search for the means of daily survival, where what was valued was not the gifts of age, such as wisdom, but the material resources (money, strength etc) that enabled one to keep going, and which were the province of the young not the old. One Congolese NGO worker explained it like this:

‘Older people are the most vulnerable, older people who cannot do anything. We do not respect old people any more. We say we are African and Africans respect age - if it is a big chief then, yes, but the others, no. Ninety per cent of beggars are old people. Old IDPs have the biggest problem – it is different to Sudan [where he had worked before]. Old people are pushed out of houses so they can be rented out, even old people with mental problems. Almost 80% of vulnerable people are old, you only have to look on a Friday when the Indian baker gives out free bread and see who is in the queue.’

The breakdown is also evident in the horrific level of sexual violence, which, as another interviewee noted, has become ‘normal’ in Congo’s wars and which the elderly do not escape. Yet to paint an unremittingly bleak picture of Congo would be wrong, there is still energy and laughter and people who are doing an amazing job in trying to reconstruct their country, including with older people. They deserve support; and older people, and the values and culture they hold, will remain crucial to the healing of Congolese society.

Congo’s wars have been particularly complex because its vast riches have drawn in all its neighbours, resulting in what some commentators called Africa’s ‘First World War’.<sup>4</sup> The defeat of Rwanda’s Hutu government brought about an exodus of around two million people to a Kivu already in conflict. Many of these were genuine refugees; others were the Hutu extremists who had masterminded the genocide. They brought their structures with them into the refugee camps and used the camps as a base to attack both Rwanda and Tutsi groups in Congo. How to respond to this problem was something the international community never resolved. Finally, in 1996, Rwanda invaded Kivu and destroyed the camps. The inhabitants fled and were pursued into the forests. Many were massacred, others suffered sexual abuse – the exact numbers are not known because the UN was prevented from completing its investigations but most of the victims were civilians. The war was presented as the work of a coalition of anti-Mobutu elements and the Banyamulenge, a small community of Tutsi herders living in South Kivu, but in reality it was much more complex than this and involved a range of international players. In the end Mobutu was driven out of Congo and Laurent Kabila, the leader of the coalition, became president. Kabila, however, soon fell out with his backers and in 1998 Rwanda launched another invasion, almost taking Kinshasa. Kabila was assassinated by a bodyguard and succeeded by his son, Joseph<sup>5</sup>. Pro-Rwandan forces, led by the Banyamulenge<sup>6</sup>, took over Kivu. There ensued four years of fighting until a ceasefire was signed in 2002. Even after this low-level warfare continued in many parts of Kivu. The wholesale,

<sup>3</sup> The evaluator has extensive experience of Sudan, Somalia and Afghanistan, while the two international staff on the project are from Sierra Leone and have also worked in other conflict affected countries. A number of interviewees made the same point.

<sup>4</sup> Congo Wars: Conflict, Myth, Reality; Thomas Turner, Zed Books, 2007, London and New York. The expression is said to have originated with Susan Rice, US Assistant Secretary of State for Africa.

<sup>5</sup> Although some dispute he actually is his son

<sup>6</sup> The Banyamulenge ‘people of Mulenge’ are a small group of Kinyarwanda speaking Tutsi pastoralists with legitimate claims to Congolese citizenship

illegal exploitation of minerals enriched not only the Congolese warlords but also the participating nations. Uganda and Rwanda fought over the riches of eastern Congo, particularly the gold mines of Ituri, backing first one group then another. The international elements of the conflict interacted with two older layers of conflict, a local level that is about land and chieftainship and a regional level that pitted Rwanda-speaking elites against the Nande of North Kivu and the Shi of South Kivu<sup>7</sup>. Millions of Congolese died<sup>8</sup>, either directly or through the indirect effect of war. Others suffered looting, sexual violence and repeated flight.

Joseph Kabila won the Presidential election in 2006 but failed to honour his commitment to disarm the ex-FAR - now the Front Démocratique pour la Liberation du Rwanda (FDLR) - and the Congrès National du Peuple (CNDP) again resorted to fighting, backed covertly and overtly by Rwanda. In late October 2008 this resulted in Goma almost being taken and the flight of 250,000 people from their homes north of the town. Many of these people had suffered multiple former displacements. Relief efforts were augmented and a DEC Appeal launched. The warring factions (by and large the FDLR and CNDP) observed a ceasefire, although the Mai Mai continued to pursue their agenda and the Congolese army (FARDC), although variably disciplined in different parts of Kivu, continue to pose a major threat to the population they claim to protect.

## ***2.2 Current situation in Goma/Kivu and likely future scenarios***

While the peace agreement and elections have brought a certain degree of stability to Congo, at least compared to what existed before, there are still high levels of violence in Kivu and the political future remains very uncertain. In addition to the massive poverty, collapse of systems and widespread corruption at every level, there are two key problems that fundamentally affect the situation for IDPs. One is that the peace agreement might break down all together, the other is that even if it holds the war has left numerous well-armed groups that prey on the civilian population. Getting rid of these in the vast forested terrain of Congo, with its lack of basic rule of law and minimal governmental authority outside the towns, is an immense task that even in the best possible scenario would take years. But the best scenario is unlikely to happen, war is just too profitable and too entrenched. It stares at you in Goma, where large numbers of expensive new buildings rise amidst the rubbish and unmade roads. If most people are poor here, a few are clearly very rich. In this situation, even stabilisation, let alone recovery and development, will be a long-term undertaking.

In early 2009, at the start of the HAI programme, there were many armed groups operating in the Kivus but two in particular had the highest military capabilities and caused the most civilian suffering. The FDLR were the remnants of the Hutu regime that had fled Rwanda after their defeat by Kagame, and were receiving some support from elements of the Congolese army. Laurent Nkunda's CNDP was Tutsi-dominated and benefited from Rwanda's clandestine support. Nkunda's personal ambition finally alienated his Rwandan backers, while at the same time the Congolese army essentially collapsed in the face of the CNDP insurgency. This created the space for an agreement between Presidents Kabila and Kagame that brought about a significant shift of alliances in the region. In exchange for the removal of Nkunda by Kigali, Kinshasa agreed to a joint military operation against the FDLR in Congo and to give key positions in the political and security institutions of the Kivus to CNDP representatives. Operation "Umoja Wetu" (Our Unity) got under way on 20 January 2009 but its success against the

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<sup>7</sup> Turner, *ibid*

<sup>8</sup> The IRC estimates 3.8m deaths between 1998 and 2004

FDLR was limited and there are many reports of the rebels regrouping and of retaliations against civilians they believed had collaborated with “Umoja Wetu”<sup>9</sup>. The integration of CNDP into FARDC (the Congolese government forces) has also been problematic, with reports that many CNDP are not happy as they have not been given the rank they hoped for. NGOs report CNDP re-grouping in a number of locations across North Kivu, with a build up of troops and some commentators fear a split is imminent. There are also many reports of desertion from the army.

MONUC has been supporting the offensives against the FDLR with food, fuel and logistics, but the ill-disciplined Congolese army continues to be part of the problem in eastern Congo and on 2<sup>nd</sup> November 2009 the head of DPKO, Alain Le Roy, announced that MONUC had suspended cooperation with Congolese army’s 213th brigade, involved in targeted killing of 62 civilians over May-Sept during anti-FDLR operation Kimia II. A leaked report from the UN’s panel of experts documents credible evidence that government soldiers, notably the anti-Rwandan rebels recently reintegrated into the army, themselves have been raping and killing civilians by the thousands.

The result of all this, nor surprisingly, is that outside of Goma security remains precarious, both for ordinary civilians and for national and international assistance agencies. While the majority of IDPs in Goma have left the camps, not all have been able to return to their villages of origin and some remain in transitional locations. Sometimes this is because of the security situation but sometimes it is because their homes have been destroyed, or they have lost all family members and are unable to cope on their own. Meanwhile, in North Kivu as a whole large numbers of people remain displaced, particularly around Lubero; others live a precarious existence flitting between home and forest depending on the security situation.

### **2.3 Programming Context**

Coordination in North Kivu is undertaken by OCHA and is organised through the cluster system, with UN leads and NGO co-leads. A list of Cluster Groups and meetings is provided as Annex B. HAI has been active in Protection, NFIs, camp management (a sub group) and Return and Reintegration (R&R). The R&R Cluster strategy divided return into two: to those locations that are durable and those that are not, although in effect few locations outside of Goma town are classified as durable, most being either ‘not-durable’ or hovering between the two. French is the working language.

As so often in these complex conflict situations, there was a degree of tension between the NGOs and the UN, especially MONUC. This in part stems from MONUC’s role in a war that is far from resolved - despite a formal peace agreement - and in particular its position in support of the Congolese government’s military operations against the FDLR. This leaves NGOs feeling that proximity to MONUC would compromise their neutrality and independence, and indeed many NGOs feel the UN agencies have already forfeited this by their closeness to MONUC. Over and above this general unease there is a specific row over the closure of the Goma camps. Since early 2009 there has been a pattern of return of IDPs from Goma, either to their villages of origin or to intermediate locations<sup>10</sup>. In August and September this accelerated, with camps largely

<sup>9</sup> For further details see ICG

<sup>10</sup> UNHCR describe this as happening in three phases, the first in Jan/Feb when there was the ‘cessation of hostilities’, the second after the Goma Peace Agreement was signed on 23/03/09, and then the August surge



emptying and remaining residents being transferred to Mugunga 3. The UN says this was a voluntary return, the NGOs dispute how voluntary it actually was and accuse the UN of forcing return by withdrawing assistance. The government appeared to wish to see the IDPs gone and toured the camps offering transport to return - perhaps, as many NGOs believed, for political reasons (wishing to make the point that Kivu was now at peace) but also perhaps because the camps were not in the long term sustainable. WFP faced a quandary, seeing not only camp residents being better off than residents of the town<sup>11</sup> but also Goma camps receiving far more attention than camps elsewhere, even though conditions outside the city were worse. They felt that continuing general free food distributions in this context was neither sustainable nor correct.

The return situation is clearly complex. While it is undisputed that most IDPs would wish to return home if possible – they themselves makes this point frequently - it is also clear that the situation in eastern Congo remains unstable and in some places security is not such as to allow return in safety. NGOs have thus legitimately raised protection issues. IDPs everywhere make a complex calculation as to where their best interests lie, weighing up the benefits and risks of going home (being in their own place but with security risks) with the benefits and risks of staying (physical safety but no work, missing the planting season in their village and facing food insecurity with withdrawal of WFP food rations). The actions of the government or UN, or even what the IDPs think are the likely future actions of these institutions, are factored into their calculations. What is perhaps most important at this stage is to accept that they have gone but to recognise also the risks involved and to look at how a protection strategy can be practically put into action to do as much as possible to ensure their safety, while at the same maintaining the capacity to respond to further displacement should it occur.<sup>12</sup>

The final element of the programming context relates to the working conditions for the agency. In some respects Goma is a good location with reasonable living conditions, good food and easy access out for short breaks, but security even in town can be a problem<sup>13</sup> and outside of town is a significant constraint. OCHA produce regular maps of roads (Annex C), the latest of which shows only the road to Sake and the first short stretch of the Rutshuru road as green, the roads to Rutshuru, between Beni and Lubero and some roads around Walikale as yellow (use with care) and Masisi and many other areas as red (escorts needed). The NGOs do not as yet have a common security platform, although some of the larger agencies have plans to create one. This would clearly improve matters for small NGOs, but nevertheless any significant work outside of Goma needs properly equipped vehicles and radios.

### **3. Brief Description of project**

#### ***3.1 Main project objectives and activities***

As stated in the initial application, the objectives were:

- To build the capacity of Merlin and the Ministry of Health (MoH) to provide appropriate health care and protection measures for older people and their dependents across north Kivu

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<sup>11</sup> WFP Vulnerability Assessment Mapping

<sup>12</sup> The keeping open of Mugunga 3, a large camp with plenty of extra capacity, serves this purpose

<sup>13</sup> There have recently been two instances of international NGO staff being raped in their premises

- To increase access to health facilities (Merlin/MoH in particular) for conflict affected older people in Goma town
- To improve the wellbeing of conflict affected older people in Kibati 1 and 2 camps and Mugunga 3 camp around Goma through the provision of NFIs, psychosocial support initiatives and ensuring camp services are age appropriate
- To identify and assist older people separated from their families and caring for unaccompanied children

HAI planned to meet these objectives by a series of activities that included (complete plan of programme deliverables can be found on DEC Form 6, pp 11-14)

- Organising workshops for Merlin and MoH staff using a local gerontologist/geriatrician on how to work with and care for older people;
- Identifying and registering older people in the two health zones of Karisimbe and Goma served by Merlin;
- Participatory research to identify appropriate and acceptable means of transport for older people in need of health facilities, followed by procurement and provision of same;
- Needs assessment of older people in these two health zones, to be carried out by local partner APIBA;
- Development of system, supply and distribution of age appropriate NFIs and mobility aids, and assist in movement of older people to ensure their safety and dignity during such process;
- Facilitating the support of older people's groups and support for age friendly spaces, including psychosocial activities, small craft activities and social inclusion activities;
- Contribution to tracing of vulnerable elderly;
- Advocacy and facilitation of older people's access to services in IDP camps;
- Supporting the inclusion of older people in camp management;
- Assistance in identification and profiling of older people
- Advocate for the provision of age friendly services in the camp.(as per IASC recommendations, eg design of latrines, shelter, etc).
- Collaborate with Child Protection organisations like SC UK in the care and support of vulnerable children in the care of older people

#### **4. Evaluation Methodology**

Following discussion with staff at HAI HQ, the evaluator undertook a twelve-day trip to North Kivu. Three main sources of evidence were used: reports (both from HAI and other agencies); semi-structured interviews with a wide range of informants; and observation. Of these the most important were the semi-structured interviews, which usually lasted for about an hour. In part this was due to lack of statistical data, but more importantly the nature of the questions being evaluated mean that it was important to get an in-depth understanding of the situation facing older people and the actual difference HAI had been able to make, and this was only possible through lengthy interviews.

It was apparent early on that there would be various methodological challenges and these are outlined below. However, despite these problems the evidence presented is believed to be reliable as information and opinions given were always triangulated, so the views expressed are substantial not just anecdotal.

Care was also taken to interview a wide range of informants, and the fact that there was a very high level of consistency in information given and opinions expressed gives a confidence in the conclusions reached.

#### *Lack of baseline data*

Very little data exists on the situation of the elderly before the intervention, a fact that is hardly surprising given the emergency nature of the intervention and the low level of institutional development in Goma, but which inevitably means that in judging impact the evaluation has to rely heavily on the opinions of those interviewed. The risks in this approach were minimised by ensuring that a wide cross section of people were interviewed and that opinions given were always triangulated, and by probing people's answers to questions so that evidence was given for opinions ventured.

#### *Lack of disaggregated data*

Much of what data exists is not disaggregated by age and sex, despite efforts of HAI to improve matters in this regard. It was therefore not always possible to differentiate between the situation of men and women, although observation of a number of meetings suggests that despite the formal position that men and women are treated equally in fact women's voices are not always represented. At the meeting with the older people's committee in Virunga, for example, there were no women present at all; on the other hand, women were well represented in the Mugunga 3 meetings and in all the activities observed there.

#### *Closure of camps*

Two of the camps, Kibati 1 and 2, were closed by the time the evaluator reached Goma and residents had either returned home or had been transferred to Mugunga 3. This meant that it was impossible to directly evaluate the work there, nor was it possible (because of distances and security problems) to visit ex-residents in their new locations to seek their opinions. To some extent, therefore, the work at Mugunga 3 had to be taken also as a proxy indicator for all camps, at least as far as direct observation and interviewing of residents is concerned.

## **5. Evaluation of Programme**

### ***5.1 Programme deliverables.***

To a very large extent the programme was delivered as agreed in the initial application, although (as explained later) there were some changes to geographic coverage. All of the work was undertaken in a participatory manner, and as part of this staff undertook a series of consultative and planning sessions with partners on how to improve the health care of older people with in the existing health systems. An experienced medical doctor and university teacher, Professor Tsongo, was contracted to facilitate a series of training on older people's health. These trainings targeted medical schools, Ministry of Health staff working at a policy level and health care staff at primary and secondary levels. Sessions included physical, mental and social aspects of ageing, as well as medical and psychosocial aspects of care. The course also looked at the cost of caring for older people and at older people in humanitarian situations, their protection needs and the IASC Advocacy Paper on humanitarian action on older people<sup>14</sup>.

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<sup>14</sup> Further details can be found in the DEC form 13

Training was given to 199 health care workers as part of the first phase of the DEC programme. More have been trained since.

Following a series of community meetings around the issue of finding sustainable means of increasing older people's access to health care, HAI supported the formation of older people's committees in seven camps around Goma. These committees, comprising an average 10 men 10 women, helped in advocating for active representation to the camp management committees, provision of sustainable means of transport, inclusion of records on older people's health on the consultation record cards and recording age and age related ailments in the daily health centre records. Health workers at the primary health centre level cooperated collection of health information on older people in their daily register but HAI has so far not succeeded in its efforts to get older people included in the national health information system (SNIS) – willingness is expressed but funding is said not to be enough. HAI staff members continue to try and find creative ways forward on this and have suggested use of available funds to undertake a pilot project.

After much discussion of the appropriate means of transport for access to health centres, HelpAge procured motorbikes and stretchers for two pilot communities to enable them to transport older people to the centres. The aim is that this will be self-sustaining, with the money raised by using the motor bike for commercial activities being channelled back into fuel, maintenance and wages for the driver.

A needs assessment was carried out to identify urgent needs for the elderly IDPs. This was done through training of animators of local organisations (18 men and 12 women) to do assessments of needs of older people. Sandals, quilts, mats, sweaters were identified as essential items for older people that were not distributed by other agencies involved in NFI distributions. They were needed because of the cold weather and the problems caused to the elderly by the harsh volcanic rock. A total number of 3997 older people (more than the original target) were provided with these items and distributions were carried out in both formal and spontaneous camps, the latter in cooperation with CARE (which was the main organisation doing distributions in the spontaneous camps).

HelpAge also constructed social centres, sometimes referred to as age-friendly spaces, in Kibati, Mugunga 1 and Bulengo. These centres became gathering points for older people and served to reduce loneliness and isolation, as well as being used for committee meetings and for awareness raising sessions. They became places where older people willingly passed knowledge to other generations on cultural values, customs and folklore. Social problems were discussed here and solutions recommended older people. Older people identified the fabrication of briquettes - a product used as fuel as a substitute to firewood and charcoal and produced from office waste and saw dust – as an initiative that would not only benefit older people by providing a source of income and restoring their confidence in contributing to the community, but would also protect the environment by reducing the number of trees to be cut down for firewood and charcoal and would reduce the risks to women from rape and forms of violence when going out to fetch firewood. The production of mats and baskets was also undertaken, although some problems were experienced in selling these. A local NGO, GAD was contracted to (successfully) train the older people in the production of briquettes. The older people committees already made commitments to share proceeds of this and other activities to be carried out at these centres with housebound and other vulnerable other people.

With the exception of the tracing activities (discussed later), the activities were largely carried out as planned and in some cases HAI achieved significantly more

coverage than initially expected. There was, however, a change in geographical coverage. The initial application stated that the programme would begin in Rutshuru and Birambizo health districts (both Rutshuru town) and then cover Goma and Karisimbe health zones (both in Goma town), but the actual programme under DEC Phase one only did work in Karisimbe and part of Goma health zones (although at the time of the evaluation the first course started in Rutshuru, with further courses planned for January). The shift was apparently due to capacity constraints on the part of Merlin (the partner) in Rutshuru, but it also fits with the MoH's expressed priorities and as the amount of training undertaken was more than could be reasonably expected in the life-span of Phase 1 it should not be viewed negatively.

## **5.2 Impact**

Considering the short duration of the project, the relatively small budget and the fact that HAI had no base in Goma but had to set up from scratch in a complex and difficult environment, the overall impact was impressive. HAI managed to achieve a significant amount not only in terms of its direct activities with the elderly but also, and in the long term more importantly, in bringing about a shift in the way other organisations looked at - and worked with - older people. This is examined in more detail below, both in relation to the four specific objectives of the programme and broader areas of impact that lay within the overall aim of the work.

In a general sense the participatory way of working, with beneficiaries regularly engaged in all aspects of the project, should have a lasting impact on all agencies working with the elderly. Elderly people are now accustomed to the idea of planning activities together with the staff and to undertaking post activity reviews. Projects reports that these have increased their confidence were borne out by the nature of the meetings the evaluator had with older people, where they were clearly able to articulate their views on a wide range of issues, and the older people's committees in the camps and communities have visibly organised a lot of activities and have lead advocacy on behalf of older people.

OCHA and UNHCR both quoted HAI's success in being one of only two organisations (out of 11 applicants) to have their application for Pooled Funds accepted as proof of the quality of their work and the impact they had made. Both they and a number of NGOs commented on HAI's style of working, how they really empowered older people, treating them as active citizens, and of the real partnerships they made with other organisations.

*Objective 1: to build the capacity of Merlin and the Ministry of Health (MoH) to provide appropriate health care and protection measures for older people and their dependents across north Kivu*

Interviews were undertaken with MoH staff at both central levels and in the health centres at Virunga and Majengo, and all consistently expressed great appreciation for HAI's work. In particular, they were impressed by the way in which the work of HAI was lodged within the national policy of the MoH and the local operating systems. They explained how prior to HAI's intervention there had been no attention given to the needs of the elderly and that it had not been an element of staff training. They believed that their staff were much better informed as a result of the work and that this would help in bringing about better health outcomes for the elderly, and there is a clear wish to extend this work to other areas. They did, however, note that training alone could not resolve all issues and that there remained serious questions of resourcing. And even though the technical skills for the training lay with Congolese professionals, without the

logistical and financial support of HAI they said the courses would be unlikely to continue.

The commitment and knowledge of Professor Tsongo were extremely impressive – with a local partner of this quality it would be hard not to have an impact. The evaluator had the chance to observe part of a course he was running at Rutshuru, and although this was not part of the DEC Phase 1 project the methodology was the same and so it can reasonably be taken as a proxy indicator. The course was well attended with a mix of men and women (about 25% female) and involved not only presentations but also group discussion. Women as well as men were clearly actively involved, both as part of the discussion groups and asking questions in plenary sessions.

From observations of the MoH and from discussions with other assistance professionals, the MoH would appear to be functioning better than many of North Kivu's ministries and the commitment and competence of its staff makes a capacity building strategy a very worthwhile approach, capable of making a real impact. However, there is inevitably a limit to what can be achieved by HAI unless there is also a broader capacity building strategy for the ministry. The failure to get data on older people incorporated into the national health statistics system will also make it difficult to measure actual impact of work, and it is to be hoped that HAI's continuing efforts on this will eventually bear fruit. This will be returned to under Lessons Learned and Recommendations.

It was harder to get a clear sense of capacity changes within Merlin, partly due to staff changes, partly because some key people were not around at time of evaluation. The Deputy Director at Merlin was very clear that the organisation valued the relationship and that it had affected their practice, and that the current renegotiation of the MoU was an indication of this.

*Objective 2: to increase access to health facilities (Merlin/MoH in particular) for conflict affected older people in Goma town*

Three strategies were adopted to improve access: the formation of old people's committees, training and the provision of transport. Access to health facilities certainly increased over the duration of HAI's work, as can be seen from the figures below, which track attendance from February (before the project started activities). The first table shows attendance at the six centres targeted with training and advocacy and the second attendance at the two clinics provided with transport.

<b>Feb.09</b>	647
<b>Mar. 09</b>	749
<b>Apr. 09</b>	687
<b>May.09</b>	993
<b>Jun.09</b>	1006
<b>Jul.09</b>	1029
<b>Aug.09</b>	1134
<b>TOTAL</b>	6245

<b>Month</b>	<b>Total freq</b>
<b>Feb.09</b>	30
<b>Mar.09</b>	32
<b>Apr.09</b>	34
<b>May.09</b>	42
<b>Jun.09</b>	40
<b>Jul.09</b>	50
<b>Aug.09</b>	56
<b>Sep.09</b>	60
<b>Total</b>	<b>226</b>

The rise from May onwards coincides with the start of HAI's work to sensitise people in the camps and encourage the formation of camp committees. Figures rise steadily thereafter, although it is difficult to be specific about the impact of particular measures. In particular there are no figures as to how people arrived at health centres so one cannot see whether they came by HAI supplied motos or stretchers, and the increase in numbers is not significant being of the same order as increases in the months before transport was supplied. There is no disaggregation by gender, so it is impossible to know whether there is a variation between levels of access for men and women. The choices of motos as a form of transport is interesting, as sitting on the back of a motorcycle does not seem an obvious answer to the transport needs of elderly, sick people. The project manager himself was indeed initially dubious and tried to encourage the committees to look at other options, including ones that HAI had used successfully in Darfur. The old people themselves, however, were insistent that if a 4x4 was not possible (which it was not, both for issues of budget and sustainability) then they wanted motos (with stretchers as a back up for the very sick). The project accordingly gave two motos as pilot projects, one to Virunga and one to Majengo. Talking to the old people themselves and also to some of the Congolese staff working with them, it became clear that this intervention has to be understood from within the logic of older people's analysis of the causes of their own vulnerability. For the elderly, the motos were a resource, possession of which enabled the committees to negotiate something of what they needed in terms of support and that increased their status within the community. Carts and adapted tricycles might be a better way carry old people but they would do nothing to improve their status and negotiating power. The project is meant to be self-sustaining in the allowing the use of the moto for commerce will both provide for its running costs and pay the driver. It is too early to be able to gauge the long-term sustainability of the project – the motos were only provided in August and they came with spare parts - so HAI would be well advised to track this project, looking at the broad ways in which it is of benefit to the elderly (and whether they are able to maintain control over use) and also at its sustainability, before giving out more motos.

If one is to really look at impact, however, then beyond the issue of access lies a further question: what happens when they get to the health centre? This was posed clearly by old people themselves, who asked: 'when we get there who pays the bill?'<sup>15</sup> In a situation where medical attention is free but drugs are not, access alone does not result in better health outcomes for the poor. This is not the fault of HAI, the policy of providing transport was founded on an assumption that they were in a partnership with Merlin, which was also working with the same health centres and which would have a fund for provision of drugs to vulnerable elderly. Unfortunately, Merlin pulled out of the Virunga and Majengo health centres because of funding problems; and say they are not seeking funding to continue this work in Goma (although they are in Rutshuru)<sup>16</sup>. Unless a long-term solution can be found to this issue, perhaps through another partner, the impact of providing better access will remain limited.

*Objective 3: to improve the wellbeing of conflict affected older people in Kibati 1 and 2 camps and Mugunga 3 camp around Goma through the provision of NFIs, psychosocial support initiatives and ensuring camp services are age appropriate.*

Wellbeing is difficult to measure in an objective way, so judgment here relies on meetings with the old people themselves, observations of camp life and interviews with those responsible for running the camps. According to agencies

<sup>15</sup> Meeting of older people's committee at Majengo health Centre

<sup>16</sup> Follow up email correspondence with author

working in the camps, or with an overall responsibility for them, the issue of the wellbeing of the elderly was not really one anyone's agenda prior to HAI's intervention. In the words of one interviewee, 'before HelpAge no one spoke of the elderly'. Staff at NRC, responsible for running the camps, gave an emphatic 'yes' to the question of whether HAI's work had made a difference and credited them with raising awareness amongst the whole raft of agencies with responsibilities for the camps. Interviews with UN agencies confirmed this. UNHCR spoke of their 'relevance and specificity' and how before HAI's arrival the 'was a gap', with no one focussing on the needs of the elderly. UNHCR's Senior Protection Officer said he felt it was 'of the utmost importance that their work be extended in future' and spoke of how the impact of their work was 'obvious' because you could see the needs of the elderly now being taken into consideration in planning and strategising around issues of displacement and return. OCHA spoke of the difference HAI had made to the camp and the increasing awareness of the needs of older people.

The visits to Mugunga 3 reinforced the impression gained through the interviews. NRC's camp manager was as positive as the programme staff had been. The (unannounced) visit to the centre for older people showed it to be well-used with a number of older people (men and women) working at the various projects, such as briquette making, mat making and basket making. The atmosphere was upbeat and welcoming, with plenty of coming and going. Older people were active and engaged. A second visit was arranged in order to meet the committee to have a more structured discussion, but in fact on arrival we found around 150 older people gathered and were greeted with a resounding welcome. After a general discussion and getting a number of elderly people (alternating between men and women) to tell their stories, we had a meeting with the camp committee (meetings here were conducted in French translated into Swahili).

*To identify and assist older people separated from their families and caring for unaccompanied children*

This objective was only partly met. In the camps, HAI's work has ensured that older people are respected as the custodians of cultural values and customs and they have had the opportunity at the age-friendly centres to share these values with other generations, especially children in their care and youth in the community. This has not only been a positive and healing experience for the elderly but has also increased their energy and commitment to protecting vulnerable children. HAI has also held a few sessions with the child protection agencies in the camp (World Vision, AVSI and SC-UK) to look jointly at strategies for older people looking after children. The work on tracing has not, however, happened. HAI staff spoke of how they had had numerous meetings with SCUK on this but that, following a change in staffing at SCUK, they were not followed through from the SCUK side. The head of office for SCUK in Goma confirmed that the failure of the partnership was really from their side, and that SCUK had been overwhelmed by all the other priorities. She confirmed that the issue was still important and that SCUK would be interested in pursuing it in the future.

*Additional areas of impact*

In addition to the four objectives detailed above, there were two areas where the project had a significant impact and that fit clearly within the overall aim of HAI's work. These were:

*HAI's role in cluster system and the increased awareness amongst a number of international organisations, both NGOs and UN, of the needs of the elderly*



Although the specific objectives only mention Merlin and the MoH, the organisation's work has had a broad impact amongst international agencies. HAI clearly played a very active role in the Protection Cluster and as a result it is now seen as an agency that needs to be involved in assessments and the formation of policy. Its role in NFI Cluster has also been important, and although it has not yet made a big impact on the R&R Cluster it was able to influence the issue of transport for elderly returnees. OCHA noted how other NGOs were now reflecting the needs of the elderly in their programme applications to the Pooled Fund, something that had not been there before, and UNHRC were clear that the organisation had received support for its application to the Pooled Fund because of the impact of its work and the need for its engagement in return issues. Staff have collaborated well with other agencies and these collaborations have served as an entry point for the inclusion of older people's needs in the programmes of these organisations.

### *Capacity Building for Local NGOs*

Since the beginning of the project HelpAge have worked with APIBA, aiming to build their capacity in working with older people (MOU – Annex E). Concrete activities such as the detailed evaluation of the NF distribution have been important in this. This has clearly resulted in a greater awareness and capacity in APIBA and this is recognised by other local NGOs (COPH, GAD and GEAD), which all expressed strongly their wish for more training/support from HAI. Building the capacity of APIBA, GEAD, GAD will be vital for tackling the issues of vulnerable older people. GAD for instance have come to HelpAge on several occasions requesting their staff to be trained in working with older people as they are operating in geographical areas of Masisi and Rutshuru where HelpAge is not present. COPH were very clear about the potential synergies with their work, seeing themselves as having similar way of operating and similar target groups – the old and handicapped, and the problem of poverty that makes age an issue. They see a lot of potential for integrated training for carers looking at both age and handicap. These local NGOs themselves work with local community based groups, and so training them can also cascade down to the grassroots. All of the local NGOs interviews (APIBA, GAD, GEAD and COPH) were very pleased with HAI's work and very much hoped it would continue, although GEAD did note that they were still waiting for some follow-up promised in the 2003 intervention. This strategy of capacity building of local partners also builds directly on the lessons from the Bangladesh cyclone response (2007/8).

### **5.3 Accountability**

HelpAge's operation in the DRC has been guided by provisions of the Sphere standards and all distributions have been with the approval of, and in collaboration with, the CCCM and NFI clusters. The project has also been very much in keeping with the letter and spirit of the Red Cross Code of Conduct. Aid was certainly never used as to further either a particular political or religious standpoint, nor as an instrument of government foreign policy. Although there were no statistical records of ethnicity (and to have collected them would probably have been difficult), there was no indication in any of the interviews that the ethnic group of recipients had ever made any difference to what they received, or that anything other than humanitarian need had influenced decisions. As shown throughout the evaluation, culture and custom were respected and the victims of the disaster were never treated as anything other than dignified human beings, with skills and wisdom. Both beneficiaries themselves and partners remarked on HAI's staff's commitment to building local capacities, to involving programme beneficiaries in the management of aid and to being accountable to them. □The programme design was such that it should

reduce future vulnerabilities, although as pointed out elsewhere in the evaluation, the short timescale of the DEC response means the task is far from complete.

As noted earlier, the system of older people's committees that were set up (committees of the wise) functioned as a mechanism to achieve regular accountability to the beneficiaries themselves.

#### **5.4 Relevance**

Within the context of what can be tackled in small-scale emergency programme, the issues around which HAI decided to shape its intervention were certainly relevant to the problems facing the elderly. There undoubtedly was a need for some additional support on NFIs, for creating an awareness of the particular situation of the elderly and for social spaces and small-scale projects – which are as important for their therapeutic value as for the money they generate. There was also a need for improving access to and quality of health care, and HAI's training made a contribution to the latter. There are, however, deeper issues that profoundly affect the lives of elderly people that HAI was not able to tackle in the context of this initiative, and these were clearly raised by the elderly themselves. These are essentially issues of poverty and poor services. As the elderly themselves said, in the context of a discussion on improving access to health facilities, 'We need food and housing, good food is the number one medicine'. These clearly lie outside the possibilities of an emergency intervention, but they do raise questions as to how relevant emergency interventions are if there is no systematic work to improve the underlying situation. As noted in the initial assessment 'the current crisis is a variation on a recurrent theme'. The years of conflict have resulted in massive poverty in North Kivu and services remain limited. The war has also given rise to complex patterns of displacement, where many people have moved several times or have sometimes adopted a system of shuttling between different locations depending on security. Although the initial surge of newly displaced created an immediate crisis in Goma, WFP food security assessments suggested that within six months the IDPs in the camps in Goma were better off than the vulnerable resident population of the town. This raises the question as to whether interventions should be constructed around IDPs beyond the very immediate phase or whether it may be more relevant to simply try and tackle the underlying problems. As in other long-term conflict situations the category of IDP is in itself problematic, for movement is often simply part of a family's coping strategy, whether for reasons of livelihood or long years of conflict, and to separate this out from displacement due to a particular event soon becomes nigh on impossible. Targeting is further complicated by the fact that not all IDPs live in formal camps (many are living with host families or in spontaneous camps) and not all people living in camps are IDPs. In Goma, as in other places where there has been a long history of external assistance, people have learned to define themselves into the categories we create, even though these categories may bear little relationship to how they see their own lives and the problems afflicting them. Some, of course, simply cheat. In effect the HAI intervention recognises this problem in its objectives, the difficulty is that the time scale of the project was not sufficient for many of the tasks.

The final issue under relevance is one of geography. The immediate rush to Goma captured attention and in the minds of many defined the problem. But while the scale of the initial displacement clearly required a response, and in terms of the time-scale of Phase 1 working in Goma made sense, the situation elsewhere in North Kivu is now reportedly much worse than in Goma and yet is getting very little attention. WFP needs assessments suggest this has been so for some time

and, if HelpAge is to stay, then to remain relevant it will need to broaden the base of its work.

### **5.5 Value for money**

For a relatively small budget, HAI has accomplished a great deal and this is to be highly commended. The dedication of staff who have worked long hours has resulted in very good value for money in many ways. However, the organisation suffered from not having an existing presence in Goma, and because of this inevitably had high 'fixed cost' in comparison to the project work. Setting up an office takes considerable time and energy, especially in situation where an influx of agencies makes office space at a premium. Obtaining registration was also a time consuming exercise. In addition, as recognised in the initial assessment, a new organisation has to invest considerable time and energy in building relationships with other assistance actors and partner agencies and in proving its worth. The interviews would indicate that this is something HAI has done successfully, and if it were to stay would represent a good investment, not only in terms of longer term programming but also in having the organisational infrastructure to respond quickly and appropriately to any future emergencies. If, however, the project were to close (as was being considered at the time of the evaluation) this investment would be lost.

HelpAge's lack of operational infrastructure also limited the effectiveness of its work. The most notable was the problem of vehicles – HAI had to rely on rented vehicles which were not suitable for the terrain outside of town and entailed greater security risks than if the agency had been operating its own vehicle(s). HAI also did not have radios, which again limited out of town operationality. Such things are difficult for a small organisation with limited resources and need to be considered by the DEC if it wishes to have this kind of operational capacity.

In the longer term both DEC and HAI need to consider the value for money of setting up one-off emergency interventions in complex and difficult situations. This is returned to under recommendations

### **5.6 Sustainability**

The overall project design is mostly one that lends itself to sustainability. It also seems to be an area of intervention whose time has come. The ideas are good and organisations are ready to hear them, and like a plant in fertile soil it appears to be putting out lots of strong shoots. The problem is that a year is not long and the plant still needs care and attention; if the funding tap is turned off at this stage the plant might not be well enough established to survive. Advocacy has led to changes in the way a number of organisations see the elderly and this has the potential for a long term shift in attitudes towards elderly people, and to their needs being better taken care of in humanitarian interventions, but staff turnover is high and it will need time for this awareness to become properly embedded and to result in shifts in policy and practice.

Training local partners, whether it is the MoH or local NGOs, is clearly a sustainable approach as they will be there long after HAI has gone, and as the MoH appreciatively noted the fact that HAI's work has been lodged in national policies and the systems of the ministry is important in this respect. At this stage, however, the work is only half done. MoH representatives were clear that they needed basic resources like logistical back up and the money to run the training course. Once trained, there is no reason that the lessons learned could not be continued beyond the life of HAI, although if there were no support at all to the

ministry (for example from organisations like Merlin) this would undoubtedly be more difficult.

Work with local NGOs also has the potential to be highly sustainable, particularly because they themselves work with local community-based groups and thus have an ability to work in a highly flexible way, responding to rapidly changing needs and able to continue despite deteriorations in security that would force others to evacuate. Again, the problem is that the potential has only begun to be tapped and significant progress requires more time.

The main problem area with respect to sustainability, as noted earlier, is the issue of free medicines for vulnerable elderly if HAI no longer has Merlin as a partner in Virunga and Majengo health centres. HAI has covered this gap in the short-term but this is not sustainable, and HAI will need to consider its work here in relation to overall agency and donor policy on support to health care in Kivu.

The NFI distributions are also, of course, not sustainable, but this is not really as issue as they were a one-off response to a particular emergency.

## **5.7 Lessons learned**

### *Even quite small projects can make an impact*

Even though the time frame and resources were not adequate for all the project was trying to do, a participatory method of working, which valued partnerships and which harnessed the energy of older people themselves, was able to make a significant impact in a difficult situation. The combination of advocating for the needs and rights of older people accompanied by training programmes for agency staff has enabled a small organisation such as HAI to increase its reach.

### *The time seems right for raising issues relating to older people, at least in Kivu*

The fact that HAI was able to make such good partnerships at many different levels suggests that it is knocking at an open door. Organisations are very willing to engage with the issues facing the elderly, and to review their own practice and make it more appropriate. This is an immense opportunity. Protection in particular seems to be an issue on everyone's agenda.

### *It is very easy to create expectations*

Once one starts work in an area like North Kivu one taps into a huge unmet need, and it is clear that expectations have been set up - both amongst staff in the field and partners - that HAI intends to stay beyond the duration of the DEC grant. These expectations stem both from the nature of the programme design (where three of the four objectives were not really short-term) and from the fact that HAI has been applying for funding to continue its work and is in the process of reviewing an MoU with Merlin. In a way, the programme has also been a victim of its own success: the very fact that it has been good has set up expectations for more. The problem is that HAI seems to be unclear about its commitment to staying in North Kivu – albeit for funding reasons rather than lack of will. If HAI is to pull out now it will likely damage its reputation, not only in Goma but also more widely – especially as this will be the second time it has gone into the area and then pulled out. A number of people in international organisations – the UN, the Protection Cluster, other NGOs - have put a lot of effort into supporting HAI and will undoubtedly feel let down. This would make return very difficult should another emergency occur.

*Short-term contracts and funding cycles are destabilising for the staff team and risk losing good people*

This is perhaps so obvious that it does not need saying, nevertheless the cost to staff morale was obvious to the evaluator and the HelpAge needs to be aware that it risks losing good staff. As one staff member said in the feedback session with the staff group, 'short term contracts allow no time to reflect, there is too much to do, always there are needs, every day a new need'. Some of the frustration for a small team always feeling that they could be doing more is perhaps inevitable, but the unhappiness of both national and international staff at short-term, uncertain contracts needs to be looked at. What other agencies value in HelpAge's staff is the palpable commitment to the work. One local NGO interviewee made the following, unsolicited, comment, which he clearly wanted the organisation to hear:

'X is very good. You need to have a connection [with the people], the heart, and he has it. Without this no matter what vehicles, what resources you have here it will not make a difference'

*The programme was over-ambitious.*

Even though it achieved a lot, it did not manage either the coverage or scope of activity outlined in the proposal. This is probably inevitable with a new programme in an emergency context. Setting up in a place like Goma is always going to be complex and time consuming, programmes have to be drafted on the basis of a relatively short assessment and some objectives are going to prove not achievable while others will open up. That said, it was never realistic to imagine one could have covered four areas: Goma and Karisimbe health zones, and Rutshuru and Birambizo health zones.

*HAI under-estimated the difficulties of setting up in this environment and of programming without a solid operational base*

The basic logistics and bureaucratic essentials of setting up an office took time, while being forced to rely on rented vehicles (which are not suitable for out of town work in these conditions) was a limiting factor in terms of access. Over the lifespan of a short programme, set-up costs are high compared to deliverables. Security management was also an issue. While attacks on aid personnel have not reached the levels of Afghanistan, Somalia and Darfur, Congo is far from a safe operating environment for NGOs – even in Goma town there have been cases of rape of NGO staff in their own premises, and some of the outlying areas are very insecure. Security requires not only hardware (radios etc) but maintenance of systems (radio, internet) and investment in time to keep on top of information and to analyse it, and needs to be tackled collectively by the NGO community.

*Camp-based interventions are problematic in the context of Kivu*

In situations like Congo, the years have war have resulted in a situation where the everyday provision for the population is well below Sphere standards. Emergency interventions in camps settings, therefore, quickly run up against the problem that if they provide to anything approaching Sphere standards they are setting up better conditions in the camps than are present in the community. This leads to all the problems outlined earlier under 'relevance' and suggests the need for careful attention to the balance of the programme (something that the HelpAge project has done quite successfully). There was a strong sense from all local partners that working in community was better than working in camps; and that projects should be integrated and should avoid stigmatisation. Local NGOs

also spoke of the need not to create gaps between the community and the camps, the need to work in a way that promoted harmony and supported community efforts. Some discussion was had on the feasibility of an outreach model for care of the elderly in rural areas (as is often done for MCH and sometimes for disability), and if HAI stays this would be worth exploring further.

### *Communications*

North Kivu is an area where French is the normal language of communication for work. The original proposal recognised the need for a French speaker and yet a non-French speaker was appointed as programme manager. This made setting up the programme much more difficult, as the programme manager himself clearly acknowledged. The problem was made more complicated by the existence of another HelpAge, working out of Rwanda, and this sowed confusion amongst people (as witnessed first hand by the evaluator in Sake and reported in a number of interviews). There is also a lack of material that clearly explains the work of HelpAge, and a (small) number of those interviewed said they did not really know its work. Field staff have done a good job of explaining verbally what the organisation does, but it is impossible time-wise to do all communication in this way and some good written material – in French – would help extend knowledge of the organisation's work.

In broader terms, HAI should also think about raising the profile of the elderly as active citizens and contributors to a nation's healing – this is returned to under recommendations.

### *Donor funding*

Finding funding to continue the programme has clearly been a major problem. Locally the only options seem to be short-term grants, such as the Pooled Fund, which are not sufficient to ensure stability and are immensely time-consuming. Other donors, such as DfID, deal only in programmes much larger than HAI's.

## **6. Recommendations**

### **6.1 Short-term programming – recommendations for the future**

In future very careful consideration should be given to starting an emergency programme in a complex conflict area where HAI does not already have a presence, unless there is a commitment to stay beyond the immediate period. Short-term interventions are not really adequate in situations like this and the level of underlying need is such that there will inevitably be expectations that HAI will stay. If there are not the resources to enable a long-term commitment and HAI still decides to set up an emergency programme, then it needs to be very clear from beginning that it is not going to stay and to design a programme that does not give rise to expectations. Realistically this means finding different modes of partnership, perhaps involving seconding staff to larger NGOs, so that security issues are taken care of and so that HAI staff on the ground do not waste time and energy chasing things like registration that are more appropriate to long-term programming. The focus should be more on protection and training the UN and NGOs to better respond to the elderly. Training Ministry of Health staff and improving access to health centres are important, but they are not emergency initiatives (at least not in a war-torn place like Kivu). Ambiguous messages to partners and to staff on the ground should be avoided. HAI should not start what is essentially long-term programming on a one-year emergency budget unless it

is reasonably sure it can find resources to continue - and it is clear that this is what it wants to do.

## ***6.2 The need to make a choice on Kivu***

HelpAge is now faced with a hard choice over its Kivu programme. The programme is successful, much work remains to be done, and locally there is a strong expectation that it will stay. There is also a strong likelihood of further emergencies in Kivu and if HelpAge wishes to be in position to respond to these it needs to keep a base. At the same time the organisation does not currently have funds to continue the work. Chasing a series of small grants is not a good option: it is extremely resource intensive for both HQ and the field office and is very destabilising for the staff team, with the risk of losing good staff and programme quality. HelpAge, therefore, either needs to make a strong commitment to a medium-term funding raising strategy or to shut its programme. The evaluation recommends that the organisation makes a significant fund-raising effort to enable it to stay.

The DEC also needs to recognise that it is extremely difficult for a small organisation with limited resources at HQ to gear up to respond to emergencies, and if necessary to maintain a responsible commitment after the initial phase is over. It should consider whether it is possible to find a way of enabling small organisations to maintain a basic operational capacity in complex conflict countries, in order to respond effectively to what will inevitably be a series of crises.

## ***6.3 Operational issues***

### *Partnerships with larger international NGOs*

For a small organisation like HAI to be effective it needs partnerships with other, larger, international NGOs: it is simply too small to operate effectively on its own. Merlin's analogy of it being the trunk and then other programmes like HIV/AIDS, HAI, work with handicapped, being like branches makes sense. A creative look at partnerships might also help HAI with its funding strategy by linking up with larger NGOs that have a solid funding base, or that have the capacity to tap into large donor funds. Organisations that might be worth considering include NRC, who have a high opinion of HAI's work and are keen for them to expand into other areas of North Kivu, and CARE, with whom HAI had a excellent relationship in relation to the distributions to spontaneous camps. Both have good funding bases. JRS is also reportedly keen on a partnership.

### *Security and transport*

Depending on what happens with a common NGO security system, HelpAge should consider entering into a security agreement with a partner NGO. This would effectively mean HelpAge staff being treated as that organisation's staff for security purposes, obeying their guidelines and being part of a common radio system. Money to pay for this service should be factored into funding proposals. HelpAge's current security arrangements are not really adequate for undertaking work outside Goma, and certainly not for locations other than Rutshuru. Travel needs to be tracked and there needs to be a back-up system in place in case of breakdown or other emergency. Merlin have indicated a willingness to enter into this sort of agreement, and it would be more cost effective than HelpAge trying to set up its own system from scratch.

HelpAge also needs to have at least one vehicle of its own if it is to start programming outside of Goma, and this should have radio communications.

#### **6.4 Programme Approach**

In an area where there is so much to do and it is impossible to meet all need it is important HelpAge has a clear programme focus. Several key elements suggest themselves:

##### *Protection work*

HelpAge has already done a lot in protection but one area that should be explored more is work with MONUC.<sup>17</sup> This should be a combination of training and practical strategies for protecting for civilians including the elderly. Protection is still a not well-developed area of the work of DPKO missions, and MONUC is no exception (although the Indian battalion was reported to be doing some good work around Masisi), but there has been increasing attention given to this over the last year and it should be a good time for HelpAge to engage. There was an earlier suggestion of being involved in UN training for the Congolese army, but without back up of MONUC mentoring this is unlikely to have much impact. MONUC would be a big commitment as Troop Contributing Countries change their contingents regularly, but would have the potential to make a significant impact.

##### *Advocacy and training*

This is an important area as it is possible to have a much greater impact by changing the practice of large organisations than HelpAge can have on its own. One area which has great potential and so far not been much explored is work with the UN. The positive response of both UNHCR and OCHA shows that there is clearly the potential to influence. HelpAge should look at whether the positive experience of Goma can be used more broadly. It should also consider policy work with WFP to influence the way the elderly are dealt with in food distributions. This would be most effective if taken up by HQ at a global level as well as locally.

As part of their advocacy HelpAge should consider a communications strategy around the issues relating to older people. One part of this could be a publication, with photographs and stories illustrating the issues for older people in Kivu, in the same way as UNICEF and Save the Children have effectively used publications to highlight children's issues. Another valuable tool might be to engage a well-known photographer to undertake an exhibition of older people's lives in North Kivu (Oxfam and ICRC have both used photography very effectively). The exhibition and book could of course be linked.

##### *Local partnerships*

Local partnerships have been an undoubted success and form a fine resource to be built upon. Training with MoH should be continued and gradually rolled out over North Kivu. Strong partnerships should be built with COPH, GEAD and GAD, as well as continuing activities with APIBA. Wherever possible direct programme work should be implemented through these partners rather than directly by HelpAge. The practice of these partners of working with community-based organisations should be supported as it can have real impact and be a way round many of the difficulties of working in a poor security situation like Congo – members of these organisations really know the situation and can respond

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<sup>17</sup> There was some early engagement on this which came to a halt when staff changed at MONUC



flexibly to movements in security. There are, of course, some risks but HelpAge's local partners appear to exercise good judgment on this.<sup>18</sup> The amounts of money involved would not be great.

#### *Types of work:*

While recognising that support to camps is sometimes necessary at times of extreme displacement, such as affected Goma in late 2008, this should be very short term, camps should not be encouraged to continue more than necessary, although it is recognised that they may be the only option for some vulnerable elderly. This means getting assistance to people where they are and dealing with the community as a whole rather than creating multiple categories of vulnerability. While it is important to raise awareness of issues of elderly, the response should be one of supporting communities to deal with problems, recognising that majority of the displaced are with host families not in camps and that even if battered by war the tradition of family and community still has a resonance that can be drawn on. Old people's value within communities needs to be recognised and built on, rather than seeing old people as victims. HAI's way of working, and that of its partners, already embraces much of this. Given the extent of return, HelpAge's work needs to move out to areas of return, either directly or through support to local NGOs already working in those areas, enabling them to extend their work to the needs of the elderly.

As was repeatedly pointed out, the question of age was as much a social and psychological one as a physical one and the issue of motivation for elderly was very important. There would therefore be a strong logic in extending the kind of social space that was set up in Mugunga 3, and programmes that go with it, to communities where HelpAge is working. Some of the long-term problems of the elderly could be tackled from this organisational base, at least in a small way, either by direct programming such as a pilot micro credit scheme (it is understood HAI has done this in some other countries), or through advocacy work with other organisations – for example on shelter issues. As noted earlier, direct programming would be best done through local partners.

#### *Geographical areas*

Given the security situation it is recommended that HAI first consolidates its training work in Goma health zone and in Rutshuru. Thereafter it can, in consultation with MoH, move out across North Kivu. In terms of other work – including support to return – the areas of greatest need are generally felt to be Masisi and Lubero; as these are areas that have a long history of poor security it will be necessary to factor this into ways of working. Unless HAI becomes much better equipped (radios, vehicles etc) it will need to spread out through local partnerships rather than its own work – and a number of local NGOs have already expressed a desire to work in this way. Even if gets vehicles and radios it would be better advised to move into these areas in partnership with existing international NGOs rather than try and set up its own office based. Merlin, SCUK and NRC have all expressed a willingness to work in this way, and between them they cover all the main locations in North Kivu including Masisi, Lubero, Beni, Nyiragongo and Walikale.

### **6.5 Need for strategic planning**

If HAI decides to stay then it should early in 2010 embark on a strategic planning process. This should be both product and process. The product will give the

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<sup>18</sup> Interestingly, WFP is also exploring this as a way of working in remote areas.

organisation a plan to guide its work and from which it can fundraise, while the process will not only bring together HQ and field office in a common understanding of the issues but should also involve all local stakeholders, thus increasing understanding and ownership of the organisation's work. Either an external consultant or the new programme manager should facilitate this process.

## **Annex A: Interviews and meetings**

### *Goma*

#### UN

Narciso Rosa-Berlanga, Humanitarian Affairs Officer, OCHA

Louis Michel Mbonana, Senior Protection Officer, UNHCR

Pierre Guisere, UNDP

Charlotte Cuny, Head of Programme, WFP

Philip Winter, Senior Adviser, MONUC

#### International NGO

Ulrich Wagner, Deputy Director, North Kivu, Merlin

Heather Kerr, Save the Children Representative. Goma (and also for part of interview, SCUUK Protection Officer)

Dr Rachel, NCA

Filomena and Ben, NCA office Goma

Jules, NCA Mugunga 3

#### Local NGOs

Jerry Shungu Kinyamba, Director, APIBA (Association d'appui aux initiatives de base) and members of APIBA

Musellem Abdallah, President, CPH (Conseil de concertation des Oeuvres en faveur des Personnes ayant un Handicap), and Katy

Xavien Mireeho Kyendalo, GEAD (Groupe d'Etudes et d'Action pour un Developpement bien defini)

Anatole Bandu, Director, GAD (Groupe d'Action pour le Droit)

#### Ministry of Health

Dr Zerome Kasereka Mununga, Medicine Chef de Zone, Karisibme

Dr Alain Alingi, Charge des Urgences, 4eme bureau

Dr Matthieu Luvamwabo, Chef 10e Bureau Division Provinciale de la sante du Nord Kivu, Charge des Soins de la famille et des Groupes Specifiques

Maman Marie, Majengo Health Centre

Virunga Health Centre staff

#### HAI staff

Mareby Sartie, Programme Manager

Philip Massago, Protection Officer

Elson

Staff discussion (international staff and local programme staff)

#### Other

Professor Tsongo, trainer

Older Person's Committee, Majengo

Older Person's Committee, Mugunga 3

General meeting of older people, Mugunga 3

#### *Sake*

Local authority representative

#### *Rutshuru*

Merlin Offices

MoH/HAI Training Course, being conducted by Prof Tsongo

#### *London*

Frances Stevenson, Head of Emergencies, HAI

Sarah Packwood, Emergencies Coordinator

## Annex B: Coordination Structure and Meetings

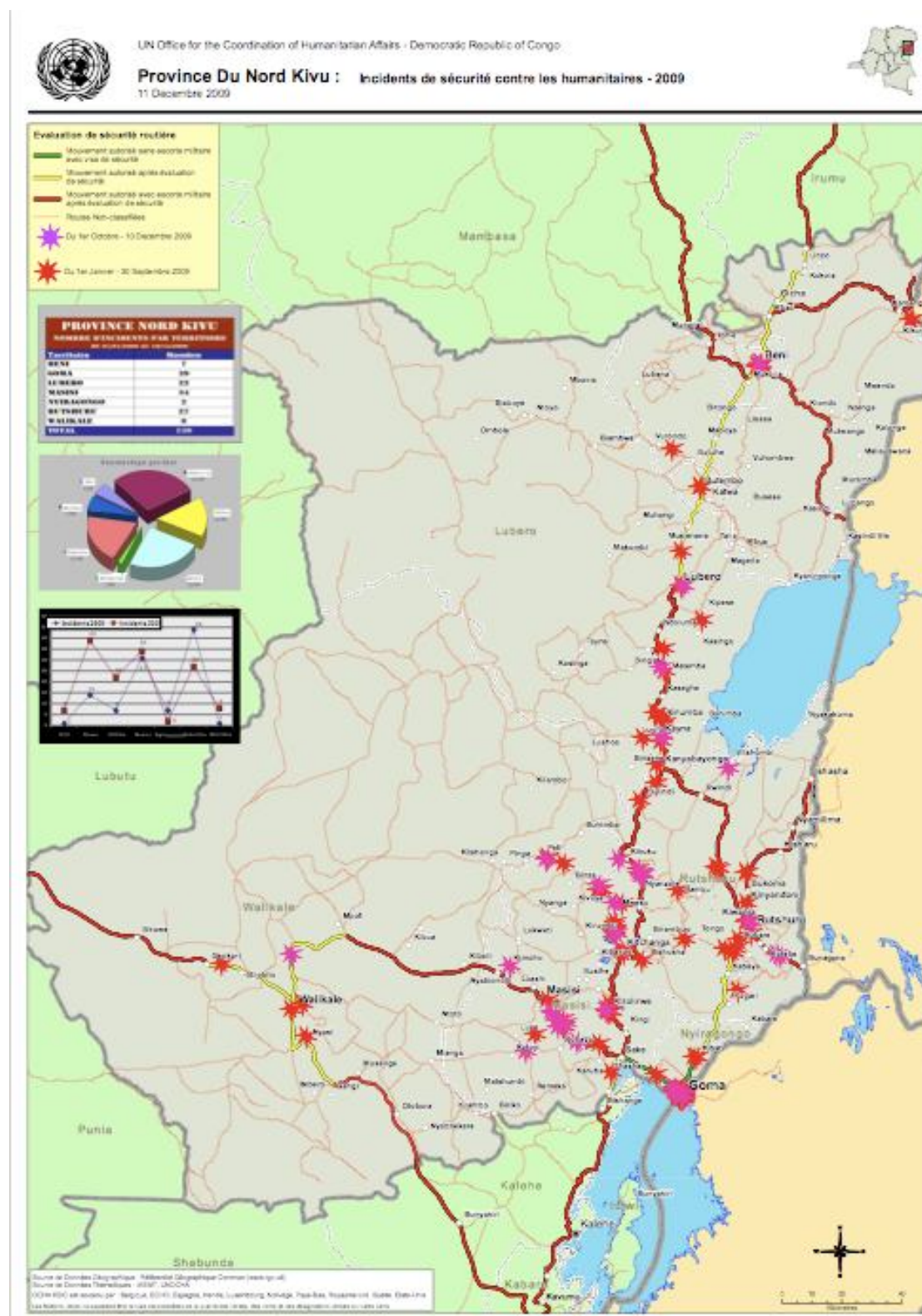
Coordination - Nord Kivu										
Mécanismes de la coordination	Semaine				Horaire		Rendez-vous	Nom de contact		Détails
	1ère	2ème	3ème	Dernière	Jour	Heure	Venue	Chef de file / co-facilitateur	Téléphone	e-mail
Biens non alimentaires et abris d'urgence	☑				Jeudi	11h00	UNICEF	NDAHANWA Damien LE DUC Marie	0 818 305 959 0 817 374 259	dndahanwa@unicef.org nyi.rrm.rp@solidarites-rcd.org
Abris d'urgence			☑		Mardi	14h00	UNHCR	CAMPBELL Charles KENNEDY Jim	0 998 087 955	campbellc@unhcr.org kennedyjim@nrcdrc.org
Coordination et gestion des camps	☑	☑	☑	☑	Mercredi	14h00	UNHCR	IMAI Asuka SANTORO Filomena	0 813 891 900 0 814 471 794	imai@unhcr.org pmcampsmanagement@nrcdrc.org
Eau, hygiène et assainissement	☑				Vendredi	11h00	UNICEF	BALAGA Flory SKITT Tom	0 998 810 207 0 818 371 673	fbalaga@unicef.org tskitt@oxfam.org.uk
Éducation	☑				Mercredi	08h30	UNICEF	EBOMA Marcelline BERNASCONI Nadia	0 818 305 936 0 816 654 632	meboma@unicef.org nadia.bernasoni@avsi.org
Logistique	☑				Mardi	10h00	PAM	MATHE Isaac KUBUYA Thomas	0 817 006 716 0 813 891 071	lassa.mathe@wfp.org tkubua_tom@yahoo.fr
Nutrition	☑				Mercredi	10h30	UNICEF	MUKAMBA Georges SHAMAMBA Zouzou	0 818 305 922 0 998 623 729	gmukamba@unicef.org zouzoushamamba@yahoo.fr
Protection	☑		☑		Mardi	10h30	UNHCR	MEBANA Louis Michel VACANT	0 818 806 655	mboana@unhcr.org
Plaidoyer		☑		☑	Mardi	11h00	UNOCHA	VAN BRABANDT Hugues VACANT	0 992 906 639	vanbrabandt@un.org
Protection de l'enfant		☑		☑	Jeudi	14h00	UNICEF	ACKERO Félix KOUASSI Léopold	0 818 305 908 0 998 754 102	fackero@unicef.org kouassi11@un.org
Violence basée sur le genre et le sexe		☑		☑	Lundi	10h00	UNFPA	BAHIZIRE Deogratias BIRHAHEKA Idéphousse	0 813 181 378 0 818 305 928	bahizire@unfpa.org ibirhaheka@unicef.org
RRC	☑				Vendredi	10h00	PNUD	GUSIRA Pierre AZIZ DIDP Seybatou	0 810 643 418 0 818 801 723	pierre.gusira@undp.org diopsey@unhcr.org
Sécurité alimentaire	☑				Mardi	14h30	PAM	BAGULA ONGOLOMEZA Donat OLLO Sib	0 997 704 288 0 997 697 448	augustin.milambo@gmail.com sib.ollo@wfp.org
Santé	☑				Jeudi	10h00	OMS	LUMANGAMANGA Gaby DJERANDOUBA Ferdinand	0 811 516 225 0 810 864 878	gaboul2002@yahoo.fr dchd@merlin-congo.org
Santé reproductive				☑	Jeudi	10h00	UNFPA	MASUDI Jerry VACANT	0 811 704 700	jmasudik@gmail.com
PEAR	☑	☑	☑	☑	Vendredi	14:30	OCHA	NDAHANWA Damien VACANT	0 818 305 959	dndahanwa@unicef.org
Monitoring de protection	☑	☑	☑	☑	Vendredi	15:15	OCHA	SIVASIMA Benjamin VACANT	0 811 628 050	sivasimabenjamin@nrcdrc.org
RRM	☑	☑	☑	☑	Vendredi	15:45	OCHA	NDAHANWA Damien VACANT	0 818 305 959	dndahanwa@unicef.org
Réunion d'information	☑	☑	☑	☑	Vendredi	16:00	OCHA	VAN BRABANDT Hugo PREKABO Vicky	0 992 906 639 0 998 604 373	vanbrabandt@un.org prekabo@un.org
Comité de liaison	☑	☑	☑	☑	Mercredi	10:00	OCHA	DJUMA Baudouin PREKABO Vicky	0 815 142 954 0 998 604 373	djuma@un.org prekabo@un.org
Réunion de sécurité	☑	☑	☑	☑	Lundi - Mercredi	8:00	OCHA	SACCO Esteban ROSA-BERLANGA Narciso	0 819 889 149 0 819 889 196	saccoe@un.org rosa-berlanga@un.org
CMP	☑				Lundi	11h00	OCHA	ROSA-BERLANGA Narciso DJUMA Baudouin	0 819 889 196 0 815 142 954	rosa-berlanga@un.org djuma@un.org
Inter-cluster		☑		☑	Jeudi	15:00	OCHA	ROSA-BERLANGA Narciso SACCO Esteban	0 819 889 196 0 819 889 149	rosa-berlanga@un.org saccoe@un.org
CPIA	☑		☑		Lundi	16:00	OCHA	SACCO Esteban ROSA-BERLANGA Narciso	0 819 889 149 0 819 889 196	saccoe@un.org rosa-berlanga@un.org

## Annex C: OCHA Road Security Map





## Annex D: OCHA Incident map



## Annex E: MoU with APIBA



D.R Congo Programme

Letter of Agreement between

**HelpAge International**

And

**Association d'Appui aux Initiatives de Base (APIBA)**

This agreement is hereby between HelpAge International which shall also be referred to in this document as HAI and Association d'Appui aux Initiatives de Base which shall also be referred to in this document as APIBA

Following the escalation of conflict in eastern DRC, HelpAge International, a UK based NGO committed to helping older people around the world lead full and secure lives decided to intervene with their assistance and protection programme after an initial assessment jointly done with Merlin.

In working towards achieving one of the global targets which is working with and through partners HelpAge International conducted initial partnership assessment of APIBA. (Association d'Appui aux Initiatives de Base) Following the assessment conducted and the past working relationship with APIBA, HAI has once more relied on the local and community experience of APIBA to have another engagement in implementing the DEC funded project; strengthening the protection, health and material welfare of older people and their dependents in north Kivu, eastern DRC.

This document is set to guide the relationship, commitment and roles of both HelpAge International and APIBA.

### **HelpAge International**

- I. HelpAge will give technical guidance to APIBA in carrying out the activities related to DEC project. In particular the areas that have to do with the involvement of APIBA.
- II. HAI will provide guidance and leadership in drawing the work plan for activities related to APIBA in the DEC project especially the identification of older beneficiaries and distribution of NFIs to them.
- III. HelpAge International will provide human resources at various stages to provide leadership, monitoring and direction on the project.
- IV. HAI is obliged to explain the various policies financial, procurement, and humanitarian principles and standards. This includes but not limited to the DEC accountability framework, sphere standards, Codes of Conduct and HAI protection policy.
- V. HAI will cover the budget prepared in December for the identification of beneficiaries and distribution of needed NFI. HAI has the responsibility to advise and recommend reasonable amendment to the budget. This budget needs to be approved by HAI and form annexe to this agreement. It is HAI obligation to carefully guide APIBA in the financial management and reporting.

## **APIBA**

- I. APIBA will undertake the activities related to identification, registration and distribution of NFIs to the older people in the locations mentioned in the DEC proposals.
- II. APIBA will make their budget relating to the work plan and within the limit of the project budget on that activities undertaken by APIBA.
- III. APIBA shall endeavour to provide regular briefing and information on the progress of the activities.
- IV. APIBA shall endeavour to follow and practice the financial and procurement requirement of HAI and DEC.
- V. APIBA is obliged to read understand, sign and live by the codes of conduct and protection policy for children and vulnerable adults.
- VI. APIBA is expected to produce report of exercise at most one week after completion of the field activities agreed upon in the work plan.
- VII. All project expenditure must be in line with the agreed budget(s), within the stipulated period and for the purpose specifically stated in the relevant programme proposal and/or budget unless otherwise agreed in writing.
- VIII. APIBA agrees to pre-finance this activity and get reimbursed the amount agreed upon in the budget prepared and approved by HAI.
- IX. APIBA agrees to ensure that accurate comprehensive and complete financial reports including correct invoices and other payment receipt documents are submitted and approved by HAI.
- X. APIBA agrees to receive 50 % of budgeted amount for these specific activities (annexed) by the start of the activities and the final (50%) payment upon submission of final narrative and financial report.
- XI. APIBA holds the responsibility to fairly treat the staff carrying out the activities including due payment to them.

### **HelpAge International's Code of Conduct and Protection Policy (Annexed)**

1. HelpAge International (HAI) promotes the rights specifically of older people and is increasingly working with other vulnerable groups to protection from abuse within its strategies and programme work. As the work of HelpAge International continues to develop and grow, the organisation needs to ensure that it takes direct and practical actions that protect vulnerable adults and children potentially at risk of harm as a direct result or consequence of this work. To this end, HelpAge International has developed a Protection Policy specifically in relation to vulnerable adults and children, emphasising the need to promote awareness of the issues of abuse and how to ensure that the protection of vulnerable adults and children becomes a tangible part of daily and working life. The rights of vulnerable adults and children to protection from abuse are captured in many international conventions and national laws and the policy is in line with standards recognised across the sector.
2. The policy:



- promotes an understanding of protection needs and acceptable behaviours that reduce the risks of harm and exploitation by those included in its scope
- stresses a responsibility to report and respond to concerns of abuse,
- Supports those experiencing abuse in every way practicable to remove them from risk or harm.

The policy seeks to illustrate basic standards and actions which everyone under the scope of this policy should adhere, and which must become practice in our work, to promote good practice and minimise risks to stakeholders. It applies to HelpAge International staff and trustees, volunteers, interns, consultants and partners.

3. HelpAge International will avail APIBA of the Protection Policy and both agencies will agree to abide by its contents.

HelpAge International also has the Code of Conduct which seeks to guide the behaviour and conduct between staff. HelpAge international staff have obligation to sign and live by it and therefore desire that its partners have knowledge of and also adhere to its content.

### **Ongoing collaboration**

HelpAge International has an ambition to develop a long-term programme in the DRC hence continued collaboration. As the nature of any continued collaboration between HelpAge International and APIBA becomes clearer and positive, a more detailed memorandum of Understanding (MoU) will be developed and will incorporate lessons learned from previous collaboration between the two agencies.

The two organisations are aware of the need to express visibility and thereby willing to make the organisations visible to beneficiaries, partners and authorities. In this same vein APIBA shall be briefed and ready to adhere to the proper use of the identity/visibility of HAI

Signed on behalf of APIBA

Signed on behalf of HelpAge  
International

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Jerry Shungu  
Executive Director

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Marbey Sartie  
Programme Manager

Date:

Date: