



Global Affairs
Canada

Affaires mondiales
Canada

Evaluation of International Assistance Programming in the Democratic Republic of Congo **2012–13 to 2018–19**



Evaluation Report
International Assistance Evaluation Division (PRA)
Global Affairs Canada
July 2020

Canada



Table of contents

1	Executive Summary
2	Background and Methodology
7	Findings
27	Conclusions

28	Recommendations
29	Considerations for Horizontal Learning
30	Annexes

Executive Summary

Evaluation Overview

Global Affairs Canada's International Assistance Evaluation Division (PRA) conducted an evaluation of Canadian international assistance in the Democratic Republic of Congo (DRC) for the period of 2012–13 to 2018–19. The purpose of the evaluation was to promote learning, inform decision-making and improve Canadian programming. The issues covered by the evaluation included: responsiveness and flexibility of programming in a fragile state; program coherence; achievement and sustainability of results; and good practices in gender equality.

Key Findings

Canadian development programming in the DRC was modest but addressed important needs. Shifting departmental priorities, rather than the needs of Congolese and the changing context, influenced decisions about which sectors Canada would target for development assistance. Canada's humanitarian funding was rapidly deployed to areas of identified needs.

Of note, programming in the DRC – both humanitarian and development – did not strategically or systematically consider the causes and factors of conflict and fragility in its planning and implementation. There was no strategy for linking humanitarian, development, and peace and stabilization components of Canadian programming in the DRC. In a country like DRC, the department could strengthen the links between these three components and better integrate a fragility and conflict lens into its programming.

Still, Canadian assistance in the DRC contributed to positive results in its priority areas. Programming contributed to improvements in access to, and quality of, maternal and child health services and holistic care services for SGBV survivors. There were early indications of positive results in the areas of child protection and the promotion of democracy. Programming also demonstrated strong gender equality integration. These results, while positive, remained limited in scale and consistency.

Individual projects tried to strengthen the sustainability of results, recognizing the challenge of doing this in a fragile context. This was achieved to varying levels of success. Ultimately, only some results were sustained. Sustainability challenges were more present in the health care sector, and to a lesser degree, in the sectors of child protection and SGBV.

Recommendations

1. The DRC Program should establish a multi-year planning mechanism for bilateral programming in the DRC. This mechanism would be informed by updated analysis of the context, of the causes and factors of conflict, of the actors involved, and of Canada's positioning in the DRC. The DRC Program should also explore ways to respond more quickly to emerging needs in the context of fragility and conflict in the DRC.
2. The DRC Program, in consultation with Global Issues and Development (MFM), Peace and Stabilization Operations Program (PSOPs), and Partnerships for Development Innovation (KFM), should identify options to enable Canada to further engage in the triple nexus process taking place in the DRC under the auspices of the United Nations (UN) Joint Office.
3. The DRC Program should lead a joint reflection with MFM and KFM on the direction of Canada's engagement in the health sector in the DRC taking into consideration its different programming and policy dialogue channels.
4. The DRC Program at headquarters and the mission should build the necessary capacity (or optimize the use of existing resources) to better integrate a conflict and fragility lens into programming choices and their implementation, and to enable Canada to better play its role in the DRC as a conflict- and fragility-sensitive donor with a strong humanitarian commitment.
5. PSOPs, in collaboration with the DRC Program, should identify and formalize modalities for providing targeted technical support to the DRC Program, to assist in better integrating a conflict and fragility lens in programming. This should be done by taking into consideration PSOPs' budgetary and human resource constraints when it comes to supporting non-priority countries such as the DRC.

Background on the Democratic Republic of Congo

With a population of nearly 80 million, the Democratic Republic of Congo (DRC) is the most populous country in Francophone Africa. Its surface area of 2,345,410 km² makes it the second-largest country in Africa. It is very rich in natural resources and has great potential for economic and social development.¹ Nonetheless, DRC is a fragile state affected by multiple conflicts. This context presents a considerable challenge for Canadian programming. The DRC is one of the most fragile countries in the world and is ranked fifth in the Fragile States Index Annual Report 2019.² The United Nations Development Programme (UNDP) reports that despite improvements in economic performance in recent years, DRC's overall fragility has increased mainly due to a deterioration in the security and political dimensions. A map of the DRC is presented in Annex I.

The DRC has faced ongoing economic and social stagnation following 32 years of dictatorship (1965–1997) and civil war (1996–2003). Since the early 2000s, the country has experienced periodic resurgence of conflict and violence involving various armed factions, ethnic groups and the national armed forces, sometimes with the involvement of foreign actors. The period between 2015 and 2018 was one of notable political tension. This eased in December 2018 when opposition leader Félix Tshisekedi came to power. He replaced Joseph Kabila, who had led the country since 2001. While contested, the December 2018 election marked the first peaceful transition since independence 60 years prior.

In 2018, the DRC's human development index score was 0.459, placing it 179th among the 189 countries and territories surveyed by the UN.³ The extreme poverty rate was estimated to be 73% in 2018, with a poverty line of under \$1.90 per day.⁴ This made the DRC the sub-Saharan African country with the second-highest poverty rate, after Nigeria.

The country also endured natural disasters, which negatively affected populations that were already very vulnerable. Additionally, the country has been dealing with an Ebola epidemic since May 2018, mainly in the provinces of North Kivu and Ituri. Ongoing instability and insecurity in these regions have considerably complicated the response to the epidemic.

Gender inequality is still a major issue: according to the UN (2018), the country had a gender inequality index score of 0.655, placing it 156th out of 162 countries.⁵ In addition, 52% of women reported suffering from physical violence at or after the age of 15, and 27% had been the victims of sexual violence.⁶ Despite some improvements in recent years, the maternal mortality rate was still very high in 2019. For every 100,000 live births, 473 women died from pregnancy-related causes.⁷

The health and well-being of children are two other major issues in the DRC. According to the 2013–2014 Population Health Survey, 8% of children under the age of five suffered from

wasting, 43% from stunting and 23% from being underweight.⁸

According to the results of the Multiple Indicator Cluster Survey (UNICEF, 2017–2018) 87% of children aged 1 to 14 in the DRC have reportedly suffered violent punishment, 78% have reportedly suffered psychological assault and 36% have reportedly suffered physical punishment.⁹



1 The World Bank. Democratic Republic of Congo – Overview. April 15, 2019.

2 Fund for Peace, Fragile States Index Annual Report 2019.

3 UNDP. Human Development Report 2019. Congo (Democratic Republic of the). 2019

4 The World Bank. Democratic Republic of Congo – Overview. April 15, 2019.

5 UNDP. Human Development Report 2019. Congo (Democratic Republic of the). 2019

6 The World Bank. SYSTEMATIC COUNTRY DIAGNOSTIC. July 13, 2018.

7 The World Bank. Maternal mortality ratio (modeled estimate, per 100,000 live births). 2019

8 Ministry of Public Health (DRC). Nutrition Cluster Guidelines. 2016.

9 UNICEF, INS. Multiple Indicator Cluster Surveys (MICS) 2017–2018. July 2019.

Canada-DRC relations

Bilateral relations

Canada has had diplomatic relations with the DRC since 1962. These relations weakened from 2016 to pressure the government to hold general elections and address ongoing human rights concerns. Relations have slowly improved since the 2018 election of President Tshisekedi. Canada has supported the United Nations Organization Stabilization Mission in the DRC (MONUSCO) since its inception in 2010. In 2019, this was the largest UN mission in the world in terms of deployed staff (+/- 18,000). MONUSCO is restructuring, which will result in downsizing and a phased withdrawal in a few years. In terms of commercial relations, the DRC is the second-largest destination in Africa for Canadian mining assets (\$3.2 billion).

Development assistance in the DRC

Canada has contributed to the DRC's development through its international assistance program and its humanitarian support. In 2017, Canada was the seventh-largest bilateral donor to the DRC, behind the United States, the United Kingdom, Germany, Belgium, Sweden and Japan. Canadian official development assistance (ODA) accounted for 1.6% of all gross ODA to the country.¹

Including all donors, ODA to the DRC totalled US\$2.462 billion in 2017.² Comparing figures from 2012 to 2017 for all donors, the amount of humanitarian aid increased by 26% and the amount of development assistance decreased by 15% over the period. During the same time, the amount for peace remained relatively stable.³

Donor coordination

Canada participates in the Partner Coordination Group (PCG), which includes bilateral donors, major international agencies and international financial institutions.

Canada is also active in inter-donor sectoral groups (including health, gender, social protection, education and mining) and sectoral thematic groups. These are chaired by the Congolese governmental departments responsible for a certain theme and include all the partners in a field.

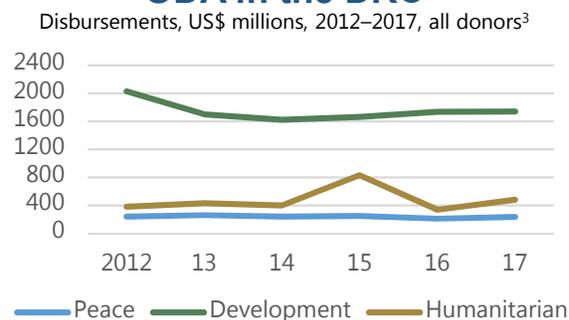
Canada also participates in the National Humanitarian Consultation Framework, which coordinates humanitarian action at the national level within the DRC, and in the Good Humanitarian Donorship Group, which serves as an informal inter-donor forum for humanitarian assistance.

¹ OECD, Aid at a glance charts – Congo, 2019

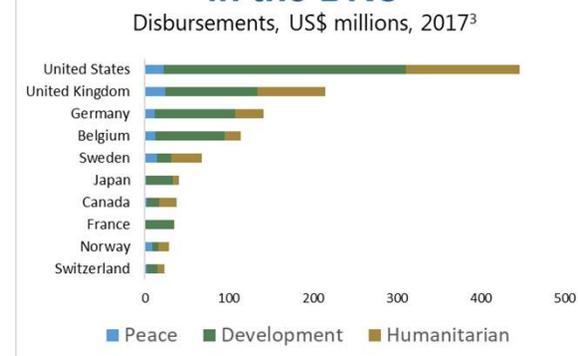
² *Ibid.*

³ OECD, [Fragile context profiles](#). State of fragility 2019.

ODA in the DRC



ODA per bilateral donor in the DRC



Profile of Canadian international assistance programming in the DRC

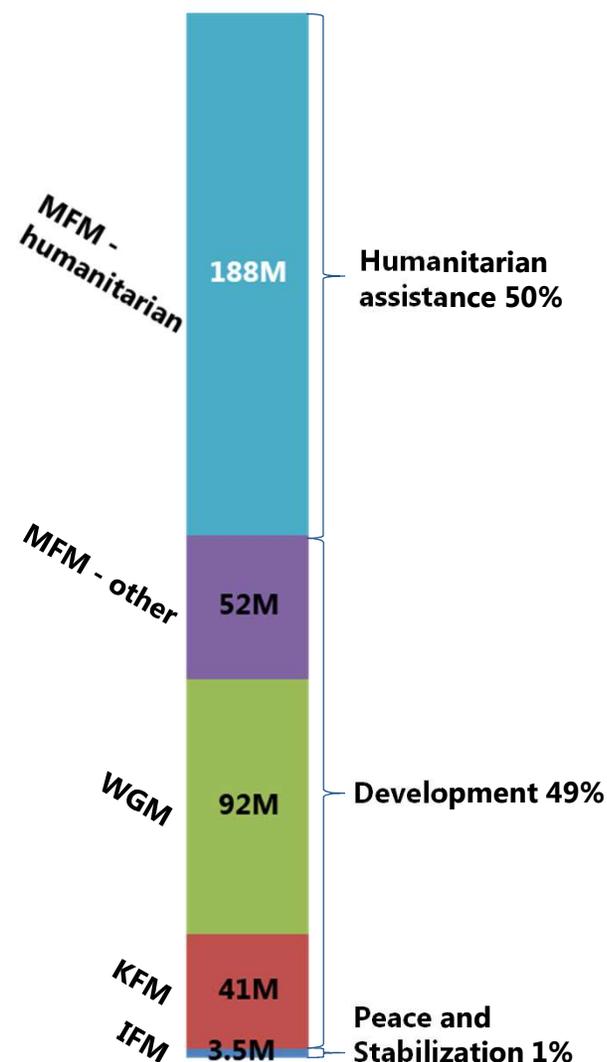
For the period of 2012–13 to 2018–19, Canadian international assistance disbursements in the DRC totalled close to \$378 million CAD, for an annual average of nearly \$54 million CAD. During this period, departmental funding was disbursed primarily by three international assistance branches: Global Issues and Development (MFM), Sub-Saharan Africa (WGM) and Partnerships for Development Innovation (KFM).

The disbursements from the **MFM Branch** were the largest during this evaluation period. They focused on humanitarian interventions (MHD) and, to a lesser extent, on global non-humanitarian issues, particularly in the health sector. The main recipients were UN agencies, international funds, and Canadian and international NGOs.

The disbursements from the **WGM Branch** were almost entirely administered by the West and Central Africa Bureau's (WWD's) DRC and Nigeria Development Division (WWC). During this period, bilateral programming focussed on health, combatting sexual and gender-based violence, and child protection. To a lesser extent, Canada also funded programming in the governance and democracy sectors. The main recipients of this funding were Canadian and international NGOs, and UN agencies.

The disbursements from the **KFM Branch** were concentrated on multi-country programs in the fields of health, food security and governance. They were implemented by Canadian NGOs. In addition, programming included a little more than \$11 million for volunteer cooperation programs and scholarships. The latter are included in the figure on Canadian international assistance disbursements in the DRC, but were not covered in this evaluation.

In the period covered by the evaluation, humanitarian and development programming (WGM, KFM and non-humanitarian MFM) each made up nearly half of the total programming disbursements. Only 1% of Canadian international assistance in the DRC was disbursed for peace and stabilization programming, chiefly through the **International Security and Political Affairs Branch's (IFM's)** Peace and Stabilization Operations Program (PSOPs).



Scope and questions

Scope

The evaluation focused on Canada’s international assistance programming in the DRC from 2012–2013 to 2018–2019. The country had never been the subject of a departmental evaluation, despite the size of Canada’s international assistance. This drove the decision to evaluate.

The evaluation covered:

- all official development assistance disbursed by the Sub-Saharan Africa Branch (WGM) in the DRC;
- a sample of projects supported by KFM, MFM and IFM branches (see annexes II and III)

The evaluation did not include an in-depth analysis of humanitarian programming in the DRC because a separate evaluation of Global Affairs Canada’s humanitarian assistance was underway, and covering the same period.

Areas of focus	Criteria	Evaluation questions
Response capacity and flexibility in fragile states	Relevance Efficiency	<p>Q1. To what extent did international assistance programming respond to the evolution of the DRC’s needs and priorities?</p> <p>a. Which factors facilitated or limited the programs’ response capacity and flexibility?</p> <p>b. What good practices have other donor countries applied that are adapted to the country/s situation and could help guide how Global Affairs Canada provides international assistance to the DRC, a fragile and conflict-affected country?</p> <p>Q2. Have development and stabilization programs taken the causes and factors of conflict and fragility into account? What best practices should be retained for future programming?</p>
Policy and program coherence	Coherence	<p>Q3. How strong are the links between Global Affairs Canada’s development, stabilization and humanitarian programs in the DRC, a country that is prone to prolonged humanitarian crises? How could they be improved?</p>
Results	Effectiveness Sustainability	<p>Q4. To what extent has international assistance programming achieved the expected results in the following priority areas:</p> <p>a. Health</p> <p>b. Child protection</p> <p>c. Combatting sexual violence</p> <p>d. Advancing democracy and good governance</p> <p>Q5. Were there good practices promoting gender equality and the empowerment of women and girls?</p> <p>Q6. To what extent were health results maintained in the province of Kinshasa after funding ended? And in development programming generally?</p>

Methodology

The methodology was inspired by a utilization-focused approach, aimed at making the evaluation useful for key stakeholders and at supporting decision-making. The evaluation used a mixed-method approach: qualitative and quantitative data sources were triangulated to enhance the validity and reliability of the evaluation's findings and conclusions. See annexes IV and V for more information about the methodology and its limitations. The major lines of evidence are described below.

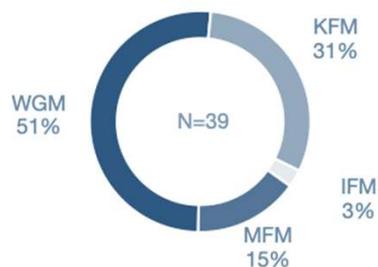
Semi-structured interviews

The evaluation team conducted a total of 120 interviews.



Project review

The evaluation team conducted a systematic document review of documents related to all bilateral projects (WGM), and to a sample of KFM, IFM and MFM projects.



Case studies

Three thematic case studies were carried out. They focused on the priority sectors of health, the fight against sexual and gender-based violence (SGBV) and child protection.

The case studies were conducted by three local evaluation teams using harmonized approaches and tools. The PRA evaluation team supported the local teams for data collection activities in Kinshasa, Goma and Bunia. The case studies involved:

- 130 interviews with key informants
- 85 focus groups with beneficiaries (women, girls, men and boys) and other stakeholders
- 47 visits to facilities supported by the projects

Financial analysis

A financial analysis was conducted on Global Affairs Canada disbursements data for the DRC.

System mapping of the humanitarian, development and peace nexus actors

For this evaluation, system mapping was used to identify key stakeholders in the humanitarian, development and stabilization sectors in the DRC, their relationships, and how these relationships affected the effective implementation of the nexus (humanitarian, development and peace) approach. The mapping was also used to analyze Canada's positioning in the nexus system (see Annex VI).

The mapping included:

- A survey of 90 respondents
- A network analysis using specialized software
- Participatory validation workshops in Kinshasa and in Ottawa (70+ participants for both)

Document and literature review

The evaluation team conducted a review of the following: internal Global Affairs Canada policy and programming documents; relevant documents of partners and other stakeholders active in the DRC; DRC government policies and strategies; and other organizations' reports, studies and evaluations.

Response to DRC needs and priorities

Canadian programming in the DRC was relatively modest, compared to both other countries and other donors in the region, but it addressed important needs. The programming was generally aligned with DRC government priorities.

Through its choice of priority sectors and types of interventions, Canadian programming in the DRC addressed basic needs of the target populations (see box). These populations were primarily: (1) vulnerable children and young people, including those affected by various forms of violence and exploitation; (2) populations in need of public health services, particularly in connection with maternal, newborn and child health (MNCH); (3) victims of sexual and gender-based violence; and (4) populations affected by protracted humanitarian crisis and new outbreaks of conflicts and epidemics, particularly in the eastern region of the country, as well as by major shortcomings in governance and democracy.

The extent of the Congolese population's needs and the vastness of the country surpassed the relatively limited scale of Canadian programming in the DRC in terms of both funding and geographic coverage. Canada's bilateral development programming has been relatively modest in the DRC, with an annual program budget below \$20 million (MFM and KFM provided additional development funding to DRC as part of global, regional or multi-country programs). Development programming (WGM and KFM) also focused on a small number of provinces, particularly Kinshasa and those in the east. Canada's total humanitarian disbursements in the DRC were substantive, totalling \$240 million from 2012 to 2019. However, needs were greater. Gaps in funding the Humanitarian Response Plan (HRP) were more than \$800 million in 2018 and 2019 alone. Canada's funding for peace and stabilization programming in the DRC was minimal, at around 1% of the total of Canadian international assistance to the DRC, disbursed mainly through PSOPs. This significantly limited the department's capacity to meet this country's stabilization needs.

Overall, programming was in line with the Congolese government's priorities. During the period covered by the evaluation, the bilateral program's country strategies were aligned with some priorities identified by the DRC government in the first and second Growth and Poverty Reduction Strategy Papers. Canada-funded projects were also aligned with the priorities identified by sectoral plans and strategies, such as the National Strategy to Address Gender-Based Violence, the National Health Development Plan, the Strategy to Strengthen the Health System, the National Plan for Combatting the Worst Forms of Child Labour and the Humanitarian Response Plan. Direct and collaborative engagement with the DRC government to establish Canadian programming priorities in the country was limited given the political context before the 2018 elections. To overcome these challenges, Canada-funded projects often included collaboration with provincial or local government.

Alignment of development programming with population needs

Health programming focused on improving maternal, newborn and child health (MNCH). Child health outcomes in the DRC were some of the most alarming in the world, despite significant progress. WGM health programming focused on Kinshasa province and KFM programming on the eastern part of the country and the province of Kinshasa.

Child protection programming targeted sexual and economic exploitation, violence, child involvement in dangerous work and birth registration, among other challenges. It focused on groups of highly vulnerable children, such as: street youth in Kinshasa; children in trouble with the law; and children in artisanal mines in eastern and southern regions (South Kivu, Haut-Katanga and Lualaba).

Programming to combat sexual and gender-based violence (SGBV) focused on improving holistic care for survivors, providing women and girls with better protection against violence and reducing SGBV through support to end impunity. Initially focused on conflict areas in the east, programming has been expanded to other provinces, particularly central Kasai and Kinshasa. This was done in recognition that SGBV in the DRC, while exacerbated by conflict, is rooted in gender inequality pervasive in the country as a whole.

Programming adaptability and flexibility

Development programming adapted more to match changes in departmental priorities than to the local context.

The broad strategic directions of development programming, particularly bilateral, were consistent over time and focused on a small number of sectors. The analysis of planning documents (country strategies and annual investment plans) and of the portfolio of funded projects indicated that programming in the DRC maintained a thematic priority of children and youth throughout the evaluation period, with particular focus on health. Programming also continued in the cross-cutting areas of gender equality (with emphasis on the fight against SGBV) and governance.

Changes within these directions were mainly responses to changes in departmental priorities and, to a lesser extent, to changes to the Congolese context.

During the period of the evaluation, the department outlined its priorities in maternal, newborn and child health (MNCH) through the Muskoka Initiative, reiterated in 2014 in the Saving Every Woman, Every Child: Within Arm's Reach initiative. Health-sector development programming in the DRC aligned closely with the priorities outlined in these initiatives. The Feminist International Assistance Policy (FIAP), launched in 2017, provided a greater focus on sexual and reproductive rights and health; development programming in the DRC shifted to incorporate this priority. MNCH and sexual and reproductive rights and health needs in the DRC were substantial and well documented (see box). However, these programming choices were made to the detriment of other potentially very relevant sectors in the DRC.

The addition of democracy promotion as a thematic priority as well as a cross-cutting theme in the 2014–2019 Country Strategy and in Investment Plans as of 2014 demonstrated some level of capacity by the bilateral program to adapt to a changing context and changing needs. This was demonstrated, for example, by the Canadian support to both state structures and civil society organizations (as of 2016) in activities related to the electoral cycle and civic education. However, the allocation of funds to democracy promotion was relatively limited compared to other priorities, such as MNCH. According to some key respondents, it also came too late and too close to the elections to be optimally responsive.

The 2014–2019 Strategy and subsequent investment plans also introduced child protection as a new thematic priority for the bilateral program, enabling Global Affairs Canada to address the specific needs of populations identified as particularly vulnerable in the Congolese context.

Focus on maternal and reproductive health

During the 2014–2019 period, disbursements in the MNCH sector accounted for approximately 38% of total bilateral program disbursements (according to available data), a significant level of engagement in this specific sector. The programming was adjusted as a result of Canada's commitment to sexual and reproductive health and rights, with six projects receiving a total of more than \$50 million in contributions reserved for these issues through bilateral and multilateral initiatives.

New focus on girls' education

Further to Canada's commitment to education for women and girls in fragile, conflict and crisis situations, and in support of the G7 Charlevoix declaration on quality education for girls, the bilateral program began developing three new, related initiatives in 2018–2019. These projects demonstrated that Canadian programming can quickly respond to changes in departmental priorities, even in the DRC, where education was not a priority. According to interviewed GAC staff, the shift required additional effort and programming resources, possibly to the detriment of other sectors.

Programming adaptability and flexibility

Humanitarian funds were rapidly allocated to address needs of the most vulnerable.

Canadian humanitarian assistance responded to emerging humanitarian needs, a defining characteristic of Canada's humanitarian programming.

Various planning and funding mechanisms for humanitarian action were deployed in the DRC. This allowed for a response adapted to different types of crises, needs and partners, including UN agencies, international non-governmental organizations (INGOs), and the International Red Cross and Red Crescent Movement. The mechanisms included:

- annual planning in response to the Humanitarian Response Plan (HRP) for the DRC;
- responses to emerging needs through flash appeals;
- drawdown funds for urgent needs; and,
- the crisis pool mechanism.

In the DRC, Global Affairs Canada contributed to national pooled funds to stimulate the localization of humanitarian aid to allow local organizations to be funded. It also introduced multi-year funding for international NGOs, allowing for longer-term programming. Global Affairs Canada provided core multi-year funding to UN partners, such as the World Food Programme (WFP), which appreciated this flexibility. Through these different mechanisms, Canada's humanitarian assistance in the DRC addressed the needs of the most vulnerable populations in sectors identified by the HRP. Canada also responded to emerging needs associated with the recent Ebola crisis by providing fast financial support, especially during the ninth crisis in May 2018 and the tenth crisis in August that same year.

At the operational level, both Global Affairs Canada and its implementation partners demonstrated flexibility in adapting projects to changes in context.

Faced with a precarious and changing context in the DRC, Global Affairs Canada demonstrated an understanding of risks and challenges. The department showed capacity to develop mitigation strategies and contingency plans with partners by adjusting activities and geographic targeting according to security risks during the elections, the resurgence of armed conflict in the east, and the Ebola crisis. For example, before the 2018 elections, the development program discussed and developed contingency plans in consultation with the humanitarian and partnership programs. Implementation plans were therefore adjusted downward for some activities during this period.

Programming sensitivity to causes and factors of conflict and fragility

Programming in the DRC, both humanitarian and development, did not strategically or systematically consider the causes and factors of conflict and fragility in its planning and implementation.

A “fragility” lens, based on a sound understanding of the causes and factors of conflict, was not applied systematically to programming choices in the DRC. This included decisions about sectors, geographic areas, partners and the types of activities. The result was Global Affairs Canada’s partial and organic implementation of the *Principles for Good International Engagement in Fragile States and Situations* (OECD 2007: see box below and Annex VII) and of Canada’s commitments under the *New Deal for Engagement in Fragile States* (2011) and the *Stockholm Declaration* (2016).

The literature review and interviews with Global Affairs Canada staff and partners revealed a lack of integration of specific analyses of the causes and factors of conflict and fragility into planning, monitoring and managing programming in the DRC. The various branches of programming in the DRC, in collaboration with the mission and partners, focused instead on conducting and updating risk assessments, and on implementing mitigation measures. The department often delegated the assessment of the causes and factors of conflict and fragility to partners responsible for carrying out and implementing Canada-funded projects. In that regard, choosing experienced partners that are well established, neutral and able to operate in conflict areas was often mentioned by departmental staff as an alternative strategy to integrate the fragility dimension into programming. This approach was successful in some specific cases, such as the health projects managed by Oxfam-Québec in eastern DRC provinces; as part of the “Justice, empowerment and dignity for women and girls” program implemented by UNDP; and with most humanitarian partners. This approach however involved a heavy dependence on partners by the department.

Several projects funded by Canada, through both its bilateral program and KFM and IFM programming, addressed factors of conflict and fragility. Much work has been done to fight impunity relative to SGBV and to promote civic and electoral engagement. Efforts have also been made to strengthen the capacities of law enforcement and the judiciary, and, to a lesser extent, to support responsible management of mining resources and transparency. Canadian programming in the DRC has focused on combatting discrimination, particularly gender-based, as the cornerstone of a fair and stable society. Canada has also actively committed to strengthening the rule of law by working with both civil society and local authorities. **Nevertheless, these various aspects remained rather isolated and did not reflect a clear strategy.** The portfolio of projects with an explicit conflict-prevention component also remained relatively small, with little opportunity to respond to needs consistently.



NEW DEAL
BUILDING PEACEFUL STATES



**PRINCIPLES FOR GOOD
INTERNATIONAL ENGAGEMENT IN
FRAGILE STATES & SITUATIONS**

PRINCIPLES - APRIL 2007

Programming sensitivity to causes and factors of conflict and fragility

Programming in the DRC was hindered by a lack of access to technical support for integrating conflict and fragility, and a lack of stabilization programming. While some resources were available to staff, they did not have adequate access to the departmental centre of expertise.

A major challenge mentioned by most Global Affairs Canada staff interviewed both at headquarters and at the mission, and confirmed by financial programming data, is the low level of IFM engagement and, more specifically, PSOPs in the DRC. This applied both to programming and technical support services, such as the conduct of the Canadian Integrated Conflict and Fragility Analysis Process (CICAP) and the sharing of other conflict-sensitive analysis and planning tools.

PSOPs limited engagement was explained by the decision to exclude the DRC as a priority country in its 2019 strategy and its previous iterations.¹ While these choices were driven by a need to prioritize the allocation of PSOPs resources, they had major implications on Canada's engagement in the DRC, a fragile state that is prone to conflict.

First, it limited Global Affairs Canada's capacity to carry out stabilization programming in the country, despite the country's needs. Second, the lack of a CICAP also affected Global Affairs Canada's ability to coordinate the different parts of the department engaged in conflict prevention and peacebuilding programming.

Third, PSOPs minimal technical support limited the bilateral program's capacity to integrate conflict prevention and peacebuilding aspects into its programming, in keeping with Sustainable Development Goal 16 on peace, justice and strong institutions.

While the department had various tools and mechanisms for programming in fragile states (see Annex VIII), a number of interviewees at headquarters and the mission pointed out a **lack of learning opportunities and limited information-sharing among the different Global Affairs Canada stakeholders** working in fragile, conflict-affected states.

The evaluation also identified some approaches used by other donors in the DRC for working more effectively in a context of conflict and fragility (see Annex VIII for relevant examples).

¹ PSOPs priority country selections were made collaboratively with geographic branches. For the 2019–2020 Strategy, selections followed a formal geographic nomination process and were approved through ADM Policy Group in February 2019. In 2016, when PSOPs was created, priority country selections were made in consultation with geographic branches, and reviewed by DGPC, and Policy and Programs Committees. DRC and the Great Lakes region were selected for 'modest engagement' to help address specific challenges.

Level of integration of the Principles for Good International Engagement in Fragile States and Situations (OECD 2007) into Canadian programming in the DRC (see Annex VII)

Take context as the starting point	Limited
Do no harm	Limited
Focus on state-building as the central objective	Limited
Prioritize prevention	Limited
Recognize the links between political, security and development objectives	Partial
Promote non-discrimination as a basis for inclusive and stable societies	Adequate
Align with local priorities in different ways in different contexts	Partial
Agree on practical coordination mechanisms between international actors	Partial
Act fast . . . but stay engaged long enough to give success a chance	Partial
Avoid pockets of exclusion	Partial

Response capacity and flexibility in fragile states – Challenges

The DRC has been grappling with major challenges mostly related to the state's fragility and the recurrence of conflicts. This affected Canada's ability to meet needs, achieve expected results and ensure sustainability.

One major challenge was the **low level of central government engagement** in social sectors and in coordinating international assistance. Specifically, the DRC's central government did not demonstrate the necessary capacity to coordinate international partners in identifying needs. Furthermore, the social sectors were largely underfunded by the Congolese government. This limited projects' capacity to self-sustain over time. A substantial, prolonged presence of international assistance, particularly humanitarian, in the DRC created a **dynamic of dependence** on foreign aid by the government, communities and individuals. This led to the substitution of government services with those provided by international stakeholders and religious communities. The **context of insecurity and volatility**, which worsened during the evaluation period, also impeded the implementation of project activities and the sustainability of project results.

Although external factors limited the response capacity and the flexibility of programming, particularly in terms of development, most of the limiting factors were internal to the department and concerned its strategic planning processes and available capacities and resources.

These factors included **the sometimes-restrictive implementation of departmental priorities**. For example, the programming requirements stemming from the department's engagements on sexual and reproductive health and rights, while important and relevant in the DRC context, limited the department's capacity to explore other potential needs and priorities, especially in relation to the country's context of conflict and fragility.

Moreover, when the department announced new priorities, program staff had to develop and select projects in very tight time frames. This was done to secure funds in the context of indicative, but not guaranteed, annual reference levels. One key informant referred to this as "opportunistic programming." These challenges were not unique to the DRC, but their impact was greater in this case because it is a centralized bilateral program of modest size.

A large part of the bilateral budget was committed several years in advance. This also limited the department's flexibility to meet emerging needs with its bilateral development programming. Because of the lack of availability of new funds for bilateral development, there was no new investment plan for 2018–2019. Bilateral development funds were fully committed until 2021.

Annual programming was based on annual investment plans. This planning received little input from in-depth analysis of the country context. While Mission and Field Support Services Project (FSSP) staff regularly shared contextual information with headquarters, it did not guide programming choices over the medium to long term. This was because of constraints in the planning and budgeting processes.

Finally, two other aspects curbed the mission and headquarters' ability to consistently promote and implement programming that was sensitive to conflict and fragility, and to humanitarian and development needs. They were: **(1) a lack of capacity and human resources**. This shortage was in peace and fragility and, to a lesser extent, humanitarian expertise at the mission and FSSP. For example, there was no conflict and fragility specialist at FSSP, and only part-time resources for humanitarian work at FSSP and the mission. **(2) a lack of clarity about the roles and responsibilities of the mission, FSSP and headquarters staff in relation to humanitarian action in DRC**. This included project monitoring, partner relations and engagement in coordination and planning mechanisms.

This analysis indicates that the department was not fully adapted to work optimally in a context of fragility and conflict such as that of the DRC.

Response capacity and flexibility in fragile states – Success factors

Some programming choices and good practices at the operational level helped to mitigate some of the above-mentioned challenges.

Success factors for Canadian programming in the DRC included:

- The **continuity of some interventions**, especially in health and SGBV sectors;
- The **choice of well-established local partners** with good knowledge of the context and the ability to forge constructive and trusting relationships with local players (local authorities, civil society and community stakeholders);
- **The engagement of technical and local public authorities**, and of traditional and religious authorities, in the different phases of projects;
- In the humanitarian sector, **multi-year** and non-earmarked **funding**.

Despite being a small/medium-sized donor in the DRC, Canada positioned itself as an important partner among donors. This was the case in specific sectors: gender equality; SGBV; humanitarian; to some extent in the health sector in the province of Kinshasa; and increasingly in nexus and child protection.

Most of the executing agencies and partners consulted considered their operational relationship with Global Affairs Canada staff, at headquarters and the mission, to be a success factor. In particular, they appreciated: the mission staff's availability; their willingness to listen and to look for constructive solutions to emerging problems; their respectful attitude; and the absence of micromanagement. They also noted a good degree of flexibility compared to other donors (to the extent possible under Global Affairs Canada rules). For example, staff were willing to review and change implementation plans when situations changed. This is particularly important in a context of fragility.

Yet, **the mission team was small during the evaluation period.** This resulted in a substantial workload, and reduced their capacity to monitor all projects and engage in coordination and policy dialogue. **This situation may have shown an imbalance between the means available to the mission, based on a modest and centralized bilateral program, and the reality on the ground of a much greater Canadian engagement** in terms of contributions in the humanitarian sector, and in donor coordination and policy dialogue.

Management practices

According to Global Affairs Canada staff (at headquarters and the mission), some management practices helped programming. In particular:

- Regular contact between the bilateral team at headquarters and the team on the ground;
- Team retreats (good practice, but not organized on a regular basis);
- The use of external monitors to ensure proper project monitoring despite a small team;
- Partners' meetings in the health and child protection sectors.

The FSSP continued to play an important technical support role. But, the transition from the Support Unit model to the current model led to some confusion about the role of the FSSP. This was especially the case in 2017, when the transition happened. This was noted not only among the FSSP specialists, but also among partners and other donors (particularly in relation to Canada's representation).

Coherence of humanitarian, development and peace and stabilization programs

During the evaluation period, the department did not have a coherent vision for the DRC.

Programming in the DRC during the evaluation period was characterized by a juxtaposition of various streams, including: modest, centralized bilateral programming; very little regional programming; significant humanitarian programming; notable partnership and non-humanitarian multilateral programming; and very little programming in the peace and stabilization stream.

Vision 2030, a high-level document developed in 2018–2019, was meant to establish the first common vision and strategy for the department's international assistance intervention in the DRC. The document's influence on international assistance programming in the DRC was unclear, however.

Document analysis and interviews with Global Affairs Canada staff showed that **the department had not identified and operationalized in a systematic or structured way the existing or potential links between development, humanitarian assistance, and peace and stabilization programming in the DRC**. Specifically, there were no joint context and needs analysis processes, integrated planning mechanisms, coordination groups at the country level, or examples of joint (or deliberately complementary) programming between Global Affairs Canada's different international assistance streams.

The triple nexus

The triple nexus approach involves reinforcing connections between humanitarian, development, and peace and stabilization actors. This is done with a view to making their actions more collaborative, coherent and complementary. The objective of this approach is to build on the comparative advantages of each stream to reduce needs, risks and vulnerabilities, and to achieve collective outcomes.

In practice, there were links between the three streams, but they remained relatively superficial and *ad hoc*.

At headquarters: Other branches consulted the bilateral program, and vice versa, when they were developing annual strategies, making programming decisions and reviewing project proposals (PSOPs, MHD, KFM). Some members of the humanitarian team also participated in the retreat organized by the bilateral program in 2018. Also, there were a few examples of joint missions involving development, humanitarian and political officers. These individuals considered the joint missions to be very beneficial for developing a better understanding of synergies and common challenges.

At the mission: The connections between the three programming streams were more obvious at the mission than at headquarters. This mainly reflected the mission's mandate, which was to represent all Canada's areas of action in the DRC. It also reflected the mission's growing desire to become engaged in reflection and coordination forums on the nexus in the DRC. Also, the mission team was small, so most people were involved in various aspects of programming. This allowed the mission team to be informed about existing or potential links between the multiple streams, and to better position itself to take advantage of them. Nonetheless, the centralized nature of the DRC program largely limited the mission's capacity to make strategic decisions on the integration of all streams in programming.

At the project level: There were some examples of projects that integrated elements of the nexus approach (see box), such as the project implemented by the Food and Agriculture Organization of the United Nations (FAO) and the WFP, and managed by MHD, on food security and resilience; the Oxfam-Québec project in Ituri and Tshopo; and the SGBV projects in the Kivus. Nevertheless, these projects were managed in a traditional way by the responsible branch without maximizing opportunities for exchange, learning and replication.

Coherence of humanitarian, development and peace and stabilization programs

There were growing opportunities and incentives to systematically strengthen connections between humanitarian, development, and peace and stabilization programming in the DRC. These opportunities and incentives linked equally to the department's internal context, the situation of the DRC and the global policy agenda.

The number of departmental forums for internal reflection and discussion about the nexus increased over the last two years. These included: the development of a standing brief by IFM, MFM and KFM; the consultation process that resulted from the management response to the recommendations of Global Affairs Canada humanitarian assistance evaluation (2020); and Canada's participation in the International Network on Conflict and Fragility (INCAF) of the OECD's Development Assistance Committee (DAC). **These processes created a positive framework for promoting a nexus reflection at the level of country programming.**

It was widely recognized, both in the department and among stakeholders in the field, that a nexus approach is especially relevant to the DRC context, in particular in those areas characterized by long-term socio-economic challenges; a prolonged humanitarian crisis; and, recurring shocks due to armed conflicts, political instability and violence, epidemics and natural disasters. The nature of Canadian programming in the DRC, which has a strong humanitarian component and numerous development programming channels, also points in the same direction.

In March 2018, the Secretary-General of the United Nations designated the DRC as a nexus priority country (see box). **Canada was recognized for being present and active in the DRC nexus process.** Canada engaged in dialogue and reflection forums on the nexus at the country level, despite the small size of the mission. System mapping done as part of this evaluation showed that **Canada had a very high level of connectivity with development, humanitarian and stabilization stakeholders** relative to other, larger donors in the DRC. Although these relations were not always reciprocal, they put Canada in **a potentially important position in relation to donor coordination, information sharing and joint work through the three streams** (see Annex VI for details).

Nexus in the DRC

Implementation of the nexus approach has been one of the priorities of the United Nations Joint Office in the DRC since 2018.

This office launched a process for implementing greater coordination among the different stakeholders in stabilization, development and humanitarian assistance. The process involved the deployment of a nexus advisor to help establish working groups and an implementation roadmap. At the end of 2019, this culminated in the identification of collective outcomes and strategic objectives. These will inform coherent, integrated programming of the different agencies and donors in the years to come. Pilot initiatives at the provincial level were identified and launched to proceed with implementation of the nexus approach.

Coherence of humanitarian, development and peace and stabilization programs

The department's ability to profit from nexus-related opportunities remains limited due to factors internal to the department and to challenges within the DRC.

Challenges within the DRC included a lack of leadership from the Congolese government; weak appropriation of the nexus concept by national stakeholders; limited implementation of the approach on the ground; and concerns for the sustainability of the nexus process, given the limited resources allocated by the United Nations and donors.

Three internal factors hampered the department's ability to implement an integrated, coherent and complementary approach between humanitarian, development, and peace and stabilization programming.

Institutional silos: Different branches were responsible for various aspects of international assistance programming. Each branch had its own priorities, guiding principles and modes of engagement. During the evaluation period, a small number of executing agencies received funding from both the Canadian humanitarian and development streams. This limited possible project synergies. Apart from a few exceptions (such as the only partially successful Integrated Country Framework experience), there were no mechanisms or forums for joint planning, integrated needs assessment, or joint monitoring and reporting.

Limited corporate strategic direction for nexus: There was no clear leadership at the department level guiding coordination and integration efforts across development, humanitarian and stabilization programming. In addition, the department had no model for planning and programming across streams in a country, such as the DRC, with a modest and centralized bilateral program. Furthermore, and contrary to other dimensions of the Feminist International Assistance Policy, the staff interviewed (at headquarters and the mission) did not perceive that the nexus approach was a priority for senior management.

Budgetary rigidity: With the exception of multi-year humanitarian funding, there was a continued lack of financing flexibility. In general, development projects did not integrate "crisis modifiers," which are intended to allocate or reallocate funds in response to emerging crises. The lack of budget flexibility and new available funding in the bilateral program was another factor limiting Canada's capacity to seize programming opportunities that aligned with the nexus approach.

OECD-DAC 11 Recommendations on the Humanitarian-Development-Peace Nexus

1. Undertake joint risk-informed, gender-sensitive analysis of root causes and structural drivers of conflict.
2. Provide appropriate resourcing to empower leadership for cost-effective coordination.
3. Utilize political engagement and other tools to prevent crises, resolve conflicts and build peace.
4. Prioritize prevention, mediation and peacebuilding.
5. Put people at the centre.
6. Ensure that activities do no harm and are conflict sensitive.
7. Align joined-up programming with the risk environment.
8. Strengthen national and local capacities.
9. Invest in learning and evidence.
10. Develop evidence-based humanitarian, development and peace financing strategies.
11. Use predictable, flexible multi-year financing.

Results

This section focuses on the results of Canadian development programming in the DRC; primarily those achieved through bilateral and partnership projects. Overall, results were mixed. Positive results were achieved. However, given the relatively modest scope and ambition of most projects, results and their sustainability were confined to local and project levels. A summary of results for each primary sector of intervention is provided in the following tables. Additional information about project results, innovations and positive practices are also highlighted.

Results – Health

Programming in the DRC in the field of maternal and child health contributed to improvements in terms of the quality and quantity of healthcare services provided, and in the use of those services in targeted health zones. While positive, these results remain limited in terms of scale, uniformity and duration over time.

- **Indicators of use of healthcare services increased** in districts where Canada programmed (province of Kinshasa and the east). Canadian programming was very limited geographically. **Progress towards expected results varied and was below expectations.** (See Annex IX)
- Improvements were registered in the use of the following services: prenatal consultations; assisted deliveries; postnatal consultations; curative consultations for young children; HIV screening; and the use of family planning methods.
- Projects directly contributed to **improving availability of healthcare services** for mothers, children and newborns through investments in infrastructure and supplies. While important, this created a dynamic of dependence. This was particularly the case where programming had been present for a long time (Kinshasa).
- The available data showed **improvements in the quality of healthcare services offered in supported facilities**, particularly in adopting care standards adapted to the needs of women and children and in terms of hygiene. This was achieved mainly by building the capacities of service providers.
- Major limitations persisted with applying new skills, mainly due to weaknesses specific to the Congolese healthcare system (underpaid and unpaid staff, high mobility, staff redundancy).
- **These improvements were not consistent in all supported facilities.** Major shortcomings in quality of care persist in many of the supported health care facilities.

During its data collection missions in DRC, the evaluation team witnessed a wide range of quality in the health care centres visited and supported by Canadian projects. Several were very basic, with limited medical supplies, but with acceptable hygiene standards and privacy for women in maternity wards. Some, however, lacked separate bathrooms for men and women, and had no soap. In one, bats infested the delivery room and women complained of being defecated on during labour. In others, family members and patients lamented that they felt they were held hostage, as they were kept there until somebody paid their fees. The DRC health care system continues to face grave limitations in meeting the needs of its population.

Results

Results – Health (Continued)

- **There was evidence of increased knowledge of maternal and reproductive health among the target populations, including among men and youth.** The projects that Canada funded in partnership with local authorities and civil society organizations implemented prevention, information and education campaigns on the themes of safer motherhood, family planning and early pregnancy.
- Some anecdotal evidence indicated that these campaigns contributed to increased use of available healthcare services and to greater engagement by men in maternal and child health care initiatives.
- **Multilateral programming contributed to improvements in access to vaccines and child nutrition, the fight against infectious and endemic diseases, and family planning.**
- These results were very relevant to health care needs in the DRC.
- Multilateral support enabled Canada to play a role in national initiatives in the DRC, despite its relatively limited financial contributions.

Canada's contributions to the governance and strengthening of the healthcare system were limited, and their scope decreased over the evaluation period.

- Canada contributed to the healthcare system reform process in the province of Kinshasa through ongoing engagement in policy dialogue with the provincial government and other donors.
- This included contributing to the development of the framework agreement with the provincial health division and the transparent selection process for middle managers.
- **Canada's capacity to influence reform of the healthcare sector more broadly was limited because of Canada's relatively small weight in the sector.** While remaining a regular and active member of the GIBS, Canada's visibility and influence were mainly in the province of Kinshasa, where Canada has maintained a long-standing commitment.
- Global Affairs Canada emphasis on strengthening governance in the healthcare sector gradually shifted to maternal and child health. Particularly in the province of Kinshasa, Canada-funded projects continued to include a component to strengthen management capacity through: training management teams; providing office supplies; building and renovating offices; and supporting audit missions and supervision. **The results of these interventions were below expectations.**

Results

Results – Sexual and gender-based violence (SGBV)

Canada-funded projects to combat SGBV in the DRC achieved tangible results by increasing the accessibility and quality of services to survivors. Nevertheless, many factors limited the full use of all the services offered.

- Canadian programming to combat SGBV, particularly through Canadian support to UNDP and the United Nations Population Fund (UNFPA), distinguished itself by introducing and expanding a **holistic care approach**. This included medical, psychosocial, judicial and socio-economic reintegration services, plus the creation of one-stop service centres initially in three and then five provinces.
- This resulted in **significant increases in the services provided**, especially medical services.
- **Strengthening the technical capacities of local organizations responsible for providing services to survivors improved the quality of these services**. The projects helped hire qualified professionals and provided supplies such as post-rape treatment kits.
- Projects also trained organizations along the response chain, including police forces.
- The **socio-economic reintegration dimension of the holistic approach was much appreciated and vital for beneficiaries**. But, the targets for this programming component were not met.
- This was primarily due to the lack of financial resources to deal with the large number of cases. Money allocated to the socio-economic reintegration component did not match the beneficiaries' expectations and importance they placed on this element.
- Canada-funded projects **contributed to improving access to judicial services for victims and to accompanying them through the judicial processes**.
- Projects helped build the capacities of stakeholders in the criminal-justice system by providing material resources or training. This contributed to **increasing the number of cases brought to trial and leading to convictions**.
- Survivor access to, and full use of, judicial support services continued to clash with social mores that discouraged the prosecution of aggressors, and with difficulties specific to the justice system in the DRC.
- Many SGBV survivors had no recourse to justice because of: continued stigma attached to SGBV and denunciation; material difficulties, such as delays in the justice process and the absence of payment of damages to survivors; and, survivors changing their mind as a result of out-of-court settlements and threats from members of the community.

There were fewer advances in SGBV prevention, especially in changing mentalities and social norms about gender.

- Programming in SGBV strongly focused on providing services to survivors.
- Considering the weight of societal mores and customs, and the sociopolitical context driving acts of SGBV, **the proportion of programming devoted to awareness-raising and education with a view to prevention remained relatively limited within Canada-funded projects**.
- However, certain initiatives implemented by the projects in this area can serve as models in this direction (see next page).

Assisting SGBV survivors

One-Stop Centres

The UNDP project Combatting impunity and supporting survivors of sexual violence, and the subsequent UNDP project Justice, empowerment and dignity for women and girls in the DRC (JAD) established **One-stop Centres**. These provided a full range of services to SGBV survivors in a single location, facilitating both access and follow-up.

In 2017-2018, the last year of the project "Combatting impunity and supporting survivors of sexual violence", the number of medical and psychosocial consultations reached 5,823 thanks to the establishment of One-stop Centers in 23 health-care facilities. This was well over the annual project target of 5,204. Further, this brought the number of survivors with access to medical and psychosocial services to 15,619, when the project target was 15,000, for the entire period of the project.

"I was raped on the outskirts of Goma while fleeing the violence perpetrated by armed groups near my village. My children were with me and helped me get care when we arrived," says Miwinam. The woman in her forties is the oldest of eight survivors of sexual violence who met with the Global Affairs Canada evaluation team in Kyeshero commune west of Goma in September 2019. Often rejected by their families and stigmatized by their communities, these women gradually confided in the evaluation team and shared their stories. Sinuzig, 25, says she received healthcare and counselling during her stay at Kyeshero Hospital, where the One-stop centre was located. The rest and valuable counselling she received during her recovery allowed her to reconcile with her husband, who had left her after she was raped.

Improving the justice system

The Combatting impunity and supporting survivors of sexual violence project strengthened the criminal-justice system and judicial institutions. It supported 15 legal clinics and contributed to the organization of eight mobile courts, which increase accessibility to justice in remote regions. This approach made it possible to increase the rate of prosecutions for crimes related to SGBV.

Of the 2,158 cases brought to trial, 1,027 led to rulings (81% of them being convictions). The rate of prosecutions leading to judicial decisions rose from 20% to 60% from 2013-2017.

Awareness-raising and education initiatives for SGBV prevention

Several of the Combatting impunity and supporting survivors of sexual violence project activities addressed prevention: thanks to the project, 26 schools and 8 universities included gender equality in their curricula; 26 movie screenings gave access to information about rights to over 3,800 people (2,250 women and 1,593 men); and 120 radio programs on combatting SGBV were broadcast (total estimated audience: 15,000 people).

Although the Feminist International Assistance Policy emphasizes women and girls, it is essential that men be included to foster change in a society's mentality. Projects such as Healthy Mothers and Children (Oxfam-Québec) and JAD (UNDP) specifically emphasized the inclusion of men.

Another interesting awareness-raising example was the play *Bongo Te Tika!* by theatrical troupe Les Lanternes in collaboration with the Réseau des Femmes Chrésiennes du Congo (RFCC). It featured the trauma suffered by SGBV survivors. The Canadian mission's political section capitalized on this small project, originally an initiative of Oxfam-Québec's volunteer-sending program. The project was subsequently picked up by UN Women.

Results

Results – Sexual and gender-based violence (SGBV) (Continued)

Through policy dialogue and the advocacy components of its programming, Canada contributed to clearer state commitments to combatting SGBV and gender inequality.

- **Canada's position on gender equality has stood out among donors, since 2006.** Canada occupied a prominent leadership role in various gender-related coordination mechanisms. Canada co-facilitated the national level gender thematic group.
- Canada worked closely with the Congolese government, particularly the Ministry of Gender, Family and Children's Affairs through its projects.
- **Sustained commitment by Canada, among others, contributed to national strategies against SGBV.**
- The mission's advocacy efforts with the government and with other donors contributed to the legislative review of several laws, including the family code and the parity law.
- Some projects, such as JAD, strengthened provincial governments.
- Nevertheless, **new national and provincial policies and strategies have yet to be applied tangibly in most cases, greatly limiting the impact of efforts in this area.**

Results – Child protection

Canadian child-protection programming has contributed to some extent to advancing the living conditions and fundamental rights of the most vulnerable youth.

- **Through UNICEF's national birth-registration program, Canada helped increase registration rates for children under five years of age.** The national percentage of registered newborns relative to the number of live births in maternity wards rose from 25% in 2014 to 40% in 2018.
- Despite these positive results, Canada ended its funding in December 2018.
- The project developed the capacities of "protective communities," community level groups that identified, referred and cared for vulnerable children. Increasing the involvement of community and religious leaders, and integrating awareness-raising activities into prenatal and pre-school consultations also contributed to results.
- **Canada's contributions to child protection strengthened the identification, holistic care and support for several children in situations of great vulnerability,** especially street children in six select communes of Kinshasa province and children working in artisanal mines. The extent of these results was limited by: Canada's relatively new engagement in this field, the limited geographic scope of activities and delays in project implementation.
- **Significant progress was made in strengthening the capacities of public authorities, including police services, social services and children's tribunals.** The areas targeted by Canadian programming showed encouraging signs. Now, 91% of cases of children in trouble with the law are referred to a children's magistrate within a reasonable time frame.
- **Canada has participated actively in policy dialogue and donor-coordination frameworks in the child protection sector since 2016. Canada also played a growing role in advocating for improving the government's child-protection framework.**

Holistic care for vulnerable children and capacity-building for public authorities

Since 2018, the Protecting children and youth in Kinshasa project has helped over 5,000 street children (35% of them girls). They received support in shelter facilities targeted by the project which provided them with accommodation, meals, medical care and recreational activities. Hundreds of these children attended school and/or returned to their families.

The Protecting children in the mines project identified some 4,000 children working in mines in Haut-Katanga, Lualaba and South Kivu in 2018–2019. About half of them were removed from such mining sites. Adapted sexual and reproductive healthcare was also offered. Efforts to reintegrate these children into schools and vocational training was initiated, but not yet in all sites.

The Building protection capacities of judges, police officers and social workers project harmonized training modules and developed or updated a range of standardized tools aimed at adopting child-friendly approaches. The project worked with police and social-work schools, and the national institute for training judicial staff to include courses on the rights of children in training curricula. Because of this project, the Ministry of Social Affairs recommended to integrate social workers into police squads for the first time.



In Kinshasa, the PRA evaluation team visited one of the day centres for vulnerable street children supported by the project Protecting children and youth in Kinshasa. The day centre provided the boys and girls with hot meals, a safe space to play or rest, and access to basic but adapted health and hygiene services. Two young girls explained that they had enjoyed the meals and the opportunity to wash themselves and their clothes with clean water and soap. But above all, they said that the project provided a girls-only overnight centre. This centre was small, because there were fewer girls than boys using this type of facility. But, for them, it was a much safer place to sleep at night and leave their few belongings, compared to mixed overnight centres or the streets.

A picture of the art room, decorated by vulnerable children living at one of the residential centres supported by the project Protecting children and youth in Kinshasa.

Results

Results – Governance and democracy

Canada contributed to some advances in governance, democracy and human rights in the DRC, through policy dialogue and its bilateral and partnership programming, despite a relatively limited engagement in these sectors and a very difficult context.

- The focus of bilateral programming changed from good governance to the advancement of democracy. After 2016, Canada made the strategic shift from direct strengthening of state structures to supporting civil society and civic commitment, in response to the political context. Investments in this sector remained relatively small: \$13.2M (total from 2012 to 2019).
- **Canada contributed to some positive results in good governance by assisting the Congolese government to reform its budgeting process in the healthcare sector until 2014.** Estimates of provincial public spending were formulated for the first time, and improvements were made to the quality of budget allocations. Canada ended its funding for projects that sought to strengthen state structures after 2014.
- **Canada was also engaged in improving the electoral process through policy dialogue with the DRC government and by helping build the capacities of the Commission électorale nationale indépendante (CENI) between 2016 and 2018.** As a result of the pressure exerted by Canada and other donors on the DRC government to address the deficiencies of the electoral system, the CENI adjusted the process of elector enrolment to facilitate women's participation.
- **In general, advocacy and technical assistance provided during elections led to little progress.** This seemed to be due primarily to the DRC government's limited engagement with international partners in the preparation for the 2018 general election. **Canada subsequently reoriented its efforts by engaging more with Congolese civil society on civic education.**
- **Programming achieved significant results at the national level through its civic and electoral education efforts.** The Support for civic and electoral education project helped to raise national awareness of concepts of democracy and governance by training 10,000 facilitators and offering 824,000 facilitation sessions, reaching an audience of 19 million. Women comprised more than half of all participants. There is anecdotal evidence that the project helped women become more involved as mediators and observers in the 2019 vote. A project evaluation would be useful to obtain a more accurate measurement of results.
- Canadian programming in the human rights and ending impunity sectors (beyond work on SGBV and child protection), remained very limited (three KFM projects, for a total disbursement of \$1.9M). Examples of positive results were noted by the evaluation, but they remained isolated and small in scale.

Examples of results of KFM governance projects

The Preventing torture in La Francophonie project established a human rights centre in Bukavu, after which a change of attitude among judicial and prison authorities in detention centres in the vicinity was noted. The IMPACT project shed light on corruption in the business and education sectors, promoted the accountability of public institutions, and introduced new operating methods to improve the accountability of the processes of public institutions.

Gender equality

Canadian programming in the DRC demonstrated strong integration of gender equality, despite a societal, political and security context that was very restrictive for women and girls. This was the case throughout the period covered by the evaluation, but was more pronounced following the introduction of the Feminist International Assistance Policy.

According to the great majority of evaluation sources, beliefs anchored in Congolese society and a highly insecure and unstable political context were the main factors limiting gender equality and the empowerment of women and girls in the DRC. Perceptions of the place of women and girls in society have restricted their roles and responsibilities, limiting their access to land, some basic services and to decision-making power. Social norms and the socio-political context have often been used to justify discriminatory practices, such as forced marriages, rape and gender-based assault. State and community structures reflect this reality, as women are under-represented on official bodies.

Canadian programming in the DRC was recognized within Global Affairs Canada and by other consulted stakeholders for systematically integrating gender equality. This was the case throughout the evaluation period, even before the introduction of the Feminist International Assistance Policy. This was confirmed, for example, by analyzing projects' gender rating (see box). Certain approaches used in Canadian programming in the DRC were particularly beneficial in terms of integrating gender equality (for more details, see Annex X).

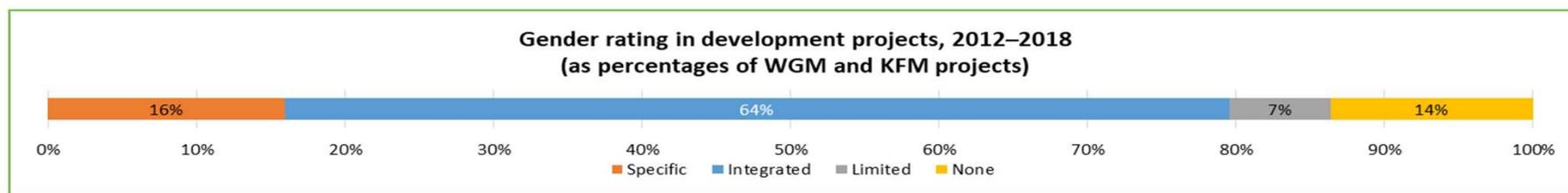
The new Policy strengthened Canada's positioning on gender equality and had important effects on the work cultures of implementing partners. Through the Policy's international visibility and strengthened political language, Canada was able to further encourage its partners to pay particular attention to equality issues in their projects.

While the Policy contributed significantly to providing Canadian projects a clear direction, both internal and external stakeholders felt that additional measures should be taken to have a tangible long-term impact, particularly on influencing mores and behaviours.

Analysis of gender rating in programming

The majority (80%) of WGM and KFM projects included in this evaluation obtained a "specific" or "integrated" gender rating. Since the introduction of the Feminist International Assistance Policy, there was a slight increase in projects rated "specific," and no project rated "limited" or "absent" was launched. All PSOPs projects have been considered "specific" or "integrated" (all PSOPs projects were in the period of 2015 to 2019).

The first humanitarian project to receive an "integrated" rating in the DRC was in 2015–2016. In each subsequent year, two or three projects received "integrated" ratings. The other projects remain "limited" or unrated, which is in line with the type of programming and partners involved. This type of analysis does not apply to multilateral health projects.



Sustainability

There were substantial limitations to the sustainability of the results, particularly in the health sector, but also in the child protection and SGBV sectors.

The evaluation showed that many immediate outcomes achieved by health projects, particularly those in the province of Kinshasa, along with immediate outcomes achieved by child protection and SGBV projects, **were not sustained or were at greater risk of not being maintained after project closure.** This resulted in challenges in relation to:

- Maintenance of newly built or rehabilitated infrastructure and equipment;
- Continued supply of operating materials and inputs, including medication and fuel for vehicles;
- Continued provision of free services directly supported by projects, such as medical consultations, housing, healthcare services, education and vocational training;
- Continuation of good practices in health management, such as supervision, once there were no longer any bonus incentives;
- Appropriation and use of new knowledge and abilities after the end of training and after the end of performance bonuses, because of the gaps in government's salaries and high staff turnover.

The DRC's fragility challenges the sustainability of all programming, not just Canada's. The literature review and interviews indicate that all development partners face similar sustainability challenges. They were also largely acknowledged by the department and its partners. Some stakeholders within and outside the department went so far as to say that there seems to be little point in discussing sustainability in a context like the DRC, where the priority is to meet the population's immediate and pressing needs.

Several department-specific factors nevertheless limited Canada's capacity to mitigate these difficulties. The factors included: Canada's relatively modest weight in the health and child protection sectors; a gradual disengagement of Canadian programming from the national counterpart because of the political and electoral context in recent years; and, limited critical reflection about certain long-standing partnerships and approaches, especially in the health sector in Kinshasa. The challenges associated with fragile states makes such reflection even more necessary.

Transition strategies

Most of the projects reviewed by the evaluation included disengagement or transition strategies. This is a good practice if the strategies: provide for gradual disengagement, are developed in collaboration with the relevant stakeholders; and include specific roles and responsibilities, schedule, resource mobilization and performance indicators. Based on the documents reviewed for this evaluation, the strategies varied greatly in degree of realism, clarity, appropriation and implementation.

For example, the Oxfam-Québec project in Ituri stood out for its approach to building the capacities of local stakeholders. Conversely, the PROSAKIN and PASSKIN projects in Kinshasa disengaged in a way that local partners perceived as abrupt, which affected the transition process considerably, limiting the ability of local staff to project results. Aware of its predecessors' shortcomings, the ASSK project addressed this issue to a greater extent in its appropriation and support strategies. It was still too early to assess the effectiveness of these strategies and of their implementation by partners. These aspects should be the object of regular, in-depth monitoring by the department.

Sustainability

Canada-funded projects in the DRC integrated some contextually appropriate approaches to strengthening sustainability, with varying degrees of success. A few relevant examples are described below.

- **Involve relevant authorities in all project phases.** Considering the difficulties encountered in engaging national authorities, some projects opted to create ties with local, provincial or technical authorities to better identify needs and increase the sustainability of results. As examples, health projects in Kinshasa and the Oxfam-Québec projects in Ituri worked closely with the relevant provincial health divisions (albeit with varying degrees of success). The JAD project implemented by the UNDP also built a very productive relationship with the Ministry of Gender, in particular, the division that dealt with the fight against SGBV and worked on the operationalization of the SGBV database.
- **Involve communities and particularly beneficiaries** in maintaining achievements and in accountability processes. The examples of the IGAs (see box) and women's committees on projects implemented by the UNDP or Oxfam-Québec were especially relevant.
- **Mobilize informal or community networks.** For example, by involving CENCO member parishes, the Civic and electoral education project enabled a very large population to take greater ownership of messages.
- **Strengthen civil society organizations responsible for service delivery** to allow them to operate more effectively and mobilize more funds. For example, the Women's voice and leadership project followed this approach, although it was still too early for the evaluation to assess its sustainability. The Protecting children and youth in Kinshasa project created communities of practice to improve coordination and knowledge-sharing among child protection organizations. It also provided organizational support to the REEJER, one of the local implementing partners. As part of this project and with Canadian support, Doctors of the World also organized a partners' and donors' forum to mobilize additional resources.
- **Integrate capacity-building activities in existing and institutionalized training systems.** For example, in its Building protection capacity for police officers, social workers and judges project, the IBCR worked collaboratively with police schools, social worker training centres and the national judicial staff training institute to incorporate courses on children's rights into curricula. The Adolescent reproductive health project created a pool of national trainers and also helped train teachers and experts in the Ministry of Gender so that they could scale up training and awareness activities.

Income-generating activities (IGA); a self-funding mechanism supporting sustainability of results

Oxfam-Québec projects provided support to IGAs, based on the principle of empowering stakeholders. Through their engagement and through the management of commercial and production activities integrated into the project (sewing, mechanics, small farming, canteen, etc.), stakeholders participated actively in the project's sustainability over time. For example, with an initial budget of \$2,000, the funds generated by the Nizi canteen (Province of Ituri) made it possible to renovate a building and supply the health centre with anti-HIV supplies. IGAs not only allowed project activities to continue after funding ended, but also strengthened community appropriation of the results and services maintained through collective efforts.

Conclusions

Canada's positioning in the DRC

Even as a small-to-medium-sized donor in the DRC, Canada was able to position itself among donors as an important partner in the gender equality, sexual and gender-based violence and the humanitarian sectors, to some degree in the health sector in the province of Kinshasa, and increasingly in connection with the nexus and child protection sectors.

Results

Canadian international assistance in the DRC contributed to positive results in its priority sectors, particularly maternal, neonatal and child health and combatting SGBV. The evaluation also indicated positive, though still embryonic, results in child protection, a relatively new sector of engagement for Canada, and promising results in democracy promotion. Programming also demonstrated strong integration of gender equality in a societal, political and security context that was very restrictive for women and girls. While positive, these results remained limited in terms of scale and uniformity. There were also substantial limitations to the sustainability of these results, particularly in the healthcare sector, but also in child protection and combatting SGBV.

Response capacity and coherence in a context of fragility and conflict

Through its choice of priority sectors and intervention modalities, Canadian programming in the DRC targeted the basic needs of the populations concerned, particularly women and girls, in a country where the needs are great.

The evaluation found that the main strategic directions for development programming were determined primarily by departmental priorities rather than by adapting to the evolving needs of the populations and changes in the Congolese context. Furthermore, development programming in the DRC did not strategically and systematically take into account the causes and factors of conflict and fragility in its planning and implementation. Lastly, Canadian international assistance programming in the DRC did not create systematic links at the strategic level between its humanitarian, development, and peace and stabilization streams.

Challenges and opportunities

Although external factors limited the response capacity of Canadian programming in the DRC, constraints also existed within Global Affairs Canada. These made the department not fully adapted to work in an optimal fashion in the DRC context of fragility and conflict, where humanitarian, development, and peace and stabilization needs were interconnected.

Internal constraints included limitations to the department's processes and approaches in strategic planning and project implementation, institutional silos, and the capacities and resources available to the mission to properly carry out its role in a complex context like that of the DRC, where Canadian engagement was multifaceted.

There were growing opportunities for Global Affairs Canada to systematically strengthen ties between humanitarian, development, and peace and stabilization programming in the DRC, to incorporate a fragility and conflict lens in its programming, and to work toward more sustainable solutions to meet the needs of vulnerable populations in the DRC.

Recommendations

Recommendations

- 1. The DRC Program should establish a multi-year planning mechanism for bilateral programming in the DRC.** This mechanism would be informed by updated analysis of the context, of the causes and factors of conflict, of the actors involved, and of Canada's positioning in the DRC. The DRC Program should also explore ways to respond more quickly to emerging needs in the context of fragility and conflict in the DRC.
- 2. The DRC Program, in consultation with Global Issues and Development (MFM), Peace and Stabilization Operations Program (PSOPs), and Partnerships for Development Innovation (KFM), should identify options to enable Canada to further engage in the triple nexus process** taking place in the DRC under the auspices of the United Nations (UN) Joint Office.
- 3. The DRC Program should lead a joint reflection with MFM and KFM on the direction of Canada's engagement in the health sector in the DRC** taking into consideration its different programming and policy dialogue channels.
- 4. The DRC Program at headquarters and the mission should build the necessary capacity** (or optimize the use of existing resources) **to better integrate a fragility lens** into programming choices and their implementation, and to enable Canada to better play its role in the DRC as a conflict- and fragility-sensitive donor with a strong humanitarian commitment.
- 5. PSOPs, in collaboration with the DRC Program, should identify and formalize modalities for providing targeted technical support to the DRC Program,** to assist in better integrating a conflict and fragility lens in programming. This should be done by taking into consideration PSOPs' budgetary and human resource constraints when it comes to supporting non-priority countries such as the DRC.

Considerations for horizontal learning - Innovative approaches adapted to a context of fragility and of multiple, complex needs

Programming in a fragile, conflict-affected country with strongly related humanitarian, development, and peace and stabilization needs requires some adaptations and innovations in terms of the methods, tools and approaches traditionally used by Global Affairs Canada in its programming, especially in development. This section offers some ideas that may apply to various fragile and conflict-affected countries in which the department works:

- Programming in countries with relatively small bilateral programs would benefit from **stronger predictability and strategic focus to avoid diluting precious resources**. In this context, multi-year strategic plans should be used.
- At the same time, development programming in fragile countries needs to pivot rapidly to cover emerging needs. For this reason, it could further explore the **use of flexible funds and project crisis modifiers, among other tools**.
- Both humanitarian and development programming should further explore the use of **funding modalities that are more suited to local organizations**. When relevant, these may include non-traditional partners such as faith-based organizations.
- Within the department, **there is an acute need for concrete models, at the field level, of how the nexus approach works**. In this respect, it would be beneficial for programming in the DRC and other countries to identify lessons and best practices in existing projects that include a nexus approach and, on this basis, explore whether and how to further integrate a nexus approach into future programming in the DRC and other countries.
- From an operational standpoint, the evaluation identified a number of practices that fostered coherence and efficiency in the various channels of Canadian international assistance. These included: team retreats open to staff from different branches, joint missions; and meetings among Canadian partners. It would be very beneficial for Global Affairs Canada programs in fragile states to **pursue opportunities for sharing and mutual learning** like these, that are relatively low cost and simple to organize.
- The **System mapping** exercise the evaluation team conducted in the DRC revealed key insights. These included: the identification of groups, such as religious organizations (Église du Christ au Congo), that were central to connecting various stakeholders that were previously 'invisible'; and, that organizations tended to cluster more around organizational type (e.g. international NGOs) rather than area of focus (i.e. humanitarian, development, stabilization). The department should consider using system mapping as a means to better understand complex dynamics and unlock similar insights.
- In contexts where the most vulnerable populations are experiencing multiple, interconnected needs, Canada could further explore the **use of holistic approaches to address the needs of various types of vulnerable populations**. This is based on the experience acquired with SGBV survivors in the JAD project and its predecessors.

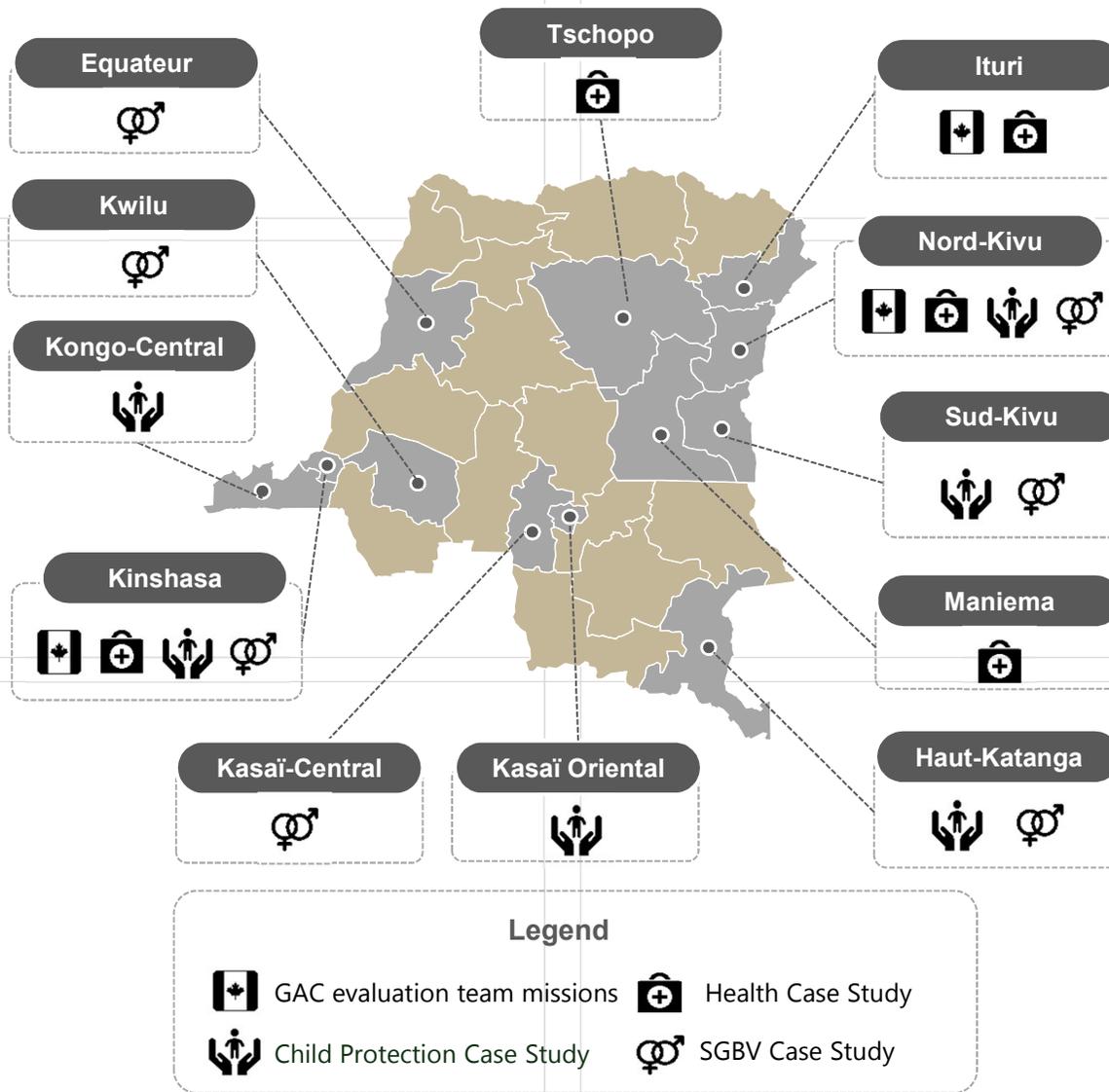
Annex II – Sample of projects included in case studies

Project Name (use)	Theme (Case Studies)	Branch	Period of Operations	Total Budget (DRC)	Executing Agency
Support to Health Zones in the Kinshasa province (PASSKIN)	Health	WGM	2012-03-30 / 2017-12-31	11,539,647	CHUM-CCISD
Promoting Sexual and Reproductive Health and Rights of Adolescent Boys and Girls in the DRC	Health / SGBV	WGM	2018-03-22 / 2020-12-31	10,000,000	Save the Children
Support to Polio Eradication in the Democratic Republic of Congo	Health	WGM	2014-03-19 / 2016-12-31	1,530,000	WHO
Access to Health Services for Women and Girls in Kinshasa (ASSK)	Health	WGM	2018-02-26 / 2023-03-31	19,950,786	CCISD
Community Health Support (PROSAKIN)	Health	WGM	2003-05-15 / 2014-03-31	8,846,131	GCC and CCISD MIR
Promoting Health to Improve Living Conditions of Street Children in Kinshasa	Health	WGM	2015-02-20 / 2016-03-31	334,067	Doctors of the World
Healthy Mothers and Children in the Democratic Republic of Congo	Health	KFM	2016-02-09 / 2020-12-31	13,585,104	Oxfam-Québec
Support to Maternal and Newborn Health in the Administrative District of Ituri	Health	KFM	2012-03-05 / 2015-03-31	2,553,960	Oxfam-Québec
Delivering Healthy Futures in the Democratic Republic of the Congo	Health	KFM	2016-03-31 / 2020-03-31	4,075,241	Jane Goodall Institute
Better Beginnings, Stronger Families	Health	KFM	2012-12-07 / 2016-02-26	1,809,016	Jane Goodall Institute
Midwives Save Lives	Health	KFM	2016-04-01 / 2020-03-31	11,072,607	CUSO International
Reaching Adolescent Girls Everywhere - Increasing Youth Access to Family Planning and Contraceptives	Health	MFM	2017-12-05 / 2019-11-31	5,650,000	UNFPA
Global Fund to Fight AIDS, Tuberculosis and Malaria - Institutional Support 2017-2019	Health	MFM	2017-07-31 / 2020-12-31	N/A	Global Fund
Support to Gavi, the Vaccine Alliance - 2016–2020	Health	MFM	2015-09-17 / 2021-12-31	2,400,000	GAVI, the Vaccine Alliance
Increasing Access to Safe Abortion and Contraception in Africa	Health	MFM	2018-02-28 / 2019-11-30	247,461	IPAS
Enhanced Child Health Days	Health	MFM	2016-10-31 / 2020-12-31	3,501,750	UNICEF
Fight Against Impunity and Support to Survivors of Sexual Violence	SGBV	WGM	2014-07-01 / 2018-03-31	18,000,000	UNDP
Justice, Empowerment and Dignity of Women and Girls in the DRC	SGBV	WGM	2018-03-27 / 2022-12-31	18,000,000	UNDP
Protecting Children and Youth in Mining Communities of the DRC	SGBV / Child protection	WGM	2017-07-25 / 2021-12-31	6,600,000	IPPF
Community Policing and Police Professionalization in Kinshasa, Mbuji-Mayi and Lubumbashi	SGBV	IFM	2015-06-11 / 2016-03-31	2,387,693	IOM
Strengthening Community Protection Systems for Children and Youth in Kinshasa	Child protection	WGM	2018-01-01 / 2021-12-31	7,100,000	Doctors of the World
Increasing Birth Registration in the Democratic Republic of Congo	Child protection	WGM	2015-10-16 / 2018-12-31	8,000,000	UNICEF
Increasing the Capacity of Police, Judges and Social Workers in Child Protection	Child protection	WGM	2015-07-15 / 2020-03-31	7,570,000	IBCR

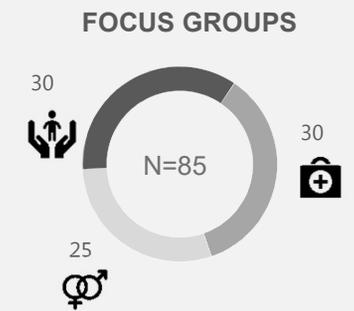
Annex III – Sample of additional projects included in the project review

Project Name (use)	Theme (Inter data)	Branch	Period of Operations	Total Budget (DRC)	Executing Agency
Support for the Electoral Cycle Support Program	Advancing democracy	WGM	2016-02-22 / 2018-12-10	3,500,000	UNDP
Support for Civic and Electoral Education	Advancing democracy	WGM	2015-06-01 / 2019-11-15	9,980,000	Development and Peace
Improving the Lives of Women and Children Through Radio Dramas	Children and youth	WGM	2013-10-24 / 2018-03-31	1,010,059.95	Population Media Center (PMC)
Building Responsible Mineral Supply Chains for Development in Africa	Sustainable economic growth	WGM	2015-02-19 / 2019-11-30	15,800,000	IMPACT - Partnership Africa Canada (PAC)
Women's Voice and Leadership - Democratic Republic of Congo (DRC)	Advancing democracy	WGM	2018-12-24 / 2023-12-31	9,000,000	The Carter Center
Preparation of Budgets in the Health Sector	Health, education and social services	WGM	2011-10-03 / 2015-06-30	4,300,000	The World Bank
Community Health and Economic Stability (ACCC)	Children and youth	KFM	2012-04-25 / 2016-03-31	1,189,890.26	World Hope International (WHI)
Integrity, Mobilisation, Participation, Accountability, Anti-Corruption and Transparency (IMPACT)	Advancing democracy	KFM	2016-01-24 / 2020-01-31	13,610,805	Transparency International
Farmers' Knowledge	Food security	KFM	2015-05-27 / 2020-05-31	11,494,512	UPADI
Women of Courage - Women, Peace and Security	Advancing democracy	KFM	2018-04-01 / 2022-03-31	4,456,516.00	KAIROS
Technological Platform for Civic Engagement and Improved Health Systems	Health, education and social services / Advancing democracy	KFM	2017-08-29 / 2021-07-31	3,777,144.51	Center for International Cooperation in Health and Development (CCISD) and Research Center of the Hospital Center of the University of Montreal (CHUM)
Preventing Torture in La Francophonie	Advancing democracy / Children and youth	KFM	2016-03-24 / 2019-06-30	4,800,000	Equitas
Financial Inclusion for Micro-, Small and Medium-Sized Enterprises (DRC)	Sustainable economic growth	KFM	2017-08-15 / 2022-04-30	2,356,999	FINCA Canada
Addressing Protracted Food Insecurity Through Collaborative Resilience-Based Approaches	Humanitarian assistance	MFM	2016-10-01 / 2021-12-31	6,600,000	WFP, FAO, IFAD

Annex IV – Data collection in the DRC



Data collection methods (case studies)



Annex V – Limitations

The evaluation of international assistance programming in the DRC had certain limitations related to the context, the evaluation process and data. To the extent possible, the evaluation team (PRA) implemented mitigating measures.

Secure access to the field

The unpredictable, and in some places precarious, security situation in the DRC was a constraint for Canadian evaluators travelling for field-data collection.

As a mitigation strategy, field-data collection by the PRA team was limited to locations approved by the Embassy of Canada.

In addition, local evaluator teams with broader access in the DRC were hired to collect field data for the case studies (to the extent possible, based on their own security limitations). They were also able to collect data in local languages.

Access to documentation

The PRA team encountered some difficulties identifying and accessing project documents because of the unclear organization of IFM and KFM documentation. Furthermore, older project documents dating from the beginning of the evaluation period were sometimes archived and therefore difficult to access. This increased the time required by the evaluation team. Also, some documents were not available to the team before the data collection mission, preventing the team from optimally preparing for a small portion of the field work.

One mitigation strategy used was to follow up by email with staff responsible for the projects and obtain the necessary documentation.

Data collection mission

The PRA team's data collection mission in the fall of 2019 had to be modified when an evaluator's travel was cancelled because of unforeseen complications at entry. The part of the mission planned for Lubumbashi in the southern region of the country had to be cancelled, and the PRA team delegated the work to local evaluators.

Participation of evaluation stakeholders

Since participation in this evaluation was open and voluntary, a small number of proposed participants were either unavailable or chose not to participate. Some proposed participants had not been involved in the program for many years. Where possible, the team compensated for this by conducting interviews and focus groups with alternative stakeholders.

Statistical data

The unavailability of up-to-date statistics and other recent DRC government publications limited the team's understanding of changes in the country's development during the evaluation period. To respond to this limitation, the PRA team relied on relevant statistics and reports published by international organizations.

Annex VI – Nexus system mapping in the DRC (1/2)

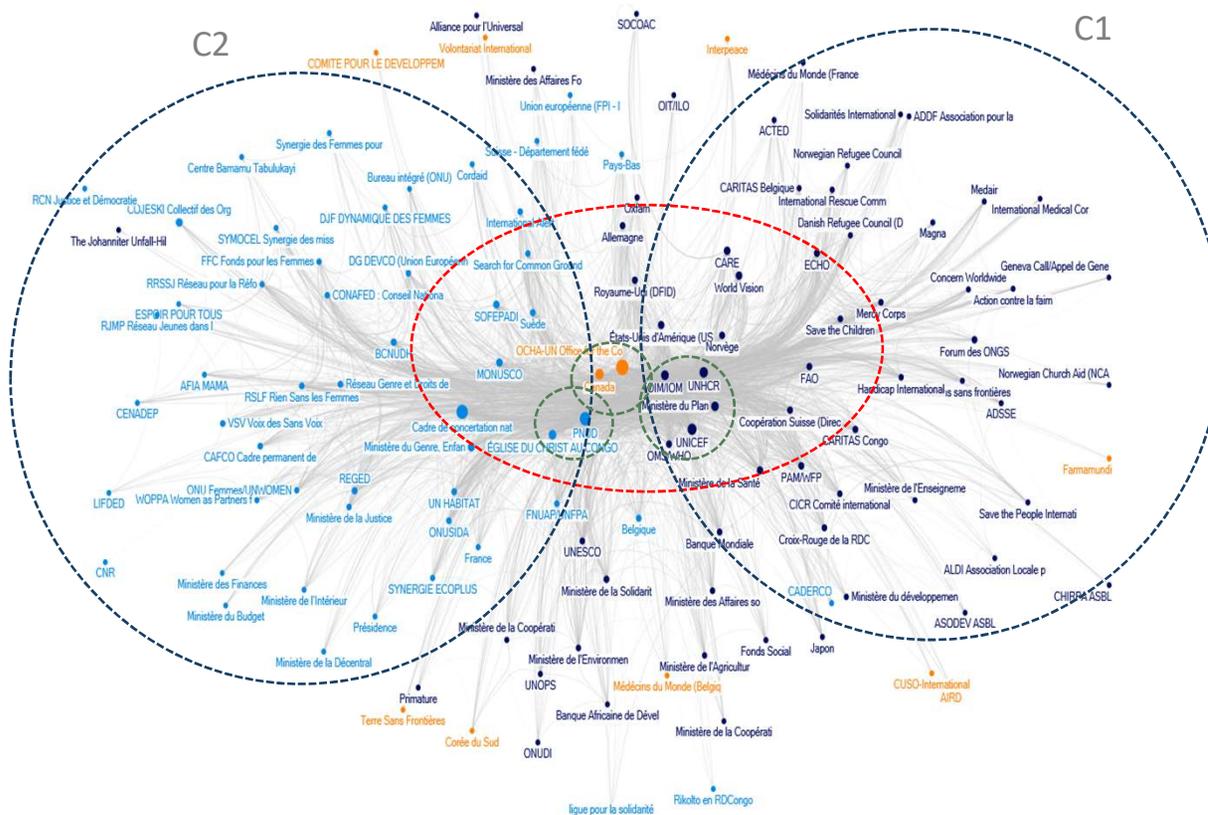
Objectives and characteristics

System mapping is a visual and analytical tool that describes relationships between stakeholders in the same sector or location. A system map of the nexus actors in the DRC was produced as part of this evaluation. Its objectives were to describe relationships between the key stakeholders in the humanitarian, development and peace sectors in the DRC, and to understand their implications and effectiveness. This exercise was carried out in collaboration with the OECD and the United Nations Joint Office in the DRC. The mapping included five types of organizations (DRC government, UN agencies, donors, national and international NGOs) and four types of relationships (funding, information sharing, collaboration and coordination). The nexus network in the DRC is very dense and includes over 6,000 relationships among stakeholders.

Main conclusions

One group of organizations stands out for its level of connectivity with others and is generally found at the centre of the network. Due to their level of connectivity and their positioning, these organizations are considered bridges. They make it possible to link other organizations that have fewer connections with other stakeholders.

Interestingly, some of these key connectors were faith-based organizations. The organizations form communities (groups of organizations with more relationships among themselves). The diagram uses colours to differentiate the communities. **The communities differ most in terms of the types of organizations within them,** although each of them has a mix of actors. There is a tendency for both international and national NGOs to work separately. The analysis also showed that **links between organizations were not necessarily related to their areas of focus** (humanitarian, development, peace). System mapping also found that the network was mainly based on information-sharing relationships, working relationships and coordination relationships. Funding relationships were not a basis of this network.



Annex VII – Integration of the Principles for Good International Engagement in Fragile States and Situations into programming in the DRC (1/2)

Adequate (green): Programming has mostly integrated this principle. **Partial (yellow):** programming integrates this principle, but with a few major gaps or not systematically. **Limited (orange):** Programming integrates this principle very superficially or with very significant gaps. **No integration (red):** Programming does not integrate this principle.

Engagement principles	Integration level in Canada’s programming in the DRC
1. Take context as the starting point	Limited – Canadian programming in the DRC has been able to react to the context by adapting its planning to specific events and to the evolving situation on the ground. Nevertheless, it appears that despite the DRC’s chronic conflicts and its population’s substantial health, social and economic vulnerability, bilateral and partnership programs have not systematically taken into account, through specific analyses, causes and factors of conflict and fragility. In this regard, note that to date, no CICAP or similar analysis has been conducted for the DRC. This tends to demonstrate that the specific context in the DRC, characterised by extreme institutional fragility and the proliferation of tensions and conflicts, has yet to be considered as the starting point of Canadian programming design.
2. Do no harm	Limited – Gaps in terms of specific analyses of causes and factors of conflict, limited sharing of knowledge between the different streams and the weak presence of PSOPs in a country largely affected by conflict are factors limiting programming’s capacity, particularly but not exclusively in development, to clearly position itself from a do-no-harm perspective. These factors have also limited Canada’s capacity to identify, before and during project implementation, possible causes of tension and the possible harmful, unforeseen and undesirable repercussions of projects. However, the evaluation did not identify cases where Canadian programming aggravated tensions.
3. Focus on state-building as the central objective	Limited – Despite including democratic governance among the three priorities of assistance to the DRC (2014–2019 Strategy), Canada’s actions to strengthen Congolese government institutions remained limited. With the decreasing legitimacy of the Kabila government starting in 2015 and in particular at the end of the President’s term in 2016, Canada chose to reduce its direct engagement with the Congolese government at the national level and to focus its support instead on the decentralized and civil society levels.
4. Prioritize prevention	Limited – A limited number of Canada-funded projects in the DRC were designed primarily for conflict prevention, although some projects, particularly those advancing democracy and combatting impunity, did contribute to this principle.
5. Recognize the links between political, security and development objectives	Partial – Although Global Affairs Canada largely recognizes these links in the DRC context, their operationalization in a coherent country strategy or coordinated programming had yet to happen when the evaluation was completed. This principle was mainly taken into account in an informal and ad hoc manner. The current dynamic and momentum in favour of the nexus, however, suggest a political will by Global Affairs Canada, other donors, the UN and more recently the Congolese government to better incorporate cross-cutting perspectives and approaches, and to tackle the complex and multi-factor issues specific to the DRC. Canada is recognized as a nexus stakeholder that has played an active role in the process in the DRC.

Annex VII – Integration of the Principles for Good International Engagement in Fragile States and Situations into programming in the DRC (2/2)

Engagement principles	Integration level in Canada’s programming in the DRC
<p>6. Promote non-discrimination as a basis for inclusive and stable societies</p>	<p>Adequate – Along with Sweden and Belgium, Canada is recognized for its leading role on gender equality, combatting SGBV, and the sexual and reproductive health of women and girls. The FIAP has enabled Canada to position itself as a leader in promoting gender equality and protecting women’s rights. From a peacebuilding perspective, Canada’s significant engagement in the DRC to adapting its programming specifically for women and girls aligns with the Stockholm Declaration in promoting gender-based approaches and the active participation of women. Similarly, the priority assigned to youth (protection and basic services) established by the 2014–2019 Strategy is consistent with the New Deal for Engagement in Fragile States commitment of “recognizing and harnessing the positive potential of youth for peacebuilding.”</p>
<p>7. Align with local priorities in different ways in different contexts</p>	<p>Partial – Performance on this principle was negatively affected by the limitations of direct political dialogue with the Congolese government. However, this did not completely rule out dialogue between Canada, specifically the mission, and certain government ministries (health, gender, social affairs, etc.). Similarly, at the project level, the local authorities were involved and consulted most of the time.</p>
<p>8. Agree on practical coordination mechanisms between international actors</p>	<p>Partial – Canada participates actively in coordination efforts among the different donors present in the DRC. However, despite Canada’s strong participation in the various dialogue mechanisms, complementarity of the engagement of international stakeholders remains difficult to manage in the DRC context. Each donor has its own agenda and numerous political or budgetary constraints. With weak leadership from the Congolese government, money is often allocated by donors to the various projects without any real dialogue about the strategic distribution of roles and responsibilities.</p>
<p>9. Act fast . . . but stay engaged long enough to give success a chance</p>	<p>Partial – The combination of different intervention channels (chiefly humanitarian and development) allows Canada to respond quickly to populations’ pressing needs with its humanitarian programming while remaining engaged for the long term, as shown by its programming in health and in combatting SGBV. Global Affairs Canada introduced multi-year funding for humanitarian programming in prolonged crises. Although some flexibility has been observed in current projects (for example, in terms of adjusting activities in cases of insecurity), in the broader sense the flexibility of development programming remains limited by cumbersome planning and budgeting procedures.</p>
<p>10. Avoid pockets of exclusion</p>	<p>Partial – With its relatively modest means, Canada has opted for a targeted approach, in terms of both the geographic distribution of its engagements (essentially Kinshasa, Katanga, Ituri, Kivus) and the beneficiaries it targets (women and youth). However, this choice may limit Global Affairs Canada’s capacity, via its development, and peace and stabilization programming, to tackle certain problems in a global and holistic manner. For example, there is almost no emphasis on economic development, and insufficient governance initiatives, despite the priorities listed in the 2014–2019 strategy, and minimal engagement in conflict prevention.</p>

Annex VIII – Approaches and tools for programming that is sensitive to the causes and factors of conflict and fragility

Global Affairs Canada’s tools for programming in fragile states

Canadian Integrated Conflict and Fragility Analysis Process (CICAP)

CICAP is the main analytical tool used by the department in fragile and conflict-affected countries. Its function is to facilitate conflict analysis and inform decision-making about Canada's overall engagement efforts in challenging security environments. The evaluation identified the use of CICAP as a good practice in Mali, Southern Sudan and Burkina Faso, however, CICAP can be burdensome, particularly for small teams. Beyond CICAP, PSOPs also offers expertise in the development of humanitarian and development projects to program teams.

Integrated Country Framework and Integrated Peace and Security Plans

In 2016, the department piloted the Integrated Country Framework (ICF), a tool that provides a three-to-five year overview of Canada’s objectives in a given country and the integrated engagement modalities to achieve them. A review of the processes for deploying the ICF in Colombia and Ukraine showed that the ICF could facilitate coherence of Canada’s engagement if the process was supported by strong leadership, which had not always been the case. The department did not adopt the ICF after the pilot.

In the 2019–2022 strategy, PSOPs introduced the Integrated Peace and Security Plan, an integrated planning mechanism for its priority countries. The mechanism aims to promote programming coherence in fragile countries by incorporating the results of CICAPs.

Other donors’ approaches to engagement in fragile states (specific to the DRC)

According to the evaluation’s literature review, most leading donors in the DRC, such as the World Bank, EU, US, UK, some UN agencies and major NGOs, have done complete analyses of the causes and factors of fragility in the DRC. It might be beneficial for Global Affairs Canada to access and use these analyses.

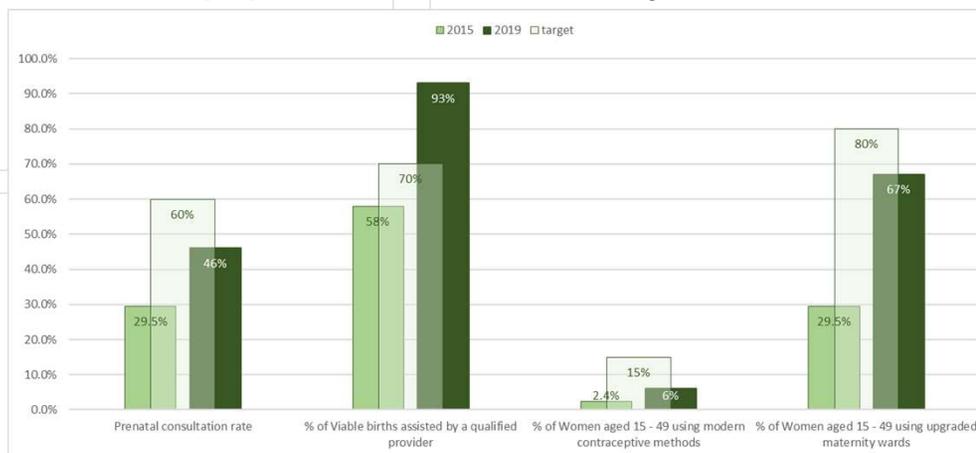
In the DRC context in particular, good practices by the UK’s Department for International Development (DFID), the United States Agency for International Development (USAID) and Belgium were noted. A brief overview follows.

- In the DRC, **DFID** funds an evidence, analysis and coordination program. It aims at strengthening the limited understanding of the institutional context with a research program and an expert panel.
- **USAID**’s new country strategy seems to be headed in the direction of adopting a fragility lens, putting conflict prevention at the centre of its strategy. USAID carried out an analysis of democracy, human rights and governance.
- It has also been reported that **Belgium**’s multi-year development portfolios sometimes include a reserve fund for interventions that were not defined at the time of approval. This practice enables Belgium to use these funds in the DRC to support complementary investments and meet emerging needs.

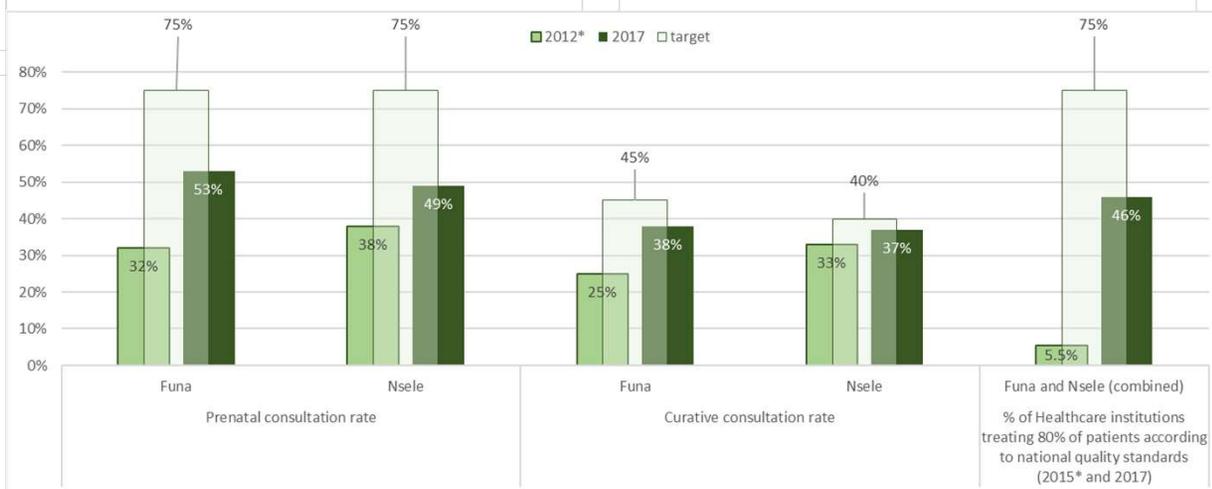
Annex IX – Changes in health indicators in geographic areas with Canadian Interventions

Despite noted improvements, key indicators were below targets in all but once instance.

Ituri and Tshopo provinces – data from Healthy Mothers and Children



Kinshasa province (Funa and Nsele) – data from PASSKIN



Annex X – Good gender-equality practices in DRC programming

Some approaches used by Canada’s programming in the DRC played an important role in integrating gender equality.

The support given to local organizations working on gender equality has helped to build local capacities and to advance the gender cause by increasing their advocacy capacity.

As indicated in various official documents, such as the 2014–2019 Country Strategy for Canadian International Assistance in the DRC and Vision 2030, programming was designed to support local organizations so they could defend their rights and strengthen their advocacy capacity. A variety of projects followed this approach, yielding some interesting results. The Midwives save lives project supported the Association congolaise des sages femmes while building its advocacy capacity. The PLUVIF project, which ended in 2017, supported COCAFEM, a network of women’s organizations in Africa’s Great Lakes region, in its regional advocacy efforts and policy dialogue for women’s participation in political governance. This is also at the heart of the Women’s voice and leadership project, although at this stage, it is still too early to assess its effectiveness.

Inclusion and consultation of target populations, particularly women and girls, husbands, local communities and authorities, at all project levels have benefitted project planning, sound implementation, and achievement and appropriation of results.

A great many of the executing agencies that Canada funded consulted actively with women and girls, and conducted intensive research and analysis with them. This approach has enabled these organizations to make more informed choices about their activities, to have a more accurate understanding of beneficiaries’ realities and challenges, and to improve their capacity to respond to needs in a more adapted manner. For example, the Support for civic and electoral education project chose the time and location of an activity based on the women participants’ family schedules. Furthermore, for various projects, such as those of Oxfam-Québec, including and involving husbands, young people and community leaders throughout the process helped to raise awareness and increase understanding of gender equality, and empowerment of women and girls.

Dedicated technical resources at Global Affairs Canada and within its partner organizations helped to sensitize project teams to gender equality and empowerment of women and girls, and to foster better integration of these concepts into all stages of projects.

To continue their efforts toward gender equality and women’s empowerment, and to align with the Feminist International Assistance Policy, many executing agencies had recourse to the expertise of gender specialists. For organizations in the DRC, this facilitated more in-depth integration of the various concepts and better knowledge-sharing. Oxfam-Québec gender specialists, for example, did gender-sensitive budgeting, developed a communication plan adapted to the context, and provided gender-equality training to its staff and implementation partners. At Global Affairs Canada, the technical contributions of gender specialists who were significantly involved in programming helped to bolster the gender-equality strategic direction of DRC programming. They also supported project monitoring by making field visits and holding meetings, while providing support to partner organizations.

Annex XI – Acronyms

ASSK	Access to health services in Kinshasa	JAD	Project to combat gender-based violence: justice, empowerment and dignity for women and girls in the DRC
CCISD	Centre de coopération internationale en santé et développement [Center for International Cooperation in Health and development]	KFM	Partnerships for Development Innovation Branch
CENCO	Conférence épiscopale nationale du Congo [National Episcopal Conference of the Congo]	MFM	Global Issues and Development Branch
CENI	Commission électorale nationale indépendante [Independent National Electoral Commission]	MHD	International Humanitarian Assistance Bureau
CHUM	Centre hospitalier de l'Université de Montréal [Hospital Center of the University of Montreal]	MICS	Multiple Indicator Cluster Surveys
CICAP	Canadian Integrated Conflict Analysis Process	MNCH	Maternal, newborn and child health
DFID	Department for International Development (United Kingdom)	MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of Congo
DPS	Division provinciale de la santé [Provincial Health Division]	NGO	Non-governmental organization
DRC	Democratic Republic of Congo	ODA	Official development assistance
EU	European Union	OECD – DAC	Organization for Economic Cooperation and Development – Development Assistance Committee
FAO	Food and Agriculture Organization of the United Nations	PCG	Partner coordination group
FIAP	Canada's Feminist International Assistance Policy	PNC	Prenatal consultations
FSSP	Field Support Services Project	PRA	International Assistance Evaluation Division
GAC	Global Affairs Canada	PSOPs	Peace and Stabilization Operations Program
G7	Group of the seven most industrialized economies	REEJER	Réseau des éducateurs des enfants et jeunes de la rue [Network of Street Children and Youth Educators]
GIBS	Groupe Inter-Bailleur pour la santé [Health Development Partners' Forum]	SGBV	Sexual and gender-based violence
HIV	Human immunodeficiency virus (AIDS)	UN	United Nations
HRP	Humanitarian Response Plan	UNDP	United Nations Development Programme
HZ	Health Zone	UNICEF	United Nations Children's Fund
IBCR	International Bureau for Children's Rights	UNFPA	United Nations Population Fund
ICF	Integrated Country Framework	USAID	United States Agency for International Development
IFM	International Security and Political Affairs Branch	WFP	World Food Programme
IGA	Income-generating activities	WGM	Sub-Saharan Africa Branch
INCAF	International Network on Conflict and Fragility	WWC	DRC and Nigeria Development Division
IOM	International Organization for Migration	WWD	West and Central Africa Bureau
IPPF	International Planned Parenthood Federation		