

EXTERNAL EVALUATION

MAY 2014

Improving nutritional status through an integrated multi-sectoral approach in South and North Kivu, Democratic Republic of Congo



Funded by
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Authorship

The findings in the report are the statements, views and perspectives of representative community members; partner and ACF staff, as openly shared by them. Paul O'Hagan www.p-fim.org an independent consultant presents these findings in the report which are not necessarily the views of ACF.

Acknowledgments

This evaluation and report was commissioned by ACF and the field work convened and organised in Kalonge by the ACF Sub-Office. I would like to acknowledge all the people who participated in the process and thank those ACF staff who did everything to make the process happen.

Limitations¹

Time in the project area was extremely limited. This was caused by visa delays and 3 days of last minute Public Holiday declarations. It meant that the planned methodology was not used. No field visit was made to Bunyakiri and Itebero. Work quality was challenged by heavy rain on one occasion and absence of key staff (to a lesser extent). The project was being closed at the time of the visit.

¹ Planned travel for field work in Bunyakiri and Kalonge on 16 April 2014 was cancelled due to the time required to obtain a visa and travel authorisation. On Friday 18 April a public holiday was declared for Monday 21 April 2014. This severely limited the time available in the field to 4 days. On arrival in Kalonge the *Mwami* (traditional ruler) of the area announced 2 days of prayer on Friday 25 and Saturday 26 March against the background of a kingship dispute. This meant that the planned second day of project site visits was not possible. Heavy rain on the afternoon of a community workshop prevented, feedback from group work in plenary. Some key staffs were absent or unable to be contacted during the evaluation. These factors were outside the control of the consultant.

ADFL	Alliance des Forces Démocratiques pour la Libération du Congo-Zaïre
BCZ	Bureaux Central de la Zone de Sante
CIDA	Canadian International Development Agency
CLTS	Community Led Total Sanitation
CNDP	National Congress for the Defence of the People
CODESA	Comite des Developpement Sanitaire
CPIA	Coordination Provincial Inter Agence
DAC	Development Assistance Criteria
DFATD	Department of Foreign Affairs, Trade and Development Canada
DRC	Democratic Republic of Congo
FAR	Forces Armées Rwandaise
FARDC	Forces Armées République Démocratique de Congo
F2B	Internal ACF Project Identification Code for this project
FDLR	Democratic Forces for the Liberation of Rwanda
FNL	Forces National de Libération (Burundian rebel group)
FIB	UN Forces Intervention Brigade (Rapid Attack Force)
FSL	Food Security and Livelihoods
GAM	Global Acute Malnutrition
INGO	International Non-Governmental organisation
ITAPEL	Inspection Territoriale de l’Agriculture, Pêche et Elevage
KAP	Knowledge, Attitudes and Practises
OCHA	UN Office for Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
MAM	Moderate Acute Malnutrition
MONUC	UN Mission in the DRC
MONUSCO	UN Stabilization Mission in the DRC
MSF–S	Médecins Sans Frontières Spain
PCIMA	Protocole National de Prise en Charge Intégrée de la Malnutrition Aigüe
PRONANU	Programme Nationale du Nutrition
RCD	Congolese Rally for Democracy
ReCo	Relais Communautaires
RPF	Rwandan Patriotic Front
SAM	Sévère Acute Malnutrition
SMART	Standardized Monitoring and Assessment of Relief and transitions
UNT	Unité Nutritionnelle Therapeutic
UNTA	Unité Nutritionnelle Thérapeutique Ambulatoire
UNTI	Unité Nutritionnelle Thérapeutique Intensive
WASH	Water, Sanitation and Hygiene

Executive summary

“Improving nutritional status through an integrated multi-sectoral approach” in South and North Kivu, Democratic Republic of Congo was the 2nd phase of a 12 month project (01 June 2013 to 31 May 2014) funded by the Canadian Department of Foreign Affairs, Trade and Development (DFATD)² for \$1,500,000CAD. The project was designed in response to the nutrition needs of families displaced from North to South Kivu in 2012. It admitted and treated children under 5 years old with SAM. It built the capacity of Government health care staff to do this. It improved sustainable access to potable water, sanitation and good hygiene practices. It reinforced the livelihoods of 4,275 conflict affected households through agricultural recovery and income diversification. It provided integrated nutrition and hygiene education and access to livelihoods through community based structures.

² As the project was funded before the change from CIDA to DFATD all visibility for the project in the field refers to CIDA. ACF field staffs need to be made aware that the donor name “CIDA” changed to DFATD in 2013 under a restructuring. The next project phase should be branded accordingly.

No	Finding	Recommended Action	Management Response	Responsible	Deadline
1a.	<p>Impact</p> <p>Long term project impact is unclear at this stage given short project duration. Some project sites visited had the feel of being “perfect demonstrations” rather than looking tired from use because construction work had only just been completed or was still underway. Seeds received and planted were badly affected by hail storms. Substantial increase of children being treated for malnutrition in health centres since June 2013. Behaviour change e.g. open defecation, community mobilisation and some WASH activities i.e. latrine construction started too late to see impact now.</p> <p>Communities feel positive about the work done. They are hungry for knowledge and information and welcome the trainings provided. This can be built upon. The commitment and capacity of the health service personnel met was impressive.</p>	<p>Strengthen a strategic programme approach building on project lessons learned and continuity. This process is already recognised and under way with development of a new ACF strategy.</p>			
1b.	<p>Strong internal focus and systems that support quantity of outputs.</p>	<p>Put strategic community based communication on a level footing with technical delivery. Early linkage between KAPs, communication channel mapping / behaviour / social change communication strategy and implementation; focus on achieving impact from the outset. Move beyond the limitations of input output based approaches and integrate with</p>			

		establishing quality of communication with communities in order to achieve impact. This requires good coordination and support to enhance the capacity for analysis and development of innovative approaches.			
1c.	Participation. Key stakeholders involved at the end and not at the beginning and middle of the project cycle. Government and local NGOs acknowledged in the cluster peer review as not being sufficiently involved or included more widely in humanitarian activities.	Strengthen a people centred approach (the starting point is people and not the project or institutions / organisations). Develop a culture and systems that better balance and integrate project outputs with quality (outcomes and impact) i.e. stakeholder participation and collaboration at all stages.			
2.	Relevance Project relevant to local needs re. Nutrition, WASH and food security context.	Project strategies and inputs could further link with building knowledge and skills for resilience through a disaster risk reduction / climate change adaptation lens e.g. land and soil management / anti-erosion measures / re-forestation to control wind damage to crops and top soil loss / agro-forestry / fuel wood efficiency and conservation / rehabilitation of lowlands. Prevention is better than cure.			
3a.	Efficiency Based on the limited number of project sites visited, the technical quality of outputs was very effective. Seasonally terrible state of the roads make logistical and access constraints high. This makes the delivery of the outputs achieved in the 12 month timeframe very impressive.	No major recommendation apart from those relating to 3c. iii.			
3b.	3 Field Coordinators in under 12 months. Leadership and Management vacuum in oversight and integration at key points in project delivery causing input delays, weaker sectoral	Act in the knowledge that prolonged leadership and management vacuums at Field Coordinator and other levels will reduce the capacity for oversight, support and joined up thinking. Fine hone recruitment processes and endeavour to retain key staff who have the experience and capacity to stay longer term, the vision to think and act outside of sector,			

	integration and late expenditure.	organisational and project boxes. Strengthen procedures that mitigate continuity gaps in order to minimise planning and logistical delays which was a de-motivating factor mentioned by staff. Review internal communication mechanisms so that frontline and middle management (and partner personnel) can share views and ideas to inform programme decisions, especially relating to the appropriateness of planned interventions and changes to existing programmes.			
3c.	Project efficiency challenged by i) delayed start; change of intervention area and; restrictive grant framework and need to request a contract amendment ii) lengthy partner MoU approval process resulting from harmonisation of the ACF DRC East and West management structure (and different views on how this is working internally) iii) inaccurate estimates and purchase of inputs especially in WASH.	<p>Advocate for development of DFATD funding framework and procedure to be more response to the needs of affected populations. Diversify funding based with a portfolio of longer term grants i.e. 2 years plus.</p> <p>Ensure that there is adequate capacity in the field and decentralise decision making to as close as possible to the action. It may be helpful for ACF to review Charles Handy’s work on “Common Law” which helps define what should be decided on by the “centre” and what is best freely done by the “periphery” in federated organisational structures.</p> <p>Mini internal review of the harmonisation process to ensure that the voice of all staff is heard; common understanding of how this process is working and; what may need to be addressed.</p> <p>Project team planning capacity and coordination oversight / support to ensure accurate estimates for purchase of inputs especially in WASH.</p>			
3d.	Many staff experienced with ACF and working hard – while there is room for improvement this helped mitigate efficiency challenges.	Invest in and develop staff so that they have the skills and knowledge to try and work in new ways. This means developing the leadership capacity of staff at all levels: Increasing personal effectiveness through self-awareness; creating a culture that drives for improvement and learning from mistakes; welcomes constructively critical feedback and; creates respect and trust within a positive team atmosphere.			

4	<p>Effectiveness</p> <p>The specific objective to maximize nutritional impact through integrated food security interventions, water, hygiene and sanitation in the area was partially met.</p> <p>Outcome 1: Cases of severe acute malnutrition are admitted and treated, and the technical capacity of health personnel for the care and management of acute malnutrition are strengthened was largely met.</p> <p>Outcome 2: Sustainable access to drinking water and sanitation infrastructure and the application of good hygiene practices are improved was partially met.</p> <p>Outcome 3: Livelihoods of 4275 households affected by conflict are reinforced by agricultural recovery and diversification of sources of income was partially met.</p> <p>Outcome 4: Integrated actions in nutrition, access to livelihoods and hygiene education are implemented through community based cells and other community structures was partially met.</p>	<p>Effectiveness could be improved by addressing the recommended actions.</p>			
5	<p>Coherence</p> <p>Good level of coherence between Government sector policies and the project. Coherence among humanitarian agencies could be</p>	<p>Actively participate through the clusters in OCHA plans to begin monitoring and evaluating the collective humanitarian response for Kivu in collaboration with the International Initiative for Impact Evaluation (3ie). Link community voices</p>			

	improved.	with impact measurement and accountability for funds received.			
6	<p>Coverage for nutrition treatment was excellent. MSF and ACF support all UNTAs in Kalonge. Some health areas are very hard to reach and extending the coverage was relevant. Cooperation between ACF and MSF seemed a geographic allocation of responsibilities rather than a real collaboration. Food Security and WASH coverage was limited compared to the scale of need. It was not possible to really determine the rationale for the change of project area given the constantly changing nature of the population and needs – other factors such as insecurity in Itebero may have affected the decision.</p>	<p>A longer term approach is required to have greater coverage and impact in food security and WASH.</p>			
7a.	<p>Sustainability</p> <p>Both ACF and MSF are currently closing in Kalonge. A key concern is the potential for rupture in delivery of nutritional inputs from the referral hospital to outlying areas. The commitment and individual capacity of the BCZ staff met was impressive. However, the institutional capacity of the BCZ in the taking over the supervision and coordination of the treatment of malnutrition within the health</p>	<p>As a matter of urgency work with BCZ, UNICEF, PRONANUT and communities to ensure that there is local ownership and responsibility of the strategy and actions to ensure continued treatment of acute malnutrition (including the supply of nutritional inputs but not overseeing the qualitative aspect of the treatment) to avert a crisis in the treatment of malnutrition now that demand has been created and increased.</p> <p>ACF could play a key role in advocacy for donor frameworks and funding availability that are more people centred. The 2016 World Humanitarian Summit in Turkey is an opportunity to change the way that the sector does business and to work differently (including how donors fund which is an aspect of</p>			

	<p>system seemed limited. A late start to the behavioural change, community based management structures and exit process etc has jeopardised sustainability. Connecting the intervention to longer term health service development and livelihoods is under developed.</p>	<p>the challenges faced in this project).</p>			
7b.	<p>Communities complained about short project duration and lack of connection between emergency response and development.</p>	<p>Communicate transparently in dialogue with communities on the reasons for disengagement from Kalonge as part of the exit activities. This should be part of standard strategic communication work.</p>			

1.0. Main Report

1.1. Context

The Kivu context is characterised by:

- **Security and governance vacuum**
- **Lack of infrastructure and difficult terrain**
- **Emergency, rehabilitation, recovery and development co-exist side by side**

Since 1994 the Kivu region of Eastern DRC has experienced successive cycles of insurgency and counter insurgency by belligerent forces that have included rebel groups from Rwanda, Burundi and Uganda; the Armed Forces of DRC, Rwanda and Uganda; various civilian defence militias and; the United Nations Rapid Attack Force. Competing national and regional interests are at play. It is a conflict primarily about access to and control of resources. The expansive resource rich and difficult terrain, combined with the DRC government's lack of capacity and presence to secure and serve the whole region, creates cycles of insecurity and population displacement. It is a chronic crisis characterised by pockets of security and insecurity. Frequently there is no clear distinction between the text book phases of humanitarian response and development. Communities are either in, entering or emerging from an emergency over periods of months and years. The context is **complex and fluid**.

Malnutrition is a **chronic** and slow onset crisis. It is aggravated by displacement which affects stability in food availability, access and utilisation³. This results in peaks of severe acute malnutrition. Insecurity leads to lack of access to land, productive assets, disruption of farming cycles, loss of farming knowledge and skills, lack of access to complementary income sources and erosion of the natural resource base e.g. lack of investment in anti-erosion measures and use of productive land such as lowland marsh areas etc. Displacement also increases the pressure on the already limited water and sanitation infrastructure which increases the risk of water borne diseases which in turn directly affects nutrition status. Severe acute malnutrition is compounded by knowledge and behavioural issues such as poor hygiene practice, water quality, nutrition knowledge and practice etc. Structural issues such as poor roads, lack of energy infrastructure and access to markets contributes to an environment that limits the potential for equitable economic growth.

1.2. Methodology

The overall objective of the approach was to determine the issues that stakeholders have strong feelings and emotions about regarding the project in the wider context of change. The assumption was that **emotions** are linked to **motivation** and therefore **action**. People are only prepared to act on issues that they have strong feelings about. This enabled the singling out of a) What went well and b) What could be improved c) Key learning points and d) a preliminary understanding of the relationship of the project with the wider context of change. A variety of participatory methods were used to triangulate implementing partner, community and wider stakeholder perspectives and experiences. This included goal free

³ P.360. 2011, F. Burchi, J. Fanzo, E. Frison The Role of Food and Nutrition System Approaches in Tackling Hidden Hunger, International Journal of Environmental Research and Public Health ISSN 1660-4601.

discussions with community representatives; goal focussed semi structured key informant interviews; mini participatory learning and action workshops; ranking exercises; individual and group work. This knowledge and information was then verified with data such as health centre nutrition records. These confirmed a strong correlation between the qualitative and quantitative findings.

The evaluation process involved:

- 24 Key Informant Interviews
- 2 Internal staff workshops
- Field Visits to 3 HCs, 1 Hospital, 2 Milling Associations, 1 school and 1 Water Committee
- 1 Community workshop with 27 participants
- Internal presentation of preliminary findings and recommendations in Kalonge and Bukavu
- Background reading

- **Internal mini-workshops with ACF in Bukavu and Kalonge**
 - Staff were asked to anonymously write down their expectations, hopes and fears for the evaluation
 - They Individually drew a visual image of how they experienced the project and shared in plenary
 - Individually participants drew a map of the times when they felt motivated and demotivated working on the project and shared this in plenary
 - The results provided a rapid appreciation of what had gone well and challenge areas
 - The challenge areas were individually ranked as the basis for group work
 - Participants were asked to define the challenge and to work on recommendations for improvement
 - OECD DAC Criteria and Cross Cutting Theme staff self-ranking

- **Project site visits**

These enabled interaction and semi-structured interviews and discussions with project participants and implementing partners. The utilisation and quality of project outputs were observed and visited. Health centre records were reviewed.

- **Workshop with Kalonge's community representatives**

This began with a participatory exercise focussed on achieving depth and quality of communication for the group work. 27 participants were formed into 4 discussion groups. They discussed in their own languages:

- The most important things that have happened in their lives over the past 12 months?
- How they feel about this change?
- The difference this change has made to their lives?
- The causes of these changes?

At the end of the discussion each group was then given a reporting format to prioritise key changes and capture the discussion. Given heavy rain making hearing impossible it was not possible to present in plenary. Each group therefore debriefed on their findings with the evaluator.

- **Key Informant Interviews**

Core lines of questioning were focussed on the OECD DAC criteria selected for the evaluation.

- **Background reading**

Review of relevant project documentation included:

- Approved donor proposal document
- Project logframes
- Approved grant amendment or extensions requests
- All interim donor reports
- Monthly project monitoring reports
- Budget expenditure
- KAP study
- Wider research on integrated multi-sectoral nutrition approaches and context
- Previous external evaluations

- **Presentation of preliminary findings and recommendations**

- Preliminary findings and recommendations presented to ACF staff in Kalonge and Bukavu

2.0. Key Findings

2.1. Impact⁴

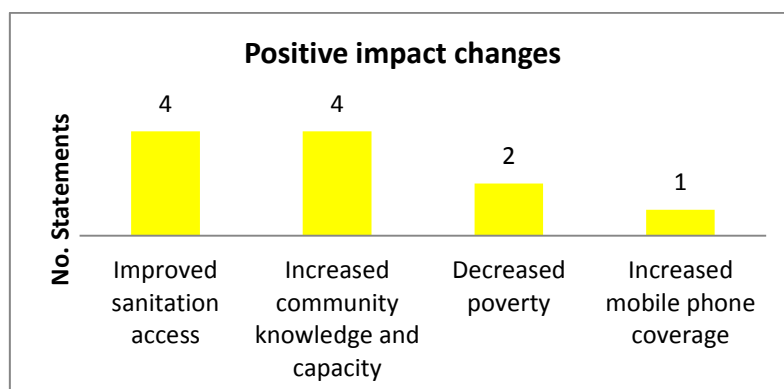
The specific project objective was to improve the nutritional status in the area through integrated food security and WASH interventions. 2 KAP studies at the beginning and end of the project were envisaged to provide a baseline against which to evaluate the impact of the preceding 2012-2013 intervention and 2013 - 2014. There was also a Food Security baseline study and an end line now being implemented. The first KAP was obtained in draft form during the external evaluation visit⁵. Final outcomes will only be determined once the final KAP is completed. Impact is mentioned in the proposal and logframe only in regard to the KAPs. The monthly monitoring format (APR) is focussed on capturing information on activities and outputs and not outcomes or impact. The project design and monitoring tools could be further developed to reflect a deeper understanding of impact change and the causes of this (attribution and contribution) in line with the development of wider thinking on impact measurement⁶ and the integrated approach. Stronger coordination and support could have increased the benefits of the existing monitoring and evaluation tools. Findings between impact and sustainability in this evaluation are strongly linked. The long term effects are discussed in the report section on sustainability.

⁴ General: What are the positive, negative and neutral intended and unintended effects - short term, long term - micro / macro levels? Specific: Was the expected impact clearly defined in the project documents - particularly the multi-sectoral approach? What is the impact actually measurable and confirmed by evidence, in particular the impact of the activities of sensitization and training? How to strengthen?

⁵ Multisectoriel Enquête CAP Initiale RDC, Janvier 2014.

⁶ 2014, Contribution to Change: An approach to evaluating the role of intervention in disaster recovery, Practical Action Publishing.

Positive Impacts



A sample of 26 participants from communities listed the above 4 most important short term changes in the wider context of their lives over the past 12 months. There was a strong correlation between positive impacts and the project activities. With the exception of increased mobile phone coverage they said that ACF had contributed to the first 3 positive changes. People talked about decreased distance to sanitation facilities and water sources which impacted positively on hygiene behaviours. They also prioritised the improvement of hygiene in school environments as a key change. Improvements in sanitation facilities and water supply at health facilities they felt would decrease “clinic caught” diseases.

People were positive about capacity building in income generating and socioeconomic activities. They spoke about seed distributions and latrine slats, farm tools, spring protection, medical treatment of malnourished children and cash distributions for income generation activities. They felt that NGOs did not discriminate in their interventions. Change related to decreased poverty was felt to be the improvement of living conditions through food security, WASH and the medical treatment of malnutrition. During the last 3 months a mobile phone company had extended their mobile coverage to Kalonge. This has major social and psychological implications for the community. Even though the network is very weak they see this as symbolic of decreasing their isolation. It feels like a long way off at present but if the network performs well, then this might allow new programme mechanisms such as mobile transfers, mobile banking, feedback mechanisms, price monitoring, e-learning opportunities (CSO, local NGO and government staff), etc.



An unintended positive impact talked about by one group of women met in the field, was that they felt a new sense of social solidarity. This was increasing their ambition and vision to invest and undertake different joint income generating initiatives beyond the farming and milling machine support they had received. This is probably the most important impact. Social unity is critical to any kind of improvements.

Figure 1 Social solidarity improved

Negative Impacts



Figure 2 Kalonge Centre

The same community representatives felt that the work of NGOs including ACF was never completed. This is a view of how they collectively experience the work of humanitarian agencies and not only that of ACF. Their perception was that outcomes are not achieved following emergency projects. They spoke of a lack of policy relating to the roll out (multiplier effects) of training activities and the formation of subjective committees in the community without integration of local NGOs in follow up.

Communities seem to have a better grasp of this issue than agencies and donors. Other negative changes were abandonment of education. The causes of this were felt to be the lack of government support to the education sector; community behaviours and; crop failure and harvest shortfalls that meant that families could not afford the hidden costs of education. People felt that malnutrition was enduring and that epidemic diseases continued. They talked about the change being no change at all. A major local issue is a kingship dispute within the Kalonge royal family. At least 2 people have died and hundreds recently displaced. The issue is live and current and having a major impact on the area. People were also struggling with the inflated cost of basic commodities.

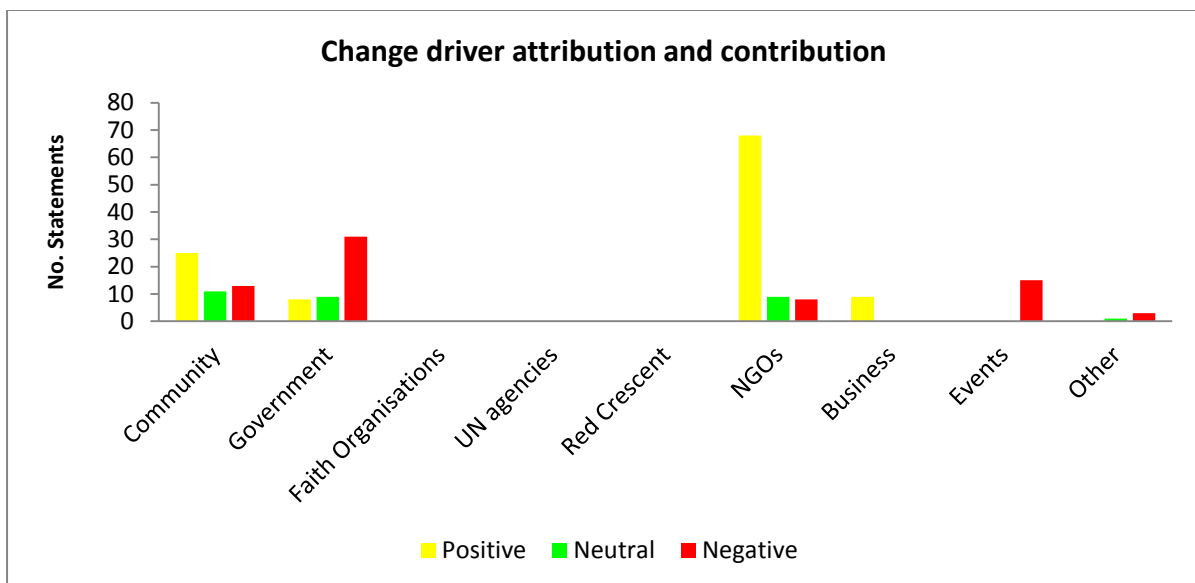
“NGOs start but do not finish their work. We have seen ACTED, OXFAM and ACF come and go.”

Kalonge Community Representatives

All key informants had reservations about the actual integration of the multi-sectoral approach on the ground and 4 pointed to the lack of evidence to support this in Kivu. It was mentioned that control group research would be helpful to show the difference between communities where the approach has been applied and not. OCHA and WFP reported that in the health zones where ACF is working that as far as they are aware the under 5 malnutrition rates are under control. However review by the consultant of health centre records for all health zones at the Kalonge Referral Hospital showed a substantial increase in the number of SAM and MAM cases being treated between June 2013 and March 2014 (latest records). When questioned about this some key informants felt that this increase was the result of i) sensitisation and training ii) They also felt the Relais Communautaires were more effective in identifying and referring children in villages to health centres and iii) decrease in false beliefs and taboos in communities that act as a barrier to seeking treatment.

The project documents clearly define the anticipated project outcomes understood as “The uses made of the outputs by the affected population”⁷. The project outcomes have an emphasis on sustainability that are not realistic in a 12 month timeframe. To achieve these there is need for a longer term view with a much stronger community based approach and integration of local capacities.

The rationale for a multi-sector approach is clearly outlined in the project documents. The community based aspects of the project design including the *relais communautaires*, mother’s clubs and their links to community health workers re-enforced the links between community action and government responsibility for service provision. What did not come across so clearly in the project proposal is that the integrated multi-sector approach is the policy of the national government nutrition programme. The project documents demonstrate good knowledge and understanding of the highly complex and fluid security context and its impact on the civilian population.



The above attribution ranking is based on a weighting exercise with community representatives on the causes of key changes outlined in this chapter. The high attribution to NGOs including ACF is indicative of a context where the coverage of government service delivery is limited and weak. Over the longer term it would be better to see positive impact attribution reflected against community and government led action and to work towards this accordingly by more robust inclusion of these at all project cycle stages.

Neutral Impact

Neutral impact was felt to be an overall lack of change. While security caused by insurgent and counter insurgent activity was not an immediate issue, it had been replaced by the local kingship dispute. For this reason people felt that change in relation to security was a neutral change. This demands a deeper and more nuanced understanding of the local conflict dynamics in Kivu. Without further longer term support they also felt that some of the

⁷ 2013 ALNAP, Evaluation of Humanitarian Action: Pilot Guide

training received by NGOs would result in neutral impact i.e. it was incomplete to achieve positive impact. At present MONUSCO, Red Cross Family agencies and faith organisations such as churches and mosques are not perceived to be driving any kind of change within this sample group. The negative change (crop damage and harvest shortfalls) related to an event are the hail storms experienced at the end of 2013. Positive impact driven by business is the extended mobile network and the efforts of traders to make commodities available on the local markets.

2.2. Relevance⁸

According to the national PCIMA strategy (2012)⁹, the Kivu's are in a stagnant situation of a



Figure 3 Farming in a difficult and vulnerable environment

chronic malnutrition compared to national averages (2001-2010). The latest SMART survey conducted in the area of intervention showed a prevalence of MAG of 5.7% (3.9% - 8.2%, 95% CI) and of SAM 1.3% (0.7% -2.5%, 95% CI).¹⁰Based on the 2014 KAP the integrated approach is relevant to the 3 health zones. In Kalonge health zone 41.9% of households have 2 children under 5 years. 41% had diarrhoea during the 2 week survey. 50% of households practiced hand

washing with soap. 74.8% have unsanitary latrines. 50% of households consume only 3 food groups. 49.5% of families drink water from

unprotected water sources. 84% of households do not treat water before drinking in any way. Hand-washing practice at critical times is low. Findings of the first KAP study in Kalonge found that while there were IDPs displaced by clashes in Shabunda between Raia Mutomboki and the FDLR and later between the Raia Mutomboki and FARDC, the majority (84.3%) of the population were indigenous to the region. Since 2012 the intervention zone has been calm – against the back drop of a kingship dispute that is leaving everyone uneasy and which could ignite into insecurity. It was not possible within the evaluation timeframe to really determine who the population or project participants were. Everyone met said that they were indigenous to the area. Whatever the case may be it is clear that many people are struggling to survive within a degrading natural resource base.

2.3. Efficiency¹¹

⁸ General: Is the project strategy relevant to the needs of households and context? Specific: Are the sectoral strategies and integrated approach relevant to the needs and context of the three areas of health?

⁹ PCIMA, RDC 2012

¹⁰ Juillet 2013, Enquête Nutritionnelle Anthropométrique, Zone de Santé de Kalonge Province du Sud Kivu République Démocratique du Congo, ACF

¹¹ General: What is the level of efficiency of the project in terms of planning and team structure? Specific: Is there any duplication between the three technical areas? What are the limits to improve efficiency in the local context (accessibility, security)?

During the motivation mapping exercise common de-motivating factors among staff that emerged were i) re-design and amendment of the approved project and the suspension of activities while donor approval was requested ii) delays in the validation of implementing partner MoUs during the harmonisation process between ACF DRC West and ACF DRC East. Historically ACF had 2 leadership and management structures in DRC - DRC East (Kivu) and DRC West. In 2012 a process of harmonisation began (fusion) to bring the eastern programme until a single leadership and management structure based in Kinshasa. iii) logistical delays in the acquisition and delivery of emergency nutrition inputs (Plumpy Nut, therapeutic milk powder and RESOMAL) and iv) 3 changes of field coordinator within a 12 month period.

i) Re-design and amendment of the approved project

The geographical focus of the project was amended¹² in view of an anthropometric nutrition assessment in May / June 2013. This showed that malnutrition rates were twice as high in Kalonge than Bunyakiri and Itebero where there was a significant improvement in the later. It can take several months between needs assessment, DFATD proposal submission, project approval and contract signing. For the annual humanitarian call for proposals these are generally submitted in November and a response is given in March the following year – 5 months later. There is a very high likelihood that the situation of people’s lives on the ground will have changed in the interim, creating the immediate need for a contract amendment and extension. The administrative procedure may also not match the seasonal calendar for Food security and WASH activities. This is a key learning point and could be better anticipated in future. Some donors approve a standard project proposal and at the time of contract signing just before release of funds request an Inception Report on how the project will be implemented. Further development of DFATD’s funding framework and guidelines would avoid this predicament for NGO partners¹³.

ii) Delays in the validation of implementing partner MoUs during the harmonisation process between ACF DRC West and ACF DRC East)

It was felt that the F2B project has been affected by the one country programme harmonisation process. There is a clear technical structural division within the team of staff who are Nutrition, Food Security and WASH. This extends beyond specific technical work to community based communication (animation). This means that behaviour communication activities take place with the same people in the same communities at different times. There could be more “joined up” thinking and practice with each community mobiliser after adequate training representing all 3 sectors as part of an integrated communication strategy. The only other duplication cited was that each *Relais Communautaire* received 3 ACF T-shirts for each sector – Nutrition, WASH and Food Security.

¹² 1 November 2013, ACF, Demande de modification de l’accord de subvention pour le projet : “Amélioration de l’état nutritionnel à travers une approche multisectorielle intégrée” en République Démocratique du Congo.

¹³ “Often assessments give a snapshot of needs or current conditions, but in most contemporary food security crises those current conditions change with the seasons programmes have to adapt as they go. This adaptability and the link between programme change and any kind of analysis – is frequently not built into programmes”. P.10. February 2013, Response analysis and response choice in food security crises: a roadmap. Number 73, HPN Network Paper

Common limitations encountered in previous ACF DRC evaluations and the same or similar lessons learned are repeated in this evaluation e.g. absence of key staff during the presentation of preliminary findings and recommendations and; lack of community participation at all stages of the project cycle. During the forthcoming strategy development process for DRC East it is recommended that this evaluation learning is re-considered and strategic actions defined to ensure that information translates into knowledge, ownership and responsibility for improvement.

Due to a late start expenditure has been concentrated at the end of the project. FSL was the sector that started more on time and where the expenditures have gone more smoothly. A final and late cash distribution means that follow up of income generating activities will be limited. Nutrition started very late so expenditures have been concentrated from the end of 2013 onwards. This is not ideal for a project that aims at supporting the health structure and where several months of follow-up is required. WASH also encountered a lot of planning challenges where inputs were over and under estimated. The procurement process could have been more efficient.

2.4. Effectiveness¹⁴



Figure 5 Difficult access

focuses on integration has lagged behind the others. It does not make sense to be working

*“Successful multi-sectoral collaboration involves establishing **linking** structures that promote **shared understanding**; are **inclusive and participatory**; promote **accountability** to the public and stakeholders, including partners and program management; **value** the contributions of all partners; and make the **roles and responsibilities** of all partners clear¹”.*

on a social and behaviour change communication strategy (community sensitisation on the integrated multi-sectoral approach) at the end of the project. There needs to be a community based communication strategy at the beginning that integrates KAP study findings and uses multiple communication channels e.g. community dialogues, community radio and theatre etc. The communication strategy should identify in an integrated way the desired behaviour changes related to Nutrition, WASH and FSL. It should map with local people the trusted and accepted local communication channels. The communication needs to be timely, relevant and meaningful in order to have any impact. The communities and partners also need to be involved right at the beginning at all stages of the project cycle to the degree possible. Community participation and the communication strategy are at the heart of achieving real impact¹⁵. “A resilient food and nutrition system involves people, as consumers, as the

In the terms of the delivery of outputs the project has performed very well. Out of 18 health zones only in 2 were nutrition, FSL and WASH activities implemented by ACF. This is because one of the sectors was covered by other agencies. For example MSF were covering nutrition in Chifunzi health zone and ACF provided WASH and FSL support. The delivery of **outputs** in Nutrition, WASH and FSL are largely on track. This is impressive given the logistical difficulties and short time frame. This is a difficult place to get things done simply because of the challenging physical environment. However the single outcome 4 which focuses on integration has lagged behind the others. It does not make sense to be working on a social and behaviour change communication strategy (community sensitisation on the integrated multi-sectoral approach) at the end of the project. There needs to be a community based communication strategy at the beginning that integrates KAP study findings and uses multiple communication channels e.g. community dialogues, community radio and theatre etc. The communication strategy should identify in an integrated way the desired behaviour changes related to Nutrition, WASH and FSL. It should map with local people the trusted and accepted local communication channels. The communication



Figure 4 Protected spring of good quality

¹⁴ General: Were the activities were carried out as planned? What were the limits to the realization of the integrated strategy? Specific: Was the change of geographical area carried out effectively? Is it possible to strengthen the integrated activities? Were monitoring systems effective to change activities when necessary?

¹⁵ P. 20, 26-27. 2012, Protocole National de Prise en Charge Integree de la Malnutrition Aigue, Ministry of Public Health, DRC

*central focus*¹⁶". The sustainability of technical work depends on the quality and effectiveness of the communication. This needs to be strengthened and ACF is addressing this at a late stage. ACF knows this without needing an external consultant to point these things out. However the issue is what were the structural and organisational factors that allowed this to "slip through the net?" The high turnover of field coordinators and the harmonisation process contributed to this¹⁷. The harmonisation process appears to have created a vacuum in programme leadership, management and vision with accompanying lack of clarity in roles and responsibilities for decision making. The ACF Kivu programme has been established for a long time with many long term national staff. This continuity and team spirit is a clear advantage. At the same time ways of working (culture) can become mechanistic and inhibit working differently. This is why an emphasis on leadership development and responsibility at all levels could create a greater dynamism.

2.5. Coherence¹⁸

The project is fully coherent with the Government's national nutrition strategy¹⁹. It is also coherent with international learning on the integrated nature of nutritional status²⁰. MAM is most responsive to an integrated multi-sectoral approach comprising WASH, FSL, use of local products and behaviour change communication. Once children become SAM cases an integrated approach has limited benefits because the focus is on survival. The approach is intended to prevent SAM cases. This distinction between the long term prevention of MAM and treatment of SAM as an emergency intervention was not fully coherent in the project design.

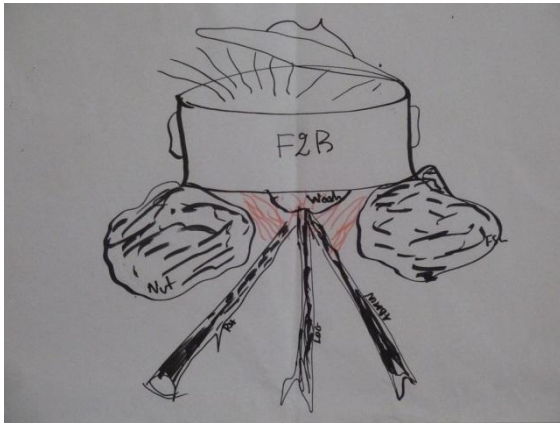
The logframe output indicators in relation to project outcomes 1, 2 and 3 is impressive and largely on track according to the monthly monitoring reports. However the output indicators related to programme integration – output 4 - which demand a higher degree of community participation have been left till late in delivery. It would be more coherent to have the community sensitisation at the beginning and not at the end of the project. These are observations fundamentally related to project quality and not the quantity of outputs.

16 P.366. 2011, F. Burchi, J. Fanzo, E. Frison The Role of Food and Nutrition System Approaches in Tackling Hidden Hunger, International Journal of Environmental Research and Public Health ISSN 1660-4601

17 P.17. "Among the factors in the internal context (internal characteristics of the organization) that affect collaboration are leadership; vision; technical, financial, and managerial capacity; organizational structures, values, culture, and experience; and incentives for collaboration." 2011, Ed J. Garrett, M. Natalicchio, Working Multi-Sectorally in Nutrition, Principles, Practices, and Case Studies, IFPRI

19 2012, Protocole National de Prise en Charge Intégrée de la Malnutrition Aigüe, Ministry of Public Health, DRC

20 2011, F. Burchi, J. Fanzo, E. Frison The Role of Food and Nutrition System Approaches in Tackling Hidden Hunger, International Journal of Environmental Research and Public Health ISSN 1660-4601



The approach is consistent with international learning. The challenge is ownership and integration on the ground. ACF is very positively respected and viewed by key external stakeholders including Government. One of the ACF staff brilliantly captured the conceptual essence of the project in the adjacent image. The project goal of improving nutrition status is the cooking pot. It rests on 3 stones (pillars) being nutrition, WASH and food security. In order to generate the heat to fire the pot there

are 3 pieces of fuel wood representing human resources, logistics and administration. Every single key informant without exception felt that the integrated multi-sector vision regarding nutrition is a good one and something to work towards and promote. Notwithstanding collective humanitarian sector wide challenges²¹, compared to other humanitarian contexts there is overall positive collaboration among agencies at Bukavu and field levels. There is also consensus within the clusters on the need for better strategic analysis and integration of government and local NGOs in humanitarian response.

“The integration of food security with other humanitarian sectors, specifically nutrition and livelihoods, has been strongly advocated for some time. While most agree that integration across sectors is best for addressing the causes of crises and responding in a more comprehensive and holistic manner, this study found that the majority of programmes are still ‘siloed’, and particularly so for nutrition and food security responses. Some agencies do not attempt to tackle both nutrition and food security responses in an emergency on the grounds that organisational mandate and/or capacity exclude one of the two sectors. However, when organisations do engage in both sectors programmes still remain distinct, with separate objectives, modalities and aims. The main documented ‘integration’ across nutrition and food security sectors involved targeting food assistance to families also receiving nutritional supplements intended for malnourished children. But beyond this very specific and intentional overlap at the individual or household level, more strategic coordination between nutrition interventions and food assistance or livelihoods interventions is relatively rare²²”.

Coverage²³

Coverage related to the medical treatment of under 5 child malnutrition was excellent with MSF and ACF covering all health areas. Based on the limited community engagement there are indications that coverage of food security and WASH activities were limited relative to need. Kalonge staff felt that a large number of vulnerable people could not be covered given the temporary nature of the response and the limited financial means. Separate selection

²¹ 2012 State of the Humanitarian System, ALNAP

²² February 2013, Response analysis and response choice in food security crises: a roadmap. Number 73, HPN Network Paper

²³ General: Does geographic targeting is appropriate? What are the criteria for beneficiaries are admitted into the project? Specific: Is the project area coverage and integration adequate? Are beneficiary selection criteria and target villages for Wash and food security tailored to the needs? What are the external boundaries to improve the coverage of the project?

criteria were applied for nutrition, food security and WASH. Some beneficiaries, for example mothers with children receiving malnutrition treatment at health centres, also benefited from demonstration garden activities at the same health centres. Secondly the entry point for WASH activities was the rate of malnutrition in the area. Misunderstandings arose within communities once beneficiaries had been selected and this underlined the need to have a good community based communication strategy at the beginning; more profound training and follow-up of committee members involved in activities and; for staff to be able to spend more time in discussion with communities to get communication right.

2.6. Sustainability²⁴



Figure 6 Under-utilised lowland areas

It was not possible in the time available to visit Itebero. ACF and MSF staff in Kalonge did raise the question of handover. MSF S is closing down its operations in all health centres in May 2014 and ending its support to the referral section of the General Hospital in August 2014. They have negotiated with UNICEF that they will continue to provide emergency nutritional inputs to the BCZ. Both internally in ACF and the BCZ there are concerns about the reliability of UNICEF's supply chain management.

ACF will extend the same multi-sectoral nutrition project design in Kalonge to the health zones of Kiroche (Territoire de Masisi) and Minova (Territoire de Kalehe) with DFATD funding at the end of the current project cycle. The project areas have been relatively stable since 2012 and the defeat / disbandment / dispersal of the M23 into the civilian populations of neighbouring countries. It is not possible to do water infrastructure development and food security interventions without these windows of opportunity. The current approach is relevant and having benefits to the local populations within the current window of stability since the end of 2012. People know what they need and a cash voucher option for livelihoods enables them to choose the inputs that are most suitable to their situation. If people develop skills and knowledge during periods of calm, this investment is not lost in displacement. Given the cycles of displacement and return that the Kivu's have experienced over the past 20 years this kind of intervention is appropriate when there are windows of relative stability. However it is necessary to plan against multiple scenarios with a very flexible programme strategy, given the high volatility of the region and the number of belligerent forces in it. At the time of writing there is anticipation of an offensive FARDC operation against the FDLR. This is a potential driver of population displacement which may or may not affect ACF's programme areas. It is possible to anticipate likely areas to be affected with a more fine-tuned analysis and to plan accordingly.

²⁴ General: What are the concrete sector and integration measures that enhance sustainability? What are the longer-lasting effects and the least lasting effects? Specific: How does the on-going monitoring in Itebero (Wash and nutrition) enhance sustainability? Is this an exit strategy is defined with local partners and beneficiaries? What are the outer limits of sustainability in the local context?

3.0. Conclusion and recommendations

There is a strong correlation between field findings and what ACF staff are thinking and feeling internally about the project.

Externally ACF is a well-respected actor and its co-leadership of the Food Security Cluster is appreciated. The organisation is active in other inter-agency forums e.g. CPIA. There is a **positive** open team **atmosphere** both in the ACF Bukavu and Kalonge Offices. Some of the issues both in terms of limitations, findings and recommendations have emerged in previous ACF DRC evaluations. It is important to examine knowledge management practices within the organisation and how information from evaluations becomes knowledge that is acted upon and integrated into field practice. This learning should be integrated into the new Kivu strategy.

1. Programme approach

Strengthen a strategic programme approach building on project lessons learned and continuity. This process is already recognised and under way with development of a new ACF Kivu strategy. An integrated multi-sectoral approach to improving nutrition is coherent with current international thinking and research. Learning also shows that this takes time to achieve. While quantity of project outputs is really impressive the quality and integration aspect can be improved. This requires consistent and continuing leadership oversight. Strengthen a people centred approach and culture (the starting point is people and not the project or institutions / organisations). Develop a culture and systems that better balance and integrate project outputs with quality (outcomes and impact) i.e. stakeholder participation and collaboration at all stages.

2. Strategic community based communication

Put community based communication on a level footing with technical delivery recognisable as a specific technical competency. Early linkage between KAPs, communication channel mapping / behaviour / identification of false rumours and beliefs / social change communication strategy and implementation; focus on achieving impact from the outset. Move beyond the limitations of input output based approaches and integrate with establishing quality of communication with communities in order to achieve impact. Challenges encountered around overall community perceptions of humanitarian action and beneficiary selection could be better addressed with an effective community based communication strategy that includes complaints mechanisms. It is important in this regard to understand the existing ways that communities address their own challenges and issues. Management of complaints should not only be managed and controlled by ACF which is lost when ACF leaves an area. Complaints mechanisms should build local ownership and capacity for dialogue. This is being developed at the end of the current project rather than at the start. This should be the basis of a technical response. Communicate transparently in dialogue with communities on the reasons for disengagement from Kalonge as part of the exit activities. This should be part of standard strategic communication work.

3. Address effectiveness, sustainability and impact issues

ACF is currently developing a new strategy for Kivu. This needs to better balance humanitarian response with the reality of such a complex and fluid context, where the line between emergency and development is frequently blurred. This gap is recognised more

widely in the need for a stronger strategy within the clusters themselves²⁵. The latest internal field discussion involved the proposal to maintain sub-offices with longer term programmes, with the strategic intent to expand and contract these when geographic emergencies occur. This would seem sensible. This could help mitigate the reality of annual opening and closure of sub-offices watched by populations who do not understand why this is happening. Similar contexts are caricatured as places where government capacity is extremely weak and corruption is rife. This may be the case. It is also a major reason to engage and to generate a much needed vision for the future within those same structures which is strongly linked to local needs, circumstances, resources and opportunities²⁶. There was no joint support strategy of the INGOs working with the BCZ or any strategy developed with the BCZ at the outset. Project strategies and inputs could further link with building knowledge and skills for resilience through a disaster risk reduction / climate change adaptation lens e.g. land and soil management / anti-erosion measures / re-forestation to control wind damage to crops and top soil loss / agro-forestry / fuel wood efficiency and conservation / rehabilitation of lowlands. Prevention is better than cure.

4. Balance and integrate project outputs with quality processes for outcomes and impact

Strengthen a people centred approach (the starting point is people and not the project or institutions / organisations). Develop a culture and systems that better balance and integrate project outputs with quality (outcomes and impact) i.e. stakeholder participation and collaboration at all stages.

5. Disaster risk reduction and climate change adaptation

Project strategies and inputs could further link with building knowledge and skills for resilience through a disaster risk reduction / climate change adaptation lens e.g. land and soil management / anti-erosion measures / re-forestation to control wind damage to crops and top soil loss / agro-forestry / fuel wood efficiency and conservation / rehabilitation of lowlands. Prevention is better than cure.

6. Leadership

Continue to play a leadership role acting across agencies and narrow agency interests through the Food Security Cluster, CPIA and genuinely reach out and include state actors both at provincial and zonal levels. Decentralise decision making to as close as possible to the action.

Act in the knowledge that prolonged leadership vacuums at Field Coordinator and other levels will reduce the capacity for oversight and joined up thinking. Fine hone recruitment processes and endeavour to retain key staff who have the experience and capacity to stay longer term, the vision to think and act outside of sector, organisational and project boxes. Invest in and develop **staff** so that they have the skills and knowledge to try and work in new ways. This means developing the leadership capacity of staff at all levels. This is the difference being people being managed to do a job and being set alight to realise a vision. It occurs through increasing personal effectiveness through self-awareness; creating a culture that drives for improvement and learning from mistakes; welcomes constructively critical feedback and; creates respect, trust and openness within a positive team atmosphere.

²⁵ July 2013, Auto-evaluation des clusters Province de Sud Kivu, OCHA

²⁶ Partnering in difficult contexts <http://thepartneringinitiative.org/w/who-we-are/philosophy-and-approach/when-to-partner/>

ACF piloted a locally appreciated seed fair approach that directly injected much needed cash into the local economy and provided choices to buyers. Oxfam Solidarity intends to carry out seed distributions in Kalonge during 2014 using the standard externally purchased *Bureau Veritas* approved seed approach. It is not known what message this will give to communities or how they will feel about it. How can community voices be better linked to impact measurement and accountability for the funds agencies receive?²⁷ Collective monitoring and evaluation of agency activity has a whole was considered very weak in the majority of clusters and in need of improvement²⁸. OCHA is planning to develop systems to evaluate and measure the collective impact of humanitarian response in Kivu as a whole. ACF could play an active role in this agenda. Actively participate through the clusters in OCHA plans to begin monitoring and evaluating the collective humanitarian response for Kivu in collaboration with the International Initiative for Impact Evaluation (3ie). Link community voices with impact measurement and accountability for funds received.

7. Strategic funding

Advocate for development of DFATD **funding** framework and procedure to be more response to the needs of affected populations. Diversify funding based with a portfolio of longer term grants i.e. 2 years plus.

8. Ownership and responsibility for guaranteeing nutrition treatment inputs

The process of handing-over the continued treatment of malnutrition to the BCZS has been too fast, at the end of the programme and without the appropriate discussions. As a matter of urgency work with BCZ, UNICEF and communities to ensure that there is local ownership and responsibility of the strategy and actions to ensure continued supply of nutritional inputs to avert a crisis in the treatment of malnutrition now that demand has been created and increased.

9. Complaints mechanisms

Communicate transparently in dialogue with communities on the reasons for disengagement from Kalonge as part of the exit activities. This should be part of standard strategic communication work.

²⁷ 2011, DFID Humanitarian Emergency Response Review

²⁸ July 2013, Auto-evaluation des clusters Province de Sud Kivu, OCHA

Annexe 1 OECD DAC Ranking Table

Criteria	Ranking (1 low, 5 high)					Justification
	1	2	3	4	5	
Impact						Too early to determine impact and behaviour change. Crops grown from seed fair inputs damaged by hailstones – harvests low. High nutrition case load under treatment – this in itself may indicate a neutral impact and therefore still requires examination.
Sustainability						High level of change attribution to NGOs rather than to community, government and business which are the pillars of sustainability. Short duration intervention. Unclear handover. MSF and ACF withdrawing in the same month. Population and ACF staffs have strong reservations about sustainability. Some mills not working.
Coherence						Project fully in line with government policies and international thinking on best practice. Challenge of real multi-sector integration.
Coverage						All health centres covered by ACF / MSF for nutrition treatment. Food security and WASH coverage limited relative to scale of need. However community based trainings were felt to be limited in relation to the scale of needs.
Relevance						Activities closely aligned to people’s needs and aspirations. Community participation at all project cycle stages should be improved.
Effectiveness						The specific objective to maximize nutritional impact through integrated food security interventions, water, hygiene and sanitation in the area was partially met . Outcome 1: Cases of severe acute malnutrition are admitted and treated, and the technical capacity of health personnel for the care and management of acute malnutrition are strengthened was largely met . Outcome 2: Sustainable access to drinking water and sanitation infrastructure and the application of good hygiene practices are improved was partially met . Outcome 3: Livelihoods of 4275 households affected by conflict are reinforced by agricultural recovery and diversification of sources of income was partially met . Outcome 4: Integrated actions in nutrition, access to livelihoods and hygiene education are implemented through community based cells and other community structures was partially met .
Efficiency						High level of good technical quality outputs in a difficult hard to access terrain. Community based behaviour change communication strategy required at project outset not at the end. Delays and constraints caused by the DFATD funding framework and internal ACF re-structuring process. Outputs delivered in-spite of leadership vacuum. Need for integration of lessons learned from previous evaluations.

Annexe 2 Best practise table

Title of best practice	Seed fairs
Innovative features and key characteristics	<p>Seed fairs¹ in Kalonge provide a good example of a sustainable approach. Food seeds adapted to local conditions were accessed through a voucher system and based on the choices of the project participants. 71 seed vendors participated in the fair from whom 58,388 Kg of seeds and hoes were purchased. 91% were local suppliers and 8% from neighboring villages. 3,900 households benefited from seed coupons of which 2,623 women and 1,277 men. \$122,850USD comprising \$109,200USD for seeds and \$13,650USD for hoes was injected directly into the local economy of Kalonge. This is a far more sustainable approach than importing seeds from neighboring regions and countries. ITAPEL a government structure with which ACF has a Memorandum of Understanding provided visual verification of seed quality at the fairs.</p>
Practical/Specific Recommendations for Roll Out	<p>Oxfam Solidarite plans to extend its food security and livelihoods work to Kalonge focussing on vulnerable populations and returnees. They do not plan to use locally supplied seed fairs. It will be important to share beneficiary (especially those whose crops were destroyed by hailstones) and programme information with Oxfam Solidarity. ACF could play a key role in promoting coherent approaches through the food security cluster and encouragement of inter-agency approaches to monitoring and evaluation where the combined impact of the entire collective agency response is considered.</p>

Annexe 3 Terms of Reference

Amélioration de l'état nutritionnel à travers une approche multisectorielle intégrée Provinces du Sud et Nord Kivu, République Démocratique du Congo

Programme Fondé par
DFATD (Gouvernement Canadien)

Référence du Contrat
M-013836 / Purchase order 7059660

10 décembre 2013

1. DETAILS CONTRACTUELS DE L'ÉVALUATION

1.1. Dates clés de l'Évaluation

Date de départ prévue:	17 février 2014
Date de fin prévue:	17 mars 2014
Soumission du Rapport Provisoire:	10 mars 2014
Soumission du Rapport Final	17 mars 2014

1.2. La Langue de l'Évaluation

Langues requises pour effectuer l'évaluation	Français (Kiswahili un avantage)
Langue du Rapport:	Français

1.3. Plan de travail et calendrier

Activités	Jours de Travail
Briefing siège, revue des documentations et préparations	1
Voyage sur la mission	1
Briefing mission, revue des documents et préparation du travail de terrain	3
Travail de terrain Itebero (si sécuritairement accessible, Bunyakiri et Kalonge)	10
Collecte des informations secondaires à Bukavu, rencontre des partenaires	1
Analyse des informations et préparation du brouillon du rapport	5
Atelier de débriefing au niveau de la mission sur les résultats préliminaires	1
Voyage retour	1
Finalisation du rapport final	1
TOTAL	24

1.4. Budget pour l'évaluation

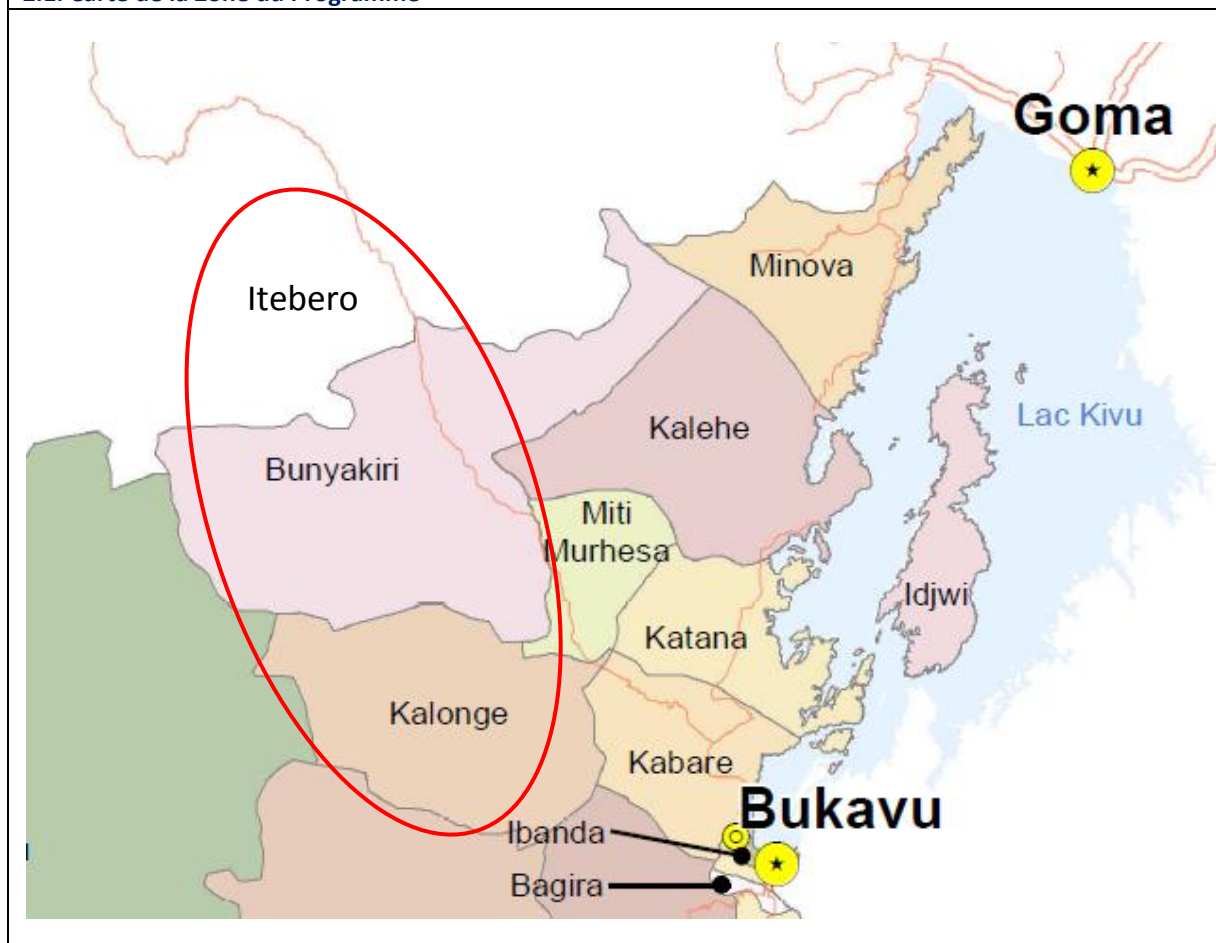
Le consultant devra inclure un frais journalier proposé dans l'application. ACF vas payer tous les coutes nécessaires pour l'évaluation (e.g. logement, transport, billet d'avion etc.). Le Consultant sera responsable de son assurance personnelle pendant l'évaluation. De plus, le consultant fournira également tous les équipements nécessaires (e.g. ordinateur) nécessaires à l'évaluation.

2. DETAILS DU PROGRAMME

Titre de Programme:	Amélioration de l'état nutritionnel à travers une approche multisectorielle intégrée
Localisation	Zones de santé de Kalonge et Bunyakiri (Sud Kivu)

	Zone de santé d'Itebero (Nord Kivu)
Début:	1 ^{er} juin 2013
Fin:	31 mai 2014

2.1. Carte de la Zone du Programme



2.2. Vue d'ensemble du Programme

Il s'agit d'un programme multisectoriel nutrition, sécurité alimentaire et eau, assainissement et hygiène. Lors de sa conception, ce projet avait été pensé comme deuxième phase d'un précédent projet multisectoriel mis en œuvre sur financement de DFATD dans la zone de santé d'Itebero en 2012. Lors de la même période, ACF intervenait également dans les trois secteurs dans les zones de santé de Bunyakiri et de Kalonge sur financement pooled fund.

Au démarrage du projet dont la présente évaluation est l'objet, des enquêtes nutritionnelles anthropométriques ont été réalisées dans les trois zones de santé. Vu que les prévalences les plus élevées ayant été relevées à Kalonge, un avenant au projet pour un changement de zone géographique a été accepté par le bailleur. Les zones d'intervention du projet sont donc les suivantes :

- Wash : principalement Kalonge + Bunyakiri + Itebero pour le suivi des anciens points d'eau
- Nutrition : Kalonge (ouverture de nouvelles unités nutritionnelles) et Itebero (continuité de l'appui aux anciennes unités)
- Sécurité alimentaire : Kalonge

2.3. Objectif Général

Contribuer à l'amélioration de la situation nutritionnelle des populations affectées par les conflits armés, à travers l'accès durable aux infrastructures d'eau, d'assainissement, d'hygiène et aux moyens de subsistance

2.4. Objectifs spécifiques/Résultats

Objectif spécifique :

Maximiser l'impact nutritionnel à travers des interventions intégrées de sécurité alimentaire, d'eau, d'hygiène et d'assainissement dans la zone

Résultat 1 :

Les cas de malnutrition aiguë sévère sont admis et traités, et les capacités techniques des personnels de santé pour la prise en charge et la gestion de la malnutrition aiguë sont renforcées

Résultat 2 :

L'accès durable aux infrastructures d'eau potable et d'assainissement et l'application des bonnes pratiques d'hygiène sont améliorés

Résultat 3 :

Les moyens de subsistance de 4275 ménages affectés par des conflits sont renforcés par la relance agricole et la diversification des sources de revenus

Résultat 4 :

Des actions intégrées d'éducation nutritionnelle, d'accès aux moyens de subsistance et d'éducation à l'hygiène sont mises en place à travers les cellules communautaires de base pour la nutrition (CCBN) et d'autres structures communautaires (ReCo, Club de Mamans, etc.)

2.5. Activités du Programme

1. Activités du résultat 1 :

- 1.1. Prise en charge de 2400 enfants malnutris aigus sévères dans 17 Unités Nutritionnelles
- 1.2. Formation et/ou recyclage des personnels des centres nutritionnels et des acteurs communautaires sur le traitement, le dépistage et la prévention de la malnutrition aiguë et la gestion des activités nutritionnelles
- 1.3. Approvisionnement des centres de santé en matériel anthropométrique, intrants nutritionnels et supports d'IEC
- 1.4. Dépistage des cas de malnutrition aiguë dans la communauté et dans les centres de santé

2. Activités du résultat 2 :

- 2.1. Aménagement de sources/mini-adductions d'eau potable
- 2.2. Réalisation de latrines familiales avec approche CLTS/ATPC
- 2.3. Construction d'infrastructures sanitaires communautaires dans les centres de santé et dans les écoles
- 2.4. Formation et équipement des comités de gestion et de maintenance des points d'eau et des structures d'assainissement

3. Activités du résultat 3 :

- 3.1. Identification de 3900 ménages bénéficiaires du maraichage et du vivrier pour la relance agricole via les foires/cash voucher
- 3.2. Distribution des kits maraîchers et vivriers aux ménages d'enfants admis dans les UNT et ménages déplacés
- 3.3. Distribution de semences vivrières à 3 associations soit 75 ménages pour la multiplication
- 3.4. Appui de 75 ménages à la transformation des produits agricoles (moulins)
- 3.5. Identification des 300 bénéficiaires d'appui au petit commerce via le Cash transfert

3.6. Formation et suivi des ménages d'enfants admis dans les UNT et ménages de déplacés bénéficiaires du maraîchage

3.7. Formation et suivi des associations de multiplication de semences vivrières

4. Activités du résultat 4 :

4.1. Organisation de séances d'information et de sensibilisation selon une approche intégrée (nutrition, sécurité alimentaire et eau, hygiène et assainissement)

4.2. Organisation de deux enquêtes CAP

4.3. Changement de comportement par la communication

3. BUT DE L'EVALUATION

3.1. Les Utilisateurs cible(s) de l'Evaluation

ACF	Desk officer et départements techniques Nutrition, Wash et FSL
Siège commanditaire	New York
Au Niveau de la Mission	Equipe projet, coordination régionale Est, coordination nationale
Autres	Partenaires locaux, DFATD

3.2. Objectif(s) de l'Evaluation

Il s'agit de réaliser une **évaluation finale du projet** selon les critères DAC de performance.

En plus de cela, une attention particulière sera apportée au côté multisectoriel et intégré du projet et il sera demandé d'analyser **comment les différentes étapes du cycle de projet (le design, la mise en œuvre, le monitoring) ont contribué à l'intégration des différents secteurs auprès des bénéficiaires.**

Des **recommandations concrètes pour l'amélioration des futurs projets intégrés dans le même type de contexte** sont attendues.

3.3. Champs de l'Evaluation

L'évaluateur devra produire un Rapport Initial pendant la préparation de l'évaluation (normalement avant de partir au terrain). Ce rapport va détailler les questions nécessaires pour répondre aux questions/sujets ci-dessous et chaque critère du DAC. L'évaluateur a la liberté d'ajouter d'autres points sur lesquels il jugera pertinent de faire des recommandations et commentaires. Le rapport doit détailler les outils pour la récolte et le traitement des données. Finalement le rapport présentera d'une façon structurée les éléments de réponse (possible dans une matrice). Ce rapport sera partagé avec l'équipe d'ACF (ACF-UK, ACF-USA et ACF-RDC) pour les commentaires.

Impact

Général : Quels sont les effets positifs, négatifs, inattendus, à court terme, à long terme, au niveau micro, au niveau macro ?

Spécifique : Est-ce que l'impact attendu était bien défini dans les documents du projet, en particulier l'impact de l'approche multisectorielle ? Quel est l'impact réellement mesurable et confirmé par des évidences, en particulier l'impact des activités de sensibilisations et des formations ? Comment le renforcer ?

Pertinence

Général : Est-ce que la stratégie du projet est pertinente par rapport aux besoins des ménages et au contexte ?

Spécifique : Est-ce que les stratégies sectorielles d'une part et l'approche intégrée d'autre part sont pertinentes par rapport aux besoins et au contexte des trois zones de santé ?

Efficiences

Général : Quel est le niveau d'efficacité du projet en termes d'organigramme et d'organisation des équipes ?
Spécifique : Est-ce qu'il y a des doublons entre les trois secteurs techniques ? Quelles sont les limites pour améliorer l'efficacité au regard du contexte local (accessibilité, sécurité) ?

Efficacité

Général : Est-ce que les activités ont été réalisées comme prévu ? Quelles ont été les limites à la réalisation de la stratégie intégrée ?

Spécifique : Est-ce que le changement de zone géographique a été réalisé de manière efficace ? Est-ce qu'il a permis de renforcer les activités intégrées ? Est-ce que les systèmes de monitoring ont été efficaces pour réorienter les activités en cas de besoin ?

Cohérence

Général : Par quels liens logiques les différents éléments du programme sont intégrés entre eux ? Comment est-ce que le projet est coordonné avec les autres actions d'autres acteurs dans la zone ?

Spécifique : Est-ce que les activités réalisées dans les trois secteurs sont cohérentes avec les objectifs visés ? Est-ce que les indicateurs du cadre logique et les informations collectées dans le monitoring sont cohérentes avec les impacts attendus ?

Couverture

Général : Est-ce que le ciblage géographique est approprié ? Quels sont les critères pour que les bénéficiaires soient admis dans le projet ?

Spécifique : Est-ce que la couverture du projet par secteur et intégrée est appropriée aux besoins ? Est-ce que les critères de sélection des bénéficiaires et ciblage des villages pour la Wash et sécurité alimentaire sont adaptés aux besoins ? Quelles sont les limites externes pour améliorer la couverture du projet ?

Durabilité

Général : Quelles sont les mesures concrètes par secteur et intégrées qui permettent de renforcer la durabilité ? Quels sont les effets les plus durables et les effets les moins durables ?

Spécifique : Est-ce que la continuité du suivi sur Itebero (en Wash et nutrition) permet de renforcer la durabilité ? Est-ce qu'une stratégie de sortie est définie avec les partenaires locaux et les bénéficiaires ? Quelles sont les limites externes à la durabilité dans le contexte local ?

3.4. Critères d'évaluation

ACF souscrit aux critères du Comité d'Assistance au Développement (DAC) pour les évaluations : impact, durabilité, cohérence, couverture, pertinence, efficacité et efficacie. ACF promeut également l'analyse systématique du système de suivi et des questions transversales (genre, HIV/AIDS etc). Toutes les évaluations externes doivent utiliser les critères du DAC dans l'analyse des données et le rapportage. Plus particulièrement, les évaluateurs doivent compléter le tableau ci-dessous et l'inclure dans le rapport final.

L'évaluateur devra utiliser le tableau suivant pour classer les performances de l'intervention en utilisant les critères du DAC. Le tableau devra être présenté dans une annexe.

Critère	Classement (1 faible, 5 élevé)					Justification
	1	2	3	4	5	
Impact						
Durabilité						
Cohérence						
Couverture						
Pertinence						
Effectivité						
Efficacité						

3.5. Bonnes pratiques

L'évaluation doit fournir un (1) exemple clé de Bonne Pratique du programme/projet concerné. Cet exemple doit être lié à la dimension technique de l'intervention, soit en termes de démarche, soit en termes de dispositifs, et qui doit pouvoir potentiellement être réutilisé dans d'autres contextes où ACF opère. Cet exemple de Bonne Pratique doit être présenté dans une annexe.

3.6. Résultats de l'Évaluation

Les résultats de l'évaluation devraient être présentés dans un rapport écrit ainsi que par le biais de différentes présentations orales :

- Une sur le terrain (au chef de mission et personnel technique concerné)
- Une au siège (en personne ou par téléconférence)

3.7. Méthodologie

3.7.1. Briefing

Avant qu'une évaluation ne prenne place, l'évaluateur devra être briefé au niveau du siège et au niveau du terrain (avec le chef de mission/ ou le point focal technique concerné). La possibilité de briefings téléphoniques doit être discutée et accordée au préalable.

3.7.2. Activités de terrain

Les consultants doivent collecter une série de données. Cela inclus (mais n'est pas limité à) :

- Informations directes : entretiens avec les bénéficiaires – visites du projet et aux commodités offertes aux bénéficiaires.
- Informations indirectes : entretiens avec les représentants locaux ; entretiens avec l'équipe nationale et expatriée du projet ; réunions avec les autorités locales, groupes de bénéficiaires, agences humanitaires, représentants des bailleurs de fonds et autres parties prenantes. Pour la collecte de données indirectes, des méthodes d'évaluation standards et participatives doivent être utilisées (entretiens avec les unités familiales et focus group discussion avec les bénéficiaires, non-bénéficiaires, informateurs clés – relais communautaire, enseignants et leaders).
- Analyse des informations secondaires : ce compris l'analyse des données du suivi du projet ou de tout autre donnée statistique pertinente.

3.7.3. Rapport

Le rapport devra suivre le format suivant :

- Page de garde
- Table des matières
- Résumé : le résumé devra pouvoir être utilisé en tant que tel, décrivant le programme, les conclusions et les principales recommandations de l'évaluation. Ce document sera de deux (2) pages maximum.
- Corps du rapport : le rapport développera les points listés dans le résumé. Il inclura la référence à la méthodologie utilisée pour l'évaluation et le contexte de l'action. Par ailleurs, la recommandation correspondante sera attachée à chaque conclusion clé. Les recommandations doivent être autant réalistes, opérationnelles et pragmatiques que possible, prenant précautionneusement en compte les circonstances exceptionnelles du contexte de l'action et des ressources disponibles pour cette dernière tant sur le terrain qu'au siège exécutif concerné.
- Annexes : listées et correctement numérotées.
- Le format du corps du rapport est le suivant :
 - Contexte
 - Méthodologie
 - Constatations & discussions
 - Conclusions & recommandations
 - Annexe I (Bonne Pratique)
 - Annexe II (Classification des évaluations de programme selon les critères DAC)

Le rapport doit être soumis dans la langue spécifiée dans les ToRs. Le rapport ne doit pas excéder 30 pages (Annexes non comprises). Le rapport préliminaire ne devra pas être soumis plus de 10 jours calendriers après le départ du terrain. Le rapport final ne devra pas être soumis plus tard que la date de fin du contrat de consultance. Les Annexes du rapport seront acceptées dans la langue de travail du pays ou du programme évalué.

3.7.4. Débriefing & atelier d'apprentissage

L'évaluateur devra faciliter un atelier d'apprentissage :

- Présenter le rapport préliminaire et les conclusions de l'évaluation à la mission et autres parties prenantes.
- Rassembler les retours sur les conclusions et atteindre un consensus sur les recommandations.
- Développer les affirmations de l'atelier dirigées vers l'action et basées sur les leçons et les améliorations proposées pour le futur.

3.7.5. Débriefing avec le siège d'ACF

L'évaluateur devrait effectuer un débriefing avec le siège d'ACF concerné sur son rapport préliminaire, les principales constatations, conclusions et recommandations de l'évaluation. Les retours et commentaires pertinents devraient être inclus dans le rapport final.

4. PROFILE DE L'ÉVALUATEUR

- Connaissances en nutrition, sécurité alimentaire et eau, assainissement et hygiène
- Expérience significative dans le domaine de l'évaluation de projets humanitaires
- Diplôme pertinent ou expérience équivalente liée à l'évaluation à entreprendre
- Expérience considérable dans la coordination, la conception, la mise en œuvre, le suivi et l'évaluation de programmes
- Capacités communicationnelles et expérience dans la facilitation d'ateliers
- Capacité à écrire des rapports clairs et utiles (il peut être demandé de fournir des exemples de travaux précédents)
- Parlant couramment le français
- Compréhension des exigences des donateurs
- Capacité à gérer le temps et les ressources imparties et à travailler dans des délais courts
- Indépendance par rapport aux parties impliquées
- La connaissance du contexte local est un plus

5. DROITS

La propriété du rapport (préliminaire et final) appartient exclusivement au siège commanditaire et au bailleur concerné. Le document, ou une publication liée à ce dernier, ne sera partagé qu'avec ACF avant qu'ACF ne transmette le document final au bailleur de fonds.

ACF est le destinataire principal de l'évaluation et ses résultats pourraient avoir un impact sur les stratégies tant opérationnelles que techniques. Ceci étant dit, il est probable qu'ACF partage les résultats de l'évaluation avec les groupes suivants :

- Donateur(s)
- Partenaires gouvernementaux
- Entités de coordination variées

Droits de propriété intellectuelle

Tous les documents liés à l'évaluation (dans le cadre ou non des tâches de l'évaluateur), doivent demeurer la propriété seule et entière d'ACF.

Annexe 4 Itinerary

Date	Task	Days
Fri 11 April	Background reading / preparation	1
Sat 12 April	Travel	2
Sun 13 April	Travel	3
	Key informant interviews	
Mon 14 April	Planning	4
	Key informant interviews Security briefing	
Tues 15 April	Background reading / preparation	5
Wed 16 April	Key informant interviews	6
	Background reading	
Thurs 17 April	Key informant interviews	7
	Background reading	
Fri 18 April	Key informant interviews	8
Sat 19 April	Key informant interviews	9
Sun 20 April	Background reading	10
Mon 21 April	Travel Bunyakiri to Kalonge	11
Tues 22 April	Field Team Workshop	12
Wed 23 April	Project Site Visits <ul style="list-style-type: none"> • Rwamikundu • Kachuba • Rambo 	13
Thurs 24 April	Community Workshop	14
Fri 25 April	Key informant interviews	15
Sat 26 April	Travel Kalonge to Bukavu	16
	Workshop preparation	
Sun 27 April	Workshop	17
	Travel to Kigali	
Mon 28 April	Travel	19
Tues 29 April	Travel	
Wed 30 April	Report writing	20
Thurs 01 May	Report writing	21
Fri 02 May	Report writing	22
Sat 03 May	Report writing	23
Sun 04 May	Report writing / Draft submission	24

Annex 5 Key Informant Interviews

No.	Name	Position	Name of Organisation
1	Paola Maria Valdettaro	Technical Coordinator	ACF Eastern Region
2	Dr. Geoffray Kakesi Mambwene	Dep. Medical / Nutrition Coordinator	ACF Eastern Region
3	Jose Bitagugumba Manegabe	Food Security & Livelihoods Coordinator	ACF Eastern Region
4	Gaetan Pietquin	Head of Mission	ACF Eastern Region
5	Luc Bedeer	Humanitarian Prog. Coordinator	Oxfam Solidarite
6	Florent Mehaule	Head of Sub-Office South Kivu	OCHA
7	Roger Ndiruhirwe	Nutritional Coordinator South Kivu	PRONANUT
8	Kabwika Lenkwa	Logistic Supervisor South Kivu	PRONANUT
9	Nelly Mulegwa	Nutrition Officer	UNICEF
10	Marc Zihahirwa	Snr. Prog. Assistant South Kivu	WFP
11	Lenka Blarova	Community Mobilisation Expert	ACF Eastern Region
12	Jan Cappon	Humanitarian Capacity Building Coordinator	Oxfam Novib
13	Malou Den Hollandei	DRC Country Director	ACF DRC (West)
14	Sofia Fernandes	Field Coordinator	MSF-Spain (Kalonge)
15	Ana De La Osada	Medical Coordinator	MSF-Spain (Kalonge)
16	Claude Mululu	Associate Humanitarian Affairs Officer	OCHA
17	Raphael Zihahirwa	Agronome	IPAPEL Kalonge
18	Freddie Bashige	Head of Nutrition Programme	BCZ Kalonge
19	Mwami Nakalonge	King of Kalonge	Kingdom of Kalonge
20	Robert Namegabe Mufungizi	Head Nurse	Rwamikundu Health Centre
21	Nambintu Buhendo	Receptionist	Rwamikundu Health Centre
22	Sylvain Cerubala	Head Nurse	Rambo Health Centre
23	Celestin Kabeya Ilunga	Food Security Supervisor	ACF Kalonge
24	Giillaume Ruhaya	Field Coordinator	ACK Bunyakiri

Annex 6 Internal ACF Workshop Participants

No.	Name	Position	Office
1	Gaetan Pietquin	Head of Mission	ACF Eastern Region
2	Jose Bitagugumba Manegabe	Food Security & Livelihoods Coordinator	ACF Eastern Region
3	Dr. Geoffray Kakesi Mambwene	Dep. Medical / Nutrition Coordinator	ACF Eastern Region
1	Celestin Kabeya Ilunga	Food Security Supervisor	ACF Kalonge
2	Sylva Swedi Magene	WASH Team Leader	ACF Kalonge
3	Jean de Dieu Muyomba	FSL Field Officer	ACF Kalonge
4	Olivier Bahati	WASH Field Officer	ACF Kalonge
5	Pascal Issa Mulolo	WASH Field Officer	ACF Kalonge
6	Benjamin Musanganya	FSL Field Officer	ACF Kalonge
7	Julien Ciza	Nutrition Team Leader	ACF Kalonge
8	Bertin Chirhuza	FSL Field Officer	ACF Kalonge
9	Felicite Riziki	FSL Field Officer	ACF Kalonge
10	Jacques Ndagano	FSL Field Officer	ACF Kalonge
11	Lidy Riziki	Nutrition Team Leader	ACF Kalonge
1	Paola Maria Valdettaro	Technical Coordinator	ACF Eastern Region
2	Jose Bitagugumba Manegabe	Food Security & Livelihoods Coordinator	ACF Eastern Region

Annex 7 Community Workshop Participants

No.	Name	Position	Village
1	Mirinbi Cimanuka	Chef de Village	Rambo
2	Rudahinawa Bujingo	President (Comite d'Eau)	Kacuba
3	Habamungu Christ	IPAPEL	Gatonzi
4	Zihahirwa Zihindiza	IPAPEL	Rambo
5	Mateleio Kahimbi	Delegate of chef de village	Gifonzi
6	Kahubanga Claude	Chef de Village	Rwamikundu
7	Jeanette M. Naburhaga		Bumonga
8	Malyabo Kashabira	President (Comite d'Eau)	Bumonga
9	Bahizire Bourgeois	BCZ Secretary	BCZ
10	Bacisonga Kabanda	Vice President	Cifunzi
11	Cirhuza Shamavu	Precodesa	Kashesha
12	Jeam Claude Bishikwabo	Inf. Superior	BOZS
13	Kaheshe Changa	ReCo	Rambo
14	Bulonza Mufanzara	Directeur ASM	Cifunzi
15	Faida M. Lubugu	Cons. CODESA	Kashesha
16	Kujirakwi Njamkere	PR. GAJ	Rambo
17	Bacigeze Maheshe	Cirhuza Shamavu	Precodesa
18	Dunia Cihomboshi	Community volunteer	Rambo
19	Nsimire Mbone	Sec. BGC	Cifunzi
20	Nankafu M. Mulunga	ReCo	Kacuba
21	Biringanine Zirhumana	Pret des Etudes	Chifunzi
22	Titibe Bafumembaka	Plombier	Chifunzi
23	Bayongwa Theophile	Cons. Comite d'eau	Chifunzi
24	Euphrasie Mkere	Leader	Chifunzi
25	Francois Liza	Precod	Rwamikunda
26	JC Bashimbe	Med. Officer	IMC Kalonge

Annexe 8 Bibliography

Proposition de Projet à l'attention de L'Agence Canadienne de Développement International (CIDA/ACDI), République Démocratique du Congo, Province du Sud et Nord Kivu, Amélioration de l'état nutritionnel à travers une approche multisectorielle intégrée, Révisée 29 Janvier 2013

Annexe B Cadre de Rendement du Projet CIDA 2 (2013 – 2014)

Annexe C Plan de mesure du rendement

Annexe D Budget breakdown

12 November 2013, ACF, Demande de modification de l'accord de subvention pour le projet : "Amélioration de l'état nutritionnel à travers une approche multisectorielle intégrée" en République Démocratique du Congo.

ACF RDC Cadre de Rendement Amendement

ACF RDC Plan de Mesure du Rendement Amendement v2

Cartographie des aires de santé et villages Intégrées F2B

APRs F2B March 2014 for Nutrition, FSL, WASH and Integration

2013 ALNAP, Evaluation of Humanitarian Action: Pilot Guide

2011, F. Burchi, J. Fanzo, E. Frison The Role of Food and Nutrition System Approaches in Tackling Hidden Hunger, International Journal of Environmental Research and Public Health ISSN 1660-4601

2012, Protocole National de Prise en Charge Intégrée de la Malnutrition Aigüe, Ministry of Public Health, DRC (PCIMA, RDC 2012)

2011, Ed J. Garrett, M. Natalicchio, Working Multi-Sectorally in Nutrition, Principles, Practices, and Case Studies, IFPRI

Multisectoriel Enquête CAP Initiale RDC, Janvier 2014

2011, ACF External Evaluation, Programme d'Urgence pour la Réhabilitation Nutritionnelle des Personnes Vulnérables dans les Zones de Santé de Walikale et Kirotshé au Nord Kivu, Jean Yoda

2011, ACF Evaluation Externe, Programme de renforcement de la sécurité alimentaire des populations affectées par le conflit dans les zones de santé de Dingila et de Poko, Zlatan Čelebić

2013, ACF External Evaluation, Program to restore food production and livelihoods of populations affected by the conflict in Dungu Territory, Haut Uele, Gigliola Pantera

July 2013, Auto-évaluation des clusters Province de Sud Kivu, OCHA

February 2013, Response analysis and response choice in food security crises: a roadmap. Number 73, HPN Network Paper