

Review of JOIN good Forces and Hope in Action in North-Kivu

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List of abbreviations

CEPAC	Communauté des Églises de Pentecôte en Afrique Centrale
CRN	Christian Relief Network
HiA	Hope in Action
JOIN	JOIN Good Forces
NGO	Non-Governmental Organisation
SAJ	Synergie pour l'Assistance Juridique aux violations des droits humains au Nord-Kivu
SGBV	Sexual and gender based violence
VIVAG	Vivre Loin des Vagues

Summary

Norad's Civil Society Department has commissioned an organisational review of the Norwegian organisation JOIN Good Forces partners in the Democratic Republic of Congo (DRC). A review team from Norad, assisted by a consultant from KPMG, has made a review of two partners in DRC, mainly Hope in Action and to a limited extent Heal Africa. Below is the review team's main conclusions.

- The team finds that HiA has a sound development approach, linking up with both the government system in Eastern Congo and other development actors. Both in theory and in practise HiA follows a development strategy that build on the involvement of partners/communities, thus promoting local ownership. This contributes to the sustainability of the programs.
- The work on Sexual and gender based violence (SGBV) is carried out with compassion and dedication. There is a definite need for this work. At the same time, there are opportunities for improvement by making the income generating activities more relevant for securing the livelihood of women and strengthening the community sensitisation. The program should strengthen the efforts to get the women earlier to the centres after exposure to sexual violence.
- For HiA, gender equality issues and respect of the integrity of girls and women are important issues to address, and both the Fatherhood programme and the Youth work are good arenas for this.
- HiA's health work is implemented through the CEPAC network. Maternal and child health issues should remain a key focus for the organisation. At the same time, the team recommends that other health needs linked to sexual and reproductive health, such as family planning and HIV prevention, care and treatment services should be addressed.
- The system for monitoring and formal (and informal) reporting seems to be satisfactory. It is an added value that both relevant partners and government representatives participate in monitoring activities. It is however still a challenge that much of HiA's reporting is on activity/output level and less on outcome. It is room for improvement when it comes to the results framework for the projects, in particular the development of relevant outcome indicators and base line information.
- HiA seems to be practising risk management in their daily operations as an integrated part of how they operate. The challenge for HiA is to document this in a more systematic way. More reflection around this might also strengthen the risk management.
- Over the last 8 years HiA has been developed to a capable and independent Congolese based organisation, with a formal link to Sweden. The administrative set up seems to be sound and adapted to the objectives and activities of the HiA. The organisational structure appears to be fit for purpose.
- In general, HiA has a sound human resource system. HiA's ability to implement projects, within its thematic and geographic areas in a challenging context, is an indication of the

organisation having staff with needed capacity and competence. Currently organisational learning and staff development does not seem to be happening in a very systematic way.

- HiA definitely wants to improve the situation of women and girls in East Congo, but at the same time there is a considerable gender imbalance among the management and in the Congolese board. If HiA decide to establish a systematic approach to recruiting and developing female staff, they have the opportunity to be in a very different position some years from now.
- HiA has a sufficiently strong administration and financial management including an adequate internal control environment, capacity, and systems in place to responsibly manage funds of the size historically provided by Norad.
- JOIN do have an added value that significantly has contributed to strengthening HiA and its development work in DRC over the years. At the same time is HiA today clearly an independent organisation, which is also important for JOIN as a capable partner. JOIN's continued added value in the coming years will depend on its ability to continue to be a relevant dialogue partner, and JOIN's efforts to strengthen its competence in areas of importance for both HiA and HEAL Africa's work in Congo. Competence on health and health systems development are such key areas that would be useful for the future development of the work.

Introduction

Background and brief overview

The Norwegian organisation JOIN Good Forces (referred to as JOIN, before 2012 called Christian Relief Network (CRN) has been working in the Democratic Republic of Congo (DRC) since 1996. For many years the main implementing partner of CRN in Congo was a project organization with links to the Pentecostal church network Communauté des Églises de Pentecôte en Afrique Centrale (CEPAC). Until 2008, partners were seen more as local extensions of CRN or CRN's field offices in DRC. Formal relations were on a project-to-project basis. The CRN/CEPAC project organisation was led by a Project Manager Mr. Dan Andersson, a Swedish national who has been living most of his life in DRC. The project organisation was in the beginning not registered as an NGO. However, in 2007 Hope in Action (HiA) was established as a continuation of this project organisation. It was registered as a Swedish NGO, and later the same year it was also listed as a local development organisation in East Congo. From 2008 HiA continued as CRN (and later JOIN's) main implementing partner in Congo. At the same time a change in the management of CRN in Norway occurred, which led CRN to pursue a more explicit partnership strategy. JOIN has had four projects financed by Norad in 2014 with a total contract value of around NOK 19.1 mill. All the projects are in DRC and received 100 % Gap mill. The projects are as follows:

Project title	Location	Implementing partner	Project period	Norad amount of support (NOK)
Safe Motherhood	Maniema	Heal Africa	01.01.2012-31.12.2014	8 500 000 (2014: 2 900 000)
Improved Infant and Maternal Health Care	North Kivu	Hope in Action	13.06.2013-01.06.2015	14 500 000 (2014: 5 000 000)
Fighting Sexual Violence against Women	North Kivu	Hope in Action	04.04.2013-01.06.2015	20 650 000 (2014: 8 800 000)
Sustainable health care support – Kyeshero hospital	North Kivu	Hope in Action	04.04.2013-31.12.2014*	7 000 000 (2014: 2 412 000)

* With the exception of the component "Specialist training for doctors", end date: 31.12.2015, NOK 250 000 authorised for use in 2015.

As JOIN have applied for continued Norad funding after the GAP-funding period, SIVSA decided to carry out a limited review of the activities. A team of three was appointed, and as the time available for carrying out the review was limited, it was decided to focus the review in North Kivu and the main partner, Hope in Action (HiA).

Methodology and limitations

The team consisted of three persons, Hans Inge Corneliussen (team leader) and Anne Skjelmerud from Norad, and an external consultant, Yul Malde, who focused his work on financial, administrative and logistics management. The team (one or more of the team members) were in North-Kivu 18th to 27th March. Due to other commitments and unforeseen events, the whole team only spent three days in the country together.

Methodologies included document reviews, interviews with JOIN and HIA before leaving Norway, and meeting with key staff and other stakeholders during the visit, mostly using unstructured interviews based on the questions in the Terms of Reference (see Annex 1).

Due to limited time in DRC, the team has not had the opportunity to see much of the work in the field, as well as speaking to all relevant stakeholders. The time allowed for one overnight field visit to the town of Masis, 4 hours drive from Goma. Here two team members met staff, volunteers and users in a Transit Home for women who had experienced sexual violence. The third team member met a similar group in Goma.

The review team had several meetings with various staff in Goma, but a more in depth organisational analysis and human resource assessment would have required observations over a much longer period of time. It has, for the same reason, neither been possible to assess in depth the nature of the formal and informal relationships between the two boards (in Sweden and Congo), or the relations between the two boards and the administration of HiA.

At the end of the visit, the team presented key findings and assessments to the leadership of HiA, in order to give open feedback and discuss some of the key issues. This was also useful in terms of validating the preliminary findings.

Hope in Action (HiA)

Programme approach

Development strategy

HiA operates in a volatile context that for more than 20 years has been marked by conflict and violence, and as a result, has substantial humanitarian needs. HiA however, is not an emergency organisation, but operates primarily with a long-term perspective, although some of the interventions are addressing immediate needs created by the conflict.

Despite the fact that services and institutions are weak in East Congo, and that there are a range of actors; government, UN/multilateral agencies, local civil society organisations and international NGOs, there is a level of structure and coordination in the Kivu provinces. For each sector, the government and UN co-chair a Cluster, and under each cluster there may be a number of sub-clusters. All actors in development work must be member of the relevant clusters, and the cluster approves new plans and activities, in order to avoid duplication and identify gaps in services provision. Through the clusters, systems for data collection are developed, and in some cases, training is provided to all partners to collect data systematically. HiA is a member of several clusters,

such as the SGBV-, food security- and the health cluster. They seem to be active participants in the cluster and in the meetings, and thus contributing to the overall system within their sectors of work. According to HiA's strategic plan (2012-20), the organisation's work shall be based on partnership and participation. HiA is working closely with local civil society organisations/institutions when implementing the projects. The only exception is the Fatherhood project, which has so far been implemented fully by HiA, but also for this project the organisation is looking for a possible local partner. For historical reasons CEPAC is HiA's main partner. This is due to the fact that when CRN started to operate in Eastern Congo in the 1996 they worked with the CEPAC network. Later, when HiA was established in 2007, the new organisation continued to handle the projects with CEPAC. The majority of HiA's board members and staff belong to CEPAC, including Dan Anderson. However, HiA today appears as an independent organisation, clearly separated from the CEPAC structure.

The HiA projects seems to be rooted within the local partners, and/or communities they work. According to HiA's board and management, most of the projects have been started based on local initiatives. In-depth discussions with local partners, and sometimes communities, and testing of pilot activities are done before new projects are being designed and started. One example is the SGBV project. Initially, in the 1990-ties, due to the armed conflict and increasing sexual violence, women groups in CEPAC started counselling victims of SGBV. CRN linked up with this work and started a broader SGBV program. Later HiA has developed it further to a more holistic program by bringing in partners like VIVAG¹; responsible for the psycho-social assistance, skills training and counselling of the families. Synergie pour l'Assistance Juridique aux violations des droits humains au Nord-Kivu (SAJ) on legal assistance. CEPAC's role is on medical services and sensitising the communities. The Fatherhood project is the exception in the HiA project portfolio, in the sense that it came as an initiative from JOIN. In addition, the key resource person in the first project phase came from JOIN's network. Initially the project faced some degree of scepticism from HiA's side. Over time HiA seems to have gained full ownership to the program, and developed it further in the sense that it is now run by Congolese staff and better adapted to the context.

HiA has started a **youth project** (which is not included in the application to Norad). Activities include developing theatre groups who use "infotainment" to educate communities around reproductive health and gender issues, while also promoting discussions about gender roles and gender based violence among young people.

Review team assessment

HiA seems to have a sound development approach, also linking up with the government system in Eastern Congo and other development actors. Both in theory and in practise HiA appears to follow a development strategy that build on the involvement of partners/communities, thus promoting local ownership. This contributes to the sustainability of the programs. CEPAC is HiA's main partner, as it has been from the start when HiA grew out of CEPAC. Cooperation with other partners, like VIVAG and SAJ, was chosen because they had competence or a network that could strengthen the work of HiA.

¹ VIVAG is an organisation in North Kivu with 12 000 members (manly women groups), focusing on assisting women to be financially independent through micro-credit and better agricultural methods, but also other issues like womens rights, hygiene etc.). It was established in 2001, initiated by women in CEPAC.

SGBV and health work

The review looked at two outcome areas; the health work and the work on sexual and gender based violence. These are also the main areas of JOIN's work in DR Congo. In both areas, HiA works with local partners. VIVAG was the most important partner in SGBV programme, and CEPAC in the health work.

Work on Sexual and gender based violence (SGBV)

The SGBV programmes in Kivu have come as a response to all the cases of sexual violence carried out by the various armed forces in the areas over the years, and Goma has been called the "rape capital". Most of the responses have been directed towards women who have been exposed to various forms of sexual violence. It has consisted of counselling services, taking place in what HiA calls Maisons d'écoute (listening houses). Trained volunteers who receive a stipend for their work, carry out the counselling services. In most cases they also bring the clients to the clinic for medical examination and treatment (Post-exposure prophylaxis for HIV, medication to avoid pregnancy, and antibiotics against sexually transmitted infections). In addition to the medical treatment, the centres provide psychosocial support, this includes counselling and some activities that may be described as income generating. If more treatment is needed, including surgery, the patients are transferred to a hospital.

Part of the current income generating activities are not likely to create viable income (simple weaving of plastic baskets and some sewing skills), but are mostly seen as an activity of coming together and learning or practicing some handicraft. However, the efforts to increase the agricultural skills are relevant and useful for most of the women in rural or semi-rural areas. Both because it helps them to sustain themselves, but also because they can sell products and get some income.

HiA has five Maisons de transit (transit homes) where the women may stay while they wait for treatment, or if they need a protected place for some time. In addition, they have 16 listening houses, and according to their statistics, then have reached almost 4000 women through this work. They are concerned with the burdens on the volunteers, whose work may involve risk, especially during armed conflict, and who have to assist women in sometimes extremely difficult and traumatic situations. They do try to arrange debriefing and support to the volunteers.

The women also have access to legal advice. A challenge that a number of women face, is that they cannot be reunited with their families after having been sexually violated. This may be due to stigma, but also due to their injuries, for instance linked to fistula. If they are away for treatment over a long period, the husband may have taken a new wife, and as most marriages are not registered, the women have no rights to their own home. Various attempts will be made to find solutions to such problems, but in some cases, no solution is found. HiA and Join have been able to raise private funds (in addition to limited Norad support) to buy pieces of land and build simple houses where the women can stay and do agriculture to sustain themselves.

HIV is a challenge for the women, whether they become infected through rape or otherwise. According to the Transit home in Masisi, three of the women they had worked with, have died from AIDS, deaths that could have been prevented with antiretroviral treatment. The team has not seen figures documenting the level of HIV infection among the clients (and such figures may be difficult to obtain due to confidentiality and privacy of the women).

HiA has a focal point role when it comes to gathering data relating to SGBV, which is done under the coordination cluster for SGBV (see more on the clusters below). It is a challenge to get correct data from all sources.

The team was able to review some of the data from the Transit home in Masisi. It revealed that most of the women came very late to the centre, too late to benefit from HIV or pregnancy prevention. For instance, in February 2015 only 14 out of the total number of 46 of violated women who came to the centre for the first time, came before the 72-hour limit for initiating post-exposure prophylaxis for HIV, and this seemed to be quite a regular pattern.

According to UNICEF, the majority of the sexual violence cases are not direct products of the armed conflict. In almost half of cases, the victim knows who the perpetrator is. Police and government army personnel commit about one third of the rapes. Sexual violence is in other words a problem within the communities, and not only an external threat.

Team comments:

The SGBV work is carried out with compassion and dedication, not least from the volunteer women counsellors. There is a definite need for this work. There seems also to be opportunities for improvement of the services and the follow up. The income generating activities are very general and at a very basic level, and should be better addressed if it was meant to help women get a livelihood through the training. Agricultural skills and knowledge seem to be a good idea; including enabling the women to combine increased food security with relevant cash crops.

Community sensitisation remains very important, for instance to sensitise men in general about rape, and have stronger systems to bring the perpetrators to courts. This is particularly important concerning civil servants, such as teachers, police officers and army personnel. It should be a goal to get women come earlier to the centres after exposure to sexual violence. This would also enable the clinics in gathering evidence for a court case. For HiA, gender equality issues and respect of the integrity and rights of girls and women are important issues to address, and both the Fatherhood programme and the Youth work are good arenas to address gender and sexuality issues. Sensitisation may also take place in the work of the clinics and the work of VIVAG and other partners working in the local communities. As HiA works closely with CEPAC, training of pastors and lay church leaders (men and women) may also be a strategic way of reaching more community members.

The health work of HiA

“The Catholic Church has Caritas, CEPAC has HiA”. The relationship between CEPAC and HiA in relation to health was described in that way by CEPAC, as very close and important. CEPAC has 102 health facilities in North Kivu. Their facilities have historically been built in connection to missionary stations and churches. Now the facilities are integrated in the government structures, and staff are generally paid by the government. Many of the centres were damaged during the conflict, and when the cooperation between CRN and HiA started, HiA and CRN (JOIN) decided to renovate and upgrade 25 facilities. The facilities were selected based on where the need was greatest, and where the distance to other facilities were long. The actual security situation was also taken into account. CEPAC would want HiA to support more of their health facilities.

Several health posts were upgraded to become health centres, which means that they have a maternal ward, so that women may give birth in the facility. The government decides which facilities that are approved as health centres, as more staff must be provided to these centres. Seven former health posts have become health centres with the help of HiA.

Maternal and child health is a key focus in the health work of CEPAC and HiA, including antenatal care, giving birth at the health facility, and postnatal care. When a health facility during the antenatal visits discover a risky pregnancy, they may refer the mother to Kyeshero hospital, where a specialist gynaecologist/obstetrician can take care of the complicated cases. HIV testing during

pregnancy and prevention of mother to child transmission of HIV is available, but we did not get an overview over the actual coverage.

HiA and JOIN built the hospital Kyeshero with Norwegian funding, it is now handed over to CEPAC, but there is still cooperation with HiA, who has an office at the hospital, and some involvement in the running of the hospital.

Family planning services do not have a prominent position in the CEPAC health work, and is not something they actively promote in the clinics or when they sensitise the community about health issues. According to medical staff in CEPAC, family planning is a sensitive issue, and often only used when a woman has a large number of children. Other informants said, however, that family planning is gaining popularity once people know about it and have access to methods of family planning. This may be something HiA should look into together with CEPAC. As families want their children to go to school, and to escape poverty, having fewer children may give several benefits to the whole family. However, women and men need to be informed about the different methods available, and have access to such methods. The relatively new method of implant (protecting against pregnancies for about three years or more), is gaining popularity in North Kivu, according to other agencies. All family planning methods are available at the Kyeshero hospital, but it is quite expensive. Abortion is practically illegal in DRC, and there are quite a number of patients in need of complicated treatment after induced and unsafe abortions.

The government provides vaccines and some medicines, such as TB medication, and tests and medication to prevent HIV-infection from mothers to babies. Except for that, CEPAC purchases medicines based on a tendering process.

In addition to the health facilities, HiA supports CEPAC with two mobile clinics, reaching out to very remote areas, and they transport patients with needs to larger facilities. Due to long distances (and bad roads), the mobile clinics can only give services to people 10 days per month. The team did not meet staff at the mobile clinics or anybody from the communities they serve. It is therefore very difficult to assess this part of the work.

Team comments:

Cooperation with other actors is necessary in the health work, and this is already taking place. It is very positive that HiA is actively involved in coordination at provincial level. From the limited experience of the team, maternal and child health issues should remain a key focus. Early, many and frequent pregnancies pose health risks to the woman and to the child. It may also jeopardise family food security and limit access to school attendance, particularly for girls. We therefore recommend more work and sensitisation in relation to family planning, including easier access to different methods. In addition to the other benefits noted, this will help reduce the number of illegal and unsafe abortions, and may increase economic growth and school attendance in poor communities. Another important area to work on is infectious diseases. Services and competence in relation to HIV prevention and treatment seem to be very weak in the province, and may be one area to address further, as it is also linked to the SGBV work. This could also work well with the youth work of HiA, along with other services related to sexual and reproductive health and rights. In this area, more investigation and health related competence would be needed in order to plan future services. Even though the mobile units reach to areas without access to health facilities, it may be a useful exercise for HiA and JOIN with local and other partners to carry out a review or assessment of the benefit in relation to the costs of this way of organising the work.

Risk management

Reviewing how risk factors and mitigation measures are described in a selection of recent project documents from JOIN/HiA to Norad show quite general and sketchy descriptions. Possible risks do not seem to be addressed in a systematic way. This might lead to the conclusion that HiA has a weak risk management. However, on the ground the Goma based organisation leave an impression of an organisation that is practising day to day risk management as an integrated part of their way of working. This is most likely a necessity, given the history and context of East Congo. Precautions when travelling to remote location can serve as a concrete example of how security risk is handled in practical terms. When a trip is scheduled, the local church or partner is contacted before leaving Goma to give an update on the situation. If anything should happen in the field location, the HiA staff will be informed while they are on the way, so that they can decide what to do.

HiA also has close contact with local government representatives on different levels, both in Goma and other parts of HiA's operational area. This reduces the risk of negative attention from government officials, and helps in solving problems. The local community involvement in the projects helps "protecting" from negative interference from outsiders. Close cooperation with the partners imply that HiA know them well, including their weaknesses, which is important for mitigating potential risks. When it comes to the risk of mismanagement of funds and corruption, the financial management of HiA is adequate, according to the KPMG report, stating that Hope in Action has a sufficiently strong internal control environment, adequate capacity, and systems in place to responsibly manage the funds they receive.

Even if risk management is not documented in a very systematic way in the HiA project documents, the organisation seems to be practising this in their daily operations as an integrated part of how they work. The challenge for HiA is to document this in a more systematic way. More reflections around this might also strengthen their risk management. HiA might seek external assistance if need be.

Monitoring and reporting

In the review of CRN from 2009² one of the recommendations for CRN/HiA is to improve its system for results management. Over the last 6 years, HiA has gone through a process of professionalization and formalisation. This is clearly seen when comparing current project documents and reports with those from before 2009.

A precondition for measuring change (outcome) is that proper baseline information is collected at the start of the project period. This is an area that HiA needs to improve. In some of the projects there are also need for developing better outcome indicators. For example develop indicators in the Fatherhood project measuring change in the behaviour of men who have participated in the courses. Some stories from the women seems to be gathered today, but this could be done more systematic. Outcome should ideally be measured after a longer period, for example 5 years or more, at least not for shorter periods than 3 years. It is however also a donor responsibility not to demand reporting on the outcome level after only a few years.

HiA reporting system is based on quarterly reporting from the projects. Every third month the project coordinator, a partner representative and a local government official travel together to the project

² KJØSTVEDT, LOTSBERG: "REVIEW OF CHRISTIAN RELIEF NETWORK (CRN)", DRAFT REPORT, NORAD/CMI NOVEMBER 2009, page 24

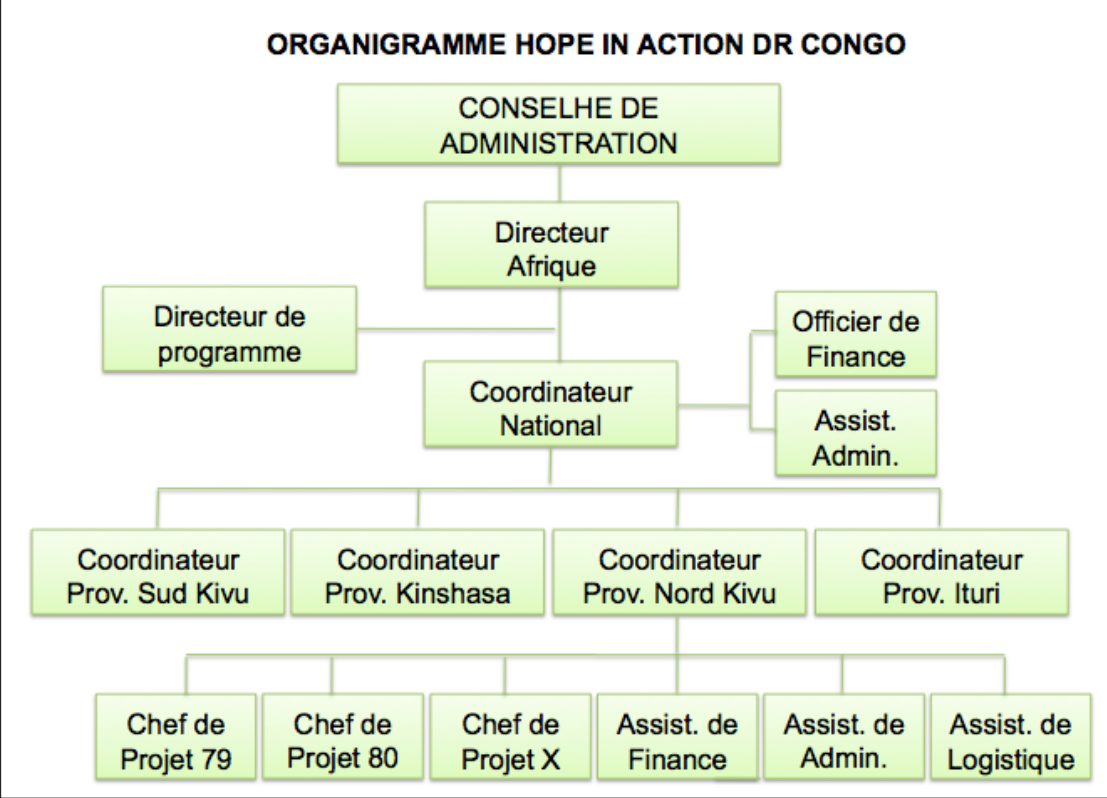
areas and monitor progress versus the work plan for the year. Not planned results are also said to be recorded. The project leader then compiles the report and send it to the regional coordinator, before one comprehensive report is put together by the national coordinator and handed to the HiA board in Goma. The board then review it in its next meeting, giving feedback to the HiA administration. JOIN receives both the quarterly as well as an annual report. In addition a financial report is sent to the Norwegian partner every month. HiA underline that there is a close contact between the project coordinator and the local partners, and field visits are conducted frequently by various staff members.

The system for formal (and informal) reporting seems to be satisfactory. It is a strength that both relevant partners and government representatives participate in this. This way of doing monitoring also strengthen the relation and build trust. There is however still a challenge that much of the reporting is on activity/output level and less on outcome level. It is also room for improvement when it comes to the results framework for the projects, and in particular related to the development of relevant outcome indicators and base line information.

Organisational issues

Organisational structure

HiA has both a Swedish and a Congolese board. The Swedish board’s main function is fundraising and information activities in Sweden, but it also appoints members to the board in Congo. There are, however, no indications of the board in Sweden interfering in strategic and operational decisions taken by the Congolese board. Below is the organisational structure of HiA in DRC³.



HiA’s board (Conseil d’Administration⁴) in DRC is the organisations main decision-making body. The board consist of 5 members. Dan Anderson is representing the administration in the board meetings (also other staff are invited to the meetings when relevant). The board members background/position include medicine, business, development work, local government (one minister from the provincial government) and one CEPAC district leader. To a large degree members seems to have experiences that complement each other. On paper most key competences needed seems to be covered. A meeting with 3 of 5 members gave an impression of board members that are updated and able to see challenges, but also future opportunities. It is however, a weakness that only one of the board members is a woman (the Provincial Minister) and that all the managers in HiA are men. Given the nature of HiA’s work this is something that it is important to address.

Based on a number of meetings with the key management staff, the review team got the impression that HiA has a capable and competent Congolese management. Both Mr Anderson and the Congolese managers, when asked separately, were of the opinion that HiA would continue its work if

³ Provided by the HiA administration. According to our information, the position of Program Director does not appear to be filled for the time being.

⁴ This organogram is provided by HiA. There does not seem to be anybody in the post of Programme Director (Directeur de programme)

Mr Anderson, for any reason, should leave the organisation. A possible challenge for HiA and for JOIN, if/when the Africa Director step down, may be the capacity to strategize about the future work and make strategic decisions on the development of the organisation. However, it might be the right time for the Congolese board and the senior management to start succession planning, and discuss if Mr Anderson, over the coming years, should take up other roles in the organisation and transfer more responsibility to other capable management staff. The same view is also reflected in the KPMG report⁵.

Under the leadership of Mr. Anderson HiA has over the last 8 years been developed as a capable and independent organisation. The administrative set up seems to be sound and adapted to the objectives and activities of the HiA. The organisational structure appears to be fit for purpose. However, the gender imbalance in the management and the Congolese board should be addressed. To secure the long term sustainability of the organisation transfer of more responsibility from Mr Anderson to other capable management staff might be considered, while at the same time keeping Dan Anderson as an important resource person for HiA.

Competence

The KPMG report underline that HiA staff seems in general to be well informed about what is going on the organisation, and there appears to be a good team spirit. Staff contracts are satisfactory, and include job descriptions for each staff⁶. On paper HiA staff seem to have formal education and experience relevant to the functions of the organisation. Within the limited time in DRC, the review team has however, not been able to look at how the staff demonstrate their competence and capacity in their daily work. On the other hand, the ability to implement projects, within its thematic and geographic areas in a challenging context, is an indication of the organisations capacity and competence. In addition, the human resource system, including system for recruitment is found to be appropriate. The organisation also has a system for staff appraisals⁷.

Considering the fact that HiA do a lot of work on health and SGBV, more competence may be needed in the gender planning and programming. The competence in health system development could also be strengthened, in order to improve the linkages between the different interventions and be able to address emerging challenges.

Efforts related to systematic organisational learning and staff development could be strengthened. HiA do have a plan for staff development, but has not had funds to implement most of it. The organisation might consider to revise this plan and, until funds are available, base its staff development system more on activities that are less expensive, but might still be important for the learning of the staff. This can for example include systematic experience sharing with other organisations in the Kivu provinces, within the same areas of work. Another option is to utilise locally based resource persons (persons with particular insight or experiences in an area) from other organisations, the UN system or the church network, that can assist in targeted on the job training of staff. Exchange visits to neighbouring provinces/countries is another option, but this might require more funds.

⁵ KPMG "JOIN Good Forces' partners in North Kivu. Review of financial management capacity." Draft report April 2015. Page 5.

⁶ KPMG "JOIN Good Forces' partners in North Kivu. Review of financial management capacity." Draft report April 2015. Page 4

⁷ KPMG "JOIN Good Forces' partners in North Kivu. Review of financial management capacity." Draft report April 2015. Page 4

HiA collects quite a lot of data from its work, because it is required by the authorities, and in order to fulfil the regular reporting needs. However, it seems that HiA does not use the data for internal strategic purposes and as a source of competence building. Data and systematic information are valuable sources for competence building and learning, and for building the ability to develop strategic responses to needs identified, and improve services. Systematic internal discussions around data may also improve the quality of the data and be of help when setting priorities for the work, and be used as baseline for new projects or project phases.

In general, HiA has a sound human resource system. HiA's ability to implement projects, within its thematic and geographic areas in a challenging context, is an indication of the organisation having sufficiently qualified staff with needed capacity and competence. Currently organisational learning and staff development does not seem to be happening in a very systematic way. HiA does not use the data for internal strategic purposes and as a source of competence building, this is however a resource that the organisation should utilise for competence building and learning.

Gender

HiA has since the organisation was founded addressed issues of high importance to women in East Congo. HiA also wants to be an organisation responding to local needs, and to be an organisation working for gender equality and rights for women. Most of the service delivery are responding to needs of women, such as maternal health and SGBV.

The fatherhood project is a good initiative to stimulate reflections on masculinity and gender roles and norms in society. As churches and religious institutions are generally very patriarchal, it is very good that they also address church leadership in this work, and stimulate gender training in the congregations. That is a highly relevant initiative.

The youth project also seems to be a very interesting project. The team did not have time to learn much about it, but the activities seem highly relevant for raising the awareness of reproductive health and gender issues, while also promoting discussions about gender roles and gender based violence among young people. This is also relevant for achieving the goals of HiA.

Despite all this work, the organisation itself comes across as very “masculine”, in the sense that senior staff and 4 out of 5 board members (in DRC) are men. This raise the question of the general approach to gender within the organisation, and the willingness to come across as a gender transformative organisation. This is not to say that men cannot work for gender equality, on the contrary, the role of gender sensitive men is critically important. However, as everybody uses their own background and experience when designing interventions, the “competence” of being a woman should also be included in the work. As women in most African countries have less access to higher education, there is probably a much smaller pool of highly educated women to draw from when recruiting senior staff. However, such women may be found, and diversity should be given weight when announcing posts in the organisation. Particularly when working with sensitive issues relating to sexuality and abuse, female staff may get better information from women in the communities, and be more able to develop female sensitive and empowering interventions. HiA is therefore strongly encouraged to continue its efforts to recruit and develop more senior female staff. At the same time, it would strengthen HiA and its work to engage the staff and the board in a more fundamental discussion on the gender approach in the organisation.

HiA definitely wants to improve the situation of women and girls in East Congo, but they should be more determined to “live as they preach” and secure a better balance among staff at senior levels. If

HiA decide to establish a systematic approach to recruiting and developing female staff, they have the opportunity to be in a very different position some years from now.

Administration and finance

The review team member from KPMG did an in depth review of HiA's administrative and financial management system (see separate report). KPMG concludes that HiA has a sufficiently strong internal control environment, adequate capacity, and systems in place to responsibly manage funds of the size historically provided by Norad, through JOIN Good Forces. A number of recommendations for improvements and changes are listed in the KPMG report. This includes the need to prepare consolidated financial statements and audit these, incorporating all bank accounts. The report also urges that priority be placed on increasing the number of staff members posting vouchers in the accounting system, through on the job training and access.

Relationships and coordination

Relation to JOIN good forces

From 2008 Hope in Action (HiA) has been CRN/JOIN's main implementing partner in Congo. JOIN is still today the most important and biggest (in terms of funding) partner, but not the only partner of HiA, contributing with around 80% of the annual budget of approximately NOK 30 million. In the beginning of the CRN-HiA partnership, the partnership was mutually exclusive, in the sense that **all** the work of CRN/JOIN in Congo was together with HiA, and HiA had no other donor/partner than JOIN. This has now changed, as JOIN also supports Heal Africa, and HiA has broadened its donor base. However, the JOIN/HiA partnership is the backbone of the work of HiA, both in terms of funding and strategic partnership.

When asked about what HiA see as the added value of the cooperation with JOIN (apart from the funding), the board and management underline the following:

- **Sparring partner:** JOIN contributes with outside perspectives and inputs to the work of HiA and its partners and is a useful dialogue partner. This is a role based on JOIN's insight in Eastern Congo in general and the knowledge of HiA in particular, and consequently the trust that has been built between the organisations over many years. One concrete result of this role is the Fatherhood program, which originally came as an idea from JOIN. The Norwegian organisation has also contributed to strengthening of the planning and reporting systems, to bring them more in line with standard donor requirements.
- **Professional network:** JOIN has been able to link HiA with resource persons and institutions that they would otherwise not had access to. One example is the cooperation with Modum Bad on in relation to the SGBV project. Another is the resource person from JOIN's network that was instrumental in starting the Fatherhood program. In addition, the close follow up of the construction of Kyeshero Hospital by a resource person from JOIN (Asbjørn Skåland), significantly contributed to the hospital being finalised on time and within budget.
- **Linking the Norwegian and Congolese context:** JOIN assists HiA in "translating" the Norwegian context, and in particular policies, expectations and guidelines from Norad and MFA, and can be in closer contact with these that HiA can possibly do.

Asked about how the relation to JOIN can be improved, HiA point at three areas:

1. JOIN should strengthen its competence within the area of health by employing/linking up with resource persons with relevant background and experience on health system development and strategic health planning.
2. The division of roles between HiA and JOIN should be clarified and the outdated Memorandum of Understanding should be replaced by a new.
3. JOIN should ensure that HiA gets a copy of all reports and applications that are sent to Norad, to demonstrate transparency.

Team comments

The review team do also find JOINs added value (apart from the funding) primarily to be linked to being a sparring partner, providing a professional network and “translating” between the Scandinavian and Congolese reality. With the exception of JOIN’s ability to link HiA with its professional network, their other contributions are not so tangible. However, in particular the role of being a discussion partner should not be underestimated. This is a function that is unique for JOIN, given its historical relation to HiA, and cannot be replaced by others in a short or medium time perspective. The review team got the impression that HiA now sees itself more as an independent organisation, separate from JOIN Good Forces, than the latter’s perception of HiA might be. HiA have demonstrated self-confidence in being able to raise funds from other donors and decrease its dependence on JOIN Good Forces. At the same time, the African Director clearly states that HiA wants to continue the cooperation with JOIN, including the channelling of funding through the Norwegian organisation. With declining support for DRC from the Norwegian Government, efforts to diversify HiA’s donor base should be continued. HiA is a type of local organisation that could be able to handle (part of) its funding from Norad. This might be brought up for discussion between the Civil Society Department in Norad, JOIN and HiA at a later stage.

The review team find that JOIN do have an added value that significantly has contributed to strengthening HiA and its development work in DRC over the years. HiA today is clearly an independent organisation, which is also important for JOIN as a capable partner. JOIN’s continued added value in the coming years will depend on its ability to strengthen its competence in areas of importance for both HiA and Heal Africa’s work in Congo, in particular in the area of health.

HEAL AFRICA

HEAL Africa (HA) was founded in 2005, but based on health work started by Dr. Jo and Lyn Lusi in the mid 1990-ties. The organisation run a 155-bed hospital in Goma that also train doctors and healthcare professionals. The hospital comprises roughly 20% of HEAL Africa’s work. The other 80% is community development efforts. In North Kivu and the Maniema provinces HA collaborates with over 90 remote clinics and hospitals. HA’s programs address gender-based violence, public health and health education, law and justice training, community development and rebuilding, spiritual development and local insurance schemes and savings through micro-finance activities.

HA has received Norwegian support through JOIN, first as a component of the Kyeshero project (upgrading part of the HA Hospital in Goma), and from 2012 funding of the Safe Motherhood project in Maniema province. The informants interviewed at HA expressed that they were very satisfied with the cooperation with JOIN, but like HiA, they point out that the Norwegian organisation should strengthen its health competence. When JOIN visits East Congo they usually bring together HA and HiA for joint meetings. In general, there does not seem to be a very close contact between the two

organisations. Since the two organisations are working in the same field, they are potential competitors for the same funding locally. On the other hand, HiA and HA do cooperate in a project supported by UNICEF.

The Maniema province is the area in DRC where women in general have the lowest standing, according to HA. HA has been working in the province for 10 years on SGBV. The Safe Motherhood project was originally implemented in 10 health zones, but this has later been narrowed down to 4. HA cooperate both with public health centres, as well as Protestant and Catholic run centres. According to HA, the percentage of women delivering in health centres in the 10 initial health zones has increased from 27% in 2012 to 47% in 2014. The project has also established 155 solidarity groups with 10 pregnant women in each group. These groups have a microfinance component in the form of a revolving fund; making it possible for the women to pay for expenses at the health centre when they are giving birth. HA claim that most of these groups are functioning. The project is based on cooperation with the local communities and so far 140 community leaders have received training related to women/child health issues.

Team comments

Based on one meeting with the HEAL Africa it is not possible to give an assessment of the organisation, however HA appears to be having sufficient capacity and competence to implement projects like the one on Safe Motherhood in Maniema. This is supported by the findings in the KPMG report⁸. The information from HA indicates that the Safe Motherhood Maniema project has made some notable achievements, even if it has only been running for 2-3 years. However, we do not know how HA actually work with the communities; the level of involvement and ownership, and consequently the sustainability of the activities. HA express high degree of satisfaction with the cooperation with JOIN, without going into further details. Even if there does not seem to be a close cooperation between HiA and HA, except for the UNICEF funded project, one can assume that the bi-lateral meetings facilitated by JOIN and coordination mechanisms in Goma, helps avoiding unnecessary overlap between the work of the two.

Conclusion

A review team from Norad, assisted by a consultant from KPMG has made a review of JOIN's partners in DRC, mainly HiA, and to a limited extent Heal Africa. Overall the team find HiA to be a Congolese rooted organisation that has the organisational capacity to implement relevant development projects in a challenging context. HiA also has a sufficiently strong internal control environment, adequate capacity, and systems in place to responsibly manage donor funds. In general the organisation appears to have a sound development strategy, also interacting with both government structures and other development actors. HiA is an organisation with self confidence, that also have other donors than JOIN. However, the organisation still finds the partnership with JOIN beneficial, and would like to continue the cooperation with the Norwegian organisation. In conclusion, HiA is an organisation eligible for Norad support.

Recommendations

The review team has the following recommendations to HiA:

⁸ KPMG "JOIN Good Forces' partners in North Kivu. Review of financial management capacity." Draft report April 2015. Page 1 and 14

- Integrate gender equality issues better into the work on maternal and child health, to include fathers in ante-natal care and other services, whenever possible.
- Continue focusing on maternal, new-born and child health in HiA health work, but at the same time broaden to embrace more sexual and reproductive health services, included for youth, and with more emphasis of prevention of HIV, STIs and unwanted pregnancies. In addition, focus on infectious diseases, such as TB and HIV, including treatment options.
- Document risk and mitigating efforts in a more systematic way in the organisation's project documents and reports. If need be HiA might seek external assistance to improve this area.
- Continue to improve the results framework for the projects, in particular related to the development of relevant outcome indicators and base line information.
- The gender imbalance in the management and the Congolese board should be addressed, and a long term plan for including more women might be developed.
- Adjust the structure in the accounting system in order to enable preparation of consolidated financial statements, which should be audited by auditors appointed after a competitive and transparent proposal process.
- To secure the long-term sustainability of the organisation, transfer of more responsibility from the Africa Director to other capable management staff should be considered, while at the same time keeping Mr Anderson as an important resource person for HiA.

The plan for staff development might be revised and based on activities that are less expensive, like the utilisation of local resource persons, experience sharing with other development actors and use of the health related data gathered in the projects as a source for competence building and learning.

The review team has the following recommendations to JOIN, agreeing with what HiA advise to improve the partnership:

1. JOIN should strengthen its competence with the area of health by employing/linking up with resource persons with relevant background and experience on health system development and strategic health planning.
2. The division of roles between HiA and JOIN should be clarified and new Memorandum of Understanding should be made.
3. JOIN should ensure that HiA gets a copy of all reports and applications that are sent to Norad, to demonstrate transparency

Annex

1) Terms of reference

Review of the financial management capacity, organizational capacity and work of Join Good Forces' partners in the Democratic Republic of Congo *March 2015*.

1. Background & purpose

Background

Join Good Forces (JOIN) is a small Norwegian NGO based in Kristiansand. The organization was originally established in 1993 under the name Christian Relief Network (CRN). It changed its name to JOIN in 2012. JOIN had three people employed (2.8 man-year) in 2013.

Most of the funding to JOIN comes from Norwegian public sources, in average 95 % annually between 2011 and 2013 (Norad and the Ministry of Foreign Affairs). Between 2.8 and 4.8 % of the available funds comes from private individuals, companies and local religious groups.

The organization supports work in the Democratic Republic of Congo (DRC), South Sudan and Kenya. The projects are thematically focused on female/child health, gender based violence (peace) and rehabilitation/reintegration of children associated with armed groups. The main partner in these projects is the Swedish NGO Hope in Action (HiA), and in addition Heal Africa. JOIN's partners, in their turn, implement projects in collaboration with other NGOs that do not have a direct contractual agreement with JOIN, including Communauté des Eglises de Pentecôte en Afrique Centrale (CEPAC), Synergie pour l'Assistance Judiciaire aux victimes de violations des droits humains au Nord Kivu (SAJ) and Vivre loin des Vagues (VIVAG).

Current project portfolio with Norad:

JOIN has had four projects financed by Norad in 2014 with a total contract value of around NOK 19.1 mill. All the projects are in DRC and receive 100 % Gap funding with no financial contribution from JOIN. The projects are as follows:

Project title	Location	Implementing partner	Project period	Norad amount of support (NOK)
Safe Motherhood	Maniema	Heal Africa	01.01.2012-31.12.2014	8 500 000 (2014: 2 900 000)
Improved Infant and Maternal Health Care	North Kivu	Hope in Action	13.06.2013-01.06.2015	14 500 000 (2014: 5 000 000)
Fighting Sexual Violence against Women	North Kivu	Hope in Action	04.04.2013-01.06.2015	20 650 000 (2014: 8 800 000)

Sustainable health care support – Kyeshero hospital	North Kivu	Hope in Action	04.04.2013-31.12.2014*	7 000 000 (2014: 2 412 000)
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* With the exception of the component “Specialist training for doctors”, end date: 31.12.2015, NOK 250 000 authorised for use in 2015.

A review of JOIN’s main office was undertaken by Norad in September 2014. The final report questioned JOIN’s capacity in terms of financial management and results management. The issue of relevant competence in the health field within the organization was also raised. The report recommended that Norad perform a review of JOIN’s implementing partners in DRC, especially HiA.

2. Purpose of the review

The reason for carrying out the current review is to assess the **capacity** and **financial management** of JOIN’s partners, the **relevance** of their work, and JOIN’s **added value** to the work of these partners. The main emphasis of the review will be to assess organisational, managerial and financial capacity of the partners. In addition, actual project implementation will also be addressed, particularly related to the health work.

3. Scope of the review.

The review shall assess the capacity and work mainly of HiA, but also of Heal Africa and CEPAC, in the following key areas:

A) Organizational objectives, mandate, strategy and relation to priorities for Norwegian development assistance

- ☐ How are thematic and geographic priorities decided upon within the organizations, including the projects with JOIN?
- ☐ How are crosscutting themes such as gender equality, environment and anti-corruption addressed?
- ☐ What sort of development approach and working methods are applied by the organizations?

B) Organizational structure

- ☐ How is the organizational structure of the Congolese partners?
- ☐ Do partners have sufficient competence in their thematic areas of intervention?
- ☐ To what extent and in what way is there coordination and cooperation with other relevant actors (other NGOs, UN agencies, government, donors)?

C) The partners’ cooperation with JOIN

- ☐ What is the division of labour between the Norwegian and Congolese partners? How are working relations between the partners?
- ☐ How do the Congolese partners assess the added value of JOIN?

D) Congolese partners' cooperation with other relevant actors

- ☐ What strategies do the organizations apply when selecting implementing partners?
- ☐ How is quality and sustainability ensured when working with partners?
- ☐ How do implementing partners cooperate with other civil society structures, government, and UN structures when deciding where to work?
- ☐ What sort of development approach and working methods are applied by the implementing organizations?

E) Financial management

- ☐ What is the internal control environment of the Congolese partners and to what extent is it complied with?
- ☐ What is the financial management capacity within the organization?
- ☐ What systems are in place for quality assurance, financial control, procurement etc.? To what extent are these systems actually followed?

F) Results management and risk management

- ☐ What kind of systems are in place for monitoring and documenting results/relevance for target group (herein indicators and use of data sources)?
- ☐ How is risk management performed?

Does the organisation have a system in place and demonstrate an ability to learn and implement changes?

G) Project implementation

- ☐ Do the implementing partners have the capacity and competence to implement its plans (projects)?
- ☐ How are skills and knowledge developed and assured for implementing partners?
- ☐ How do the Congolese partners document performance and collect data on the work?

In addition to the review of JOIN's partners in DRC, JOIN's approach to working with partners in Congo will be assessed. This will include financial management issues related to the implementation of the projects, and some of the criteria used to assess the Congolese organisations will be relevant in this respect.

4. Implementation of the review

The review shall be conducted through a desk/document review (in Norway) and subsequently through interviews in DR Congo with HiA, Heal Africa and some of their implementing partners and other development actors in the area. This will include a visit to Goma. Field visits and travel beyond

Goma are desirable but will be dependent on the security situation at the time of travel. Updated security information shall be collected from the Embassy Office in Kinshasa, and JOIN's partner organisations that, according to experience, have substantive knowledge of the security situation.

A meeting with JOIN shall take place in Norway prior to departure for DR Congo.

The team shall have experience with financial management/controller activities in addition to experience and understanding of civil society collaboration in a conflict setting and in relation to development and health issues.

Documents from Norad include:

- o Principles for Norad's support to civil society in the South (2009)*
- o Rules and regulations of the Norad Civil Society support schemes*
- o Norad checklist for internal controls assessment*
- o Review from Norad's review of Join Good Forces 1-2 sept 2014*
- o Other relevant documents*

Documents from JOIN include:

- Application for project agreement 2015-2017 presented by JOIN to Norad*
- JOIN's annual reports 2011, 2012 and 2013*
- An overview of the money flow of each monitoring segment for all the projects in 2012 and 2013*
- The 2012 and 2013 annual reports in French from the partners in DRC including Programme or activity reports*
- The auditors' reports and management letters for 2012 and 2013 in English for the supported projects.*
- Audit report and a management letter in English on administrative support to Hope in Action.*

Timetable:

Desk research in Norway: February and March 2015

Fieldwork in DRC: March 2015

Report to Norad: April 2015

5. Reporting

A draft report (max 25 pages) shall be submitted to JOIN and partners for comments before a final report is completed.

2) List of people met

JOIN good forces

Tore Gullaksen, Director
Jostein Sæth, Project Coordinator

Hope in Action

Rev. Kambale Ndiwe Lubula, Chairman of the Board
Bidjosi Bika, Board Member
Marie Shamatsi Baeni, Board Member
Heri NSHABIRO, Board Member

Dan Andersson, African Director
Banyene Bulere, National Coordinator
Anthony Musafiri, North Kivu Coordinator
Alain Kazimbe, National Finance Manager
Jackson Mbakulirahi, Project Manager
Dr. Ibrahim Balingene, Project Manager
Judith Lumoo, Finance Assistant (National)
Donatien Mumbalama, Program Assistant
Olivier Nguba, Comptable Safe motherhood and GBV
Alain Kikoli, Comptable Fatherhood and GBV
Sabine Mubi, Supervisor SGBV
Herman Kibunda, Logistics and procurement
Pierre Ntububa, Personnel administration
Fleurette VIVUYA, Finance Assistant

Norwegian Church Aid

Daniel Taillon, Deputy Country Representative

CEPAC

Pastor MBONARUZA RIBAKARI, Regional representative of CEPAC North Kivu.
Pastor BAZUNGU MWEZE, Deputy Regional representative of CEPAC North Kivu.
Dr Faustin KARUHIJA, Regional Coordinator of CEPAC Medical Service North Kivu
Mr Menge LUKOGE, Medical supervisor North Kivu
Mr KAMALA BAENI, Finance Manager of CEPAC North Kivu

VIVAG

BAHATI KYREA John, Coordinator
MUHINDO LUANDA, Project Manager SGBV
BALISI KAPFUMBA Martin, Project accountant
MIMY ELIMU , Finance Assistant
JUDITH FURAHA, Cashier

Field trip to Masisi

BINDU KAHINDO Jeannette, SGBV Supervisor axe Masisi,
BANDU BAHATI, Chief of Masisi Center
Byoshe FURAHA, In charge of women training (apprenticeship).

LUBUTSIBWA BAENI, Counsellor
 NYOTA REBEKA, Counsellor

Centre Axe Kitchanga

Maman Jeanne BANYERE NAKATCHE, SGBV Supervisor Axe Kitchanga.
 Neema NABARUTSI, In charge of women training (apprenticeship).
 BYABENE Henriette, Counsellor
 BAHUNGA Rosette, Counsellor

UNICEF

Inah Fatoumata KALOGA, Protection Specialist / GBV

North Kivu Province

Feller LUTAICHIRWA MULWAHALE, Vice Governor

HEAL Africa

Dr. William Bonane, Program Manager
 Samuel Meyer, Spiritual advisor
 David Musavuli, Internal auditor
 Annie Piya, Wamama programme
 Justine Azama, Wamama programme
 Jean Vier, Deputy Chief of Finance
 Justin Tsongo, Accountant

3) Team schedule

	HANS INGE CORNELIUSSEN	ANNE SKJELMERUD	YOL SHAH MALDE
Tuesday 17 March			ARRIVAL IN KIGALI CHEZ LANDO(OK)
Wenesday 18 March			TO BE PICKED UP 7.30 TRAVEL TO GOMA HOTEL LAKE KIVU LUNCH HIA -PROGRAM MANAGER -PROJECT MANAGERS -JOINT MEETING HIA SEPARATE MEETING HEAD OF HIA GOMA
Thursday 19 March			CEPAC -PRIMARILY FINANCE MANAGER VIVAG -HEAD OF ORG/PROGR.MANAGER

			SAJ-HEAD OF ORG.PROGRAM MANAGER HEAL AFRICA -OVERALL PROGRAM MANAGER - PROGRAM MANAGER MANIEMA PROJECT
Friday 20 March			HIA FINANCE MANAGER AND ACCESS TO PROJECT MANAGERS
Saturday 21 March	ARRIVAL IN KIGALI CHEZ LANDO(OK)		HIA FINANCE MORNING
Sunday 22 March	TRAVEL TO GOMA HOTEL LAKE KIVU LUNCH HiA Danne NCA North Kivu Rep.	12:30 PM: ARRIVAL TO KIGALI WITH ETHIOPIAN AIRWAYS TO BE PICKED UP HOTEL LAKE KIVU	
Monday 23 March	VISIT KYESHERO MASISI FIELD VISIT ACCOMODATION MASSI	AS HIC AS HIC ACCOMODATION MASISI	AS HIC HEAL AFRICA FINANCE MANAGER CEPAC FINANCE MANAGER
Tuesday 24 March	MASISI FIELD VISIT RETURN TO GOMA HIA – Board and Senior Management	AS HIC RETURN TO GOMA	HIA FINANCE PEOPLE
Wenesday 25 March	GOVERNOR CEPAC LUNCH DEBRIEF WITH HIA MANAGEMENT HOPE IN ACTION 2PM:DEPARTURE FOR KIGALI	AS HIC CLUSTER MEETING	LUNCH DEPARTURE FOR KIGALI
Thursday 26 March		IMA GLOBAL HEALTH NRC CLUSTER HEALTH UN OCHA UN FDPA	
Friday 27 March		UNICEF CLUSTER SGBV DEPARTURE FOR KIGALI 11:00 PM	