



# **Evaluation of Rwanda Population Movement Emergency Appeal (MDRRW013)**



**FINAL REPORT**

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## **Abbreviations and acronyms**

EA.- Emergency Appeal

DREF - Disaster Response Emergency Fund

DM - Disaster management

DRR - Disaster Risk reduction

CTP - Cash Transfer Program

ERU - Emergency response unit

FAO - Food and Agriculture Organization

IFRC - International Federation of Red Cross and Red Crescent Societies

RRCS - Rwanda Red Cross Society

ICRC - International Committee of Red Cross

MoU - Memorandum of Understanding

PoA - Plan of action

PNS - Partner National societies

NS - Red Cross/Crescent National Society

PSS - Psychosocial support

MIDIMAR - Ministry of Disaster Management and Refugee Affairs

HQ - Headquarters

UNHCR - United Nations High Commissioner for Refugees

WFP - World Food Programme

WatSan - Water and sanitation

PHAST - Participatory Hygiene and Sanitation Transformation

NFI – Non-Food Items

SPHERE - The Sphere Project – Humanitarian Charter and Minimum Standards

## Executive summary

Since April 2015, more than 269,375 people fled Burundi, and over 81,000 persons have sought refuge in Rwanda due to tension and violence occurring before and after the presidential elections. Refugees were accommodated to Mahama camp located in Eastern Province in Kirehe District (270 km from Kigali). Currently, there are still over 51,162 refugees in Mahama camp, the largest refugee camp in Rwanda.

Based on its mandated role in national disaster response, the Rwanda Red Cross Society (RRCS) in collaboration with Movement partners including the ICRC, IFRC and in-country Partner National Societies (PNS - Belgian, Danish and Spanish Red Cross) supported the affected population (including both refugees and host communities) targeting 10,000 people until September 2016. Response strategies were prioritized in the sectors of health and care including PSS; water, sanitation and hygiene promotion; shelter and settlements; food security, nutrition and livelihoods; disaster preparedness and risk reduction.

Guided by the IFRC Framework for Evaluation<sup>1</sup> the final evaluation of the emergency intervention was undertaken two months after the end of the emergency operation, from 2<sup>nd</sup> November until 12<sup>th</sup> December 2016 (field work in Rwanda was conducted from 10<sup>th</sup> to 20<sup>th</sup> November). The evaluation assessed the operation's relevance, appropriateness, efficiency, effectiveness, coverage, coordination, sustainability and connectedness, establishing the successes, challenges and lessons learned to inform recommendations for future operations<sup>2</sup>.

The methodology used included desk review of secondary data, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and Beneficiary Satisfaction Survey (BSS). Data collection was conducted in Kigali, Mahama refugee camp, Munini host community and Kirehe district.

The evaluator established the following:

- **Relevance and appropriateness:** the intervention suited the priorities of the affected population, and satisfied beneficiaries in terms of quality and quantity of goods and services provided. Timing was not adequate, as delays in implementation were frequent. It is necessary to strengthen participatory approaches with beneficiaries on need assessments.
- **Efficiency:** the appeal operation was generally well managed considering the dimension of the appeal and existing resources of the NS. Activities were well focused on beneficiaries' needs, and volunteers provided an important support helping to improve efficiency. There were certain challenges such as staff turnover, insufficient communication and effective coordination between IFRC and RRCS, and coverage of the appeal, inflexibility of funds, logistics capacity and insufficient field presence of relevant managers/delegates affected the efficiency and effectiveness.
- **Effectiveness:** The appeal operation was in general able to meet its intended objectives and outputs. Appropriate timing was altered as delays to deliver services or assets were frequent. Some of the factors that could have affected the effectiveness are the limited presence of (qualified) staff at field level, lack of flexibility of certain funds, and deficiencies on planning or insufficient funds.
- **Community engagement and satisfaction** – The affected population have participated in

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<sup>1</sup> <http://www.ifrc.org/Global/Publications/monitoring/IFRC-Framework-for-Evaluation.pdf>

<sup>2</sup> ToR for evaluation of the MDRRW013

the programme planning, monitoring and implementation, although not sufficiently involved in need assessments. The effectiveness of the tools used in the emergency operation, such as mobile cinema in sharing information and receiving feedback, was appreciated by beneficiaries and verified during BSS and focus group discussions.

- **Coverage** – RRCS reached the populations/areas most affected by the crisis. The excellent perception from beneficiaries and constant presence of volunteers at Mahama and Munini has been determinant to establish good criteria for beneficiary selection. More detailed and participatory need assessments and monitoring should be considered as not all beneficiaries perceive that they were consulted before and during the intervention.

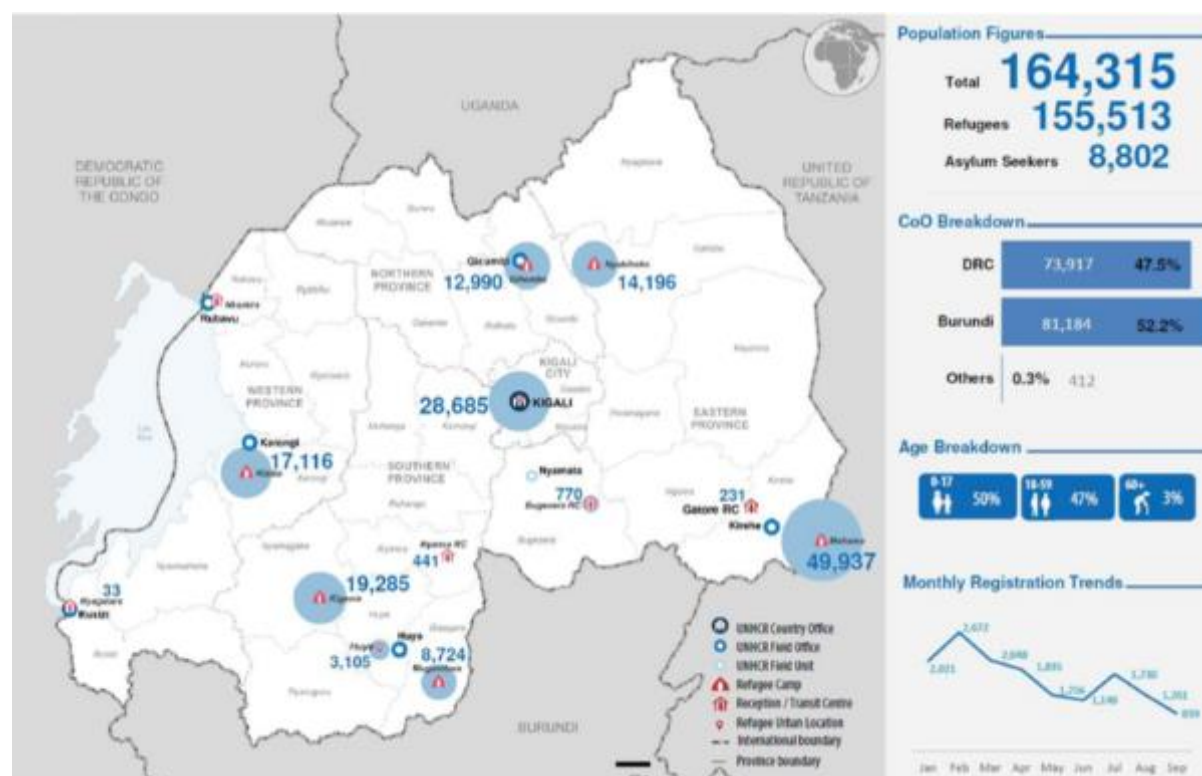
- **Coordination** – The operation was coordinated by RRCS and had support from IFRC and various PNSs. Although there were challenges in maintaining good coherence between all actors involved, RRCS managed to coordinate internally, providing and receiving regular feedback to/from IFRC and PNS. There was good coordination with MIDIMAR, central government and UN agencies at national level, although more presence in the field could have improved relevant coordination and influence at field level. Agreement frameworks and procedures should be thoroughly discussed before starting emergency operations.

- **Sustainability & connectedness** – The needs-oriented and strategic decision to support host community has created an excellent connectedness with local authorities, beneficiaries and refugees. Livelihood and environmental activities such as tree planting, or stove efficiency implemented in Mahama and host communities have effectively linked the emergency phase with early recovery phase with a good basis for sustainability. Volunteers and staff trainings have reinforced their capacities and acquired experience, and constitute a solid pillar for future implementations. The appropriate approach with government and local authorities could facilitate institutional and operational sustainability of RRCS role in emergencies.

- **Impact** - Although a true impact assessment was not possible given that it requires a measurement after a significantly longer period of completion of activities, the evaluation found that overall, RRCS' response to the disaster had a positive impact on beneficiaries and on communities, and the image of RRCS has been reinforced according to aid agencies and local authorities.

## Chapter 1: Introduction

Rwanda has one of the highest population densities in Africa (416 people per square kilometre). It has a limited natural resource base; agriculture is the main sector contributing over 33 per cent to the national gross domestic product (GDP) and generates 80 per cent of total export revenue. Life expectancy in Rwanda is 64 years and households headed by women or orphans account for 36 per cent of the population.



Map 1- Rwanda population of concern. UNHCR October 2016

On 25 April 2015, Burundi's incumbent president announced he would stand for a third term in the elections, which took place on 21 July 2015, he was re-elected and sworn in on 24 July 2015. This situation resulted in several casualties in the country especially the capital of Bujumbura. More than 269,375 people fled Burundi, seeking safety in the neighbouring countries of the Democratic Republic of the Congo, Rwanda, Tanzania, Uganda and Zambia<sup>3</sup>. Latest updates from UNHCR<sup>4</sup> indicates that over 83,000 Burundi Nationals have sought refuge in Rwanda due to tension and violence occurring before and after presidential elections.

In Rwanda, the Burundian refugees were transferred from entry points to Mahama camp located in Eastern Province in Kirehe District (270 km from Kigali). Three smaller transit camps and dozens of entry points hosted incoming refugees for a few days until they were transported to Mahama. In November 2016, there were over 51,162 refugees in Mahama camp 18,663 Households<sup>2</sup>. Mahama camp has been open since April 2015 and is the largest refugee camp in Rwanda.

<sup>3</sup> UNHCR. July 2016

<sup>4</sup> UNHCR, 12 January 2017.

[http://data2.unhcr.org/en/situations/burundi?id=182#\\_ga=1.140582514.1733460423.1483980893](http://data2.unhcr.org/en/situations/burundi?id=182#_ga=1.140582514.1733460423.1483980893)

The RRCS in collaboration with Movement partners including the ICRC, IFRC and in-country Partner National Societies (PNS) (Belgian, Danish and Spanish Red Cross) developed an overall response strategy to support the affected population (including both refugees and host communities) until September 2016. Through this appeal, response strategies specific sectors were prioritized namely: health and care including PSS; water, sanitation and hygiene promotion; shelter and settlements; food security, nutrition and livelihoods; disaster preparedness and risk reduction. The RRCS have provided services targeting 2,500 people at the Munini host community from September 2015 to September 2016, and 7,500 people within the Mahama camp from January through June 2016.

## 1.1 Objectives

The overall objective of the evaluation was to assess relevance, appropriateness, efficiency, effectiveness, coverage, coordination, sustainability and connectedness of the emergency appeal operation in Rwanda. Moreover, it sought to establish the successes, challenges and lessons learned from the response operation in order to inform recommendations for future operations. More specifically the objectives were to:

1. Review MDRRW013 operation in meeting the planned objectives and outputs (according to a common methodology):
  - Relevance and appropriateness: the interventions suited the priorities of the affected population, if other interventions would have been more suitable.
  - Efficiency: the extent to which the appeal operation was managed in an organized and competent way; if the allocation was adequate to deliver the expected outputs / activities; if costs could have been reduced or if the most cost effective approaches were taken.
  - Effectiveness: the extent to which the appeal operation was able to meet its intended objectives and outputs in accordance with recognized international standards (SPHERE).
  - Coverage: the extent to which the appeal operation was able to reach the populations/areas most at risk by the crisis; how the criteria for this are identified/ implemented.
  - Coordination: the extent to which coordination was occurring with the key stakeholders during the appeal operation.
  - Community Engagement and satisfaction: to assess how the affected population participated in the programme planning, monitoring and implementation, considering gender and diversity. Also, the effectiveness of the tools used in the appeal i.e mobile cinema in sharing information and receiving feedback
  - Sustainability & connectedness: the extent to which the outcomes of the operation will be sustained (where relevant); particularly in relation to capacity and learning gained through the interventions (National Society capacity).
2. Provide lessons learned from the MDRRW013 operation to inform recommendations for future Emergency Operations

## 1.2 Methodology

### 1.2.1 The scope

The evaluation was conducted in Kigali, Mahama refugee camp, Munini host community and Kirehe district. The evaluation adopted a quantitative and qualitative method approach using standardized IFRC tools that covered discussions with refugees, host community, volunteers, staff and stakeholders.

### 1.2.2 Methodology

The following methodology was employed to collect sufficient data to review the emergency appeal. This approach allowed for triangulation of data.

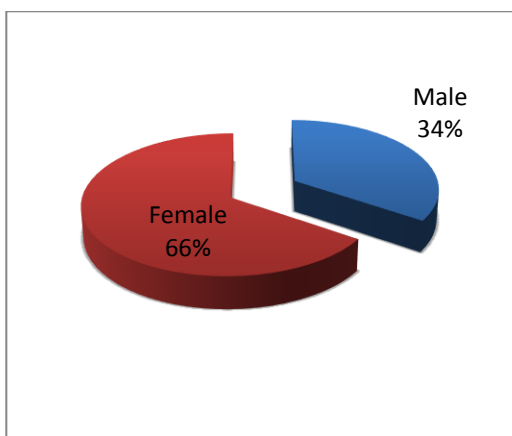
- **Desk review of secondary data including the emergency plan of action, operation updates and monitoring reports.**
- **Beneficiaries Satisfaction survey**

A beneficiary satisfaction survey was used to capture the beneficiaries' perceptions. The target population of the operation was 7,500 in Mahama Camp, and 2,500 in Munini host community and the survey had a confidence level of 95% and confidence interval of 10. Data collection was completed through mobile phones using Open Data Kit (ODK) application and they were analysed with KOBO platform. Beneficiaries were selected randomly (and not all clustered next to each other) covering the full area of Mahama camp and Munini host community. The reason for the random selection is so that information does not only come from influential, dominating people but a representation of the community. 20 RRCS volunteers were deployed for 3 days at Mahama and Munini for data collection through mobile phones with open data kit (ODK) application. Data collected was analysed with KOBO platform.

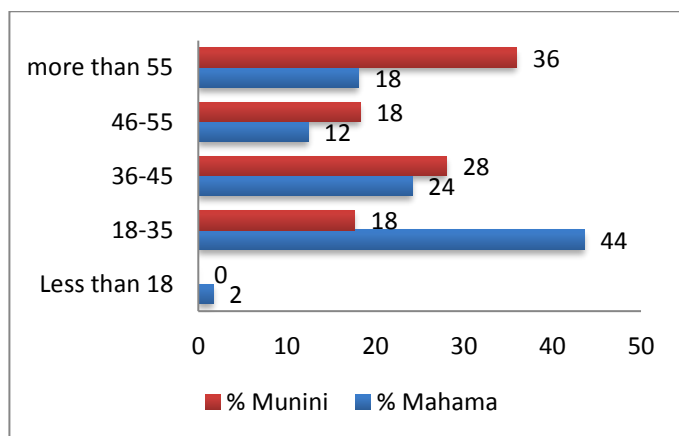
In total, 467 surveys were completed, 302 in Mahama camp, and 165 in Munini host community. It was ensured that the sample had representation from all groups, e.g.

- men/women (men, N=159; women N=303)
- under 18 head of household (N=5)
- elderly (N=113)
- respondents representing families with disable persons (N=82), families with children 0-4 years-old (N=179) and female headed households (N=86).

About 5% of the households targeted by the EA operation were sampled in this survey. Of these, 65% of the respondents were women while 34% were male (graphic 1)



Graphic 1- Gender of respondents

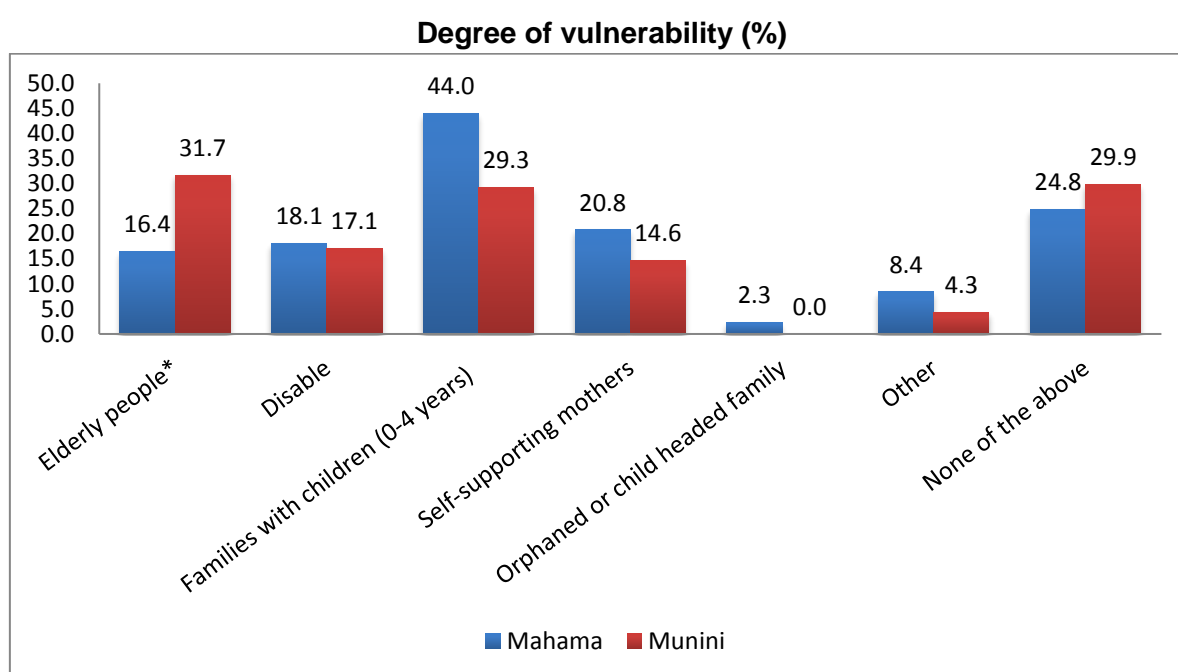


Graphic 2- % of Age breakdown of head of HH

The age profile of the respondents' head of household is shown in graphic 2, and summarized in the table below:

Age of Head of HH	% Mahama	% Munini
Less than 18	1,67	0
18-35	43,62	17,68
36-45	24,16	28,04
46-55	12,41	18,29
more than 55	18,12	35,97

The degree of vulnerability of families in Mahama and Munini beneficiaries receiving the support was also explored as visible in graph 3 below. It shows that around 18% of the beneficiaries have vulnerabilities related to a disability, around 18% are self-supporting mothers and 25% are elderly people.



*Graphic 3- BSS. Percentage of vulnerable beneficiaries in Mahama and Munini  
\* Elderly people (>60) leaving alone*

- **Focus Group Discussions (using standardized tool):**

For selection of participants for the focus group discussions, local volunteers helped to randomly select beneficiaries with a good balance between men, women, young, elderly and disabled people. 3 FGDs were conducted:

- a. Focus group with beneficiaries from Mahama Camp (number of participants=19)
- b. Focus group with beneficiaries from Munini Host Community (number of participants=25)
- c. RRCS volunteers involved in the operation (number of participants=5)

- **Key informant interviews (using standardized tool)**

Key informant interviews were conducted as follows:

- a. RRCS Secretary General and staff representatives from relevant technical areas (N=7 persons)
  - b. IFRC staff representatives working on the operation (N=1 persons)
  - c. IFRC EA-IOI staff (N=2 persons).
  - d. In-country NGO/UN (with presence in Mahama and active in the same response). (N=3 persons)
  - e. PNSs (N=4 persons)
  - f. Refugees representative (N=1 persons)
- **Direct observation (transect tool and home/tents and community visits)**  
Direct observation during Mahama camp survey, on 15 and 17 November  
Direct observation in Munini host community on 16 November
  - **Individual interviews**  
With refugees and host community that have received support from RRCS (N=6)
  - **Lessons learned workshop which included all levels involved in the operation (using standardized tool kit):**
    - a) RRCS Branch coordinators from Bugesera/Nyanza/Gisagara/Rusizi
    - b) RRCS Kirehe Branch committee member (vice-president)
    - c) RRCS staff- DM coordinator/Social projects coordinator
    - d) IFRC PMER delegate
    - e) External evaluator
    - f) Kirehe District representative
    - g) Kirehe's Major representative
    - h) UNHCR field coordinator/protection officer
    - i) ADRA logistics coordinator
    - j) American Refugee Council Field coordinator

This final evaluation has put emphasis on the quality and relevance of the assistance provided to the beneficiaries, as well as the quality of support offered to the RRCS.

### **1.2.3 The main participants**

- Beneficiaries (refugees and host community members)
- Volunteers
- Branch staff
- RRCS HQ and IFRC staff

### **1.2.4 The final evaluation and BSS survey data collection team:**

This final evaluation was coordinated by an external consultant, supported by the RRCS DM Manager and Planning Monitoring Evaluation and Reporting (PMER) staff from RRCS and an Emergency Operations PMER delegate from the IFRC Eastern Africa and Indian Ocean Islands cluster office (EAIOI). Support was received from 20 volunteers to perform the beneficiary satisfaction surveys and from 5 volunteers who assist and facilitate the focus group discussions (FGD's). One day of training and on the job support was provided to the volunteers, for them to get a good understanding of the main questions for the review and the main tool they were using. The volunteer using the mobile devices were trained in KOBO, and the survey instrument was revised, from a previous questionnaire professional translation from English to Kinyarwanda.

### 1.3 Limitations

The time allocated to train volunteers and collect data during this mission was very limited. Due of lack of sufficient time and delays, the training of volunteers only lasted 6 hours on the first day, and field data collection lasted 3 days. Time was also limited due to lack of accommodation in the nearby village Kirehe, hence the team had to travel daily from Ngoma to Mahama (2 hours distance). The time allocated for the evaluation limited the number of households that could be visited and the number of people that could be interviewed. Lastly, bad weather on the last day of the BSS caused some delays.

## Chapter 2: Key Findings

### 2.1 The emergency appeal

The Rwanda Population Movement Emergency appeal, (MDRRW013) was officially launched on 17 September 2015 to reach 10,000 people with a focus on interventions in the areas of emergency health (first aid, psychosocial support, and violence prevention), water, sanitation and hygiene promotion, shelter and settlements, food security, nutrition and livelihoods, and a component of disaster preparedness and risk reduction.

According to the data collected and analysed from BSS, KII and FGDs, the response implemented by RRCS and supported by IFRC, was based on a good understanding of the basic needs of the affected people and had a good perception from different stakeholders and beneficiaries. RRCS was able to plan and implement important strategic decisions as support of host communities, permanent presence of volunteers at Mahama camp, and a twin track approach that supported emergency and early recovery.

Assessments and early intervention were done at the onset of the crisis, and this was crucial to determine the needs of the affected communities. These were then fed into the plans and revision of the emergency operation done according to these findings.

Different stakeholders were interviewed to gauge their perception on the success of the operation. Key informants from UNHCR, Government and Aid agencies expressed gratitude for the support offered by RRCS and its partners in responding to the needs of the refugees and host community affected by this population movement, although they would have liked to see RRCS playing a more decisive role in this type of emergencies. Community leaders were also in agreement on the adequacy of the support. The community members and beneficiaries, were happy that someone saw their plight and came to offer assistance when they had no hope. The continuation of the support for both refugees and host communities has been ensured after this EA, through the support from Belgium Red Cross.

#### 2.1.1 An overview of the key outcomes and outputs

Areas of intervention	Outcomes and outputs
Health and Care	Outcome: Immediate risks to the health and well-being of the refugee camp and host communities are reduced

	<p>Outputs: Target population provided with access to first aid, psychosocial support community based health sensitization</p>
<b>Water, sanitation and hygiene promotion</b>	<p>Outcome: Immediate risks of waterborne and water related diseases to the refugee camp and host communities are reduced</p> <p>Outputs: Access to safe drinking water supply, adequate environmental sanitation facilities, hygiene promotion activities, with focus on Mahama camp and Munini host community</p>
<b>Shelter and settlements</b>	<p>Outcome 4: Immediate shelter and settlement needs of the refugee communities</p> <p>Output: Non-Food Items distribution in Mahama Camp</p>
<b>Food security and livelihoods</b>	<p>Outcome 5: Immediate risks of food insecurity, malnutrition and lost livelihoods to the refugee camp and host communities are reduced</p> <p>Outputs: Access to nutritious food and better understanding of environmental protection</p>
<b>Disaster preparedness and risk reduction</b>	<p>Output 6.1: Disaster preparedness and risk reduction activities carried out to support effective implementation of the operation; and inform medium/long term planning.</p>
<b>Areas common to all sectors</b>	<p>Outcome 1: Continuous assessment, planning, analysis and evaluation are used to inform the design and implementation of the operation.</p> <p>Output: Comprehensive monitoring and reporting framework and system for ensuring accountability to beneficiaries established</p>

The table below represents highlights of the many significant achievements RRCS was able to meet, by October 2016.

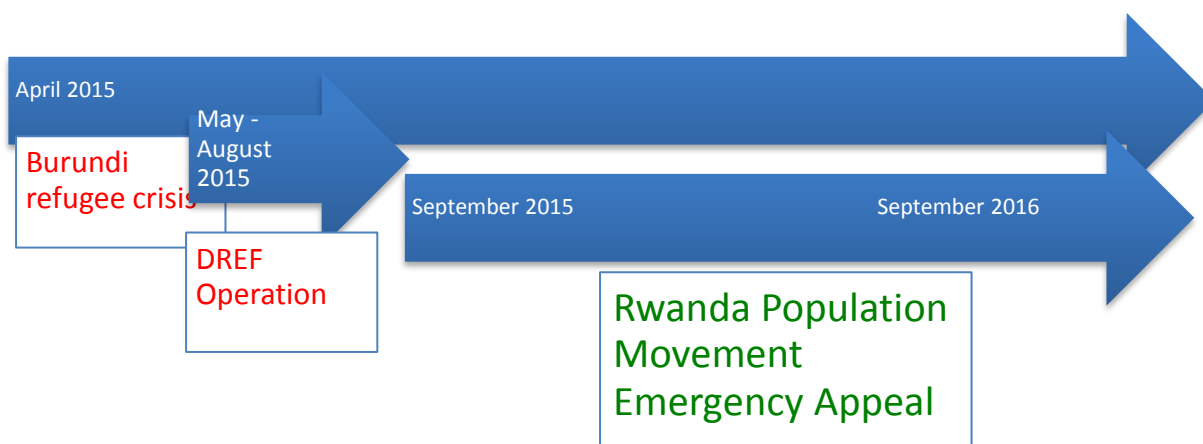
<b>Areas of intervention</b>	<b>Highlights of Results</b>
<b>Health and Care</b>	<p>7,455 beneficiaries assisted with Fist Aid, counselling and PSS services<sup>5</sup> in Mahama camp</p> <p>2,500 Munini beneficiaries provided with community based health sensitization</p>

<sup>5</sup> IFRC Operations update number 4

<p><b>Water, sanitation and hygiene promotion</b></p>	<p>30 latrines repaired in Munini HC</p> <p>350 Sanitation platforms (sanplats) installed in Munini HC</p> <p>Undefined number of beneficiaries assisted to 40 sessions of social mobilization using PHAST/CBEHPP methodology at Mahama and Host Community<sup>6</sup></p>
<p><b>Shelter and settlements</b></p>	<p>Undefined number of beneficiaries received NFI</p> <p>Undefined number of beneficiaries received assorted clothes and kitenge</p>
<p><b>Food security and livelihoods</b></p>	<p>500 Families sensitized on environmental protection</p> <p>254 vegetable gardens to provide additional nutritional food to 3,810 persons</p> <p>500 cooking stove distributed</p> <p>70 cows distributed at Munini HC</p>
<p><b>Disaster preparedness and risk reduction</b></p>	<p>Burundi refugee contingency plan was not implemented, due to absence of funds for this activity</p>
<p><b>Areas common to all sectors</b></p>	<p>CTP and market assessment implemented</p> <p>Undefined Monitoring visits from HQ</p> <p>Undefined coordination meetings at branch level</p>

<sup>6</sup> To be confirmed by final report

## 2.1.2 Key milestones in the appeal



**April 2015:** Due to pre-Presidential election unrest, Burundi nationals begin to seek protection and shelter in neighbouring countries, including the Democratic Republic of the Congo (DRC), Rwanda, Tanzania, Uganda and Zambia.

**May 2015:** On 8 May 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 244,580 to support RRCS respond to the needs of the refugees located in camp settings and at entry points, for a period of three months (until 8 August 2015, which was later extended until 15 September 2015). Activities planned within the DREF operation were supplemented with bilateral funds from the Belgian Red Cross, Danish Red Cross and Spanish Red Cross

**July 2015:** More than 160,000 people are reported to have fled Burundi since April 2015 including 77,000 to Rwanda. Based on the situation and humanitarian needs, decision is taken to develop and launch an Emergency Appeal.

**18 September 2015:** Emergency Appeal launched for CHF 549,020 to support the Rwandan Red Cross Society to assist 10,000 people in Mahama camp, and the Munini host community, with CHF 58,910 allocated from the IFRC's DREF as Appeal start-up funding.

**October 2015:** The Letter of Agreement (MoU between IFRC and RRCS) was signed, and the initial DREF loan transfer was sent to RRCS.

**November 2015:** IFRC Operations Manager was recruited and deployed to Rwanda

**Period September 2015-May 2016:** The Belgian, Danish and Spanish Red Cross Societies were providing bilateral consortium funding to RRCS to continue and somewhat expand the activities included in the DREF operation, and complementary to the Emergency Appeal

**June 2016:** The appeal was extended for 3 months, until September 2016

**17 September 2016:** End of Emergency Appeal

November 2016: Final evaluation of the EA

## 2.2 Relevance/appropriateness

### Introduction

The analysis of appropriateness of the implementation of the EA, explores the quality of the needs assessment process in both Mahama camp and Munini host community, the relevance of interventions given needs and capacity, and beneficiary satisfaction.

Relevance is concerned with assessing whether the project is in line with local needs and priorities, as well as with donor policy.

Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly. OECD DAC criteria

### Main findings

Since the beginning of the operation, RRCS was at the front of the crisis at entry points<sup>7</sup>, borders and in transit camps, and carried out preliminary need assessments.

After the launch of the DREF in May 2015, the situation in Burundi continued to deteriorate which had a direct impact on the daily influx of refugees to Rwanda, and RRCS carried out continuous monitoring activities to collect urgent needs information including water, shelter, food, NFI and First Aid<sup>8</sup>.

RRCS, in coordination with MIDIMAR and UN agencies, collaborated to support needs assessments, and had good knowledge of the initial primary needs of the refugees, and ulterior basic needs.

The emergency appeal launched on September 2015, was based on the assessments from the initial emergency phase and MIDIMAR assessments. RRCS, and largely facilitated the assessment and planning for the Emergency appeal that followed it.

As result of initial assessments, and considering the capacity and experience of RRCS, a broad range of support was included in the EA, to support beneficiaries at Mahama camp, and Munini host community covering various sectors as health and care, including PSS, Water, sanitation and hygiene promotion, relief, food security, nutrition and livelihoods.

The activities were planned in accordance to the needs of the refugees and host communities, although there were some variations from initially planned activities<sup>9</sup> due to delays or funding gaps.

A PNS consortium (Belgium, Danish and Spanish Red Cross) supported the RRCS plan in Mahama camp from September to May 2016, and contributed to implement activities planned in this EA, from September 2015 to January 2016.

The appeal had a coverage of 86%, not all funds were un-earmarked, so some activities had to be somehow adapted to donors' preferences, which had some influence on the variation of initial planning.

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<sup>7</sup> "RRCS was the first agency to respond": RRCS DM Coordinator

<sup>8</sup> DREF final report MDRRW012. September 2015

<sup>9</sup> CTP Final Assessment Report, and MDRR013 Emergency Appeal.

RRCS has been a crucial actor in the camp providing social mobilisation and cross cutting services during the implementation of the EA. Host communities were suffering from various and acute needs that varies from food insecurity, lack of water, and health/hygiene promotion, which was well captured in this EA, and the lack of support from other agencies is worsening this tendency.

Beneficiaries were in general satisfied<sup>10</sup> about the quality and quantity of the services provided during this emergency appeal. According to the findings of the Beneficiary Satisfaction Survey, more than 85% of respondents consider quality and quantity of services received as either “good” or “very good”. This was also mentioned in the focus group discussions:

*“I am very happy when I see Red Cross volunteers, they make me feel safe”* said Romain, a male refugee;

*“I appreciate that Red Cross volunteers often come and talk to us, to know how we feel”* said Claire, a refugee young women.

*“Everybody knows and appreciate Red Cross support at Mahama”* said an old woman during a Focus group discussion at Mahama camp.

### **Analysis of the main findings**

From the beginning of the emergency, RRCS played an important role to address the acute need of the refugees, while other agencies were not positioned to be deployed and support the refugees. UN agencies and IO needed more time than RRCS to analyse and deploy teams at borders, transit camps and Mahama camp, as result of a combination of lack of field presence of staff/volunteers, and a restricted capacity of action agreed with the government in population movement emergencies<sup>11</sup>.

During the interview with RRCS Secretary General, he mentioned that RRCS was able to deploy volunteers and staff, from the onset of the disaster, and their response had the capacity of adaptation to the initial and ulterior needs<sup>12</sup>. Collaboration with MIDIMAR and other UN agencies in need assessments shows that RRCS was informed and took relevant actions from the beginning to understand the situation and plan according to the needs.

The emergency appeal activities were planned based on initial assessments, and was also influenced and had coherence with MIDIMAR need assessments. According to the IFRC Head of Operations, the design of intervention and activities planned were well adapted to meet the needs of the most vulnerable (culture, disability, gender), although information of rapid or detailed assessments were “not clear or not sufficiently shared with him”<sup>13</sup>.

The selection of beneficiaries was also a matter of concern for some PNSs, as they didn’t receive specific distribution lists during the consortium support<sup>14</sup>.

The broad range of support included in the EA, to provide services to beneficiaries at Mahama camp, and Munini host community had some pros and cons: a variety of support covering

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<sup>10</sup> “I am very happy when I see Red Cross volunteers, they make me feel safe” said a male refugee; “I appreciate that Red Cross volunteers often come and talk to us, to know how we feel”, a young refugee woman. “Everybody knows and appreciate Red Cross support at Mahama” said an old woman during a Focus group discussion at Mahama.

<sup>11</sup> “We appreciate RRCS support from the beginning, as UNHCR couldn’t go even to Mahama” Paul Kenya, UNHCR field coordinator

<sup>12</sup> Key Informant interview with RRCS’ Secretary General

<sup>13</sup> KII IFRC Head of Ops.

<sup>14</sup> KII PNS Representative

various sectors contribute to a complete service to beneficiaries, but has challenges on implementation, as it requires multidisciplinary teams and amplified knowledge of different areas for volunteers. RRCS has some areas of expertise, but during the evaluation, there were no experts of WATSAN, or livelihoods, so the quality of assessments and implementation could have been affected. The UNHCR field coordinator at Kirehe, pointed out that role of RRCS should be limited to some activities, in which they provide great support as social mobilization, livelihoods and First aid/PSS support<sup>15</sup>.

The Consortium support from September 2015 to December/January 2016 was an excellent contribution to the implementation of this EA, as it gave continuation from DREF activities, but evidenced that IFRC/RRCS response was very slow, considering that from end of September 2015 to January 2016, this EA didn't implement many relevant activities.

Funds earmarked from donors to some activities "had influence on planning" according to RRCS' SG, DM and Logistic coordinators from RRCS, as some activities initially planned as CTP or disaster preparedness, were not implemented, and others were delayed until confirmation of funds.

Munini Host community is receiving essential support from RRCS, as there are few other agencies involved in host communities near Mahama contributing towards addressing local needs, and build community capacity to do so in the future. The inclusion of the host community as part of the implementation design was one of the main conclusions of good practices during the lessons learnt workshop held in Kirehe.

Beneficiaries' perception of the RRCS support is very positive, according to BSS, FGD and personal interviews. During focus group discussions, both in Mahama and Munini some participants pointed out that they have strongly appreciated the continuous support and commitment of the RRCS volunteers, and the adequacy of the support provided. However, some voices in Munini claimed that some vulnerable families were not well assessed or included. At Mahama, participants of the group requested more support in terms of seeds, fertilizers and other NFIs such as mattresses and clothes. Women clearly asked about the Menstrual Hygiene Management (MHM) kits, as they considered that was a good experience and would like to receive more kits, as there were not enough. Participatory approaches and transparency and cooperation between partners to identify vulnerable group' needs seem to be tools that RRCS could strengthen to be able to improve their performance in relevance and performance.

At Munini host community, during focus group discussion and personal interviews, there were three main issues that were not sufficiently covered or considered in the EA: the level of insecurity, with result of livestock or vegetable robbery, the lack of firewood, due to the influx of the refugee camp, and food insecurity, mainly caused by a severe drought.

## **Conclusion**

The evaluation found that overall the Emergency Appeal implemented by RRCS was relevant to address the priorities, improved the availability of and access to key services and knowledge of the target group. Activities planned were appropriate in quality and quantity to the needs and priority of affected population.

More efforts on participatory approaches during assessments and monitoring could have had better impact on appropriateness and relevance, and could have improved accountability and selection of beneficiaries.

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<sup>15</sup> KII UNHCR field coordinator

The role played by RRCS since the beginning of the emergency and during the EA, was important to address the urgent needs of refugees, and host community, and to be considered by government and UN agencies as a necessary partner for field assessments and monitoring.

## Recommendation

See recommendations 6 and 16 (pages 60-62)

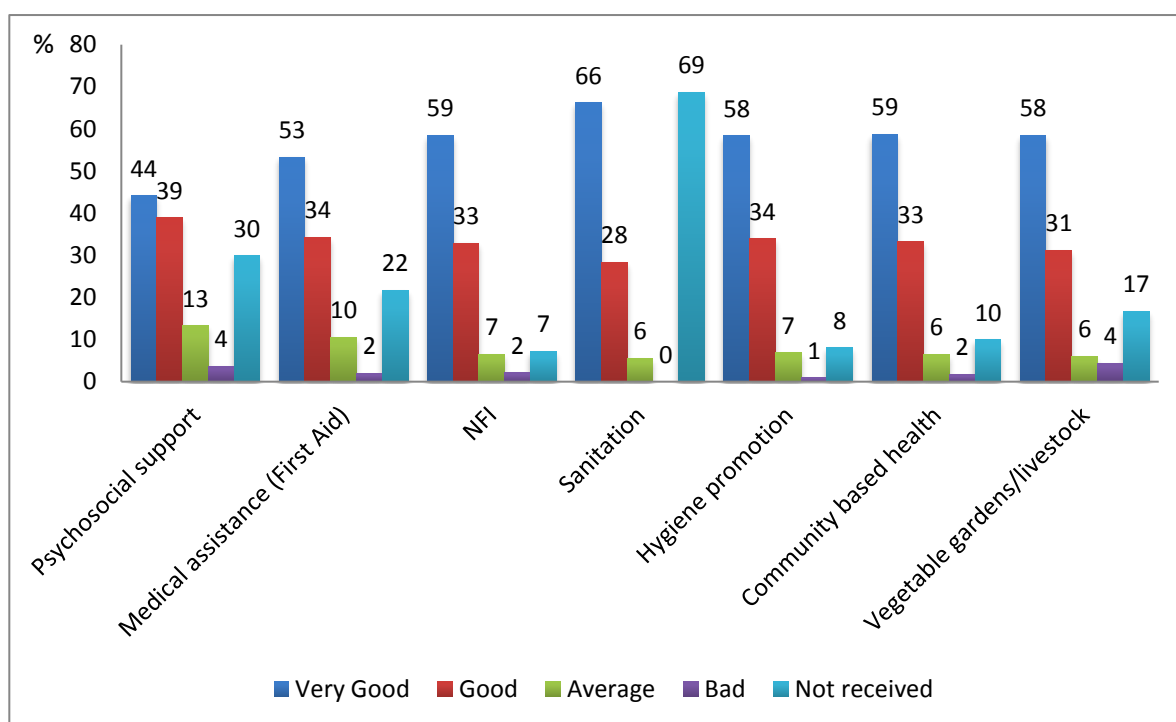
## 2.3 Community Engagement and satisfaction

### Introduction

The beneficiary satisfaction survey (BSS) carried out in Mahama camp and Munini host community enabled to identify the efficiency of the distributions, usefulness of the items and whether the needs of the affected households were met through this distribution.

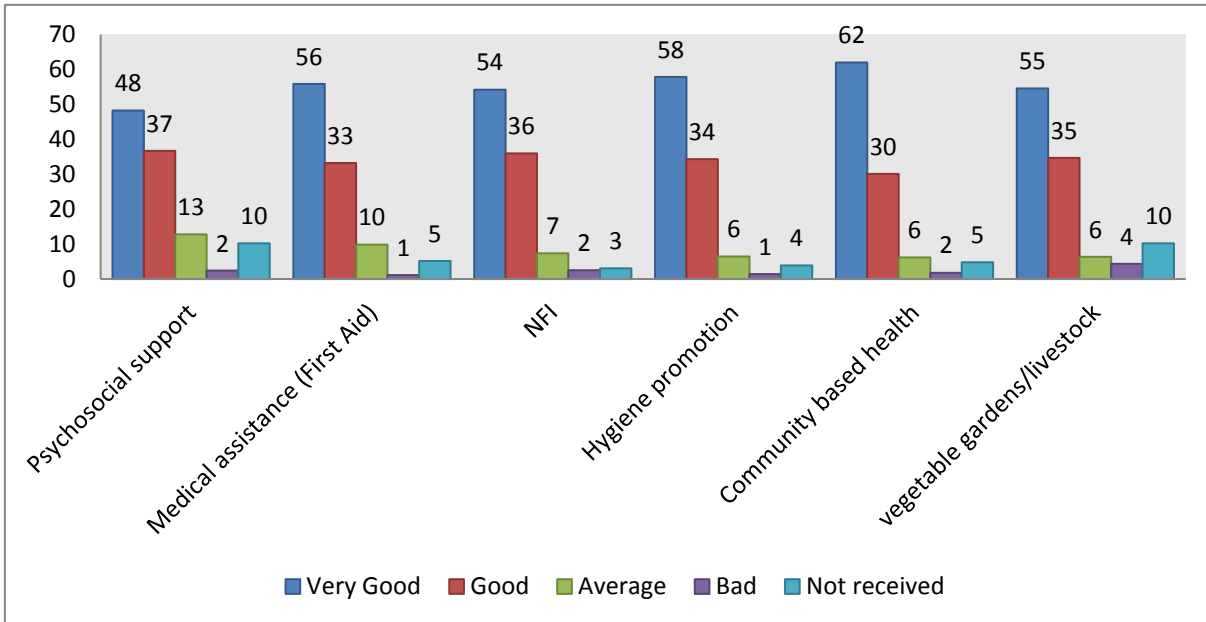
### Main findings

Beneficiaries were asked about their satisfaction level on the quality and quantity of the services provided to them, in both Mahama and Munini. They were requested to rate from bad, average, good or very good, different activities, including the option “not received” (see graphic 4, to 7). 96% of the respondents from Mahama, and 93% from Munini, had received assistance from RRCS in the past 15 months.



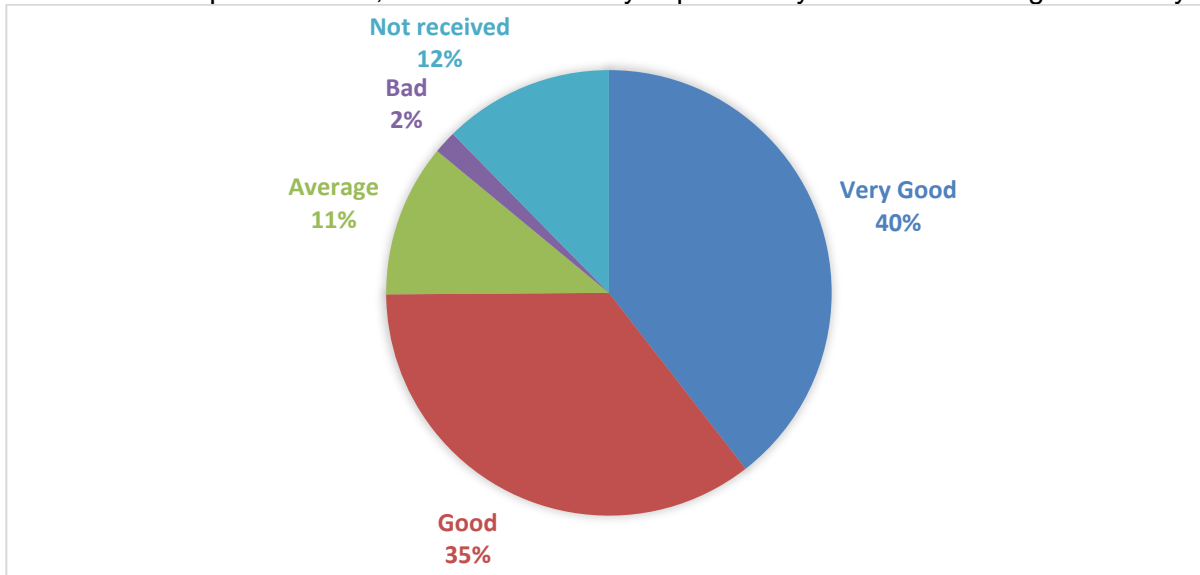
Graphic 4.- BSS. Mahama camp, percentage of Quality rate of assistance given (MAHAMA)

%

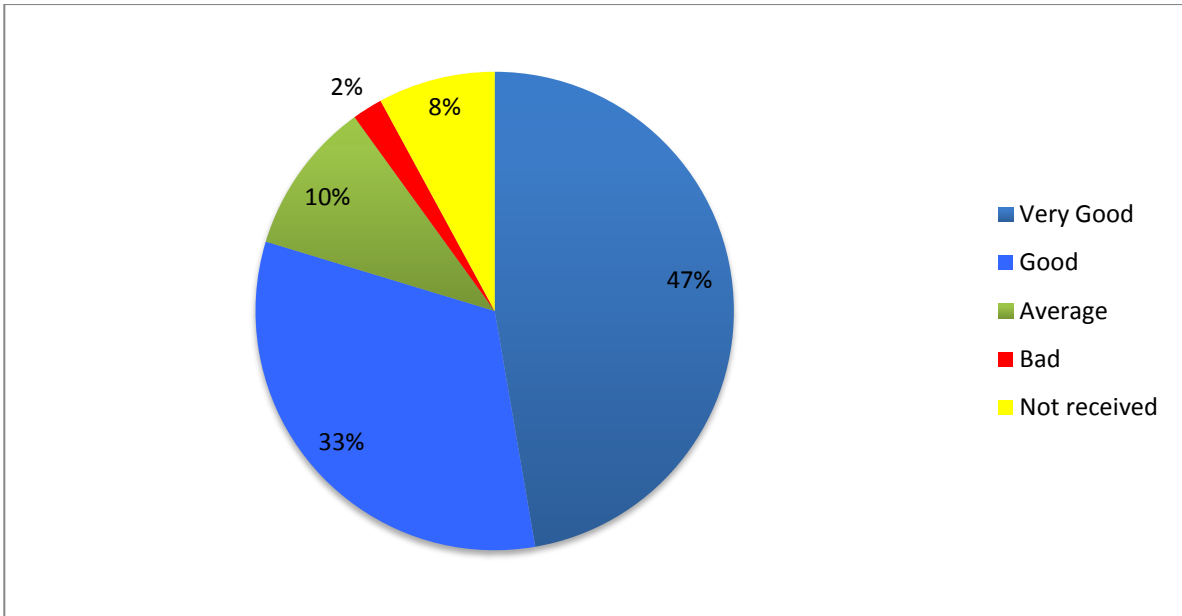


Graphic 5.- BSS. Munini host community - Percentage of Quality rate of assistance given (MUNINI HC)

Community based health activity refers basically to mobile cinema activity, as social mobilization, and not as community based health approach. This option was not correctly included in the questionnaire, but was sufficiently explained by volunteers during the survey.



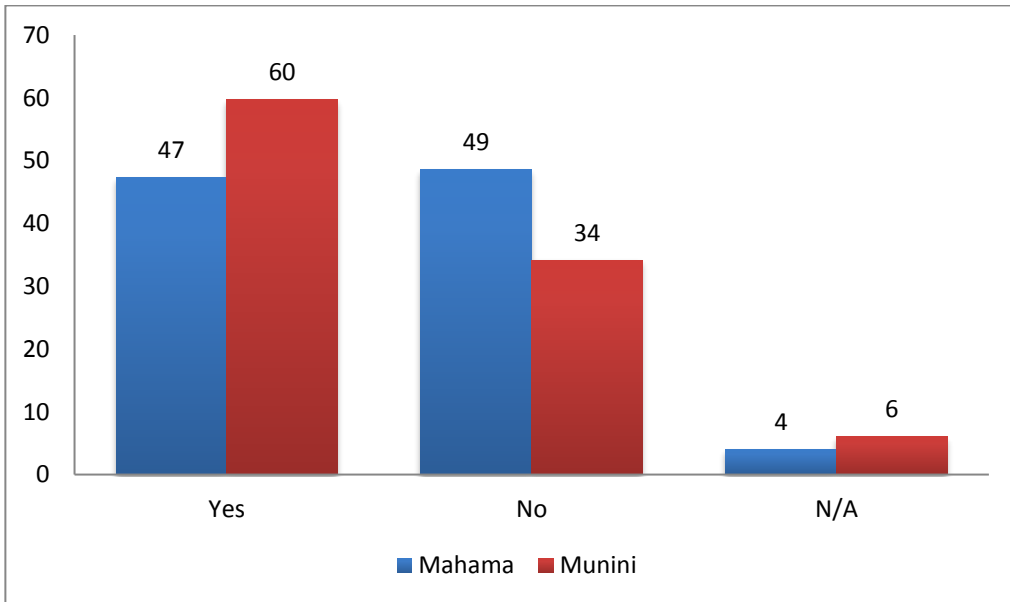
Graphic 6.- BSS. Quantity Rate. MAHAMA - Percentage of different options



Graphic 7.- BSS. Quantity Rate. MUNINI HC - Percentage of different options

During the BSS, the question “were you asked about your needs before receiving assistance?” showed that only 50% of them answered “yes”, with significant difference between Mahama (47%) and Munini (59%). Most beneficiaries who were asked about their needs before assistance, had been approached by Red Cross (78%), followed by government (56%).

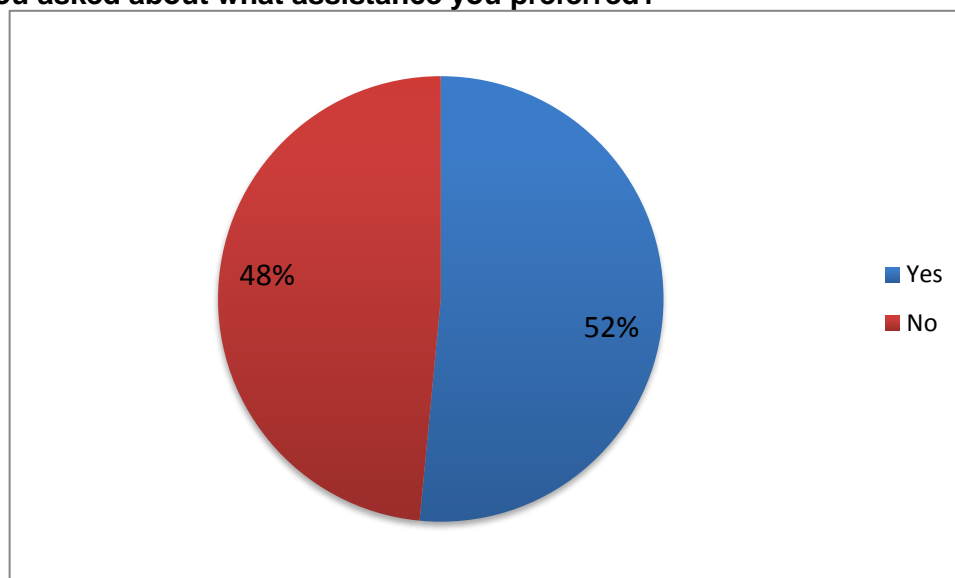
**Were you asked about your needs before receiving assistance? (in %)**



Graphic 8.- % of respondents from Mahama and Munini that were asked about their needs before receiving assistance

In terms of type or modality of assistance, slight differences were recorded between Mahama and Munini community, as 50% of refugees at Mahama were asked about preferred assistance, compared to 54% of them, at Munini.

### Were you asked about what assistance you preferred?



Graphic 9.- Total percentage of beneficiaries asked about preferred assistance (Mahama and Munini)

In terms of previous information about the distribution or provision of services, when beneficiaries were asked: “Did you know when the assistance was going to be provided (date, time, place of distributions)?” 85% of them answered “yes” and 15 % of them answered “no”.

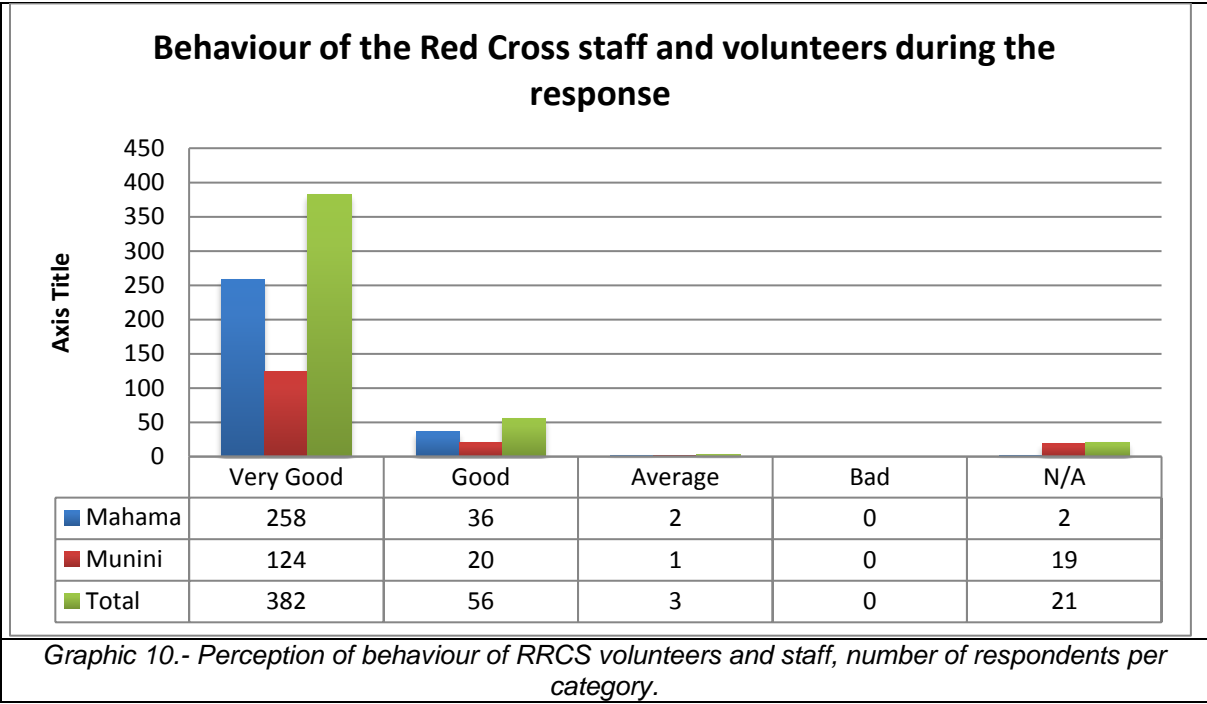
### Type of assistance

During BSS, beneficiaries were asked about the type of assistance needed that had not been provided to them. A list of the main items or services mentioned is shown in table 1.

	Mahama	Munini	Total
<b>Mattresses</b>	50	4	54
<b>Medical treatment/insurance</b>	22	14	36
<b>Food</b>	23	13	36
<b>Shelter or shelter rehabilitation</b>	20	15	35
<b>clothes</b>	21	0	21
<b>Seeds/tools/vegetable garden</b>	10	9	19
<b>Cows/livestock</b>	-	18	18
<b>sanitation</b>	0	16	16
<b>Kitenge</b>	10	1	11
<b>water</b>	5	0	5
<b>Firewood</b>	2	3	5
<b>Cash</b>	5	4	9
<b>Bucket/bassins</b>	6	1	7

Table 1.- Frequency of type of assistance that beneficiaries would need and have not received

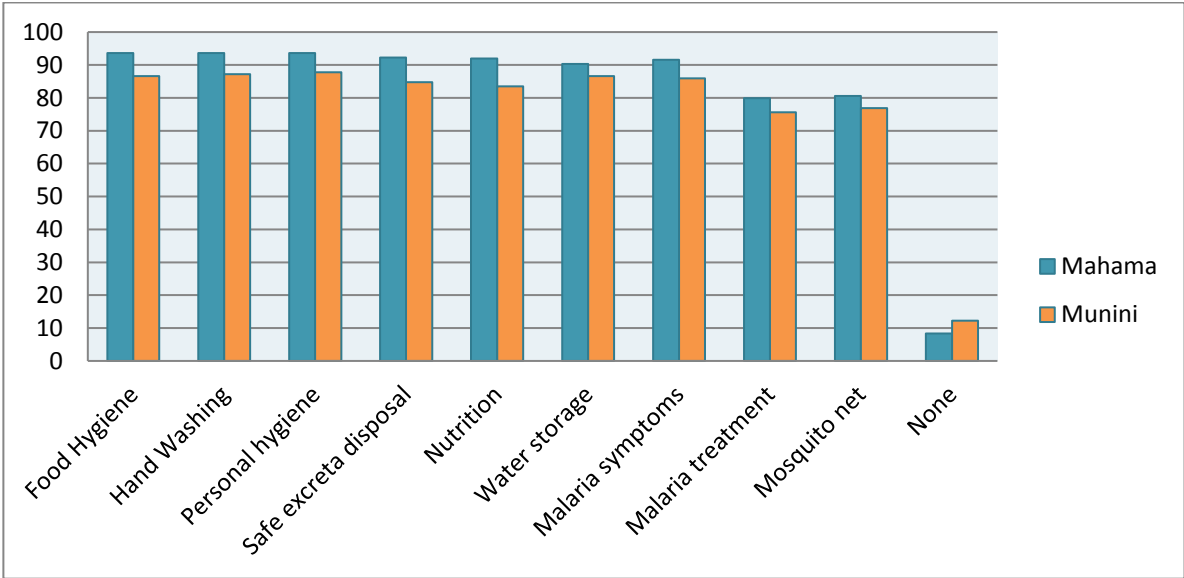
Beneficiaries were also asked about their perception of the behaviour of RRCS’ volunteers and staff during the intervention, as shown in graphic 10.



**Social mobilization**

One of the activities that had better acceptance by beneficiaries, and other agencies<sup>16</sup> was the mobile cinema, considered as a social mobilization tool<sup>17</sup>. Type of information received from Mobile cinema, is shown at graphic 10:

**What type of information did you receive from the Mobile Cinema?**



<sup>16</sup> ARC and UNHCR mentioned that mobile cinema was a “great idea and very well implemented by RRCS” during lessons learnt workshop

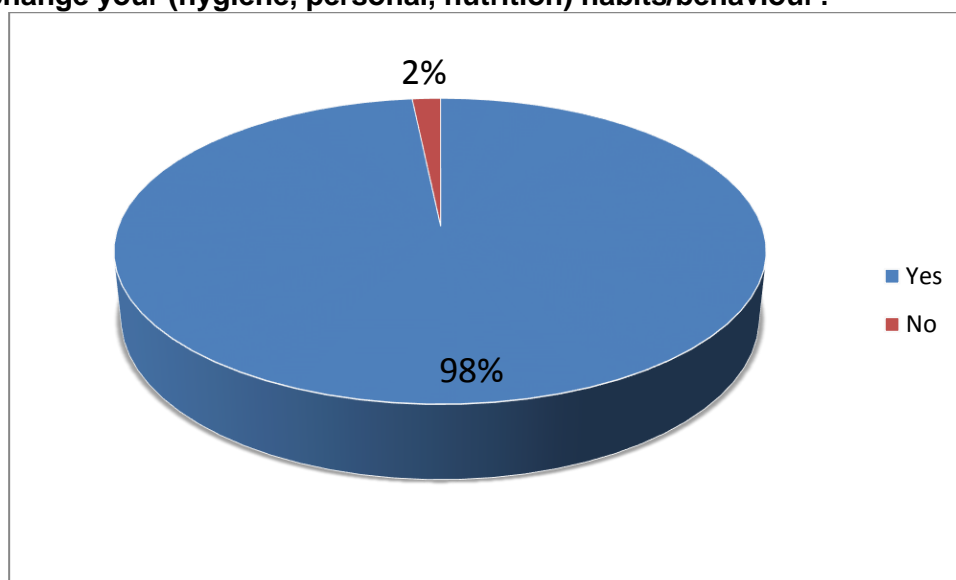
<sup>17</sup> please note that in table 4 and 5, community based health is social mobilization

Graphic 10- Mobile cinema type of information shared, expressed in %

93% of beneficiaries from Mahama and 86% have participated in mobile cinemas per data collected during BSS, and 427 persons out of 462 (total sample size) have responded to question showed in graphic 10.

When beneficiaries were asked if this activity had changed their behaviour, a big percentage answered “yes” as graphic 11 shows below.

**Did it change your (hygiene, personal, nutrition) habits/behaviour?**



Graphic 11.- % of respondents that changed their habits after mobile cinema session

### Analysis of findings

The analysis of the Beneficiary Satisfaction Survey (BSS) shows that beneficiaries were satisfied with the quality of the services provided to them, as 90% consider quality as “very good, or “good”,(see graphic 4, and 5). Some beneficiaries, in this sense, have qualified the support of the RRCS as “excellent compared to other organizations”<sup>18</sup>

Psychosocial support in Host communities have a sort of different pattern, showing that less people in Munini HC have perceived it as “very good” compared to Mahama, and 8% at Munini answered “bad” compared to 2% at Mahama. Other small differences can be found in Fist aid, considered by 89% at Mahama as “very good” or “good” compared to 82% at Munini.

A similar pattern can be compared with quantity of assistance given, although on average, the percentage responding “very good” “good” is slightly inferior, 86%. Graphics 4 and 5 shows average percentage of respondents to each category. We could determine that quantity has been perceived not as good as quality of services provided.

In graphics 6 and 7, the option not received was included, as interesting for analysis. This option is linked to all types of support, so it gives an idea about what percentage of people didn't receive (on average) support in each field. This small percentage shows that beneficiaries received in general a big range of different activities and only 14% of refugees

<sup>18</sup> Quotes from FGD participants at Mahama camp

haven't participated in some of the activities, and only 8% in Munini Host community (on average).

As graphic 8 shows, less than 50% of the beneficiaries at Mahama camp were asked about their needs before receiving assistance, compared to 60% at Munini. This can indicate that an important percentage of people at Mahama and Munini were not involved in need assessments., and almost 50% of respondents were asked about their preferred type of assistance before receiving it.

As seen in table 1, there are several recommended activities that beneficiaries needed and were not provided. Refugees from Munini claimed that they need decent mattresses, medical treatment, food and shelter rehabilitation or reallocation and clothes. Respondents from Munini felt there was a need for: distribution of cows or goats, sanitation, shelter rehabilitation, medical insurance and food were pointed as main needs not being addressed.

When beneficiaries were asked if the support received from Red Cross came in time when they needed it, 94% of them answered "yes", 96% at Munini, and 92% at Mahama. People that responded "no", pointed mainly on the massive number of beneficiaries to support which hindered the RRCS to provide the support on time.

The perception of the beneficiaries about the behaviour of the RRCS volunteers is very positive, as 95% of the respondents considered that has been "very good" or "good".

Nevertheless, delays recorded in implementation of the activities, according to the plan initially established, had been a constant and recurring issue during this Emergency appeal. There were some reasons including logistics capacity, planning, donors, or management, that are analysed in subsection 2.4 and 2.5.

We could analyse how this intervention could be responsible for specific changes, based on hygiene promotion, which was covered by some questions during the BSS exercise. One of the survey questions refers to community mobilization through mobile cinema, that has disseminated messages in different areas (graphic 10). The findings reflect the good coverage of this activity (90% of respondents attended mobile cinema sessions), and according to graphic 11, a huge percentage (98%) of people changed their (nutritional, personal, hygiene) behaviour/habits as consequence of the information received.

During FGD and personal interviews, it was noted that Mobile cinema had a big impact in perception of population<sup>19</sup>, not only as per messages received, but as psychosocial support for beneficiaries. It was also found, that it probably had a better coverage in Mahama camp, as all beneficiaries are regularly available during working hours, compared to Munini, where people identified that they were often not able to attend the cinema shows, and it was attended by children. Although the idea could be that children could pass the message to their parents, it might not have good results when wrong messages are passed on. Sessions therefore should include parents and children jointly or separately.

## **Conclusion**

Clear majority of beneficiaries were satisfied with the quantity and quality of the services provided to them by RRCS, and had a very good perception of volunteers' behaviour in both Mahama and Munini.

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<sup>19</sup> "We all liked to attend mobile cinema sessions, we just have fun and learn" quoted from a FGD in Mahama. See also graphic 10 and 11

Most of the beneficiaries have received support in different modalities of support, as First Aid, NFI, sanitation, PSS, Hygiene promotion, Community mobilization and livelihood.

A considerable high percentage of the respondents were not consulted about needs and preferences before receiving assistance. In addition, some recommended activities by beneficiaries that were not sufficiently provided, can indicate that detailed need assessments and participatory approaches might not have been sufficiently implemented.

Mobile cinemas had a very good acceptance from beneficiaries and aid agencies, and was a relevant method to disseminate hygiene, health, or nutrition promotion.

### **Recommendation**

See recommendation number 16 in subsection 4.2 (pages 60-62)

## 2.4 Efficiency

### Introduction

The evaluation considered the extent to which the EA achieved its objectives, with a specific focus on the efficiency of the areas of implementation, regarding operations and in terms of processes.

The DREF was the basis of the Emergency Appeal, in terms of areas of work, type of intervention, and coverage in Mahama camp. And was an excellent first phase of the emergency intervention, and facilitated the continuation and planning of the following 12 months' support included in the Emergency Appeal.

Overall objective was to improve the health and hygiene conditions and address the psycho social support (PSS) needs of 7,500 Burundian refugees living in Mahama camp; and to address the hygiene, food security and violence prevention needs of 2,500 persons of the Munini host community. The strategy proposed by RRCS had support and collaboration from Movement partners including the ICRC, IFRC and in-country Partner National Societies (PNS) (Belgian, Danish and Spanish Red Cross). Sectors as Health and care, WATSAN, hygiene promotion, relief, and livelihoods were prioritized.

'Efficiency measures the outputs – qualitative and quantitative – achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.'

OECD-DAC criteria

### Main findings

The emergency plan addressed urgent needs of the refugees and faced with the challenges and included support to host communities.

With regards to volunteers, RRCS was very strong in the field of community support<sup>20</sup>. Volunteers were trained at HQ or field level, and showed continuous and huge effort<sup>21</sup> to unconditionally support the refugees and host communities.

With regards to financial processes, staff working in this operation faced challenges after IFRC decision to process payments as working advances, instead of cash transfers<sup>22</sup>, as the decision came to be effective at the beginning of the EA Operation, with limited time to adapt and consolidate cash transfers to RRCS financial processes.

Logistics was seriously hampered by various factors including the length of procurement, delivery, insufficient planning, tender requirements and insufficient staff considering the workload. Warehouse capacity at HQ level was not sufficient to store NFI, but the repairing needed was not including in the initial EA, so RRCS requested IFRC to approve a modification of the EA, including HQ warehouse repairing.

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<sup>20</sup> Key informant interviews with ARC and UNHCR field coordinators and conclusions from lessons learnt workshop.

<sup>21</sup> "we are proud to help people in need". Focus group discussion RRCS local volunteers

<sup>22</sup> KII head of RRCS Finance department

The operation was delayed at several stages, and had difficulty in planning activities as result of the length of the fundraising from donors. A better planning had occurred if funds were committed at an early stage of the emergency appeal.

Human resources had some challenges to support efficiently the EA: From the beginning, the DM coordinator was the EA focal point for implementation, although she was not only dedicated to this EA, as she was the DM reference for other RRCS programmes and Emergency response. There was a long period, when the DM coordinator was on maternity leave, and was covered by health coordinator.

Field presence of IFRC delegate and RRCS staff was very limited, and had influence on field coordination, relevance of role of RRCS and quality of implementation, monitoring and evaluation of the activities.

There was good cooperation between RRCS and the IFRC secretariat at the beginning of the EA, and an MoU was signed at this early stage whereby a Federation Head of Operations would be based at RRCS HQ, assisting in with administrative, technical and coordination processes related to the cooperation between RRCS, IFRC secretariat and/or other National Societies and in ensuring accountability of the operation to donors. The communication and cooperation between IFRC delegate and RRCS Secretary General was progressively deteriorated, caused by several factors recorded during this evaluation.

## **Analysis of Findings**

RRCS planned the intervention with support of other partners, based on their HQ capacity and experience, and counting on the support of the PNS and ICRC that were present in Rwanda. Given its limited branch capacity and presence in areas affected, RRCS chose to implement the EA with direct HQ operational involvement, limited collaboration with the branches and in close coordination with MIDIMAR, UN agencies and municipalities. This appeared to have been an efficient arrangement.

Focus group discussions, interviews with key informants and beneficiaries confirmed that the RRCS EA intervention met the basic and immediate needs of the affected people in both Mahama and Munini host community.

RRCS volunteer structure was able to provide qualified and dedicated volunteers from Kigali and Kirehe, constantly during this EA, and according to the BSS, the perception of the beneficiaries about the support given is mostly due to the constant presence and quality of the volunteers that supported the operation.

Financial department faced challenges related to insufficient staff supported by this EA, and insufficient training<sup>23</sup>, considering the extra workload and changes on the IFRC financial procedures (which moved from cash transfers to working advance). Original copies of the invoices are sent to IFRC EAOI office, against the internal RRCS financial processes. IFRC put some efforts to deal with this challenge, as an IFRC staff member was performed a mission in May 2016, to provide training on the change from Cash Transfer to a working advance financial system.

The operation was delayed at several stages, and had difficulty in planning activities as result of the length of the fundraising from donors. A better planning had occurred if funds were committed at an early stage of the emergency appeal.

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<sup>23</sup> KII head of RRCS Finance department

The absence of a DM focal point dedicated only for this operation, seems to have affected the monitoring and quality of the intervention. It is also relevant that the role of the IFRC Operations manager had limits from RRCS perspective and was not probably able to support sufficiently the operation during the absence of the DM coordinator.

Field presence of IFRC delegate and RRCS staff seems to be crucial to strengthen RRCS role at field level<sup>24</sup>, in coordination, communication, field assessments, monitoring, etc. Technical areas as Watsan, health, livelihoods, would have required experts from RRCS/IFRC to improve timing and quality of support.

Logistics department were not involved from the beginning on the EA planning, which, according to the head of Logistic department, “might have affected the quality of the logistic support to the operation”.

There was a debate during the Emergency appeal, to increase the capacity and improve quality of the warehouses that were used for the NFI. It seems that capacity and adequacy of the RRCS warehouses should have been ensured before this appeal. Government and humanitarian agencies would agree that RRCS plays an important role in early response, and this would be definitely enhanced by better capacity of preposition stock. It seems that main stock was stored at headquarters, and due to the enormous amount of NFI that were distributed, the adequacy of the main warehouse was questioned, and proper storage of items was not simply possible. This evaluation cannot audit the overall expenditure in this activity, but at least from a strategic point of view, has good sense.

Logistic department should have been involved in planning, in order to adjust prices and processes according to market. In this sense, IFRC/RRCS should have made stronger efforts in facilitating this coordination or sharing of information, and specially to involve logistics in planning, to improve efficiency in tender processes.

## **Conclusion**

Activities planned were well focused on beneficiaries’ needs

RRCS’ Volunteers provided important support for the operation and helped to improve efficiency

Lack of dedicated RRCS staff for the operation had a negative influence on coordination, quality of implementation, monitoring and evaluation of the activities.

IFRC changes on financial processes were not sufficiently welcomed by RRCS’ financial department, although IFRC has provided specific training to RRCS on this matter.<sup>25</sup>

Logistic department faced serious challenges in terms of capacity, involvement on planning and warehousing

Initial planning and implementation were affected by fundraising and earmarked funds from donors.

Field presence of IFRC delegate and RRCS staff would have resulted on a better efficiency

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<sup>24</sup> “Kirehe branch has limited capacity”. FGD with RRCS local volunteers

<sup>25</sup> “IFRC and donors have to harmonize type of reports and adapt to RRCS” : RRCS Head of Finance

## Recommendation

See recommendations n. 1, 3, 4, 7, 8, 10, 11, 13 (pages 60-62)

## 2.5 Effectiveness

### Introduction

The analysis of effectiveness set out to examine how well the operation achieved its outputs and outcomes, the timeliness of the response and activities, and the costs relative to the benefits or 'value for money'.

The analysis of effectiveness should explore how the activities planned in the Appeal operation contributed to the alleviation of suffering of the affected population.

Effectiveness: measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness.

### Main findings

OECD DAC criteria

Services and items provided by this EA, were delivered and contributed to reach the purpose of the Operation. Appropriate timing was altered as delays to deliver services or assets were frequent.

Operational objectives were also altered by lack of flexibility of funds (earmarked funds) and delays on funding confirmation, which have result on difficulties in planning and change of strategic activities, like CTP.

Although not officially tracked through the appeal budget, the consortium of Danish Red Cross, Spanish Red Cross and Belgium Red Cross were able to support this operation in a crucial period after the DREF operation.

Health related activities were implemented and contributed to the overall goal, although psychosocial support activities were not totally implemented, apparently due to an inadequate (or at least not agreed by RRCS) type of activity: cricket activity was not, according to the RRCS SG, an usual activity for RRCS neither well known in Rwanda, so RRCS didn't agree to implement it.

Community based health sensitization sessions have been implemented by mobile cinema, but apparently GBV sessions were not included, as GBV were not yet part of RRCS programme<sup>26</sup>.

Water and sanitation had some modifications: the water pipeline was repaired by the public institutions, and then this was reconducted to 30 latrines Rehabilitation of damaged latrines in Munini host community. Sanplats were not all distributed, and radio broadcast not implemented.

Regarding distribution of NFI, distribution of MHM kits was behind schedule and only implemented at latest phase of the EA<sup>27</sup>.

<sup>26</sup> KII with the Secretary General of the RRCS

<sup>27</sup> In June 2016, only 40% of MHM kits were distributed. Operations update n.4

As per livelihoods, at the beginning it was planned to establish 500 simple kitchen gardens but regarding the land space that is available within the camp and the settlements, and cost of the improved kitchen gardens, RRCS opted for the improved kitchen garden that could count for 3 families together. Cash Transfer Programming (CTP) was initially planned as unconditional cash, as suggested by initial assessments, was not implemented and was partially converted to livestock distribution.

Contingency plans as part of the Disaster preparedness and risk reduction activities was not implemented due to lack of funds and since the Belgium Red Cross included this in their program which followed up on the appeal activities.

## **Analysis of findings**

The main objectives of the appeal were met, although more investment efforts in capacity building and more field presence of the IFRC delegate and DM field coordinator (both at field level and at the HQ) could have allowed better adaptation of the intervention to needs and standards.

After analysing the complexity and diversity of activities, less activities and less complex activities, could have resulted in increased effectiveness.

A review of the 17 September 2015 Emergency Appeal reveals that some activities were not completed – primarily due to a lack of resources (CTP intervention) and others were modified, as they were covered by other agencies or public institutions.

Health activities should have been revised on early stages, as it seems that PSS could have been very important to implement from the beginning of the operation, in Mahama and Munini Host community. We can mention here challenges reported in Operation Update number 4: “for psychosocial support activities (joint sports and cultural activities) cricket as sport focusing on, cricket is unusual sport as for Rwandans as for Burundians, and this could delay the implementation whereas we don’t dispose enough time for the end of the Appeal. Also, we faced a lack of the sport specialists for project analysis”. This challenge could have been previewed in advance, as RRCS Secretary General pointed during the briefing for this evaluation, and alternatives more adapted to the cultural context and knowledge or experience of the RRCS could have been explored.

GBV were not included in mobile cinema sensitization sessions, as the National Society did not have sufficient experience to conduct it, and it was a new approach for them to be considered to this EA<sup>28</sup>. This reflect that more effort in activities planning and need assessment should be put in place, and IFRC and RRCS should agree on strategies and type of activities that RRCS can implement according to their background, capacity or experience.

MHM pads for women was initially controversial, according to RRCS’ Secretary General was in a pilot phase, or was only tested before by an international NGO, but there was a long process to obtain positive feedback from MIDIMAR and RRCS was not convinced from the beginning. It makes sense that RRCS initially hesitated to implement an activity that has not been tested sufficiently in-country, or at least that had not convinced the authorities<sup>29</sup>, but during this evaluation we couldn’t interview national health authorities, so we just consider RRCS point of view. Nevertheless, based on needs and positive feedbacks from beneficiaries, finally this activity was approved, and implemented with delays. It looks again that initial

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<sup>28</sup> KII with RRCS’ Secretary General

<sup>29</sup> According to RRCS’ SG

agreement and better planning could have resulted in better effectiveness.

The delays in implementation on certain activities meant that sometimes the initial need had been covered by some other organization and therefore less relevant<sup>3031</sup>.

### **Conclusion**

Services and items provided by this EA, were delivered and contributed to reach the purpose of the Operation.

Appropriate timing was altered as delays to deliver services or assets were frequent.

Limited presence of IFRC delegate or NS staff at field level

Outcomes were altered by lack of flexibility of funds (earmarked funds).

Some activities were not implemented due to deficiencies in planning or lack of funds

### **Recommendation**

See recommendations 4, 7, 8, 11,12, 14 (pages 60-62)

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<sup>30</sup> KII PNS representative

<sup>31</sup> "Delays were frequent during this EA": Branch NS representative

## 2.6. Coverage

### Introduction

Evaluation of coverage involves determining who was supported by this Emergency Appeal and why.

In terms of levels of coverage, at international, regional and local levels, the intervention evolved from borders and transit centres, to be concentrated in Mahama camp, which is perceived as an adequate response. The support provided to Munini host community has been important in terms of coverage, as the level of vulnerability of their population and the importance of the social cohesion between host communities and refugees is clue to ensure correct coverage and avoid tensions.

Coverage: The need to reach major population groups facing life-threatening suffering wherever they are.

OECD DAC criteria

Since the beginning of the operation, coverage was a main matter of concern and RRCS have put a big effort to adjust their capacity to the maximum coverage that they could afford.

### Main findings

Appropriate assessment, monitoring, and good coordination with government and aid agencies, have resulted on a correct understanding and coverage included in this EA. Host communities were included in the EA, considering vulnerabilities and social cohesion.

RRCS Volunteers have supported to identify and give appropriate services adapted to needs to vulnerable beneficiaries.

Other aspects considered include prevention of sexual violence and gender-based violence, and the protection of children. Many households in the camps are female-headed household and mostly children under 18 years, and have been identified by RRCS as particularly vulnerable.

According to the data collected through BSS, it seems that activities have been provided proportionate to need and during focus group discussions, there is a general agreement that the coverage was correct.

Some delays in activities have interfered with coverage, as sometimes the initial need had been covered by some other organizations<sup>32</sup>.

Planned activities like the PSS, which were quite relevant and needed, were not totally implemented, and they would have reached vulnerable population. Selection of beneficiaries was agreed with MIDIMAR, UNHCR and local authorities.

### Analysis of findings

Since April 2015, the RRCS carried out preliminary needs assessment, and afterwards volunteers continuously monitored the needs of the population in the camps and host communities. Based on monitoring and observations by RRC volunteers, it became evident

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<sup>32</sup> KII PNS representative

the primary needs of the refugees and most vulnerable groups, as elders, or female head of household. It is important to remark that the constant presence of the volunteers at Mahama and host communities has been crucial to understand the needs and respond accordingly in terms of coverage, specially for vulnerable groups, as

Activities were proportionate to need, and coverage was correct, although in Munini host community, some voices of collectives as widows or people with a disability, would like to have received more adapted support to their specific needs. In this sense, it would be important to reinforce the field presence of delegates and field managers to be able to collect and to adjust the assistance to the most vulnerable groups when is demanded or identified.

Planned activities like the PSS were quite relevant and needed, but they were not totally implemented. Some PNS's, for example, pointed that selection of beneficiaries was important and a matter of concern for them, not even receiving distribution lists. It is clear that distribution list should be included in legal and data protection policies, so any information sharing should be included in agreements and data protection should be put in front. Nevertheless more transparency in selection criteria and negotiations with UNHCR/government could improve RRCS relationship with PNS and donors, respecting always legal and agreement frameworks, of course.

In Munini host community, coverage has been influenced by government policies, having a good coordination with them in using governmental vulnerability criteria for the selection of beneficiaries. Nevertheless, during this evaluation visit, some people have claimed that they were not included by mistakes in governmental list, and some identified that support offered was not in accordance to their needs. It looks like selection criteria and special vulnerable groups should require more efforts and coordination-information sharing with local authorities to improve in this field.

### **Conclusion**

Appropriate assessment, monitoring, and good coordination with government and aid agencies, have resulted in a correct understanding and coverage included in this EA.

Permanent presence of the volunteers at Mahama and host communities crucial to understand the needs and respond accordingly in terms of coverage, especially for vulnerable groups.

Planned activities like the PSS, which were quite relevant and needed, were not totally implemented, and they would have reached vulnerable population.

Vulnerable groups were considered but more efforts in close monitoring and detailed need assessments should be put in place

### **Recommendation**

See recommendation n.16 in sub section 4.2. (pages 60-62)

## **2.7 Impact**

## Introduction

Impact examines the positive and negative changes from an intervention, directly or indirectly, intended or unintended. It attempts to measure how much difference we make.

Although initially this evaluation is not deep enough to analyse in detail the impact that this EA had in Mahama and Munini, there are some observations, qualitative and quantitative analysis that could be valid to this evaluation.

**'Impact** looks at the wider effects of the project – social, economic, technical, environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro (household).'

## Main findings

We could analyse how this intervention could be responsible for specific changes, based on hygiene promotion, which was covered by some questions during the BSS exercise. One of the survey questions refers to community mobilization through mobile cinema, which has disseminated messages in different areas (graphic 10). The findings reflect the good coverage of this activity (90% of respondents attended mobile cinema sessions), and according to graphic 11, a huge percentage (98%) of people changed their (nutritional, personal, hygiene) behaviour/habits as consequence of the information received.

The image and perception of RRCS had a good impact on beneficiaries, aid agencies and local authorities. During this evaluation, we have recorded several testimonies<sup>33</sup> that express gratitude and deep feelings with RRCS, especially to their volunteers.

## Analysis of findings

Although a deeper analysis is required to identify to what extent this behavioural change is thanks to RRCS intervention, and in which areas to analyse the effectiveness of the communication channel. However, it is evident that the indicator is positive and should be taken into consideration.

## Conclusion

Community mobilization had impact on behavioural change of beneficiaries. Perception and linkages between RRCS and Refugees and host communities are very solid and positive.

Image of RRCS has been reinforced from Aid agencies and local authorities' perspective

## 2.8 Coordination/coherence

### Introduction

Coherence focuses on whether policies of different actors are in line with each other, coordination focuses more on the practical effects of actions of governments and agencies – for example, whether they join cluster groups, whether they discuss

'The systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. (Minear et al, 1992).

<sup>33</sup> "I decided to live close to the RRCS site at Mahama, I feel more protected with them", "RRCS help constantly people in need", said a refugee head of household in Mahama

geographical targeting, and the extent to which information is shared.

## Main findings

At national and regional level, RRCS signed a long-term collaboration agreement with MIDIMAR, including coordination and cooperation in information sharing with the government. This collaboration has resulted in a good understanding of roles, responsibilities, coverage, and capacity of intervention of RRCS.

Coordination at RRCS HQ level has faced some challenges, as there are a significant number of PNS, different programs, procedures, and donors, which made coordination of the EA difficult to handle. There was a mismatch between the expectations of the NS in terms of the delegates' roles and responsibilities and *vice versa*.

Although a good collaboration and information sharing was put in place with UNHCR, it seems that both UNHCR and RRCS would like to have a legal framework so make it solid with clear responsibilities.

RRCS/IFRC did not regularly participate actively with relevant staff in field coordination and technical working groups.

## Analysis of findings

At national and regional level, the coordination and collaboration with local authorities and government was positive according to feedback from RRCS<sup>34</sup> and local authorities<sup>35</sup>. It seems logic that RRCS puts their effort in coordinating with MIDIMAR, and it should facilitate RRCS and MIDIMAR a solid operational framework for the future in emergencies. This collaboration and coordination has been handled bilaterally, and there wasn't participation of other partners (PNS, or IFRC Operations manager) and information didn't go through fluently to them from RRCS<sup>36</sup>.

The level of information sharing and coordination between IFRC-RRCS and PNS was not always perceived as sufficient by IFRC and some PNS<sup>37</sup><sup>38</sup>. RRCS has internal coordination meetings at technical level regularly, but there is not always presence and participation of partners, but SG facilitates *ad hoc* meetings to share information and ask for advice from PNS and IFRC, including sometimes IFRC DM regional delegates or representatives<sup>39</sup>. It seems that partners are not included in decision making process as frequently as they would desire, and from RRCS has been difficult to integrate partners in their internal processes, as they feel that sometimes PNS and IFRC bring different procedures and requirements<sup>40</sup>, and it was felt that some delegate's experience or qualification are not convenient or adequate<sup>41</sup>.

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<sup>34</sup> KII with RRCS SG. "collaboration with MIDIMAR and government is excellent"

<sup>35</sup> Participation of Kirehe Major and Kirehe district delegates, pointed out the fluent collaboration with RRCS

<sup>36</sup> KII IFRC Operations manager, and DRC representative

<sup>37</sup> "IFRC should play a coordination role, not continuous follow up": PNS Representative

<sup>38</sup> KII with IFRC and PNS' representatives

<sup>39</sup> KII with IFRC representatives, and RRCS' SG

<sup>40</sup> "IFRC should not impose their vision and should improve communication": RRCS Head of Technical Support

<sup>41</sup> KII RRCS SG. "RRCS should take part of IFRC delegate's evaluation"

Partnerships with UN Agencies are still in progress and have a good potentiality. For example, during the first emergency phase, RRCS has been implementing partner with WFP, to distribute food to refugees at transit camps. This collaboration was possible through a MoU. The collaboration and coordination with UNHCR has been fluent but there is no formal agreement, although there was significant efforts from both parts, as RRCS has submitted to UNHCR a draft agreement and proposal that has not been accepted, and UNHCR field coordinator has been pushing UNHCR's Country representative to reach an agreement with RRCS since the beginning of the operation<sup>42</sup>. According to RRCS, the formal agreement with UNCHR should include capacity building support to volunteers, and staff, not only during emergencies, but also as part of disaster preparedness, and is trying to negotiate with UNHCR at country level. UNHCR would like to receive accurate field assessments and information from the field, especially from onset of disasters, and receive services as First Aid trainings from RRCS.

Although this EA include livelihood activities as seeds, tools and livestock distribution, nursery beds and kitchen gardens, there was no collaboration between RRCS and FAO, which have a mandate to support on food security and livelihoods, and they have technical experts to support government and partners.

At field level, the lack of IFRC field staff, have limited RRCS' participation in coordination, working or thematic groups, clusters, etc. Volunteers often represent RRCS at coordination meetings, but during this EA, there was not frequent presence from RRCS with relevant or technical staff for any of the regular field meetings lead by UN agencies and MIDIMAR. The lack of a dedicated RRCS focal point and/or relevant technical staff has influenced this presence. RRCS have included RRCS focal points and will count on field delegate presence for the continuation of this operation. IFRC Operations manager have very limited presence in the field. It has been difficult to clarify during the evaluation time the exact reasons for this absence: according to the IFRC Operations manager he was "blocked by the NS" and was not allowed to go to the field, although he was willing to be even based mostly at field level. From the RRCS Secretary General perspective, the IFCR's delegate didn't show interest to work at field level<sup>43</sup>. As mentioned by both RRCS and Belgium RC, it is planned for the continuation of this operation, that a field delegate and a DM focal point for this operation will be put in place, so that this would improve coordination at field level.

The MoU signed between IFRC and RRCS including procedures and responsibilities was not sufficiently agreed, as seems to have some misunderstandings and conflicts that have affected the relationship between IFRC delegate and RRCS. More effort should be put in place for planning and negotiation conditions prior to implementation of the emergency operations, and more consultation and coordination with other PNS's or consortium is advisable in early stages

## Conclusion

Coordination and collaboration with local authorities and government at national and regional level has been positive, but handled bilaterally.

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<sup>42</sup> KII with RRCS DM manager and UNHCR Kirehe field coordinator

<sup>43</sup> It seems also that there was a problem with the type of visa that the delegate got at the time he arrived to Rwanda (a tourist visa), but this problem wasn't mentioned by SG or IFRC Operations manager

RRCS has frequent internal coordination and technical meetings, and PNS and IFRC have been included in some meetings with SG, but information sharing and inclusion of partners (PNS) in decision-making process had challenges. Roles, responsibilities and procedures were not sufficiently agreed previously

Partnerships with UN and Aid agencies are in progress, but formal agreements including RRCS capacity building support should be materialized. FAO and other Aid Agencies partners are potentially relevant partners to implement livelihood activities.

At a field level, more relevant presence of RRCS/IFRC could have resulted in a more effective coordination and relevance. Volunteers or branch staff regularly attends coordination meetings, but field-based delegates or DM focal points will strengthen the position and role of RRCS

## Recommendation

See recommendation 1, 2, 5 and 7 in subsection 4.2. (pages 60-62)

## 2.9 Sustainability and connectedness

### Introduction

The analysis of sustainability includes environmental, institutional, and financial sustainability of the EA. As this intervention respond to an emergency, acute and immediate needs take precedence over longer-term objectives, so connectedness has been adapted from sustainability. Connectedness refers to the need to ensure that activities of a short-term emergency are implemented in a way that takes longer-term and interconnected factors into account. It focuses on intermediate objectives that assist longer-term objectives, such as the establishment of key linkages between the relief and recovery (i.e. a sound exit strategy handing over responsibilities to appropriate stakeholders, allocating adequate resources for post-response, etc.)

Sustainability is concerned whether the benefits of an intervention are likely to continue once donor input has been withdrawn. Connectedness refers to the need to ensure that activities of a short-term emergency are implemented.

### IFRC Framework for Evaluation

### Main findings

This EA intervention has included the “twin track” approach, including emergency response and recovery as an integral part of the process to help rebuilding lives of the refugees and host communities affected by the Burundi refugee crisis. Nursery beds for forest trees were established and trees were planted at the end of the Emergency Appeal.

Strong efforts and resources for capacity building of staff and volunteers at HQ and field level were supported by this EA: Psychosocial support training for 30 volunteers, PHAST training for 35 volunteers, PHASTER/CBEHPP methodology training for 20 volunteers, and environmental protection training for 35 volunteers and local leaders. Trainings on vegetable gardens, or cow management has not been planned or developed. At branch level, support in logistic and infrastructure capacity was limited.

Belgium Red cross will support the continuation of this Emergency Appeal, supporting the

same areas and including Branch capacity support, a field delegate, and will support RRCS with recruitment of a DM focal point dedicated exclusively for this intervention.

As pointed from the RRCS Secretary General, RRCS has a long-term agreement with MIDIMAR, which has been a good basis to establish good coordination and definitions of RRCS responsibilities.

There are good linkages with refugees, local authorities and host communities, which will help to maintain collaboration in future interventions.

## **Analysis of findings**

Part of the “twin track” approach, includes Livelihoods, water and sanitation and forest tree<sup>44</sup> planting as part of recovery process in both Mahama and Munini. This support was based on need assessments, and some adaptations were including during the implementation of the EA, like number and quality of the kitchen gardens, distribution of livestock instead of cash transfers. Volunteers supported on monitoring and advise on vegetable gardens, seeds and cows distributed, but there were no technical support staff from RRCS for livelihoods.

Rainwater harvesting is not part of the intervention, but it could be an interesting approach, considering the efforts that beneficiaries put on collecting water for household purposes, vegetable irrigation and cows. Experts on livelihoods and water and sanitation would have better supported the efficiency of the intervention in this sense.

The RRCS took an active role in the planning and budget development of this emergency appeal, ensuring the plan and budget accounts for reasonable staffing and capacity building needs, and IFRC supported a considerable number of trainings for staff and volunteers. When some RRCS departments as Finance and Logistics were interviewed, they mentioned the need and willing to receive more training and the need of this EA to support RRCS staff (covering salaries and providing trainings)<sup>45</sup>, considering the increased working pressure during emergencies. Technical trainings to Logistic and Finance department were offered by IFRC, but they were not included in planning<sup>46</sup>.

Although there is a continuation of this EA funded and supported by Belgium RC, benefits of the EA intervention will continue after donor support, in terms of experience of staff, relationship with local and national government bodies, and logistic capacity (HQ warehouse). The good appreciation from local authorities, and beneficiaries from Mahama and Munini will facilitate any other operation in the future.

## **Conclusion**

The “twin track” approach included in this EA intervention, have considered emergency response and recovery as an integral part of the process to help rebuilding lives of the refugees and host communities.

During this EA, RRCS has been supported with capacity building for volunteers through health and hygiene promotion and environmental trainings, but neither technical (e.g. livelihoods, watsan) nor operational (e.g. Logistics and Finance) at HQ level trainings were included.

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<sup>44</sup> “refugees cut all trees here”: Woman beneficiary at Munini

<sup>45</sup> KII with head of RRCS Finance and KII with RRCS Logistic department

<sup>46</sup> According to IFRC representative.

An immediate continuation of this EA operation will be supported by Belgium Red Cross and implemented by RRCS.

RRCS has a long-term agreement with MIDIMAR, establishing roles and responsibilities for emergencies and is a base for future Emergency Operations

## Recommendations

See recommendation number 14 and 17 in section 4.2. (pages 60-62)

## Chapter 3: Key Lessons Learnt

### 3.1 Key strengths

Common to all areas<sup>47</sup>:

- Activities implemented during this EA were based on needs and had good acceptance from beneficiaries and partners
- RRCS' volunteers were able to create a great community engagement
- IFRC provided good technical support to RRCS
- RRCS had good collaboration with partners (aid agencies) and local authorities
- Inclusion of support to Host communities to this EA



*Volunteers administering the BSS at Munini*

#### 3.1.1 Health and Care

Capacity, availability and extraordinary effort from volunteers to provide health, psychosocial services and referrals has been crucial for the excellent perception<sup>48</sup> of the RRCS from beneficiaries and provided an important service adapted to urgent needs<sup>49</sup>.

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<sup>47</sup> Some findings extracted from the lessons learnt workshop at Kirehe on 17th November 2016.

<sup>48</sup> As explained on section 2.3. See graphics 4-7 and 10

<sup>49</sup> "We have all received a great support from volunteers", said Francine, a woman head of household at Mahama



*A refugee is helped by volunteers to reach health primary services at Mahama camp*

Health sensitization and social mobilization using mobile cinema and information/listening desk (providing information about nutrition and family planning) has been very successful and well organized<sup>50</sup>. RRCS has taken the lead on this approach and this experience should be replicated.

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<sup>50</sup> "It has been amazing how RRCS organized mobile cinema sessions" said UNHCR field coordinator.



*RRCS staff with children at Mahama camp*

### **3.1.2 Water, sanitation, and hygiene promotion**

Hygiene promotion through mobile cinema and an information/listening desk, has been very successful and well organized<sup>51</sup>.

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<sup>51</sup> See graphic 10, 11. Section 2.3.



*Children washing at Mahama camp/credits IFRC*

SanPlats produced and distributed to facilitate sanitation of households, were highly appreciated by Munini community in terms of quality (see graphic 5, section 2.3)

### **3.1.2 Shelter and household items**

Distribution of non-food items to Mahama refugees, including kitenge and clothes were adapted to needs.

Distribution of MHM kits to women was an innovative approach and has been highly appreciated by beneficiaries, and was adapted to needs<sup>52</sup>. This experience was piloted previously by other organizations as well, and could be replicated in future interventions given the remaining high level of demands.

### **3.1.3 Food security nutrition and livelihoods**

Vegetable gardens at Mahama camp have been implemented and provide a good complement in nutrition that contributes to households' food security. This experience has had very good acceptance from beneficiaries and aid agencies at Mahama.

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<sup>52</sup> "MhM pads has been very useful and we would like to receive more" said a young women during a FGD held at Mahama camp.



Vegetable kitchen gardens at Mahama camp

Distribution of tools and seeds to Munini households, was adapted to their urgent needs and will contribute to the food security and reinforce livelihoods to the target households.

Distribution of cows for vulnerable families has been very appreciated<sup>53</sup> and could strengthen the community links<sup>54</sup>, when it's included into community rotational approach, which has been largely experienced by RRCS and has proven success.

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<sup>53</sup> Philippe, head of a family that has received a cow, said: "I couldn't never imagine that I could get ever a cow. This is very important to me"

<sup>54</sup> "in our culture, when you receive something so important as a cow, this remain in our mind forever"



*Cow distributed to a family of Munini hc.*

A big forest tree nursery production area was established during this EA, to support tree planting for environmental and firewood purposes. As mentioned in focus working groups, in Munini, and recorded through personal interviews, one of the main concerns of the population is that refugees from Mahama are going to their communities to obtain firewood. This is having an environmental impact, reduces the availability of firewood and provokes soil erosion as trees are cut or removed.



*Tree planting for environment protection and tree nursery production area at Mahama /credits IFRC*

### **3.1.4 National society capacity building**

First aid, community based health sensitization and psychosocial training of volunteers

PHAST training for volunteers and household level hygiene promotion using PHASTER methodology increased capacity and knowledge of volunteers and has been the basis of the hygiene promotion due to the availability and effort from volunteers



*ODK training to RRCS volunteers during BSS /credits IFRC*

IFRC was able to provide good technical support and follow up in terms of monitoring, evaluation, and trainings

Due to the complexity of donors, pledges, variety of procedures and capacity of NS, planning exercise and coordination were difficult to implement, but it achieved good results in terms of services to beneficiaries

Coordination with partners and governments at field level has been successful and activities as distributions, referrals, information sharing, or community mobilization has benefited from it.

### *Summing up the positive lessons learnt*

**RRCS Volunteer´s commitment and permanent presence**

**Quality of Field activity implementation**

**Inclusion of Host community in EA**

**Community Engagement**

**Technical support to Mahama and Munini/inclusion of livelihood and environmental activities**

**Training of volunteers/IFRC technical support on health and hygiene promotion**

## **3.2. Key challenges**

Common to all areas:

- It is difficult to measure the impact on the EA as there is no baseline, and end line survey collecting the situation of beneficiaries before and after the intervention. As experienced during this evaluation mission, volunteers and NS staff were motivated and capable to conduct quality surveys and assessments, even through use of technologies as ODK.
- As a result of logistic and finance challenges, delivery of services and activities was implemented behind schedule.
- Working conditions of staff and volunteers should be improved<sup>55</sup>
- Lack of solid agreement framework with UN agencies<sup>56</sup>
- More presence of delegates or relevant staff at field level<sup>57</sup>
- Extension of activities and pay more attention to their sustainability<sup>58</sup>

### **3.2.1 Health and Care**

Psychosocial support activities were not totally implemented and could have had an impact to the beneficiaries and in accordance to their needs. A better planning of this type of activities, and more adapted to the NS experience is advisable.

The community-based health approach should empower volunteers and communities to take charge of their own health, using simple tools, (mobile cinema has been one of them) adapted

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<sup>55</sup> From lessons learnt workshop

<sup>56</sup> From lessons learnt workshop

<sup>57</sup> From lessons learnt workshop

<sup>58</sup> From lessons learnt workshop

to respective local context. But communities are not being mobilized or monitored to address and prioritize their health needs. Baselines and enlines should have been developed to measure behavioural change or measure family health indicators.

### **3.2.2 Water, sanitation, and hygiene promotion**

Construction and repairing of latrines at Munini Host community has been delayed and not totally implemented. Water and sanitation technical focal point was absent at the moment of this evaluation, but seems that could have been crucial to count on a skilled worker and responsible for this area. It has been for sure influenced also by the cancellation of water pipeline activity.

Families experienced difficulties in collecting water for gardens, cows, and for basic needs, as there is no running water near their houses, especially in Munini<sup>59</sup>. Rainwater harvesting and water tanks distribution has not been contemplated in this EA, but it seems to be an urgent need<sup>60</sup>.



*Water tanks with small capacity, in a beneficiary household*

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<sup>59</sup> This problem was mentioned during FGD at Munini and personal interviews with Munini beneficiaries

<sup>60</sup> “We had to hire a tank from our neighbours. Cows drink a lot and it is difficult to bring water here” mentioned a head of household in Munini

### **3.2.3 Shelter and household items**

Procurement processes have been delayed and had an impact on the timing of this activity. Logistic department have faced a big challenge due to work overload, lack of resources and planning gaps

NFI stocks have been inappropriately stored at HQ warehouse for the initial implementation period of this EA. This problem has been tackled through some warehouse repairing works, which allowed items to be better organized in shelves. During this evaluation mission wasn't possible to analyse the cost-efficiency and result of this repairing.

MHM kits were planned without a full initial agreement of the RRCS, as the approach wasn't clearly supported by MIDIMAR and was only tested by other agency previously this EA. New approaches and interventions need to be negotiated, tested and agreed by NS in advance of an Emergency. Nevertheless, finally the activity was implemented, and had a good evaluation rate by beneficiaries.

### **3.2.4 Food security nutrition and livelihoods**

Implementation of this activity was delayed and had some modifications, reducing the number of kitchen gardens. Specialized technical support could have resulted in better timing and quality.

Monitoring and technical support of vegetable gardens, and cows management should be facilitated by skilled staff, not only volunteers, to ensure the correct management and desired results. If food security skilled workers are not available, local extension department should be approached to improve their implication in following up.

Vegetable gardens and livestock distribution faced challenges due to lack of available water (partially caused by drought). Technical solutions as rain harvesting, could alleviate this problem, and would improve the living conditions not only for plants and cows, but also of the families in charge.

Host communities mentioned during FGD that they were facing important challenges as robberies of vegetable and small livestock from refugees, and lack of firewood caused also for the influx of Mahama camp. RRCS could play an important role of advocacy to the local authorities, to face this problem

### **3.2.5 National society capacity building**

Branch capacity is limited in terms of human resources and proper office. A more solid and permanent activity of the branch could result on a better coordination and knowledge of the situation. Local volunteers should receive more attention of their transportation needs and conditions, especially in transit camps. Volunteers should have also good access and participate in social activities with other agencies' staff.

Delegates and national staff from headquarters should have more presence at field level to improve effectiveness, capacity building and coordination at all levels in Kirehe district and Mahama.

Some donors' lack of flexibility (earmarked pledges) has affected the planning and implementation of certain activities, resulting in delays and some frustration in managers and delegates.

Coordination with PNS and IFRC has faced serious challenges; being mentioned some lack of transparency and involvement of delegates in coordination or technical support. Initial agreements, MoU or similar approaches should be deeply discussed and agreed by parties before emergency operation start. It seems that even today there is not clear understanding of role responsibilities, some procedures, and trust of NS sometimes seems to be questioned, so this area needs a deep and strong effort from PNS, IFRC and NS.

Adequacy of profiles and good diplomatic skills of delegates and local staff is highly recommended in order to obtain a good understanding, support and effectiveness of the operation

*Summing up the challenges lessons learnt*

**Branch and volunteers capacity building and technical support on specific areas as livelihoods and watsan**

**Logistic and finance department support and involvement in planning. Improvement of procurement processes**

**Psychosocial support activities need better planning and support**

**Strengthen branch capacity and relevant staff and delegates presence at field level**

**Earmarked funds shouldn't interfere with planning or implementation**

**Improve planning, coordination sharing information and communication**

## Chapter 4: Conclusions and Recommendations

### 4.1 Main conclusions

The following conclusions are derived from the findings of the evaluation in line with the six areas of enquiry. The review draws the following conclusions, listed in the table below:

Areas of Inquiry	Main Findings
<b>Relevance/appropriateness</b>	<p>EA implemented was relevant and activities planned were appropriate in quality and quantity to the needs and priority of affected population.</p> <p>Participatory approaches during assessments and monitoring could have had better impact on appropriateness and relevance, and could have improved accountability with beneficiaries</p> <p>RRCS' role since the beginning of the emergency and during the EA, was important to address the urgent needs of refugees, and host community</p>
<b>Efficiency</b>	<p>Activities were well focused on beneficiaries' needs</p> <p>RRCS' Volunteers provided important support for the operation and helped to improve efficiency</p> <p>Lack of dedicated RRCS staff for the operation and field presence of IFRC delegate and RRCS staff hampered efficiency.</p> <p>Initial planning and implementation were affected by lack of full appeal coverage and earmarked funds from donors</p> <p>Considering the dimension of the emergency, there was limited logistic capacity in terms of staff, and warehousing</p>
<b>Effectiveness</b>	<p>Services and items provided by this EA, were delivered and contributed to reach the main objective of the Operation.</p> <p>Appropriate timing was altered as delays to deliver services or assets were frequent.</p> <p>Limited presence of IFRC delegate or NS staff at field level hampered effectiveness.</p> <p>Outcomes were altered by lack of flexibility of the earmarked funds.</p> <p>Some activities were not implemented due to deficiencies in planning or lack of funds</p>

<p><b>Community Engagement and satisfaction</b></p>	<p>Beneficiaries were satisfied about the quality and quantity of the services provided to them by RRCS, and had a very good perception of volunteers' behaviour.</p> <p>Most of the beneficiaries have received support in different modalities including First Aid, Non-food Items, sanitation, PSS, Hygiene promotion, Community mobilization and livelihood.</p> <p>Not all beneficiaries were consulted about needs and preferences before receiving assistance.</p> <p>Mobile cinema tool had good acceptance from beneficiaries and aid agencies, and was a relevant method to disseminate hygiene, health, or nutrition promotion.</p>
<p><b>Coverage</b></p>	<p>Appropriate assessment, monitoring, and good coordination with government and aid agencies, have resulted in enhanced understanding and coverage</p> <p>Permanent presence of the volunteers at Mahama and host communities crucial to understand the needs and respond accordingly in terms of coverage, specially for vulnerable groups</p> <p>Planned activities like the PSS, which were quite relevant and needed, were not totally implemented, and they would have reached vulnerable population.</p> <p>Vulnerable groups were considered but more efforts in close monitoring and detailed need assessments should have been put in place</p>
<p><b>Impact</b></p>	<p>Community mobilization had impact on behavioural change of beneficiaries</p> <p>Perception and linkages between RRCS and Refugees and host communities are very solid and positive</p> <p>Image of RRCS has been reinforced from Aid agencies and local authorities' perspective</p>
<p><b>Coordination/coherence</b></p>	<p>Smooth coordination at national level, including long term agreement with MIDIMAR</p> <p>Need of agreement with UNHCR but considering capacity building support</p> <p>Collaboration with WFP has been put in place at transit centres</p> <p>Internal coordination mechanisms are in place, but PNS</p>

	<p>and IFRC are not sufficiently informed or involved</p> <p>Agreement frameworks and procedures should be deeply discussed before starting EA</p>
<b>Sustainability and connectedness</b>	<p>The implemented “twin track” approach considered emergency response and recovery as an integral part of the process to help rebuilding lives of the refugees and host communities.</p> <p>There was positive capacity building for volunteers through health and hygiene promotion and environmental trainings.</p> <p>Other technical (e.g. livelihoods, WATSAN) and operational (e.g. Logistics and Finance) at HQ level trainings were not included in capacity building.</p> <p>An immediate continuation of this EA operation will be supported by Belgium Red Cross and implemented by RRCS.</p> <p>RRCS has a long-term agreement with MIDIMAR, establishing roles and responsibilities for emergencies and is a base for future Emergency Operations</p>

## 4.2 Recommendations

The following recommendations are a result of the evaluation’s findings. They are addressed both to RRCS and IFRC, anticipating and expecting that the International Federation of Red Cross and Red Crescent Societies and National Societies will gain from their mutual experience in conducting their implementation.

1. Invest time and resources in reinforcing the institutional relationship between IFRC and RRCS. Agreements, MoU and procedures, concerning Emergency operations should be jointly revised planned and agreed in advance. (IFRC and RRCS)
2. Strengthen the communication, information sharing and technical support between IFRC cluster/Regional office and RRCS. More time and resources should be invested to support and build trust on RRCS and RRCS should make bigger effort to communicate and collaborate with IFRC, instead of perceiving IFRC as an agency of control. (IFRC and RRCS)
3. Appeal pledges should not affect the planning and effectiveness of the operation. and advocate to donors to support financially (earmarked or un-earmarked pledges) and accept certain flexibility when is sufficiently justified. (IFRC, RRCS and PNS)
4. Solid planning based on high quality need assessment should be developed, budgets should be developed with reasonable staffing and including capacity building needs, and key departments such as logistics and finance should be included in planning process should be. (RRCS and DM department)
5. Strengthen partnerships with humanitarian agencies, such as UNHCR (refugee crisis),

- WFP (food distribution), FAO (distribution of seeds and tools). This can reduce significantly the cost of the operation, and increase the efficiency. It is advised to request support from the Humanitarian Diplomacy office and resource mobilization and partnerships area from IFRC. (IFRC, HD office, EAOI office and RRCS)
6. The presence of IFRC representation in country requires qualitative support to and from RRCS and clear understanding of role and responsibilities that should be agreed previously between IFRC and RRCS. (IFRC)
  7. Field permanent presence of IFRC delegates and RRCS staff, is crucial to improve performance of Emergency operations, coordination and branch capacity building. (IFRC and RRCS)
  8. A RRCS Disaster Management focal point should be appointed exclusively for EA operations, supervised by DM department. (RRCS)
  9. RCSS-PNS-IFRC should improve communication and transparency to facilitate coordination and plan accordingly or readjust programmes that might be affected by Emergency operations (RCSS-PNS-IFRC)
  10. Contingency plans, and strategic frameworks should be updated regularly considering existing RRCS capacity and evaluate the capacity of expansion of NS (human resources, logistic, DM, Finance, stock capacity, youth and volunteer department) in case of emergency. It is recommended to develop yearly plan of action (involving IFRC, ICRC and PNS) including development plans, preparedness and capacity building, in order to improve strategic analysis. (RRCS, IFRC, ICRC and PNS)
  11. RRCS should maintain an active role in state and field-level cluster/working groups meetings regardless of their operations' status. (RRCS)
  12. The RRCS needs to improve their data management at the HQ level in emergency operations. Programme staff must be held accountable for receiving, organizing, managing and using results, both from branches and HQ. (RRCS)
  13. Reinforce pre-positioning of items strategy as a good preparedness measure to guarantee timely response in remote locations. Given vulnerabilities and limited infrastructure, RRCS should consider joint warehousing and pre-positioning options with other partner organisations present in the same locality. (RRCS supported by IFRC and PNS or Consortium)
  14. The "twin track" approach (addressing both response and recovery) should be continued and also included in future emergency plan of action. New approaches such as cash transfers, or cash for health would be also advisable as per needs. (RRCS, IFRC)
  15. PMER should be essential part of emergencies programs and collaboration with communication department at national and regional level needs to be strengthened. This will allow to create useful reports, case studies, and good practices that should help to visualize the good work that RRCS is developing at field level. It is advised to develop baselines, end-lines and impact evaluations using new technologies such as ODK, involving and increasing capacities of volunteers and request the support of IFRC technical departments when needed. (RRCS, with technical support from IFRC)
  16. Accountability to beneficiaries should be improved in areas like community participatory approaches during need assessments and selection of beneficiaries, and facilitate feedback and complaint mechanisms (permanent information desks, regular focus group discussions, or beneficiary complaint hotline). (RRCS)
  17. A comprehensive branch assessment for emergency operations could be undertaken with RRCS and supported by the consortium/PNS and ICRC to acknowledge capacity building inputs and results to date and complement an overall organizational development or contingency plan for Rwanda. The comprehensive branch assessment should be based on an agreement of the minimum qualifications of a well-functioning branch. Such an assessment should include an understanding of minimum standards to support volunteers in emergencies.

## Annex I. Evaluation Terms of Reference

### Terms of Reference (TOR) for an evaluator (external consultant) for Rwanda Population Movement Emergency Appeal (MDRRW013)

#### 1. Summary

- 1.1. **Purpose:** The evaluation will look to assess **the relevance and appropriateness**, the **efficiency**, the **effectiveness**, **coverage**, **coordination** and the **sustainability and connectedness** of the emergency appeal operation (MDRRW013) in Rwanda. Moreover, it seeks to **establish the successes, challenges, lessons learned** from MDRRW013 in order to inform recommendations for future operations.
- 1.2. **Audience:** The Rwanda Red Cross Society (RRSC), the IFRC Eastern African and Indian Ocean Islands (EA-IOI) country cluster office and partners
- 1.3. **Commissioners:** This evaluation is being commissioned by IFRC EA-IOI country cluster office and the Rwanda Red Cross Society (RRCS) in compliance with its Evaluation Policy for final evaluations.
- 1.4. **Reports to:** Cecile de Milliano (IFRC) and Angelique Murungi (RRCS)
- 1.5. **Duration:** The consultancy will take place over a period of approximately 4 weeks
- 1.6. **Timeframe:** The evaluation will tentatively take place between the 26<sup>th</sup> of October – 18<sup>th</sup> of November 2016
- 1.7. **Methodology summary:** The evaluation will include gathering qualitative data in various field locations and collecting and gathering and analysing the quantitative data from a beneficiary satisfaction survey.
- 1.8. **Location:** IFRC office in Nairobi and RRCS in Kigali, as well as in Mahama camp.
- 1.9. **Application requirements:**
  - University degree in Humanitarian Studies or Social Science or equivalent qualification
  - Demonstrated extensive experience in conducting evaluations and carrying out qualitative data collection.
  - Demonstrated experience in community based development approaches / participatory methods
  - Experience in qualitative and quantitative data collection and data analysis techniques
  - Excellent communication and reporting skills
  - Excellent command of both written and spoken English, French is preferable.
  - Ability and willingness to travel within Rwanda
  - Knowledge and experience with the Red Cross/Red Crescent Movement is preferable.
  - Demonstrated experience in evaluating gender and diversity aspects of programmes.
  - Knowledge and experience in evaluating community engagement and accountability approach is preferable.
- 1.10. **Application closing date:** 13<sup>th</sup> of October 2016

#### 2. Background

On 25 April 2015, Burundi's incumbent president announced he would stand for a third term in the elections which took place 21 July 2015; he was re-elected and sworn in on 24 July 2015. Related to this, election violence in Burundi resulted in a number of casualties in the capital of Bujumbura. Moreover, more than 160,000 people fled Burundi, seeking safety in the neighboring countries of the Democratic Republic of the Congo, Rwanda, Tanzania, Uganda and Zambia. Since April 2015, over 77,000 Burundi nationals sought refuge in Rwanda due to tension and violence occurring before and after presidential elections held in Burundi in July 2015.

Mahama camp is located in Rwanda's Eastern Province in Kirehe District (270 km from Kigali), and serves as the only permanent camp hosting Burundian refugees in Rwanda. Three smaller transit camps and dozens of entry points host and hosted incoming refugees for a few days at a time, until they were transported to Mahama.

There are over 50,000 refugees in Mahama camp alone. The most urgent needs within the permanent Mahama camp, are particularly in hygiene promotion, psychosocial support, beneficiary communication, first aid, protection, and environmental protection.

An Emergency Appeal was launched on the 17<sup>th</sup> of September 2015 and ended on the 17<sup>th</sup> of September 2016. During the appeal the Rwandan Red Cross aimed to reach 10,000 people through a focus on interventions in the areas of emergency health (first aid, psychosocial support, and violence prevention), water, sanitation and hygiene promotion, shelter and settlements, food security, nutrition and livelihoods, and a component of disaster preparedness and risk reduction.

### 3. Evaluation Purpose & Scope

The evaluation will look to assess **the relevance and appropriateness**, the **efficiency**, the **effectiveness**, **coverage**, **coordination** and the **sustainability and connectedness** of the emergency appeal operation (MDRRW013) in Rwanda. Moreover, it seeks to **establish the successes, challenges, lessons learned** from MDRRW013 in order to inform recommendations for future operations.

#### Scope:

The appeal was implemented in **Mahama camp** where the review will be carried out. The lessons learnt workshop and stakeholders interviews will also be carried out in Kigali and in Nairobi.

### 4. Evaluation Criteria – Objectives - Questions

The exercise should be carried out in accordance with the IFRC ethics and legality standards ([refer to the IFRC Evaluations Framework / 4.3](#)), and the International Red Cross and Red Crescent Movement's **Fundamental Principles**.

#### Objectives and questions <sup>61</sup>:

- **Relevance and appropriateness:** the interventions suited the priorities of the affected population, if other interventions would have been more suitable; how they were revised based on the needs assessments carried out.
- **Efficiency:** the extent to which the appeal operation was managed in an organized and competent way; if the allocation was adequate to deliver the expected outputs / activities; if the funds were used in the appropriate way; if costs could have been reduced or most cost effective approaches taken.
- **Effectiveness** – the extent to which the appeal operation was able to meet its intended objectives and outputs in accordance with recognized international standards (SPHERE).
- **Community Engagement and satisfaction** - To assess how the affected population have participated in the programme planning, monitoring and implementation, considering gender and diversity. Also, the effectiveness of the tools used in the appeal i.e mobile cinema in sharing information and receiving feedback
- **Coverage** – the extent to which the appeal operation was able to reach the populations/areas most at risk by the crisis; how the criteria for this was identified/implemented.
- **Coordination** – the extent to which coordination occurred with the key stakeholders during the appeal operation.
- **Sustainability & connectedness** – the extent to which the outcomes of the operation will be sustained (where relevant); particularly in relation to capacity and learning gained through the interventions (National Society capacity); and how they can be integrated within contingency planning activities and future new activities being carried out by the RRCS in preparation similar emergency responses.
- **Successes, challenges, lessons learned** from the MDRRW013 operation in order to inform recommendations for future operations (and other relevant Red Cross responses) especially in terms of RRCS operations management and emergency responses to refugees.

### 5. Evaluation Methodology

The evaluation will include gathering and analysing qualitative data and quantitative data.

For a large part, data collection will draw on a standardized set of IFRC tools, although there is also space for the consultant to use his/her own data collection tools.

The methodology will include the following elements:

1. **Desk review and review of secondary data** (includes the key documents related to the appeal),
2. **Lessons learned workshop** to include all levels involved in the operation (using standardized tool kit):

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<sup>61</sup> More detailed questions and the standard IFRC tools will be provided to the selected consultant

- a. branch staff from Mahama camp
  - b. headquarters staff (RRCS Senior Management and staff involved in the operation including program staff and finance, HR and logistics.
  - c. volunteers Mahama branch
  - d. RRCS management
  - e. other key stakeholders/partners as relevant (PNS's, UNHCR etc) at branch level
  - f. IFRC EAIOI staff.
3. **Beneficiaries Satisfaction survey** (for gathering the data, support will be provided by PMER of IFRC and RRCS)
- a. with beneficiaries (using standardized tool) – ensuring the sample is representative of all groups, e.g. men/women, children, elderly, people living with disability etc. (Target: representative sample in Mahama camp)
4. **Focus Group Discussions** (using standardized tool):
- a. with beneficiaries
  - b. RRCS volunteers involved in the operation
5. **Key informant interviews** (using standardized tool)
- a. RRCS staff representatives from relevant technical areas
  - b. In-country NGO/UN (with presence in Mahama camp and active in the same response).
  - c. ICRC
  - d. PNSs
  - e. IFRC EAIOA staff

## 6. Deliverables (or Outputs)

The evaluator/evaluation team is responsible to submit the following deliverables:

1. **An evaluation plan**, including the proposed design, methodology and related timeframe. This planning will be used as an initial point of agreement and /understanding between the IFRC and the evaluator. A draft will be shared in advance for comments, and approved by the IFRC.
2. **Draft Final evaluation report in English** to be submitted after completion of the data collection field visits.
3. **Final Evaluation Report in English** to be submitted after receiving consolidated comments and feedback from EMT and key partners.
4. **A lessons learnt document (2 pages)** to be submitted together with the final evaluation report.
5. **A power point presentation in English** summarizing the quantitative and qualitative findings of the evaluation using text, charts and diagrams.

The Evaluation report should systematically answer the key evaluation questions posed. It should fairly and clearly represent the views of the different actors/stakeholders. It should clearly give the conclusions and recommends in a way that is substantiated by evidence.

## 7. Proposed Timeline (or Schedule)

The evaluation will tentatively start at the end of October 2016.

	Activity	Time	Envisaged date
1	Briefing with IFRC and partners.	By phone*	26 <sup>th</sup> of October
2	Preparations Development of inception report, desk review of secondary data/information, development of qualitative data collection instruments	2 days	27 <sup>th</sup> of October
3	Follow up briefing to discuss plan/planning	By phone	28 <sup>th</sup> of October
4	Travel	1 days	30 <sup>th</sup> of October
4	Field qualitative and quantitative data collection, meeting with key partners in the field	5 days	31 <sup>th</sup> of October – 4 <sup>th</sup> of November
5	Travel	1 day	5 <sup>th</sup> of November
6	Debriefing	By phone	7 <sup>th</sup> of November
7	Data analysis	1 day	7 <sup>th</sup> of November
8	Report writing (1 <sup>st</sup> draft) and lessons learnt document	4 days	8 – 11 of November
9	Report writing (final draft)	1 days	17 <sup>th</sup> of November
	<b>Total:</b>	<b>15 days</b>	

- The first draft of the report is to be submitted at latest before the **14<sup>th</sup> of November 2016**.
- Feedback will be provided by the **15<sup>th</sup> of November 2016 – close of business**.
- The final report should be submitted by the **18<sup>th</sup> of November 2016**.

## 8. Evaluation Quality & Ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable process outlined in the [IFRC Framework for Evaluation](#). The **IFRC Evaluation Standards** are:

1. **Utility:** Evaluations must be useful and used.
2. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
3. **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
4. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
5. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
6. **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
8. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven **Fundamental Principles of the Red Cross and Red Crescent**: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at:

[www.ifrc.org/what/values/principles/index.asp](http://www.ifrc.org/what/values/principles/index.asp)

## 9. Evaluator/s & Qualifications

- University degree in Humanitarian Studies or Social Science or equivalent qualification
- Demonstrated extensive experience in conducting evaluations and carrying out qualitative and quantitative data collection.
- Demonstrated experience in community based development approaches / participatory methods
- Experience in qualitative and quantitative data collection and data analysis techniques
- Excellent communication and reporting skills
- Excellent command of both written and spoken English, French is preferable.
- Ability and willingness to travel within Rwanda
- Knowledge and experience with the Red Cross/Red Crescent Movement is preferable.
- Knowledge and experience in evaluating community engagement and accountability approach is preferable.
- Demonstrated experience in evaluating gender and diversity aspects of programmes.
- The evaluator should be available between the 26<sup>th</sup> of October and the 17<sup>th</sup> of November 2016.

## 10. Application Procedures

Interested candidates should submit their application material through the IFRC job website by **13<sup>th</sup> of October 2016**.

Candidate will be informed by the **17<sup>th</sup> of October 2016**.

Application materials should include:

1. **Curricula Vitae** (CV) for all members of the team applying for consideration.
2. **Cover letter** clearly summarizing your experience as it pertains to this assignment, your daily rate, and three professional references.
3. *For applicants other than individual contractors, a brief description of your firm or institution.*
4. **Financial proposal** itemizing estimated costs for services rendered (daily consultancy fees and fees for travel days). Accommodation and per diem, transport costs, stationery costs, and any other related supplies or services required for the evaluation will be provided by IFRC EA-IOI and RRCS
5. At least one example of an **evaluation report** most similar to that described in this TOR.

*Application material are non-returnable, and we thank you in advance for understanding that only short-listed candidates will be contacted for the next step in the application process.*





## Annex 2. Overview of Key informant interviews

Organisation and function	Place	Date
RRCS Secretary General	Kigali	11/11/2016
IFRC Operations manager Rwanda	Teleconference	3/11/2016
RRCS DM coordinator	Kigali	10/11/2016
Spanish Red Cross representative	Teleconference	3/11/2016
RRCS DM coordinator	Kigali	10/11/2016
RRCS Health and Care Coordinator	Kigali	11/11/2016
RRCS Logistic Coordinator	Kigali	11/11/2016
RRCS Head of Finance	Kigali	10/11/2016
RRCS Operations finance/Head of accountants	Kigali	10/11/2016
RRCS Head of Communications	Kigali	17/11/2016
RRCS Head of technical support dept.	Kigali	11/11/2016
Austrian RC regional representative	Kigali	11/11/2016
Belgium Red Cross representative	Kigali	17/11/2016
Danish Red Cross	e-mail/questionnaire	09/11/2016
Former refugee's representative. Male	Mahama	15/11/2016
Young orphan girl	Mahama	15/11/2016
RRCS volunteers 4 male, 1 female	Mahama	15/11/2016
19 participants, 11 women 8 men	Mahama	15/11/2016
UNHCR Head of field office Mahama	Kirehe	16/11/2016
Munini H of HH beneficiary. Male	Munini	16/11/2016
Munini beneficiary. Female	Munini	16/11/2016
Munini beneficiary. Female	Munini	16/11/2016
Munini H of HH beneficiary. Male	Munini	16/11/2016
25 participants, 15 women 10 men	Munini	16/11/2016
ARC, Mahama Field coordinator	Kirehe	17/11/2016
RRCS Gisagara Branch coordinator	Kirehe	17/11/2016
RRCS Rusizi Branch representative	Kirehe	17/11/2016















## Annex 3. KII questionnaire

















### 1.- Partners













<b>Name of interviewee:</b>			
<b>Position:</b>			
<b>Location:</b>			
<b>1. Please tell us how you or your organization were involved; and what was your role in the EA operation?</b> <i>Probe to establish if involved in joint assessments, implementation of activities, monitoring of activities planned, mobilization of resources etc.</i>			
<b>2. Please tell us how effective you feel the EA operation was in meeting the immediate needs of the affected population?</b> <i>Probe to establish if the activities planned were appropriate to the needs of the affected population (quantity / quality / type / timing); supported the most vulnerable (geographic/beneficiary selection) etc.</i>			
<b>4. Please tell us how you and your organization coordinated with Rwanda Red Cross Society during the response?</b> <i>Probe to establish how information on the EA operation (EPoA + Budget; SitReps, Updates etc.) was shared; if the NS participated in coordination mechanisms); and if the activities planned were in accordance with international/national standards that were agreed</i>			
<b>5. Please tell us what the perception of Rwanda RCS; and the response through the EA operation?</b> <i>Probe to establish the reputation of the NS with partners, and if the EA operation has had implications for this, improved visibility etc.</i>			
<b>6. Please....from your perspective (as a partner) how do you feel the EA operation went?</b>			
			
<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Please....what questions do you have for us?</b>			

### 2.- IFRC/RRCS staff

<b>Name of interviewee:</b>				
<b>Position:</b>				
<b>Location:</b>				
<b>1. Please explain how you were involved; and what was your role in the EA operation?</b>				
<b>2. Please explain how the intervention was planned and it's relevance and appropriateness</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
<b>2.1</b> Extent to which the activities planned were based on rapid or detailed assessments (BPI, Initial rapid multi sectorial assessment, VCA etc.)				

2.2 Extent to which the activities planned were informed by consultation with; and agreed on by beneficiaries				
2.3 Extent to which the design of intervention and activities planned were adapted to meet the needs of the most vulnerable (culture, disability, gender)				
2.4 Extent to which the activities planned were in accordance with existing Rwanda RCS policies and strategies (contingency plans)				
2.5. Extent to which agreed international standards (Sphere, RCRC etc.) were applied				
2.6. Extent to which intervention is complementary to other interventions with other actors (PNS, External partners)				
2.7. Extent to which mechanisms were put in place to provide and receive information from beneficiaries				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
<b>2 Please explain how this EA was cost-effective in terms of inputs used and converted to results</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
3.1 Extent to which there was a detailed preparation of the EPoA + Budget				
3.2 Extent to which the process of authorization of the EA request; and release of the allocation was well timed				
3.3 Extent to which the mobilization of items required for the EA operation (NFIs etc.) was well timed				
3.4 Extent to which results measured justify the EA costs				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
<b>3 Please explain how effective the EA operation was managed in accordance with the EPoA + Budget</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
4.1 Extent to which processes were put in place for planning, monitoring, reporting; and quality assurance of the EA operation (IFRC)				
4.2 Extent to which processes were put in place for planning, monitoring, reporting; and quality assurance of the EA operation (RRCS)				
4.3 Extent to which the mobilization of IFRC and NS Human Resources, Tools, and processes was well timed				
4.4 Extent to which the mobilization of IFRC and NS Human Resources, Tools, and processes was well timed (RRCS)				

4.5 Extent to which monitoring activities informed the revision of activities planned in the EA operation				
4.6 Extent to which the activities planned were carried out in accordance to the agreed timeframe in the EPoA				
4.7 Extent to which NS, PNS and external actors involved were coordinated in a cohesive and effective manner				
4.8 Extent to which important decisions made during the intervention may have alter the goals				
4.9 Extent to which the activities planned were carried out were in accordance with the agreed budget (>10% per variances)				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
5 Please explain how effective the EA operation was in meeting its intended objectives/outputs (by sector) as applicable				
	Excellent	Good	Average	Poor
5.1 Health and Care				
5.2 Water, sanitation				
5.3 Shelter and settlements				
5.4 Food Sec nutrition and livelihoods				
5.5 Disaster preparedness and risk reduction				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
6 Please explain how population groups were included during the intervention				
	Excellent	Good	Average	Poor
6.1 Extent to which the EA operation contributed to reach major population groups with high vulnerability or life-threatening risk				
6.2 Extent to which certain groups have received support that should NOT				
6.3 Extent to which certain groups have NOT received support that should				
6.4 Extent to which this EA have reached its goals in assistance to Host Community				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
7 Please explain how the EA had an impact on refugees/host communities				
	Excellent	Good	Average	Poor
7.1 Extent to which the EA operation contributed to improve living conditions of refugees				
7.2 Extent to which the EA operation contributed to improve living conditions of host communities				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
8 Please explain how effective the EA operation was in strengthening the capacity of the Rwanda Red Cross Society				
	Excellent	Good	Average	Poor

8.1 Extent to which the EA operation contributed to capacity building of NHQ / branch level staff; and in which areas				
8.2 Extent to which the EA operation contributed to capacity building of branch , and volunteers; and in which areas				
8.3 Extent to which gaps in the capacity of RRCS were identified; and incorporated into longer term plans; and in which areas?				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
<b>9 Please explain how the Rwanda RCS coordinated with other stakeholders in the implementation of the EA operation?</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
9.1 Extent to which there was coordination with other key stakeholders in the planning of the EA operation (assessments)				
9.2 Extent to which information on the EA operation (EPoA + Budget; SitReps etc.) were disseminated to key stakeholders (PNS, government, branches, etc				
9.3 Extent to which Rwanda RCS participated in coordination mechanisms with key stakeholders (NHQ / Branch)				
9.4 Extent to which the activities planned were in accordance with agreed national standards and/or legislations				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
<b>10 Please explain if/how the EA operation has improved the profile of the Rwanda Red Cross Society?</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
10.1 Extent to which activities were carried out to improve the visibility of RRCS through the EA operation (Press releases, case studies, social media etc.)				
10.2 Extent to which the EA operation enabled the mobilization of resources from other donors for the immediate response				
10.3 Extent to which the EA operation provided opportunities for medium/longer term resource mobilization from donors				
10.4 Extent to which the EA operation has contributed to an effective coordination and partnership with governmental bodies at national and regional level				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				
<b>11 Please explain if/how innovation and new technology was incorporated into the EA operation?</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
11.1 Extent to which new technology (ODK / Mega V, RAMP, SMS etc.) was used in the EA operation				

11.2 Extent to which pilot approaches (beneficiary comms, cash based responses etc.) were used in the EA operation				
<b>Key successes, challenges, lessons learned, and recommendations:</b>				

**Annex 4. BSS questionnaire (English)**

Available upon request

**Annex 5. BSS questionnaire (Nyarwanda)**

Available upon request