

END OF PROGRAM EVALUATION REPORT

PROTECTING THE MOST
VULNERABLE PEOPLE BY
IMPROVING LIVING CONDITIONS
OF BURUNDIAN REFUGEES IN
MAHAMA CAMP AND MUNINI HOST
COMMUNITY



BY MULTISERVITECH CO, LTD

EXECUTIVE SUMMARY

The present evaluation focused on the program *"Protecting the most vulnerable people in the living conditions of Burundian refugees in Mahama Camp and Munini Host Community"* implemented by the Rwandan Red Cross and funded by the DGD from 1 October 2016 to 1 October 2017 (with an extension of 4 months until January 31, 2018).

The purpose of this evaluation is to measure the achievement of the results through the assessment of objectively verifiable indicators, to assess the impact and effects of the strategy adopted and to capitalize on good practices and exploring the possibilities of continuing this program in a format yet to be defined. It is therefore particularly important to learn from this project in order to inform the choices that will be made for a possible continuation of the project.

This is a cross sectional study conducted in Mahama refugee camp and in Munini Host community in Rwanda. The quantitative research in terms of a BSS survey within the Mahama camp and Munini host community was carried out in four days 4-7th December, 2018. Qualitative research methods included the desk review, in-depth interview and focus group discussions (FGDs) within the Mahama camp and Munini host community, to better understand the impact of the program by getting much more information on how the program was implemented on a daily basis. Taken together, these methods were triangulated to facilitate an analysis of the key achievements related to the expected results in terms of:

R1: Immediate risks to the health, hygiene and well-being of the refugee camp are reduced over a period of 12 months;

R2: Immediate risk to the health, hygiene and well-being of the host families are reduced;

R3: Improve capacity of the Rwanda Red crosses Society in the areas of disaster preparedness and response in the refugee camps and host communities.

Planned activities were achieved in almost 97% of cases. Measures to reduce the health risks in both Mahama camp and the Munini host community were taken efficiently with active participation of beneficiaries. Cash transfer in the work system improved ownership of planned interventions to increase living conditions of Burundian refugees and inhabitants of the Munini host community. However, demand is much higher than the supply. Furthermore, the constructed toilets are prettier than their homes; one should recommend the cash system to increase the value

of the house. Not only is it necessary to redistribute seeds to resume the exercise of kitchen gardens; but also the water supply system is urgent in the host community.

Specific recommendations are provided as to how RRCS and BRC might improve their assistance according to different types of sustainability:

- Technical sustainability: mastery by RRCS and, depending on relevance, other partners tools and methodology;
- Institutional sustainability: RRCS' capacity and, as appropriate, other partners to self-mobilize and maintain a long-term commitment to the camp and host community;
- Financial sustainability: RRCS' capacity and, depending on the relevance, other partners to cover the costs necessary to continue the action and / or mobilize external funding sources;
- Social sustainability: control / adoption of intervention by beneficiaries and socio-cultural acceptance of approaches.

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ACRONYMS

BDRT	Branch Disaster Response Team
BRC	Belgian Red Cross
BSS	Beneficiary Satisfaction Survey
CBO	Community-Based Organization
CBHFA	Community Based Health and First Aid
CBEHPP	Community Based Environmental Health Promotion Program
DGD	Direction Générale de Développement
EDPRS	Economic Development and Poverty Reduction Strategy
FA/CPR	First Aid/Cardiopulmonary Resuscitation
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender Based Violence
HH	Household
HHH	Head of Household
HIV	Human Immuno-deficiency Virus
ICRC	International Committee of Red Cross and Red Crescent Society
IEC	Information Education Communication
IFRC	International Federation of Red Cross and Red Crescent
IGA	Income Generating Activity
LDRT	Local Disaster Response Team
MHPS	Mental Health Psychological Support
MIDIMAR	Ministry of Disaster Management and Re-integration of Refugees
NDRT	National Disaster Response Team
NGO	Non-Government Organization
OECD/DAC	Organization for Economic Co-operation and Development/Development Assistance Committee
PHAST	Participatory Hygiene and Sanitation Transformation
PMER	Planning Monitoring Evaluation and Reporting
RRCS	Rwanda Red Cross Society
RRCSDM	Rwanda Red Cross Society Director Manager
SPSS	Statistical Package for Social Sciences
STD	Sexual transmissible Disease
ToTs	Training of Trainers
UNHCR	United Nations High Commissioner of Refugees
ZOPP	Zielorientierte Projektplanung [Objectives-Oriented Project Planning]

CHAPTER ONE: INTRODUCTION

This report presents the results of an end of program evaluation which was conducted between December, 2017 and January 2018. The present evaluation focused on the program *"Protecting the most vulnerable people in the living conditions of Burundian refugees in Mahama Camp and Munini Host Community"* implemented by the Rwandan Red Cross and funded by the DGD from 1 October 2016 to 1 October 2017 (with an extension of 4 months until January 31, 2018). The project proposal provided for an external evaluation to be carried out at the end of the project.

The purpose of this evaluation is to measure the level of achievement of results through the assessment of objectively verifiable indicators, to assess the impact and effects of the strategy adopted and to capitalize on good practices. RRCS and BRC are exploring the possibilities of continuing this program in a format yet to be defined. It is therefore particularly important to learn from this project in order to inform the choices that will be made for a possible continuation of the project.

The scope of this evaluation is to address the project analysis according to the standard evaluation criteria (relevance, complementarity/ coherence, effectiveness, efficiency, sustainability, impact). This is an in-depth assessment of the impact of the program on the humanitarian situation of the most vulnerable populations among refugees and host communities and assessment of the impact of the project on the institutional development of the RRCS (central and local level) and getting information about the lasting positive or negative effects, direct / indirect, desired or unexpected, at all levels (individual, community, support system for refugees and host community, etc.) induced by the project with effective recommendations to inform RRCS and BRC that would strengthen the impact of the action if it were to continue.

This is a cross sectional study conducted in Mahama refugee camp and in Munini Host community in Rwanda. The quantitative research in terms of a BSS survey within the Mahama camp and Munini host community and qualitative research methods included the desk review, in-depth interview and focus group discussions (FGDs) within the Mahama camp and Munini host community, direct observation (transect tool and home/tents and community visits) and lessons learned workshop which included all partners involved in the operation (using ZOPP tool). Data were collected using the survey questionnaires and was entered into Excel and then transferred into the Statistical Package for the Social Sciences (SPSS) for analysis. The analysis mainly involved expressing frequencies and cross-tabulation of different variables. Results were presented in tables and graphs generated by Microsoft Excel. The time allocated to train volunteers and collect data during this mission was very limited. Due to lack of sufficient time and delays, the training of volunteers only lasted 6 hours on the first day, and field data collection lasted four days. This end of program evaluation was coordinated by an external

consultant (Multiservitech, co.Ltd), supported by the RRCS DM Manager and Planning Monitoring Evaluation and Reporting (PMER) staff from RRCS and BRC Managers. Support was received from 30 volunteers to perform the beneficiary satisfaction surveys and from 2 volunteers who assisted and facilitated the focus group discussions (FGD's).

The construction of a multidisciplinary healthcare office and the availability of an ambulance in addition to the construction of 2 safety zones in Mahama camp and 1 safety zone in Munini host community were achieved in 99% of cases to complete the use of mobile cinema and an information/listening desk and the distribution of IEC materials and use of mobile radio were effectively achieved key communication tools for health and hygiene awareness in both targeted communities.

The distribution of non food items in terms of mattress, soap etc. to families targeting 1,500 most vulnerable families in the first round and to additional 1,000 families was effective in 95% to satisfy refugee basic needs and making community kitchen gardens for 900 households improved living conditions, assuming enough vegetables to complete household recipes (overall 70% of achieved activities). Lighting of the main axes and strategic spots in the camp with 10 solar lamps was a highly appreciated activity for Mahama camp protection.

For social inclusion and increase of psychosocial support, all organized inter village games, social cohesion activities and inter clubs games were fully done (100%). Not only PHAST methodology was a key to improve hygiene and sanitation on both communities, but also cash transfer in the work system increased ownership of living interventions in terms of the distribution of 60 cows and the construction of their cowshed for the most vulnerable households and the construction of pit latrines in identified families.

Training and refresher sessions of volunteers on Mental Health psychosocial support on GBV, Sexually Transmissible Diseases (STD), and Family Planning, Community Based Health First Aid and on Community Based Environmental Health Promotion Program (CBEHPP), and the conduction of a disaster simulation exercise for the National Disaster Reduction Team (NDRT), Branch Disaster Reduction Team (BDRT) and Local Disaster Reduction Team (LDRT) volunteers in the camp and outside of camp, on camp management and these three disaster simulation exercises for the three teams were conducted in December 2017 and were of great interest to improve the quality of services in both Mahama camp and Munini host community.

Planned activities were achieved in 100% of cases. Measures to reduce the health risks in both Mahama camp and the Munini host community were taken efficiently with active participation of beneficiaries. Cash transfer in the work system improved ownership of planned interventions to increase living conditions of Burundian refugees and inhabitants of the Munini host community. However, demand is much higher than the supply.

CHAPTER TWO: METHODOLOGY

This end of program evaluation was conducted in Mahama refugee camp and Munini host community. The evaluation adopted a quantitative and qualitative method approach using a survey questionnaire, FGD and interview tools that covered discussions with refugees, host community, volunteers, staff and stakeholders. Furthermore, the methodology included direct observations and a workshop on lessons learned with most of partners involved in the operation in both Mahama camp and Munini host community (using ZOPP tool).

2.1 Methods

This is a cross sectional study conducted in Mahama refugee camp and in Munini Host community in Rwanda. The quantitative research in terms of a BSS survey within the Mahama camp and Munini host community was carried out in four days 4-7 December, 2017. Qualitative research methods included the desk review, in-depth interview and focus group discussions (FGDs) within the Mahama camp and Munini host community, to better understand the impact of the program by getting much more information on how the program was implemented on a daily basis. Taken together, these methods were triangulated to facilitate an analysis of the key achievements related to the expected results in terms of:

R1: Immediate risks to the health, hygiene and well-being of the refugee camp are reduced over a period of 12 months;

R2: Immediate risk to the health, hygiene and well-being of the host families are reduced;

R3: Improve capacity of the Rwanda Red crosses Society in the areas of disaster preparedness and response in the refugee camps and host communities.

Specific recommendations are provided as to how RRCS and BRC might improve their assistance according to different types of sustainability:

- Technical sustainability: mastery by RRCS and, depending on relevance, other partners tools and methodology;
- Institutional sustainability: RRCS' capacity and, as appropriate, other partners to self-mobilize and maintain a long-term commitment to the camp and host community;
- Financial sustainability: RRCS' capacity and, depending on the relevance, other partners to cover the costs necessary to continue the action and / or mobilize external funding sources;
- Social sustainability: control / adoption of intervention by beneficiaries and socio-cultural acceptance of approaches.

1.2.1 Beneficiary Satisfaction Survey (BSS)

The BSS was structured to capture the following information: (1) general head of household characteristics including types of vulnerability; (2) types of health, hygiene and well-being

assistance in both Mahama camp and Munini host community ; (3) capacity of the Rwanda Red crosses Society in the areas of disaster preparedness and response in the refugee camps and host communities. A one day training session (December 04, 2017) was provided to surveyors and a pre-test of the questionnaires was carried out followed by a re-adjustment of the questionnaire.

The sample size was calculated using the MIDIMAR data, which was then cross referenced by UNHCR data from both Mahama refugee camp and Munini host community. At least 333 is the required sample size when reference is made to the Research Advisors¹, with 95% of confidence interval and margin error of 5% for the total beneficiaries of 2, 500 in the host community (Munini) and 374 in Mahama camp for the total number of beneficiaries of 12,500. In total, 686 survey questionnaires were completed, 374 in Mahama camp (the response rate 100%), and 312 in Munini host community (the response rate is 93.7%).

Table 1: Total number of sampled vulnerable people

End of program evaluation site	Total number of targeted vulnerable persons	Total Number of vulnerable persons sampled
Mahama camp	15,400	374
Munini host community	2,774	312
Total	18,174	686

Source: MIDIMAR and UNHCR data

It was ensured that the sample had representation from all groups, e.g.

- Men/women in Mahama (men, n= 145; women n= 229)
- Men/women in host community (men, n= 158; women n= 154)
- Under 18 head of household in Mahama camp (n= 13)
- Under 18 head of household in the host community (n= 4)
- Elderly in Mahama camp (n= 53)
- Elderly in Munini host community (n= 34)
- Respondents representing families with disable persons in Mahama camp (n= 75), families with children 0-4 years-old (n= 111) and female headed households (n= 98);
- Respondents representing families with disable persons in the host community (n= 119), families with children 0-4 years-old (n= 58) and female headed households (n= 4).

¹ Copyright, The Research Advisors (2006). All rights reserved.

1.2.2 Focus group discussions

The aim was to engage in direct dialogue with the concerned persons and discuss issues that were important to them, so that the evaluation mission could obtain a deeper understanding of the implementation and results of the program. A team composed of consultants and the Camp Administrators conducted three focus group discussions:

1. A Focus Group Discussion with beneficiaries from Mahama Camp (number of participants=8 among them 3 men)
2. A Focus Group Discussion with beneficiaries from Munini Host Community (number of participants=10 with equal representation of men and women)
3. A Focus Group Discussion with RRCS volunteers involved in the operation (number of participants=10 with equal representation of men and women)

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

1.2.3 In-depth interviews

Representatives of refugees in quarters, representatives of program beneficiaries in Munini host community and staff of key stakeholders (i.e. RRCS, UNHCR, ADRA ,BRC , ICRC, PLAN INTERNATIONAL, HANDICAP INTERNATIONAL, CARITAS RWANDA, MIDMAR, SAVE THE CHILDREN, CHDF) and local authorities were interviewed to better understand the program implementation mechanisms as experienced by both groups of program beneficiaries. Interviews were carried out with the following:

- 1) RRCS Secretary General
- 2) Refugees Care officer
- 3) Project Technical advisor
- 4) Food security officer
- 5) BRC Country representative
- 6) CRR /PMER
- 7) First Aid Coordinator
- 8) DAT
- 9) Volunteer's coordinator in Mahama camps and Munini Village
- 10) Staff representatives from relevant technical areas (n=2 persons)
- 11) In-country NGO/UN (with presence in Mahama and active in the same response) (n=3 persons)

- 12) MIDMAR Representative in Mahama Camp (n=2 persons)
- 13) Mahama Refugees representatives (n= 6 persons)
- 14) Munini Executive secretary in charge of social affairs.
- 15) UNHCR camp manager.

1.2.4 Direct observation (transect tool and home/tents and community visits)

Direct observation in Munini host community was done on 06 December 2017 and pictures of outstanding achievements were taken.

1.2.5 Workshop -Lessons Learned

This workshop on lessons learned brought together most of partners in the operations in both Mahama camp and Munini host community using the ZOPP tool. This workshop put emphasis on the quality and relevance of the assistance provided to the beneficiaries (Burundian refugees and Rwandans in Munini host community), as well as the quality of support offered to the RRCS. The main participants included:

- 1) RRCS Volunteers (central and local levels [6])
- 2) Representatives of beneficiaries in Munini host community
- 3) Local authorities [2]
- 4) Refugees representatives (2 persons)

Many stakeholders were invited to participate to the workshop, but some of them responded negatively saying that they were busy reasoning that they were finishing their activities of the 2017 year.

1.2.6 Data processing

Data were collected using the survey questionnaires and was entered into Excel and then transferred into the Statistical Package for the Social Sciences (SPSS) for analysis. The analysis mainly involved expressing frequencies and cross-tabulation of different variables. Results were presented in tables and graphs generated by Microsoft Excel.

1.2.7 Limitations

The time allocated to train volunteers and collect data during this mission was very limited. Due to lack of sufficient time and delays, the training of volunteers only lasted 6 hours on the first day, and field data collection lasted four days.

1.2.8 Coordination

This end of program evaluation was coordinated by an external consultant (Multiservitech, co. Ltd), supported by the RRCS DM Manager and Planning Monitoring Evaluation and Reporting (PMER) staff from RRCS and BRC Managers. Support was received from 30 volunteers to perform the beneficiary satisfaction surveys and from 2 volunteers who assisted to facilitate Focus Group discussions (FGDs).

CHAPTER THREE: RESULTS

This chapter discusses the results obtained from the program in terms of key outputs from different reports and interviews. More so, it presents results from the survey with respect to the expected three outcomes of the program in the context of effectiveness, relevance, coherence, efficiency and sustainability.

The program outcome 1: Immediate risks to the health, hygiene and well-being of the refugee camp are reduced over a period of 12 months.

1. Health, Hygiene and Well-being in Mahama Camp

Four domains were planned in the program i.e. health and hygiene, basic needs, livelihood and camp protection. This evaluation exercise was undertaken to measure the level of achievements in terms of effectiveness in addition to relevance, efficiency, impact and sustainability of the program; and recommendations are enacted accordingly.

1.1 Effectiveness

When reference is made to table 2 in annex², not only quantitative data show that almost all planned activities were achieved in all interventions (100%)

The operation focuses on interventions in the areas of health, hygiene and sanitation promotion, environment, livelihood and community services strengthening, mobilization and social cohesion between the communities³.

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.

² Achievement by the end of January 2018 by outcome and by planned outputs

³ Rwanda, Camp Mahama-Documents de Visite de l'ambassade de Belgique au camp de réfugiés de Mahama et communauté hôte de Munini, 11 Octobre 2017.

“Improved working conditions and operational referral system are keys to effective primary healthcare”



“Joint sports and cultural activities enhance psychosocial support”

“Use of mobile cinema, radio broadcasts and an information/listening desk as innovative ways for community based health sensitization”



1.1.1 Health and Hygiene

The installation of tents didn't take place as planned for. However, there was a consensus of constructing an office and to buy an ambulance to improve the referral of patients from Mahama to Kirehe Hospital. When reference is made to table 2 in appendix⁴, by the end of January 2018, the office had been constructed and the ambulance bought. The provision of primary healthcare services to refugees in Mahama camp is effective as a result of the program implementation. Indeed, when reference is made to table 2 in appendix⁵, by the end of January 2018, the construction of 2 safety zones in Mahama camp are about to be completed (99%) in order to facilitate ongoing psychosocial support activities in terms of joint sports and inter-cultural activities for both communities.

Furthermore, all planned community based health sensitization sessions have been achieved (including information on nutrition, family planning and GBV information) through the use of mobile cinema and an information/listening desk and the production / distribution of IEC materials in addition to the conduction of the 30 targeted radio broadcasts. More so, the mobile radio has been installed and has been made the tour of the camp and on a daily basis transmitting messages on hygiene, prevention of diseases, and prevention of gender based violence (100%)⁶. Furthermore, conducting hygiene promotion through use of mobile cinema and distributing Menstrual Hygiene Management kits to 2,000 women were effective (100%) respectively⁷. These interesting achievements enhanced the level of satisfaction of refugees. Indeed, when reference is made to BSS survey results⁸, in Mahama camp, more than nine out of ten respondents were

⁴ Achievement by the end of January 2018 by outcome and by planned outputs: ➔1.1.1 & 1.1.2.

⁵ Achievement by the end of January 2018 by outcome and by planned outputs: 1.1.2

⁶ Achievement by the end of January 2018 by outcome and by planned outputs: 1.1.4, 1.1.5 and 1.1.6

⁷ Achievement by the end of January 2018 by outcome and by planned outputs: 1.1.7 and 1.1.8

⁸ Rate of the quality of assistance in health and hygiene - Mahama Camp- figure 3.2.1.2-

assisted in the domain of health and hygiene and the rate of quality is from good to excellent in more than 90% of cases. Some respondents were in Mahama camp could not gauge the level of quality of assistance because of the following reasons:

- Scarcity of interventions (not all targeted persons were reached by planned interventions);
- Being too aged with limited movements;
- Eye impairment status and not be able to appreciate.

However, results from BSS show that membership to the hygiene club in Mahama camp is very low. Indeed, when reference is made to figure 1.2b, almost 25% of all respondents are members of different clubs as initiated by RRC in 2017. Reasons given for not belonging to any of the clubs initiated by Red Cross include:

- Lack of information due to limited numbers of volunteers to communicate such information;
 - Lack of time to participate in clubs activities;
 - Clubs are prohibited by the church ideology;
 - Being a person with physical handicap;
 - Being aged.

1.1.2 Basic Needs

“Basic needs as core minimum requirements for life”



The distribution of non-food items in terms of mattress, and soaps to families targeting 1,500 families in the first run and to additional 1,000 families was effective in 100% of cases and 10,000 women clothes kitenge have been distributed to the women from 25 years old and above. Because of the raised cost of the Kitenge, only 10 000 kitenge were bought instead of 11000 foreseen; whereas 1,500 mattress have been distributed to the elderly, people with disabilities and severe illnesses were referred with increase and 1,000 mattresses were bought to increase the number of beneficiaries up to 2500 and this activity was achieved 100%. Furthermore, 10,000 women clothes kitenge have been distributed to the women from 25 years old and above in 100% of cases⁹.

Results from BSS showed that, more than six out of ten

⁹ Achievement by the end of January 2018 by outcome and by planned outputs: ➔1.1.9 & 1.1.10.

respondents (61%) were assisted in basic needs and when rating the quality of assistance it stands for good and excellent in more than 60% of cases (see figure 2.1.1 and figure 2.1.2). For those who didn't receive basic needs, gave reasons including:

- Not enough in terms of quantity for all beneficiaries;
- Limiting criteria (age, good results at school,...) that exclude a big number of beneficiaries;
- Only those who are members of initiated clubs are much more likely to receive those basic needs;
- New comers are not yet provided with basic needs.

When it comes to rating the utilisation of received basic needs, mattresses are sold in almost 20% of cases for the need of cash to buy other items not distributed and soap and Kitenge were only used by adults in 62.4% and 70.1% respectively (see Figure 2.1.3).

1.1.3 Livelihood

By the end of January 2018, it was established, in the beginning phase, that community kitchen



“A kitchen garden for every vulnerable household as a key factor for a balanced diet at refugee household level”

gardens should be established for at least 400 households, and during the effective implementation phase, 500 more gardens were added up for sustainable availability of enough vegetables to complete household recipes. This is the reason why at least 831 kitchen gardens have been made and now one other 69 kitchen gardens are being prepared, this counts for overall 92.3% of achieved activities when reference is made to the table 2: ➔ 1.1.11. This is a good achievement. This assertion is confirmed by the BSS results. Indeed, almost six out of ten respondents in Mahama camp (59%) have been assisted in living conditions and highly rated assistance interventions e.g. kitchen gardens and the introduction of cash in the work system (see figure 2.1.4a and figure

2.1.4 b). For those who are not able to rate the quality of assistance for livelihood interventions mention some reasons that include:

- Provided livelihood interventions are only limited to kitchen garden activities for a limited number of households;
- No space to have kitchen gardens as homes are close each other or located at the main road;

- Cash transfer in the work system is well appreciated, however all beneficiaries didn't receive cash for work for unknown reasons.

During the partner evening session, one partner didn't agree with the cash for work system as there is not enough money to distribute and would like to learn from RRCS.

1.1.4 Protection

To protect all refugees in Mahama camp, the program targeted lighting of the main axes and strategic places in the camp and at least 10 solar lamps have been installed in the strategic zones as foreseen (100% achieved: see table 2: 1.1.13). This is an excellent achievement for camp

“Lighting for security protection as one among many other human rights for all refugees in the camp”



managers and other stakeholders. Indeed, during in-depth interview with one person from the camp manager team, he mentions: “*before lighting those main axes, there were a big number of bandits in the camp, and it was hard to protect all refugees and distributed items including non-food items*”. This achievement is also appreciated when reference is made to the results from BSS. Indeed, one should notice that 95% of respondents appreciate the lighting of main axes and strategic locations and the rate of quality of solar lamp services is excellent in more than 55% of cases (see figure 2.1.5 a and the figure 2.1.5 b). Those who don't appreciate the quality of solar lamp utilization argue that:

- The solar lamp should be scaled up to be appreciated;
- Some refugee inhabitants are new comers not able to compare the situation before 2017 and now.

When reference is made to table 3, there are a big number of achieved activities that were not planned for, but that are much more relevant to beneficiaries¹⁰.

¹⁰ Appendix 3: Other achievements by the end of January 2018

1.2 Relevance

As per highlighted in RRCS mid-term report in July

2017, the project was designed taking into consideration the needs and expectations of the target beneficiaries as well as the lessons learned from the best practices experienced from other projects. In the context of health and hygiene assistance, criteria for selection of beneficiaries show that the quantity in terms of received assistance/aid is not enough. Indeed, the distribution of kits for the menstrual management of students who have succeeded in school (is a criterion to justify the package to give/provide).

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

OECD DAC criteria

1.3 Coherence

The objectives of the project are consistent with the needs, priorities and policies of the RRCS Strategic Plan, mainly on public awareness for health promotion and care (first aid)¹¹ and in the context of the 6th issue on social protection of specific vulnerable groups i.e. *life conditions and social inclusion and psychological support to specific groups*.

“The systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner.”

(Minear et al, 1992)

1.4 Efficiency

The project strengthened Rwanda Red Cross volunteer’s capacity to assist refugees and intervene for safety and first aid in different events and disaster preparedness and response in Mahama Camp. These activities have been done better, cheaper and quicker. When reference is made to the RRCS HQ office document¹², the cost of the project was more than Euro 769,643.00 corresponding to 99% of the project budget. The activities cost represent 68% of the total cost whereas support

“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

¹¹ RRCS Strategic Plan 2017-2021- Final Draft p.16

¹² Detailed Program Operational Update by the end of January 2018

costs, HR cost and Monitoring and Evaluation costs are 16%, 18% and 6% respectively. The project started in time with intensified effort and commitment from different people (project staff, supportive program staff and RRC Senior personnel), and it achieved 99% of the planned budget and activities. In the context of project fund allocation, the outcomes funding represent 75% of the total budget while salaries represent around 20%. This budget structure justifies the efficiency of the program. The camp manager mentioned during interview that: *“Cash transfer for work in the context of Kitchen garden and pit latrines is cost effective when comparison is made to similar project experiences in the neighboring areas”*.

1.5 Impact

Some positive effects of the project in short and long perspective are highlighted in terms of positive mindset change and reduction of preventable diseases. Indeed, mobile cinema and mobile radio have improved communication and played a big role in mindset change for the well being of the refugees and in host community. Indeed, a 32-year-old refugee says: *“The use of movie by volunteers when providing/teaching refugees on how to fight against malaria and which movie was shown to camp members through public show and then this was one of innovative ways to increase ownership of all health and hygiene interventions in the camp. This experience is also observed with mobile radio when providing information on HIV/AIDS, typhoid fever and diarrhea among under 5 children”*.

Impact of hygiene club

But, the BSS study results showed that members of hygiene clubs experience much more benefits in terms of personal hygiene promotion and training of ToTs; have opportunity to promote kitchen garden and complete recipe and got trained on first aid.

Furthermore, the BSS results show that the hygiene club membership has life impact in terms of:

- Increased social reintegration and mindset change;
- Increased team work, effective collaboration among members;
- Increase of friendship between Burundians and Rwandans;
- Increase of family income through winning different awards in interclub's sports.

There are some testimonies to confirm the results from the bodily hygiene campaign. Indeed, A35-year-old refugee woman mentions: *“The bodily hygiene campaign has made differences at camp level in behavior change. Skills gained from the campaign allowed volunteers to go and help families with children in bad fashion by cutting their hair, kneels using local materials that are costless and then the assisted families took initiatives to go on such activities without any external assistance and results are observed even now; Thanks to the RRCS to have organized such campaign and first aid caravan which let everybody learn about CBEHPP!”*

Impact of PSS

A 30-year-old woman in Mahama refugee camp mentions: *“PSS program has achieved what it was intended to do, the program supported us volunteers to advise men about gender equity in Rwanda. Refugee men have been thinking that women in Rwanda are much more likely to be above men’s rights, main reason for men to go back to Burundi. However, with PSS support, men were convinced to be near their respective families and all refugee couples appreciate the Rwanda family society system.”*

Furthermore, a 27 –year-male volunteer in Mahama camp stipulates: *“Psycho social first aid in the camp has assisted volunteers to resolve most of family conflicts and then created harmony between family members and hence avoided misunderstanding for sustainable socio-economic cohesion.”*

Respect of people with handicap. For instance a 23-year old volunteer woman mentions: *“before the program, all people with handicap were voiceless. However, after RRCS trainings, they are valued with dignity. They are recruited among volunteers in Mahama camp.”*

Conclusion:

All planned activities in order to reduce the immediate risks to the health, hygiene and well-being of refugees were achieved. Cash transfer in the work system improved ownership of planned interventions to increase living conditions of Burundian refugees. However, demand is much higher than supply.

Recommendations:

- Initiate cash transfer to replace non-food item distribution;
- Continuing the cash transfer in the work system to make more kitchen gardens;
- Redistributing seeds to resume the exercise of kitchen gardens;
- Increasing the number of volunteers to provide information on hygiene clubs in the camp;
- Increasing the quantity of non-food items to be distributed;
- Scaling up the solar lamp throughout the camp to cover all new main axes and strategic positions.
- Increasing the number of constructed safety zones
- Increasing the number of hygiene clubs
- Increasing the number of non-food items by increasing the number of beneficiaries
- Continuing :
 - The provision of primary healthcare services;
 - The construction of two more safety zones;

- Ongoing joint sports and inter-clubs activities for both communities;
- Use of mobile cinema and information desk and mobile radio;
- Distribution of IEC materials;
- Lighting of the main axes and strategic places.

The program outcome 2: Immediate risk to the health, hygiene and well-being of the host families are reduced.

Planned interventions for the Munini host community include those related to health and hygiene and living conditions. Results are also presented by effectiveness, relevance, coherence, efficiency, sustainability and impact.

2. Health, Hygiene and Well-being in Munini Host Community

2.1 Effectiveness

“Mobile cinema as an innovative way for community sensitization on community environment and food security protection in the host community”



Almost all planned activities in the domain of health and hygiene had been completed in 100% of cases. In fact, when reference is made to table 2 in appendix¹³, by the end of January 2018, the construction of one safety zone at Munini host community had been completed (100%) to facilitate ongoing psychosocial support activities in terms of joint sports and inter-cultural activities for both communities. Furthermore, according to the same reference, all planned activities for community environment and food security protection have been achieved (100%) in terms of conducting community based health sensitization sessions (including nutrition, family planning and GBV information) through use of mobile cinema¹⁴. In addition, all planned inter village games, social cohesion activities and inter clubs games were done

(100%) and the food security officer carried out sensitizations on the environment management during senior management meetings at community level in Munini¹⁵.

¹³ Achievement by the end of January 2018 by outcome and by planned outputs: 1.1.2

¹⁴ Achievement by the end of January 2018 by outcome and by planned outputs: 2.1.1

¹⁵ Achievement by the end of January 2018 by outcome and by planned outputs: 2.1.2 and 2.1.3

2.1.1 Hygiene in Munini Host Community

“No PHAST before the program”



All foreseen sessions have been completed in the context of conducting household hygiene promotion sessions using PHAST methodology with a target of 54 sessions with support of 20 vol./session means 3/month. More so, the foreseen 100 community pit latrines have been constructed. Due to lack of woods and the problem of termites, san plats were not made, but there is an increased number of toilets from 100 up to 115 that have been constructed in Munini cell, and the construction of 99 other pit latrines in the host community with cash transfer in the work system were constructed and completed¹⁶.

“PHAST as the best methodology to promote household hygiene”
The first and closed door is the latrine constructed by the program. The second door is constructed by the beneficiary as an indicator of the program ownership.



These achievements are highly appreciated by results from BSS. Indeed, taking into consideration results from the BSS, the assistance in health and hygiene in the host community, 84% of respondents confirm receiving assistance in this domain and the rate of the assistance quality is good or excellent in more than 90% of cases (see Figure 16 and figure 17). Those who don't rate the quality of assistance in health and hygiene assistance stipulate that they don't have enough information on types of assistance to receive, others mention they are too busy to know, and another couple is too young to have information and some persons are aged enough to be updated on needed assistance. Furthermore, vulnerable groups in the host community are much likely to be part of hygiene club.

Indeed, according to results from BSS, more than six out ten respondents (62%) in the host community are parts of initiated RRC clubs (see figure 18). Those stipulating not being in the club have some reasons and among others:

¹⁶ Achievement by the end of January 2018 by outcome and by planned outputs: ➔2.1.4 & 2.1.6.

- They are old enough to get informed on the hygiene club objectives;
- There is no available information on hygiene clubs;
- Handicap status to limit active participation in hygiene clubs;

For those confirming to be members of the Red cross clubs, benefits include:

- Increase of knowledge on disease prevention and surveillance at community level;
- A place of exchange of ideas and skills in different domains;
- Increase of PHAST promotion skills at community level;
- Increase of friendship among inhabitants in general and between Rwandans and Burundian refugees in particular;
- A place for socialization;
- Improve of skills on food safety and security;
- A learning center on bodily hygiene.

2.1.2 Livelihood in Munini Host Community

“Vegetable gardens to improve the quality and quantity of food at household level”



All planned activities were achieved in living conditions when taking into consideration the results displayed in table 2 in appendix ¹⁷. In fact, not only 100 families in Munini host community have received agricultural seeds and tools for community vegetable gardens, but also a joint cooperative (refugees and host communities) has been created in order to protect environment, and saving energy by using renewable energy. In addition, a land, and planned machines for

manufacturing briquettes were given to the beneficiaries as planned (100%). Furthermore, 5 cows have been bought via cash transfer, and the purchase of the other 55 cows was completed and their distribution was effective (100%). More so, 60 cowsheds were constructed using cash transfer as planned (100%)¹⁸. However, planned assistance was not provided in the satisfactory

“Cash transfer in the work system to enhance ownership of sustainable socio-economic development activities in the Munini host community”



¹⁷ Achievement by the end of January 2018 by outcome and by planned outputs: 2.1.8

¹⁸ Achievement by the end of January 2018 by outcome and by planned outputs: 1.1.7

manner and this evidence is captured in the BSS results. Indeed, according to the BSS results in the host community, less than a half of respondents (47%) stipulate to have received assistance in improving their living conditions whereas interventions are rated poor for more than 50% of them (see figure 19 and figure 20). For those who don't rate the quality of interventions for livelihood, they stipulate some reasons that include:

- Being on the waiting list to receive a cow in the near future;
- Being immigrant from other sites;
- Not being assisted with a cow.

2. 1.3 Environmental Protection and food security

The host community inhabitants are satisfied with assistance as provided to make kitchen gardens. Indeed, results from BSS show that 93% of respondents in the host community have received assistance in making the kitchen garden and the expected outputs from the kitchen gardens are rated good to excellent in more than 70% of cases (see Figure 21 and figure 22). For those who don't appreciate the quality of making kitchen gardens in the context of livelihood, they mention some reasons that include:

- Being on the waiting list for next steps;
- Being immigrant from other sites;
- Spininach seeds didn't grow up.

Of note: the briquette charcoal will assist to save money and time and then protect environment when compared to using wood for cooking. This concept is common for both beneficiaries and stakeholders in Mahama camp and the Munini host community.

2.1.4 Existence of mixed cooperatives

Mixed cooperatives are promoted to increase living conditions of both communities. Indeed, according to BSS results, more than five out of ten respondents (53%) in the host community confirm to be members of joint cooperatives with refugees and 76.5% of them rate the quality of being in joint cooperatives as from good to excellent (see figure 23 and figure 24). Those who are not being members of joint cooperatives mention reasons among others:

- Not being able to become a cooperative member;
- No information received on the existence of mixed cooperatives.

2.2 Relevance

The project was designed taking into consideration the needs and expectations of the target beneficiaries as well as the lessons learned from the best practices experienced from other projects. In the context of health and hygiene assistance, criteria for selection of beneficiaries show that the quantity in terms of received assistance/aid is not enough¹⁹.

¹⁹ RRCS mid-term report in July 2017

2.3 Coherence

The objectives of the program are consistent with the needs, priorities and policies of the RRCS Strategic Plan, mainly on public awareness for health promotion and care (first aid) and in the context of the 3rd issue on model village approach towards community resilience²⁰.

2.4 Efficiency

The program strengthened Rwanda Red Cross volunteer's capacity to assist local inhabitants for first aid in different events and disaster preparedness and response in the Munini host community. These activities have been done better, cheaper and quicker. The Executive Secretary of Munini cell mentioned during interview that: *"Cash transfer for work in the context of Kitchen garden and pit latrines is cost effective when comparison is made to similar project experiences in the neighboring areas"*.

2.5 Impact and Sustainability in Munini

The direct outcome of the program in terms of behavior change is highly appreciated through the results of qualitative data. Indeed, during FGD with volunteers, they all mention that the program has been changing their mindset in 100% and now, they know that cash for work increase their family income and improved hygiene in general terms. The 100% consensus is noticed for:

- The cash transfer in the work system to increase ownership of interventions by beneficiaries (kitchen gardens and pit latrines);
- The constructed pit latrines are much more comfortable as they could belief before.

However, there is a challenge i.e. a 35-year old man in Munini mentions *"thanks for having provided cash for work; however, we need cash for kitchen garden at least 2-3 times a year as we have to buy new seeds."*

Conclusion:

All planned activities were achieved in the context of psychological support through joint sports and inter-cultural activities. Community based health sensitization sessions were excellent through mobile cinema and community talks on environment management. Not only inter-village games and intern club games increased significantly social cohesion, but also the cash transfer for work increases family income and family recipes.

²⁰ RRCS Strategic Plan 2017-2021- Final Draft p.16

Recommendations:

- Increase sensitization sessions on hygiene club in the host community;
- Maintain :
 - Ongoing psychosocial support activities in terms of joint sports and inter-cultural activities;
 - Community based health sensitization sessions (including nutrition, family planning and GBV information) through use of mobile cinema;
 - Inter village games, social cohesion activities and inter clubs games;
 - Senior management meetings on environment management and food security at community level;
- Promote the briquette charcoal system for effective environment protection;
- Improve operationalization of mixed cooperatives;
- Maintain
 - The cash transfer in the work system to increase ownership of interventions by beneficiaries (kitchen gardens and pit latrines);
 - The cash for kitchen garden at least 2-3 times a year for new seeds;
 - Making kitchen gardens and scale up the intervention in other cells.
- Use of mobile cinema;
- Scale up PHAST methodology to other non-vulnerable persons;
- Increase the number of times to distribute agricultural seeds and tools for community vegetable gardens;
- Increase the number of cows to distribute;
- Increase the number and types of joint cooperatives.

The programme outcome 3: Improve capacity of the RRCS in the areas of disaster preparedness and response in the refugee camp and host communities

This component is aimed to reinforce capacity of RRCS staff and volunteers in disaster preparedness and response for both communities. The evaluation exercise is to assess the level of achievements with regard to planned activities in addition to assessing the relevance, efficiency, impact and sustainability of the two sub components.

3. Capacity Building

3.1 Effectiveness

3.1.1 Assistance of refugees by trained volunteers

Taking into consideration achievements in table 2 in appendix²¹, all planned activities in training

and refresher training of volunteers on Mental Health psychosocial support targeting 140 volunteers of RRCS in addition to 35 volunteers, who have been trained on MHPS for capacity building and service quality improvement were achieved 100%. When reference is made to the same table, in Mahama camp, 29 Burundian volunteers were trained in standard First Aid. Furthermore, 80 volunteers received trainings and refresher trainings on GBV, Sexually Transmissible Diseases (STD), and Family Planning. In August, 35 volunteers were trained in STD/GBV/FP: Sexually Transmitted Diseases/ Gender Based Violence/Family Planning at RRC HQs and 30 others were trained in STD/GBV/FP in September 2017 and in addition, 35 volunteers were trained on STD/GBV/FP at RRC HQs in November-December 2017. All these activities were carried out as planned in 100% of cases.

“Capacity building is a key for service quality improvement”



²¹ Achievement by the end of January 2018 by outcome and by planned outputs: →3.1.1 & 3.1.2.

3.1.2 Assistance from volunteers in the host community (Munini)

When reference is made to table 2 in appendix²², more training were organized and achieved in 100% of cases. Indeed, training and refresher training of volunteers on community based health sensitization (cholera, diarrhea, hygiene and malaria) targeted 140 volunteers whereas 35 volunteers from the host community received refresher training on cholera, HIV, diarrhea, hygiene and malaria for capacity building and service quality improvement. Other training on CBHFA: Community Based Health First Aid, were organized and executed in August 2017 for 35 participants at RRC HQs and for 30 participants in Munini in September 2017. Furthermore, training on CBHFA, for 35 participants at RRC HQs was organized in November 2017 and training and refresher training of volunteers on PHAST targeted 140 volunteers in the same period of November 2017. In addition, 35 volunteers from the Munini host community benefited from training on Community Based Environmental Health Promotion Program (CBEHPP), which is an improved Participatory Hygiene and Sanitation Transformation (PHAST) and updated to Ministry of Health (MoH) tool. Furthermore, a conducted was a training in PHAST/ CBEHPP for 35 participants at RRCS HQs (August, 2017: phase 2) and training in PHAST/ CBEHPP for 30 Burundians in Mahama (September 2017) in addition to training 35 participants at RRC RRCS HQs (November, 2017: phase 4). Finally, a workshop was conducted in Munini (December 2017). These achievements are appreciated by beneficiaries as shown in the BSS results. Indeed, almost nine out ten respondents in the host community (89%) declare to have received assistance from volunteers whereas rating the quality of assistance with reference to different interventions is good to excellent in more than 80% of cases (see figure 27 and the figure 28). For those who don't rate the quality of types of interventions for livelihood in the host community, they stipulate some reasons that include:

- Being immigrant from other sites;
- Difficult to differentiate interventions from local authorities and those from volunteers;
- Not yet being assisted by volunteers.

3.1.3 Requested assistance from volunteers in the host community (Munini)

When reference is made to BSS results²³, almost three-fourth of all respondents in the host community (74%) declare to have received needed assistance from volunteers whereas rating the quality of assistance provided when needed with reference to different interventions is good to excellent in more than 70% of cases. For those who don't rate the quality of provided assistance when needed, they mention some reasons that include:

- Known volunteers are not stable;
- Not having many other alternatives to compare performances;
- No willingness to respond to the question.

Furthermore, according to the same BSS results²⁴, one should notice that 92% of respondents in Mahama camp confirm to have received assistance from trained volunteers whereas rating the

²² Achievement by the end of January 2018 by outcome and by planned outputs: →3.1.3 & 3.1.4.

²³ BSS results figure 3.3a and the figure 3.3b

²⁴ BSS results figure 3.1a and the figure 3.1b

quality of assistance with reference to different interventions is good to excellent in more than 80% of cases. For those who don't rate the quality of assistance, they stipulate some reasons that include:

- No standards to make comparisons;
- No willingness to respond to the question.

3.1.4 Disaster Response and Preparedness

“Disaster simulation exercise is a must for disaster response and preparedness”



As planned in the program, when taking into consideration the table 2 in appendix²⁵, a disaster simulation exercise for the National Disaster Response Team (NDRT), Branch Disaster Response Team (BDRT) and Local Disaster Response Team (LDRT) volunteers in camp and outside camp on camp management, these three disaster simulation exercises were conducted in December 2017. Furthermore, it was planned to conduct training for 114 volunteers in camp management & disaster management to support turnover process and then a conducted training, PSS in emergencies: Psychosocial support in emergencies for 35 RRC volunteers in Mahama Camp was carried out effectively (October: phase 2) Furthermore, a training was conducted on DM for 70 volunteers,

and a training for 7 staffs and 40 volunteers on capacities building for the response to the refugee situation in Rwanda beyond the timeframe of the operation.

3.2 Relevance

The project was designed taking into consideration the needs and expectations of the target beneficiaries as well as the lessons learned from the best practices experienced from other projects²⁶.

3.3 Coherence

The objectives of the program are consistent with the needs, priorities and policies of the RRCS Strategic Plan, mainly on public awareness for health promotion and care (first aid) and in the context of the 4th issue on health and disaster Emergency Management²⁷.

²⁵ Achievement by the end of January 2018 by outcome and by planned outputs: →3.1.5 & 3.1.7

²⁶ RRCS mid-term report in July 2017

3.4 Efficiency

The program strengthened Rwanda Red Cross volunteer's capacity to assist local inhabitants for first aid in different events and disaster preparedness and response in both Mahama camp and the Munini host community. These activities have been done better, cheaper and quicker. The Executive Secretary of Munini cell and the Mahama camp manager mention during interview that: *"Cash transfer for work in the context of Kitchen garden and pit latrines is cost effective when comparison is made to similar project experiences in the neighboring areas"*.

3.5 Impact for both communities

The direct outcome of the program in terms of behavior change is highly appreciated through the results of qualitative data. Indeed, during FGD with volunteers, they all mention that the program has been changing their mindset in 100% and now, they know how to differentiate a disaster from an accident. Not only do they know different steps of the process of a disaster, but also know how to collect information and where to take the collected information with respect to hierarchy among local authorities. The respect of people with disabilities has improved. For instance a 23-year old woman volunteer mentions: *"before the program, all people with handicap were voiceless. However, after RRCS trainings, they are valued with dignity. They are recruited among volunteers in Mahama camp."*

3.6 Sustainability:

To ensure sustainability of the program, Burundian refugees were recruited among volunteers and hold regular meetings with their colleagues in the Munini host community. Not only technical sustainability generated by technical trainings in areas such as health and hygiene, PSS, PHAST, Kitchen garden activities will continue to be applied in both communities, but also, cash transfer in the work system enhances ownership of project interventions in both communities in their respective families.

During in-depth interview, a volunteer in Mahama camp stipulates: *"One result observed from PHAST is the formation of hygiene clubs in both Mahama camp and the Munini host community. Hygiene improvement is obvious for and beneficiaries are committed to disseminating good practices in their respective communities even after the closure of this program."*

The camp management authorities are convinced of the sustainability of the program by recruiting refugees among volunteers. More so, during FGD with volunteers, a 25-year-old female volunteer says: *"The presence of Burundian refugees among volunteers is alleviating our work burden. They do a lot to keep volunteer activities 24 hours a day."*

²⁷ RRCS Strategic Plan 2017-2021- Final Draft p.16

An interview with a health officer in the camp reveals that they all appreciate the RRCS activities during 2017 and recommend: *“all camp inhabitants should be sensitized on the first aid elements and one should know where to locate volunteers as they are needed to transfer cases 24 hours a day. May be the construction of the main building will resolve this issue.”*

More so, the health officer recommends: *“It is better that RRCS puts emphasis on Family Planning activities as some couples think that making children will increase the monthly intake in terms of food and non-food items.”*

Camp officials argue for increased motivation of volunteers. Motivation is not necessarily the increase of salary but also the recognition of the work done motivates most Red Cross volunteers. They express it in these terms: *“A camp without a Red Cross is not a camp,”* said one of the camp managers. His assistant adds: *“volunteers are the backbone of the Red Cross”*.

Red Cross partners at Camp Mahama state that there is a need to increase the level of coordination of camp-level partners to assemble available resources for the same orientation. Indeed, not only the increase in coordination will define the standards for the same orientation, but also the precision of whoever does what and how is large. For example, the definition of the vegetable garden should be shared and known is the role of everyone in this main activity.

Past assistance should be avoided as much as possible in terms of food and other distribution, but refugees must be helped to make good choices through the cash transfer system. According to the experience of the Red Cross, the other partners recommend the training of everyone in first aid for the year 2018. Overall, the disaster preparedness and response component needs to be strengthened for Red Cross volunteers.

Challenges:

Some challenges were observed for both communities. Indeed, a 30-year-old man in Mahama camp stipulates, *“The big challenge we face with volunteers is that when volunteers transport patients to health facilities, they leave them alone and don’t manage to look for health provider.”*

During FGD with refugees in Mahama camp, some other challenges are enacted as follows:

- Waiting time to be treated by a medical doctor when referred to district hospital is too large, i.e. there is no follow up mechanisms to ensure visits are planned for at the district hospital level; this should be the role of UNHCR staff;
- OXFAM is responsible for water distribution in Mahama camp, for economic reasons, OXFAM does not accept that refugees use distributed water for kitchen garden irrigation;
- There is no irrigation material provided for kitchen garden;

- Water supply is an big issue for us inhabitants of the Munini host community.

Conclusion:

All planned activities in training and refresher training of volunteers were achieved as planned even though there is a challenge on limited number of volunteers at community level to assist vulnerable groups in Mental Health psychosocial support and in on MHPS for effective service quality improvement, and for effective referral healthcare system and to continue mainstream good practices in hygiene and environment protection.

Recommendations:

The evaluation team recommends:

- To increase the number of volunteers at local community level;
- To maintain training and refresher courses in different domains of emergency and healthcare;
- To maintain simulation exercises for better preparedness to disaster management;
- To reorganize healthcare services for quality improvement in the referral system;
- To sensitize all refugees on the first aid intervention;
- To put more emphasis on family planning in the post-partum period;
- To go on disseminate good practices in hygiene and environment protection and management;
- Increase the motivation of Red Cross volunteers through the recognition of the work well;
- Increase the level of coordination of camp-level partners to assemble available resources for the same orientation;
- Scale up cash transfer system for work;
- Train Mahama refugee camp partners in first aid;
- Strengthen the training program of red cross volunteers on disaster preparedness and response.

CHAPTER FIVE: CONCLUSIONS AND RECOMENDATIONS

5.1 Conclusion:

The objectives of evaluation work of the programme have been achieved. Indeed, the programme responded to the needs of beneficiaries and achieved all planned activities. There is a big number of other achieved activities that were not planned for but relevant for beneficiaries. The program implementation was effective and exemplary in the context of mobilization of the community to improve personal hygiene, living conditions through effective communication/ sensitization by use of mobile radios and by use of mobile cinema to sensitize people on PHAST, GBV, nutrition, HIV and others. The construction of a common office to serve as a service points for volunteers (PSS, tracing, radio for dissemination of health information) and use of cash transfer for work to increase ownership of kitchen garden and the construction of pit latrines as well, are among key achievements from the program.

5.2 Recommendations:

The external evaluation team recommends:

Domain & Recommendation	Description	Responsible	Comments
Relevance			
Soften the criteria of selection of beneficiaries	There is an example of distributing hygiene and menstrual kits to schools girls who performed well (<u>ADRA criterion</u>)	BRC and RRC	(1)Continue the selected topics (2) Use RRCS criteria for selection
Active community participation in the project identification	As the camp and host community are stable, one should use them for identification of new projects	BRC and RRC	(1)The host community is in the resilience period and (2) Refugees are stable
Effectiveness			
Initiate cash transfer to replace some non-food item distribution	Some non-food items are sold due to lack of enough money to buy some other basic	BRC and RRC	(1)Vulnerable people are so poor that they prefer money to other items when consideration the high

Domain & Recommendation	Description	Responsible	Comments
	needs		proportion of sold non-food items
Reinforce community mobilization using different radio and cinema mechanisms	Radio broadcasts and mobile cinema are key tools for effective communication	RRCS	(1) continue ongoing philosophy on community sensitization
Increase the level of coordination of camp-level partners to assemble available resources for the same orientation	Few stakeholders organize common meetings to avoid duplication of interventions	MIDIMAR & RRCS	(1) increase the number of planned coordination meetings of stakeholders to avoid duplication of intervention (2) Coordination meetings should highlight the role of each partner for every intervention in the camp
Increase the number of constructed safety zones	Safety is a key right for refugees	RRCS & BRC	(1) The camp is increasing over time
Increase the number of hygiene clubs in the camp	Bodily hygiene changed mindset quickly	RRCS & BRC	(1) Avail simple items to promote bodily hygiene
Increase the number of non-food items by increasing the number of beneficiaries	The number of beneficiaries increase over time	RRCS & BRC	(1) Distributed non-food items are insufficient in quantity
Continue make the kitchen gardens and scale up the intervention in other cells of the host community	The number of beneficiaries increase as this approach is for all	RRCS	(1) Kitchen gardens play a role of sustainable nutrition at household level
Continuing the: -provision of primary healthcare services -the construction of two more safety zones -ongoing joint sports and inter-clubs activities for both communities -use of mobile cinema and information desk and	The successful interventions in both communities should be continued by increasing the number of targets as the demand is much higher than the supply	BRC & RRCS	(1) Increase the targets as funds are available

Domain & Recommendation	Description	Responsible	Comments
mobile radio -distribution of IEC materials -lighting of the main axes and strategic places			
Continue the use of mobile cinema in the host community	An effective means of communication	RRCS & BRC	
scale up PHAST methodology to other non-vulnerable persons in the host community	An efficient and effective methodology to promote hygiene	RRCS & BRC	
increase the number of times to distribute agricultural seeds and tools for community vegetable gardens in the host community	Vulnerable persons are not capable of buying seeds and tools for community vegetable gardens	RRCS & BRC	(1)sustainable development of vulnerable persons is hard to believe in order to have seeds and tools for community vegetable gardens
increase the number of cows to distribute in the host community	The number of beneficiaries is increasing	RRCS & BRC	(1)cows for the poor are much more likely to improve living conditions
increase the number and types of joint cooperatives for both Mahama and Munini communities	Necessary for the increase of PSS	RRCS & BRC	(1)the number of joint cooperatives is still low.
Efficiency			
Scale up the cash transfer for work system	Reinforce ownership of interventions by beneficiaries	RRCS	(1)Continue ongoing process (2) study mechanisms to initiate cash transfer for all vulnerable people
Seeds and other agricultural products at least twice a year	Redistribution of seeds to resume the exercise of kitchen garden	RRCS	(1)Cash transfer for agriculture plants
Improve the briquette plant	Use of garbage in order to protect environment	RRCS	(1)Help common cooperative

Domain & Recommendation	Description	Responsible	Comments
Sustainability			
Increase the motivation of Red Cross volunteers through the recognition of the work well	Increase salary is not the only way to motivate people	RRCS &BRC	(1)No camp without Red-Cross (2) Volunteers as the backbone of the RRCS
Initiate trainings for Mahama refugee camp partners in the first aid	All partners in the camp appreciate the basic knowledge on first aid	RRCS &BRC	(1)All actors in the camp should know how to address simple interventions to assist refugees
Strengthen the training program of red cross volunteers on disaster preparedness and response	Even though volunteers were trained, they need refresher courses	RRCS	(1)Simulation exercises should be mastered by every volunteer
To maintain ongoing psychosocial support activities in terms of joint sports and inter-cultural activities	Joint sports and inter-cultural activities increase PSS	RRCS &BRC	(1)The existing new cooperatives are not enough to cover PSS needs for both communities
Increase sensitization sessions on hygiene club in the host community	hygiene club as a key to promote healthcare services	RRCS	(1)Increase the number of sites of hygiene clubs
To maintain community based health sensitization sessions (including nutrition, family planning and GBV information) through use of mobile cinema	community based health interventions increase appropriateness of health interventions	BRC &RRCS	(1)Maintain an increased number of sessions at community level
To maintain inter village games, social cohesion activities and inter clubs games	social cohesion is the targeted main support to PSS	BRC &RRCS	(1)This is necessary for PSS
Senior management meetings on environment management and food security at community level	environment management and food security to be maintained	RRCS & GoR	(1)Increase number of talks at village level

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14. E-mail Nkusi Jean Bosco, RRCS. *Information sur les activités réalisées à Mahama*, Décembre 2017
15. E-mail Mathieu Demoulin, RRCS_. *Document du Projet: FORMULAIRE UNIQUE POUR LE FINANCEMENT D'ACTIONS DE PREVENTION, AIDE D'URGENCE, AIDE A LA REHABILITATION A COURT TERME ET ACTION HUMANITAIRE*. November 2017
16. IFRC /ICRC. *Lignes directrices pour l'Evaluation dans les cas d'urgence*. Mars 2018
17. WEBSITES
- 17.1. www.ifrc.org/
Global/Publications/monitoring/IFRC-Framework-for-Evaluation
- 17.2. www.rwandaredcross.org
In Mahama camp, modernized vegetable gardens are saving space and combating malnutrition

ANNEXES

Appendix 1: Achievements as planned

Table 2: Achievement by the end of January 2018 by outcome and by planned outputs

Outcome 1 Immediate risks to the health, hygiene and well-being of the refugee camp are reduced over a period of 12 months		Output 1.1 with focus on Mahama camp (Target: 14.500 refugees): 2000 beneficiaries receive hygiene relief items monthly; Quality first aid services are available in the camps and are able to provide first aid to 120 beneficiaries per month ; 60% of people with critical medical condition within the main camp are escorted to the health facility ; 14.500 beneficiaries are sensitized on the importance of hygiene in a camp; 900 vulnerable are supported with livelihood activities;2500 got mattress ²⁸				
Activities (HEALTH & HYGIENE)	Means of verification	Planned quantity	Realized in details	Achieved qty	% by the end 2017	Comments
1.1.1 Installation of two tents and provision of first aid and PSS	MOU & BOQ	1	One constructed an office, whose works are about to finish we are at the installation stage.	1	99.9%	The installation of tents didn't take place as planned for
1.1.2 Referral transport by Medical Ambulance (from Mahama to Munini host community)	Log sheet & MOU	1	The ambulance did 174 turns with transport of 485 to Kirehe hospital, 45 pupils from Paysannat L school to Save the children health center and 52 beneficiaries from different villages to health centers, 5 people from Gatore to Kirehe Hospital. And the ambulance did one turn	1 one ambulance.	100%	Operational during the evaluation period.

²⁸ RRCS-Burundian Refugee Operational Biannual Report, end of June 2017

1.1.3Conduct psychosocial support activities (joint sports and cultural activities) for primary school aged children.	List of each group or individual village representative, Pictures and videos	2	The construction of 2 safety zone is about to finish	2	99%	Painting activities are now in going
1.1.4 Conduct community based health sensitization sessions (including information on nutrition, family planning and GBV information) through use of mobile cinema and an information/listening desk (Target: 60 sessions)	Pictures & report	60 sessions	All sessions planned have been achieved.	60 sessions	100%	
1.1.5 Production/distribution of IEC materials (Target: Three kits)	Receipt	3 kits		3 kits	100%	
1.1.6 Conduct radio broadcasts (Target: 30 broadcasts)		1 Mobile Radio	The mobile radio has been installed and has been made the tour of the camp daily while transmitting messages of sensitization on hygiene, the prevention of illnesses, the domestic planning, the prevention of the gender violence etc.	1 Mobile Radio	100%	

1.1.7 Conduct hygiene promotion through use of mobile cinema (Target: 54 sessions)	Report, pictures	54 sessions	All sessions have been conducted	54 sessions	100%	
1.1.8 Distribution of Menstrual Hygiene Management kits to women (Target: 2000 women)		2000 kits	The distribution of the MHMS kits has been made for 2000 people	2000 kits	100%	
Activities (BASIC NEEDS)						
1.1.9 Distribution of Non Food Items (Mattress, soap etc.) to families (Target: 1500 + 1000 families)	List of beneficiaries & pictures	1,500 mattress	1,500 mattress have been distributed to the elderly , people with disabilities and severe illness referrals 1000 mattresses have been delivered to Mahama Camp.	2,500	166.6%	Foreseen 1500 mattress which were targeted (100%) increased to 2500 That's why became 166.6%
1.1.10 Distribution of clothing (kitenge) (Target: 11000 people)	List of beneficiaries & pictures	10,000 women clothes kitenge	10,000 women clothes kitenge have been distributed to the women from 25 years old and above.	10,000	100%	Because of raise in the the of the Kitenge, only 10 000 kitenge were bought instead of 11000 foreseen.
Activities (LIVELIHOOD)						
1.1.11 Establish community women kitchen gardens (Target: 400 + 500 gardens)	Payment list, pictures & videos	400 kitchen gardens	The 831 kitchen gardens	900	207.75%	Foreseen 400 kitchen gardens which were targeted (100%) increased to

			have been installed and now one begun to put other 69 kitchen gardens.				900 That's why became 225%
Activities (PROTECTION)							
1.1.12 Lighting of main axes and strategic spots in the camp		10 Solar public lamps	The 10 solar lamps have been installed in the strategic zones as foreseen.		10 Solar public lamps	100%	2 pcs at Mahama RRC office 2pcs at saftety zone mahama 2 , 2 pcs at safety zone Mahama 1, 3 at Distribution site , 1 at helth post
Outcome2: Immediate risk to the health, hygiene and well-being of the host families are reduced		Output 2.1 with focus on Munini Host Community (Target: 2.500 beneficiaries): The entire host community increases its knowledge about the best practices in health and hygiene ; 160 families improve and diversify their livelihood activities					
2.1.1 Conduct community based health sensitization sessions (including nutrition, family planning and GBV information) through use of mobile cinema (Target: 54 sessions / 3 per month)	Pictures & report	54 sessions		All target sessions have been achieved.	54 sessions	100%	

2.1.2 Conduct psychosocial support activities (joint sports, soccer and cultural activities) for primary school aged children	Pictures, videos and report			We have done inter village ,talent show games, social cohesion activities and inter clubs games		100%	
2.1.3 Conduct sensitization on methods to encourage environmental protection and food security (Target: 2,500 persons)	Pictures, List of beneficiaries			The food security officer made the talks of sensitization on the environment management.	2,500	100%	
Activities (HYGIENE)							
2.1.4 Construction of community pit latrines (100) targeting the most vulnerable in Munini host community	List of beneficiaries , pictures , report, testimony , field visit and observation	100 community pit latrines		The foreseen 100 community pit latrines have been constructed, Due to lack of woods and termites, we didn't make san plats, but we increased the number of toilets from 100 up to 115 that have been constructed in Munini cell. And the construction of 99 other pit latrines in	214	214%	

				the host community with cash transfer in the work system were constructed and completed in 100% of cases.			
2.1.6 Conduct household hygiene promotion sessions using PHAST methodology (Target: 54 sessions with support of 20 vol./session means 3/month)	List of hygiene club members, pictures, videos			All foreseen sessions have been completed	100 sessions	185.18%	4 Club in Mahama camp with 199 members 4 Club in Munini host community with 138 members
Activities (LIVELIHOOD)							
2.1.7 Purchase and distribution of 60 domestic livestock and construction of their cowshed for the most vulnerable household (60 cows with its 60 cowshed); provision of veterinary service	List of timbers ‘ distribution, invoice and pictures			5 cows have been bought via cash transfer, and the purchase of the 55 cows has completed and the distribution of them has done.	60 cows and their cowshed	100%	
2.1.8 Procure agricultural seeds and tools community vegetable gardens (Target: 100 families)	List of groups			Team group (refugees and host communities) have created a cooperative that is financed by the CRR that bought the		100%	

				land for the culture and have learnt techniques to manufacture briquettes of coal.			
<u>Outcome 3</u> Improve capacity of the Rwanda red Cross Society in the areas of disaster preparedness and response in the refugee camp and host communities		Output 3.1: 140 volunteers are able to assist refugees in the camp and to organize awareness raising session on hygiene and health promotion in the camp and in the host community ; 114 volunteers have knowledge in camp management and disaster management and are quickly operational in case of turnover					
Activities (HEALTH AND HYGIENE)							
3.1.1 Training and refresher training of volunteers on Mental Health psychosocial support (Target: 140 volunteers)	Pictures, report			35 volunteers have been trained on MHPS for capacity building and service quality improvement. -Conducted training in standard First Aid for 29 Burundian volunteers (Mahama, October, phase 2)	64 volunteer rs	45.%	
3.1.2 Training and refresher Training on GBV, Sexually Transmissible Diseases(STD), Family Planning (80 volunteers);	Pictures , report			-Conducted training in STD/GBV/FP: Sexual transmissible Diseases/ Gender Based Violence/Family Planing,	100 volunteer rs.	125%	

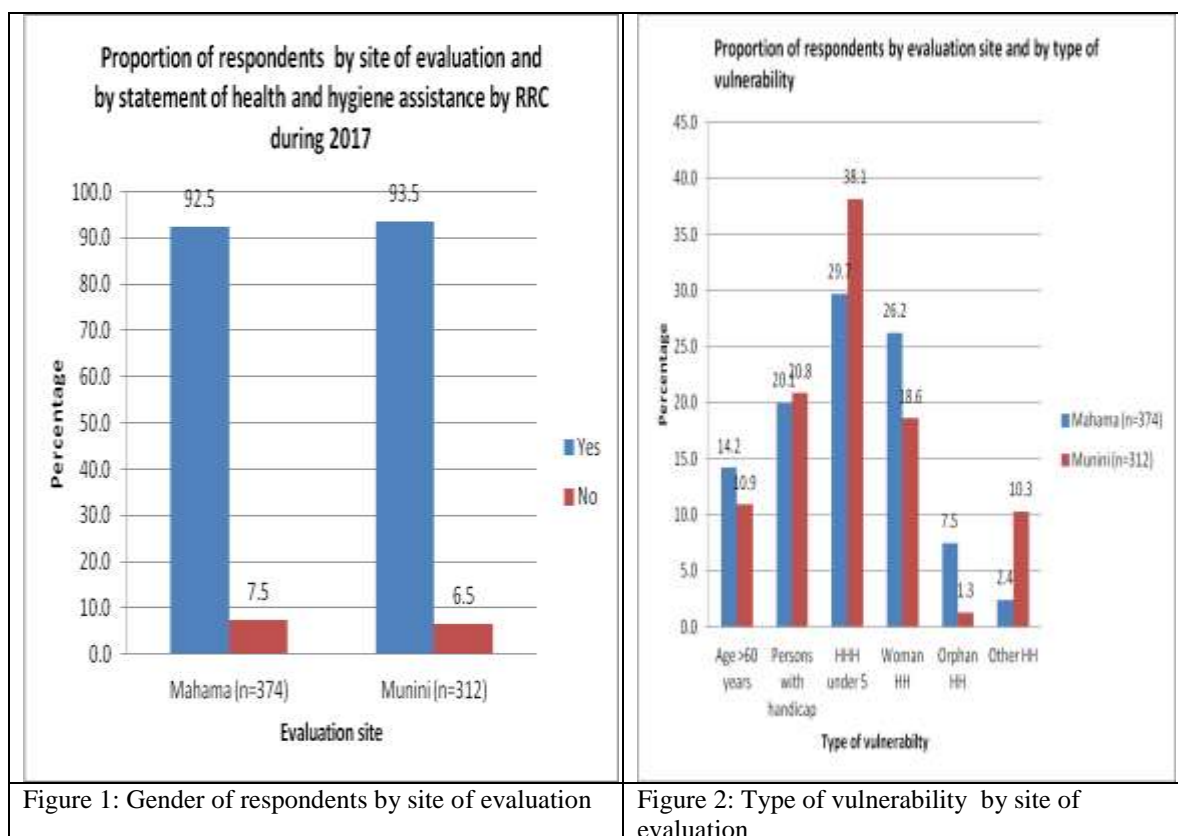
				<p>for 35 participants, at RRC HQs (August, 2017)</p> <p>-Conducted training in STD/GBV/FP, for 30 participants in MUNINI (September 2017)</p> <p>-Conducted training in STD/GBV/FP, for 35 participants at RRC HQs (November-December 2017)</p>			
3.1.3 Training and refresher Training of volunteers on community based health sensitization (cholera, diarrhea, hygiene and malaria) (Target: 140 volunteers)	Pictures , report			<p>35 volunteers from the host community received refresher training on cholera, HIV, diarrhea, hygiene and malaria for capacity building and service quality improvement.</p> <p>CBHFA : Community Based Health First Aid, for 35 participants, at RRC HQs (August, 2017)</p> <p>-Conducted training in CBHFA for 30 participants in MUNINI (September 2017)</p> <p>-Conducted training in CBHFA,</p>	135 volunteer rs	100%	Trainings have been done 100% but all volunteers were 135, didn't reach 140, because the training held at MUNINI Was for 30 New Burundians volunteers.

				for 35 participants at RRC HQs (November 2017)			
3.1.4 Training and refresher training of volunteers on PHAST (Target: 140 volunteers)	Pictures, reports			<p>35 volunteers from the Munini host community benefited from training on Community Based Environmental Health Promotion Programme (CBEHPP), which is an improved Participatory Hygiene and Sanitation Transformation (PHAST) and updated to Ministry of Health (MoH) tool.</p> <p>-Conducted training in PHAST/ CBEHPP: Participatory Hygiene and Sanitation Transformation/ Community Based environmental Health Protection, for 35 participants at CRR HQs (August, 2017: phase 2)</p> <p>-Conducted training in PHAST/ CBEHPP for 30 Burundians in</p>	165 volunteers	117.85 7%	

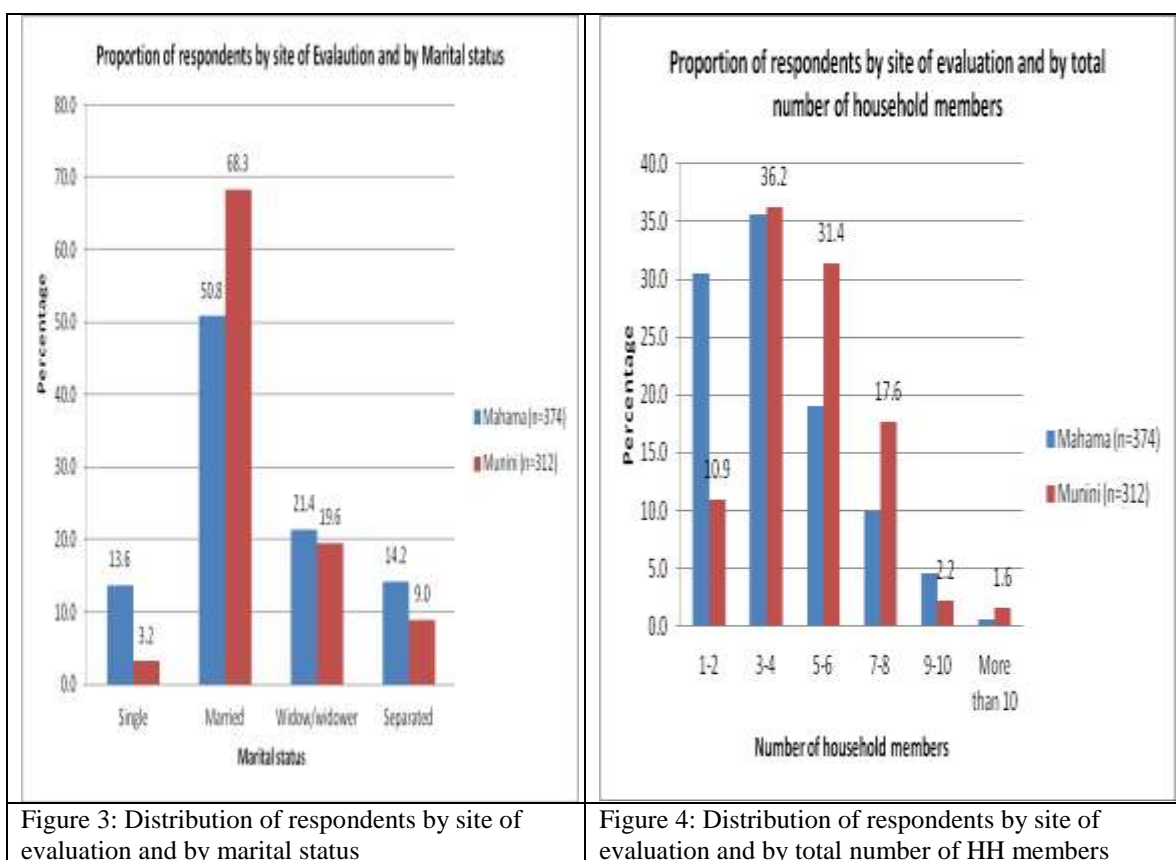
				<p>Munini (September 2017)</p> <p>-Conducted training in PHAST/ CBEHPP for 35 participants at RRC HQs (November, 2017: phase 4)</p> <p>-Conducted a workshop, in Munini (December 2017) for 30 participants.</p>			
Activities (DISASTER RESPONSE AND PREPAREDNESS)							
3.1.5 Organize disaster simulation exercise for the National Disaster Reduction Team (NDRT)/ Branch Disaster Reduction Team (BDRT)/Local Disaster Reduction Team (LDRT) volunteers in camp and outside camp on camp management	Pictures, reports			Three disaster simulation exercises for the three teams have been conducted in December 2017.		100.0%	
3.1.6 Conduct training for 114 volunteers in camp management & disaster management to support turnover process				<p>Conducted training, PSS in emergencies: Psychosocial support in emergencies for 35 RRC volunteers in Mahama (October: phase 2)</p> <p>-Conducted training in DM, for</p>	115 volunteer rs.	100. 877 %	

				70 volunteers.			
3.1.7 Develop training for 7 staffs and 40 volunteers on capacities building for the response to the refugee situation in Rwanda beyond the timeframe of the operation							

Appendix 2: Tables and Figures (BSS)



Source: Primary data



Source: Primary data

Table 1: Proportion of respondents by site of evaluation and by age group

Age group in years	Mahama Camp		Munini Host community	
	Frequency	%	Frequency	%
Less than 18 years	13	3.5	4	1.3
18-35	174	46.5	104	33.3
36-45	74	19.8	102	32.7
46-55	46	12.3	50	16.0
More than 55	67	17.9	52	16.7
Total	374	100.0	312	100.0

Source: Primary data

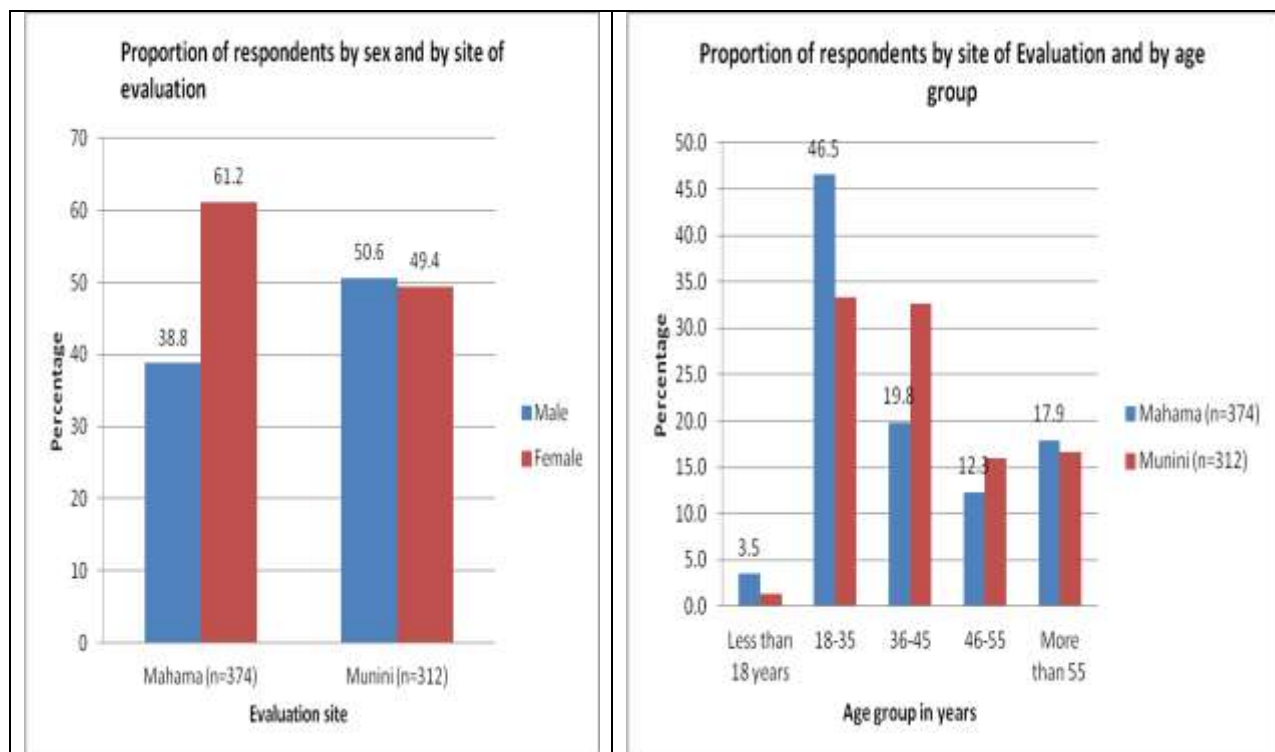


Figure 5: Proportion of respondents by sex and by site of evaluation

Figure 6: Proportion of respondents by age group and by site of evaluation

Source: Primary data

Figure 7: Rate of the quality of assistance in health and hygiene - Mahama Camp

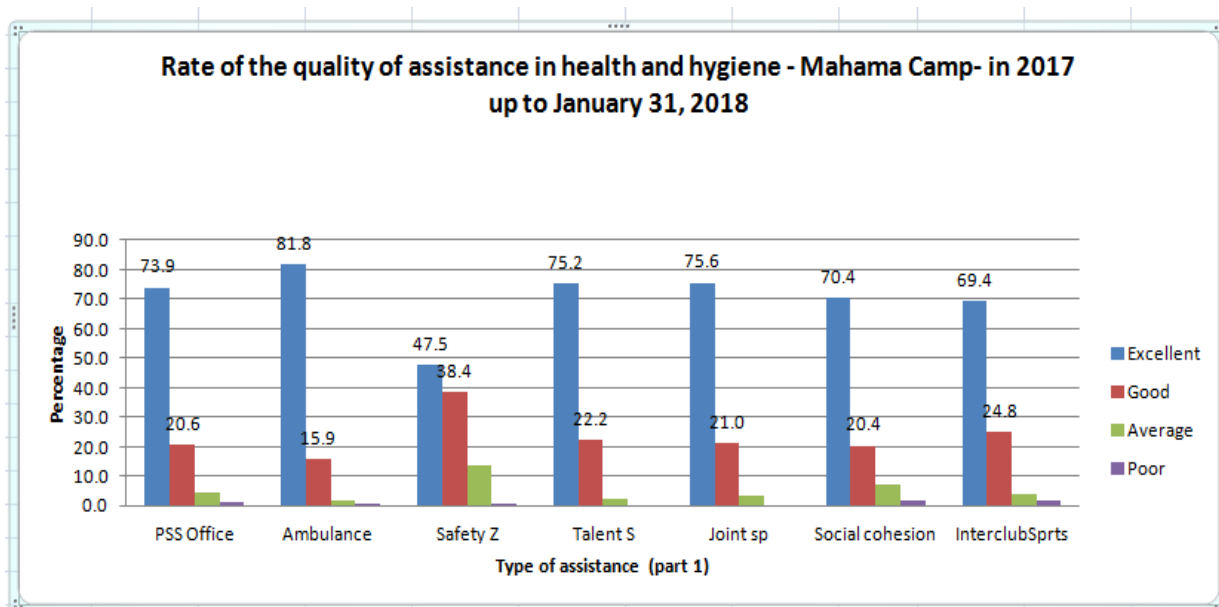


Figure 7a: Rate on the quality of hygiene and hygiene assistance in Mahama camp.
Source: Primary data

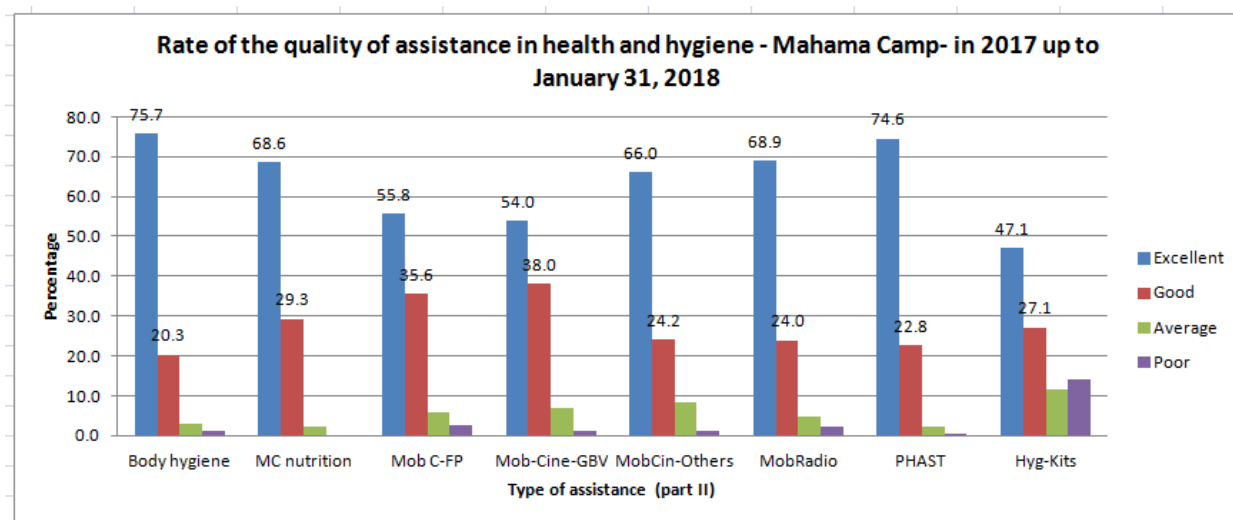
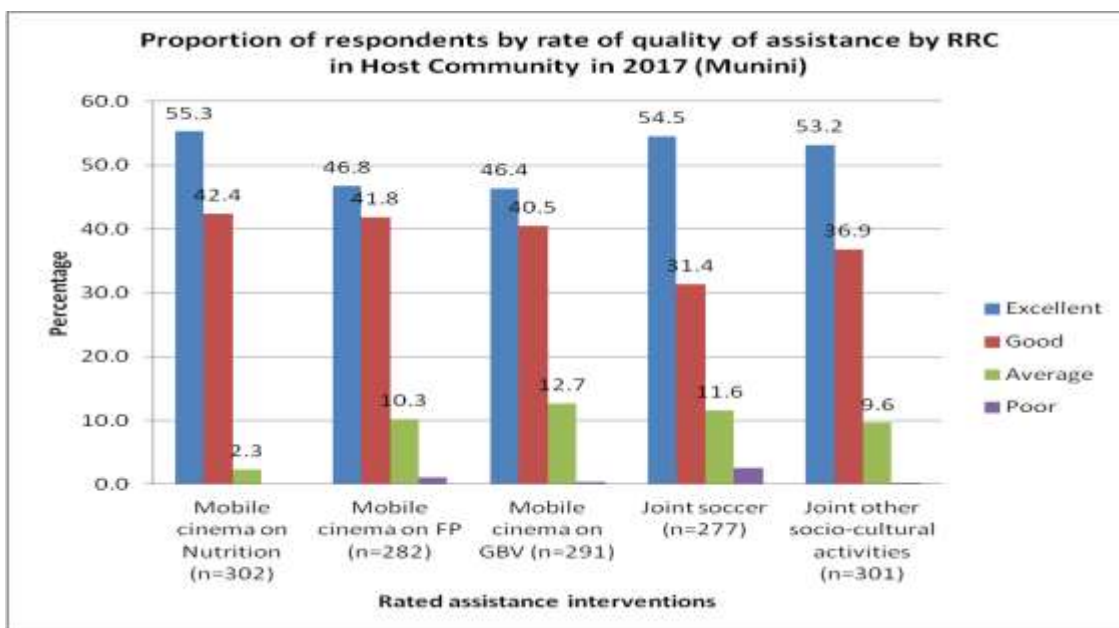


Figure 7b: Rate on the quality of hygiene and hygiene assistance in Mahama camp.
Source: Primary data



Source: Primary data

Figure 8: Rate of quality of assistance by RRC in the Munini host community

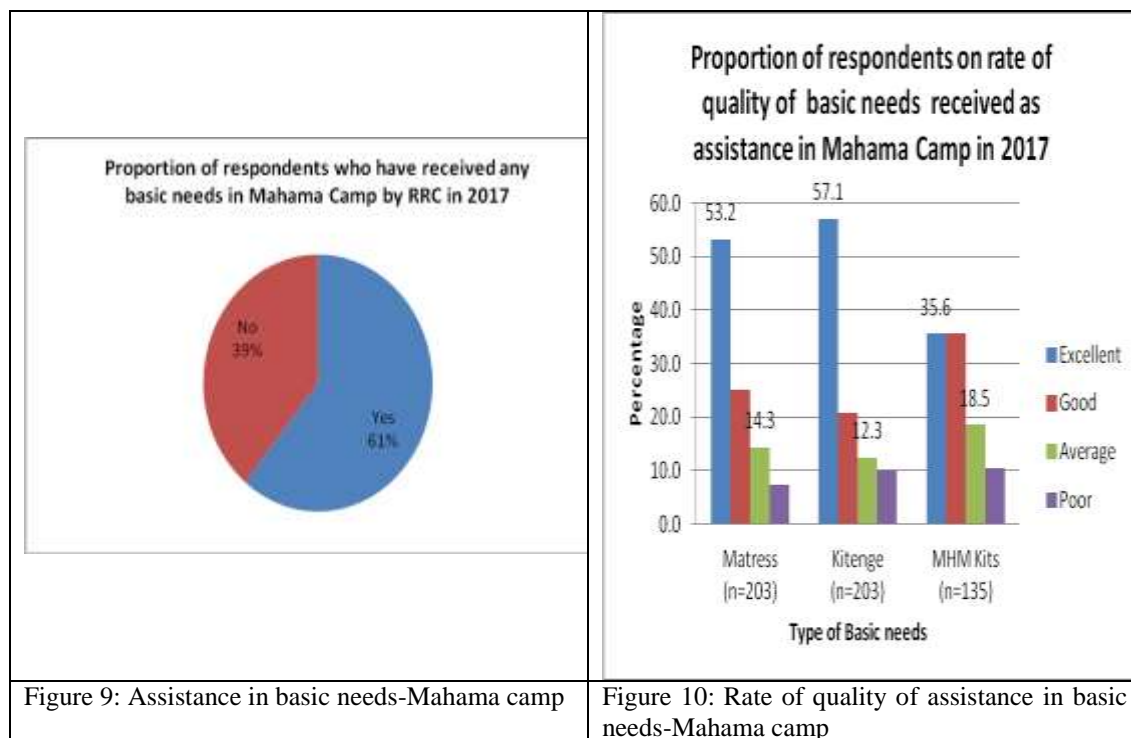
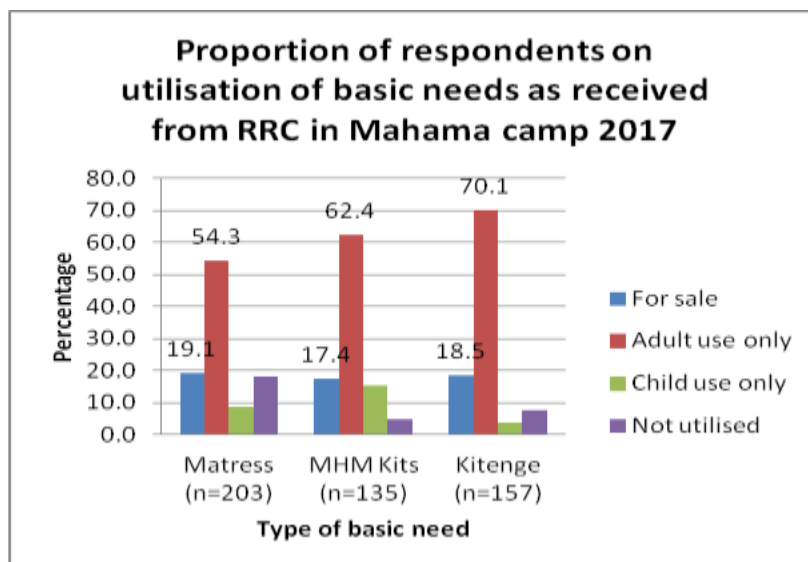


Figure 9: Assistance in basic needs-Mahama camp

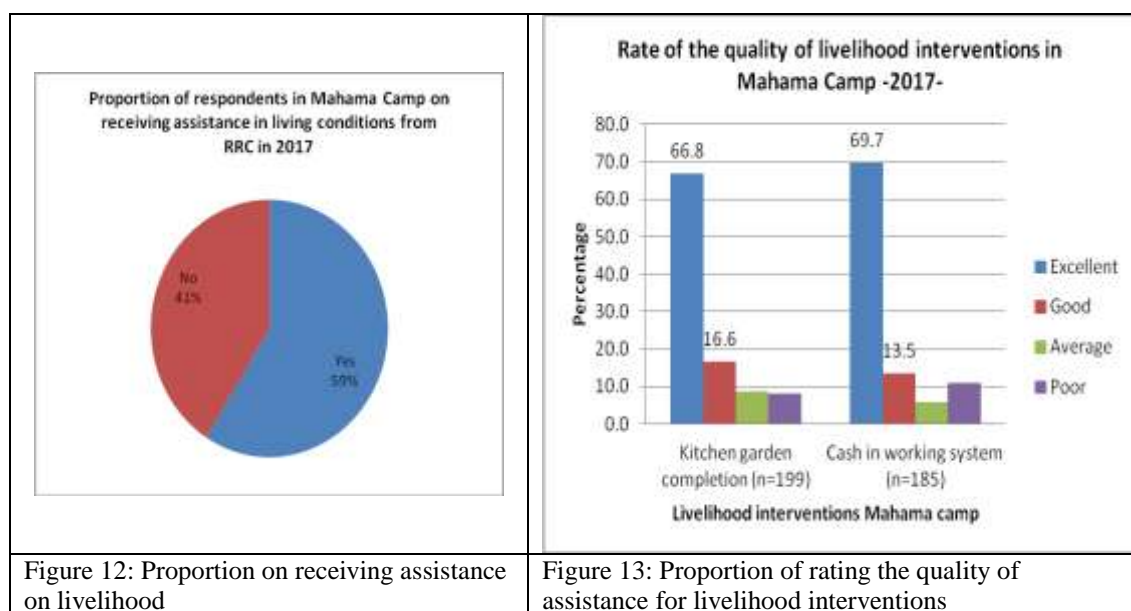
Figure 10: Rate of quality of assistance in basic needs-Mahama camp

Source: Primary data

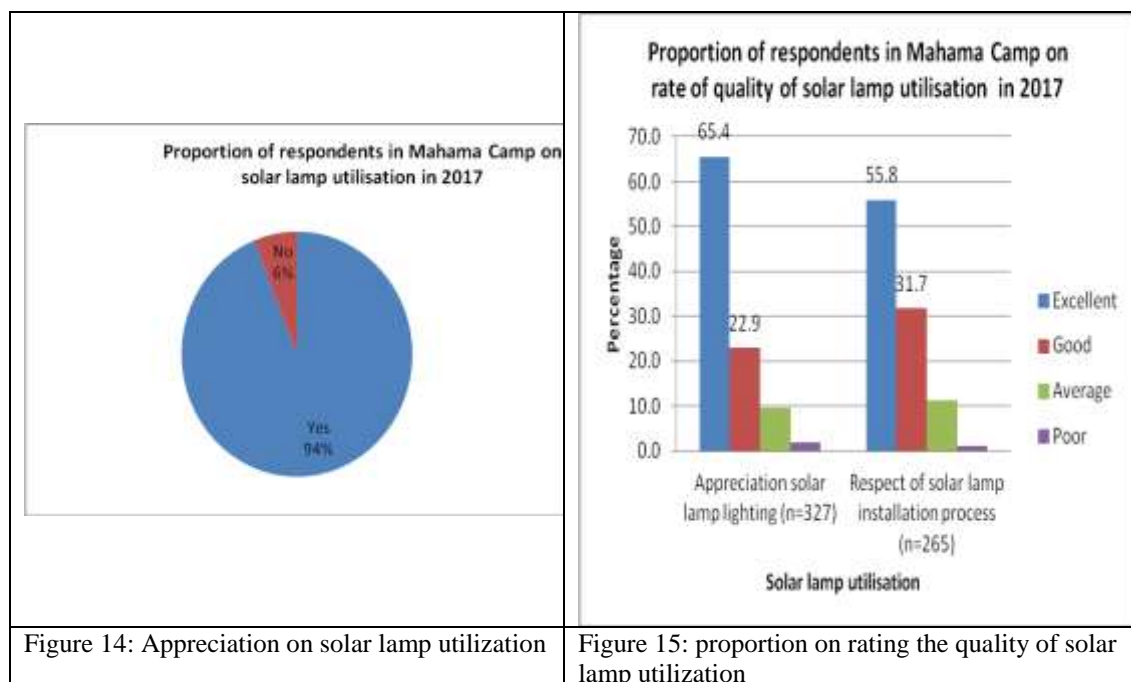


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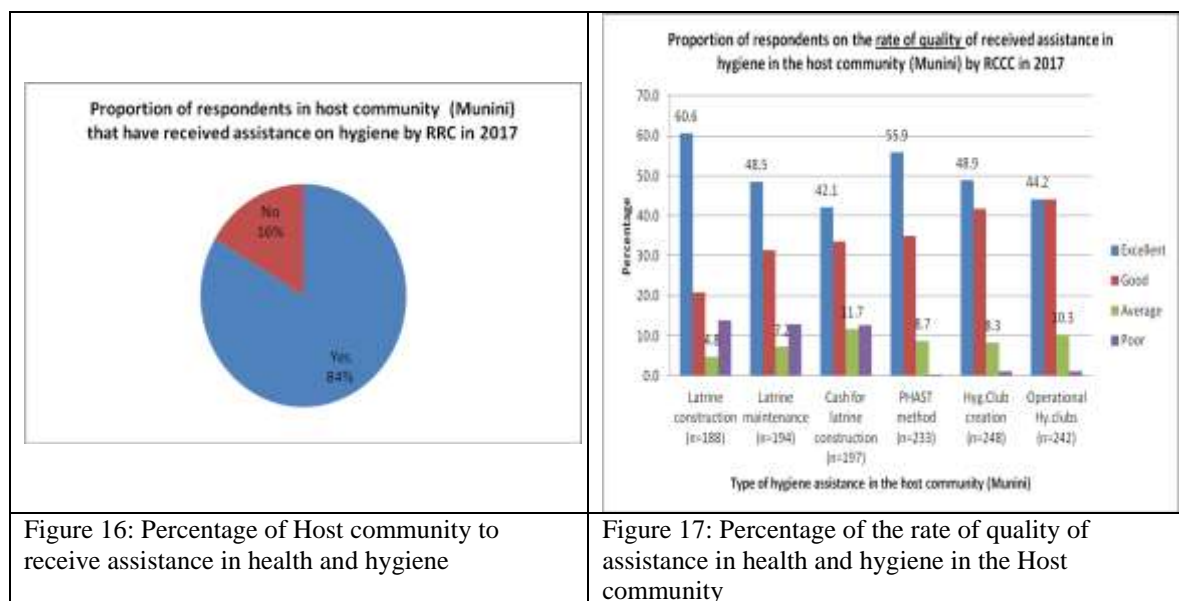
Figure 11: Proportion on utilisation of received basic needs in Mahama Camp



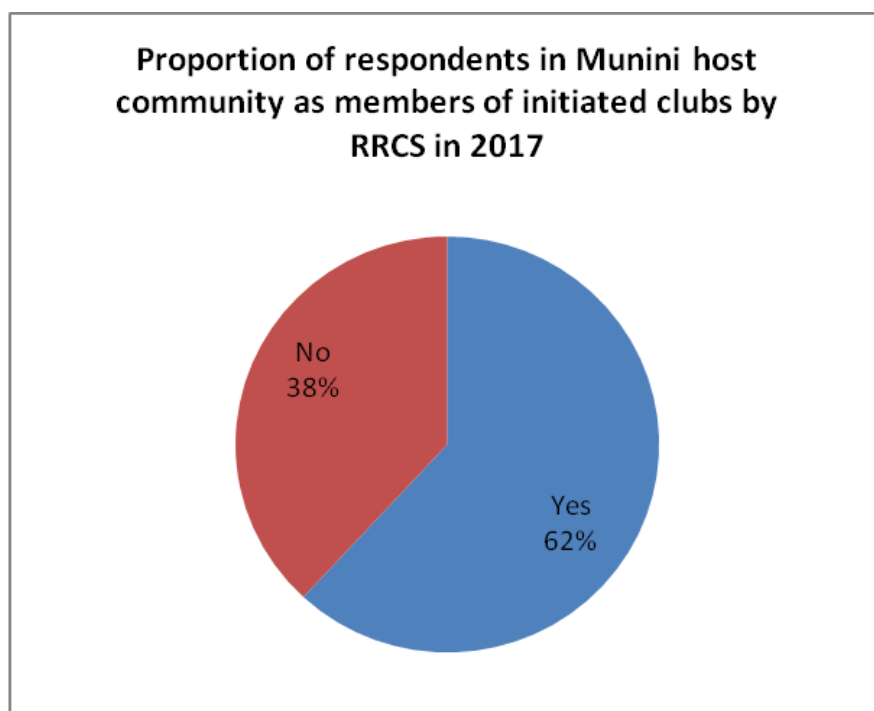
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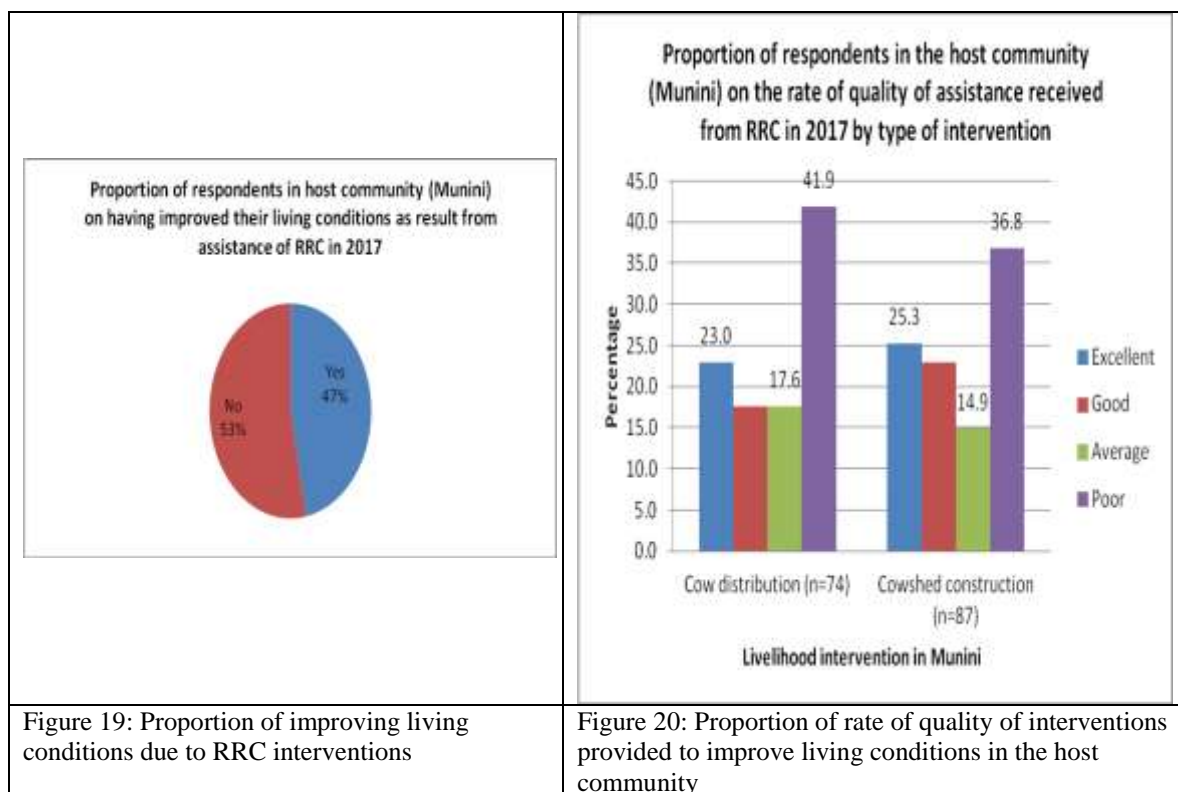


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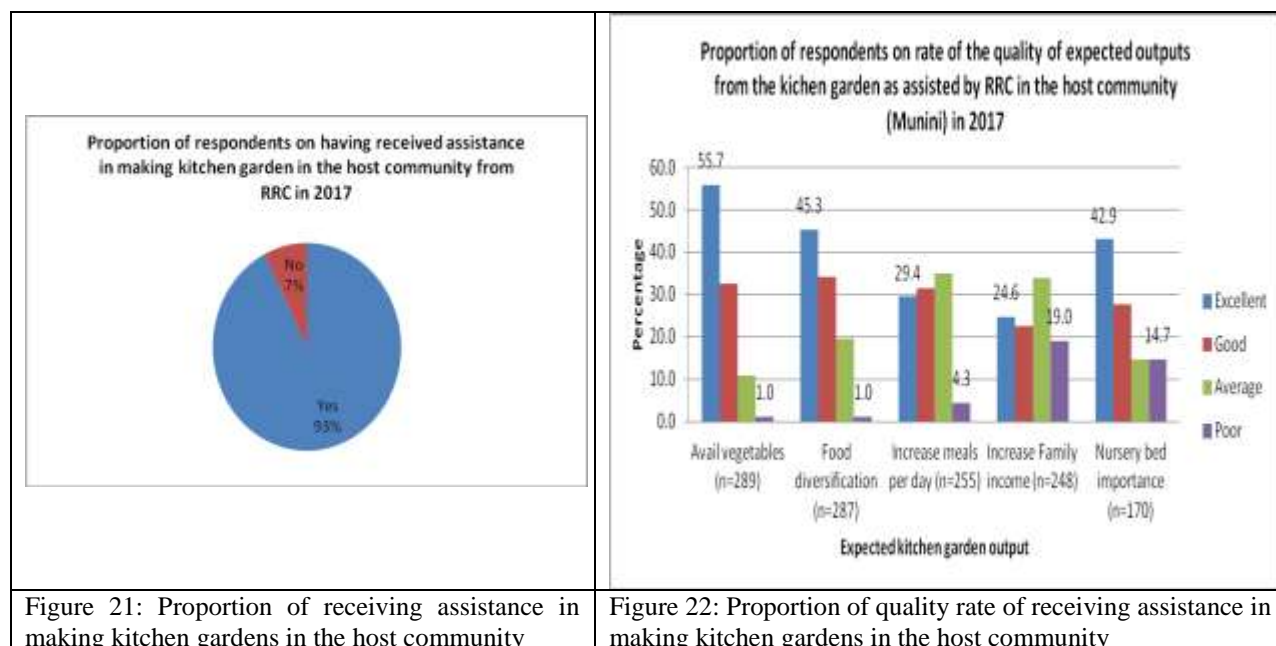


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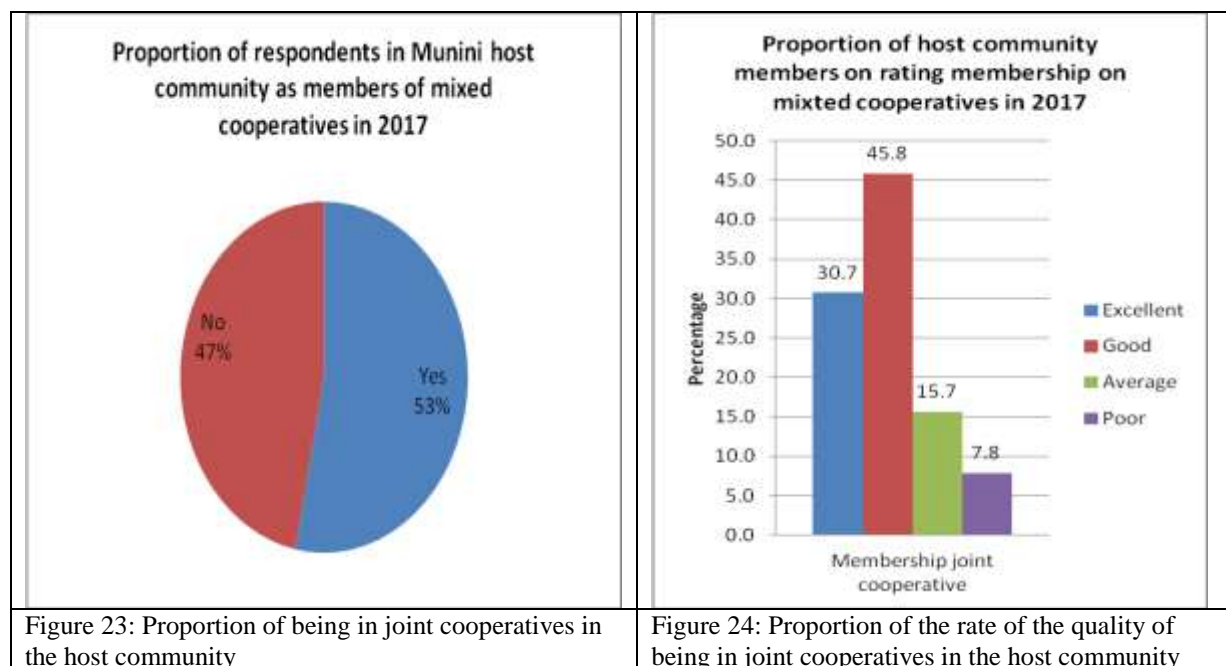
Figure 18: Proportion of respondents in the Munini host community as members of RRCS initiated clubs



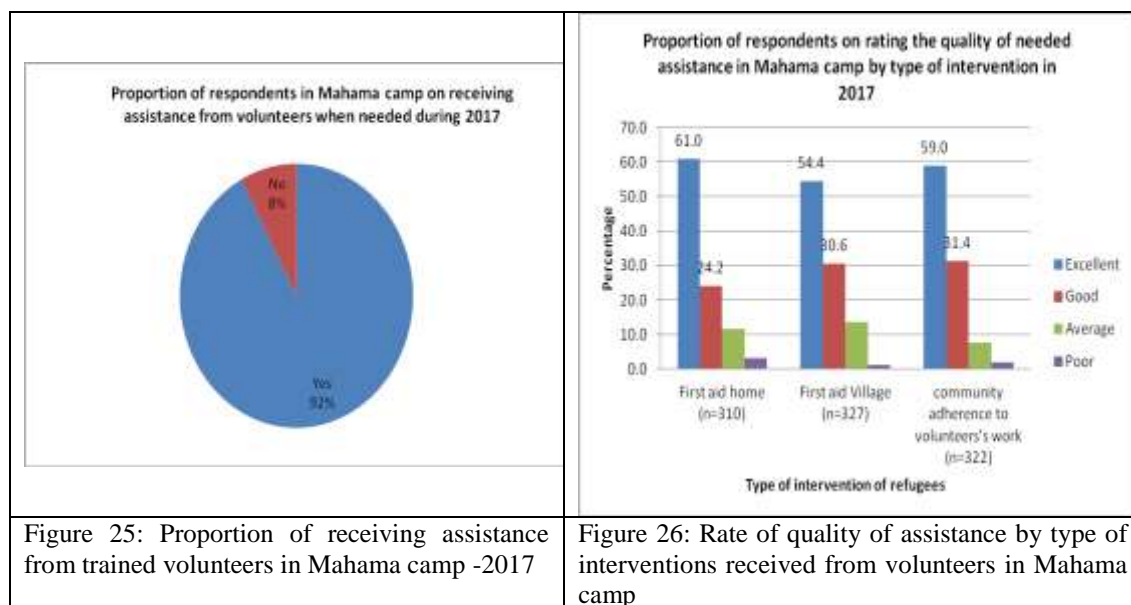
Source: Primary data



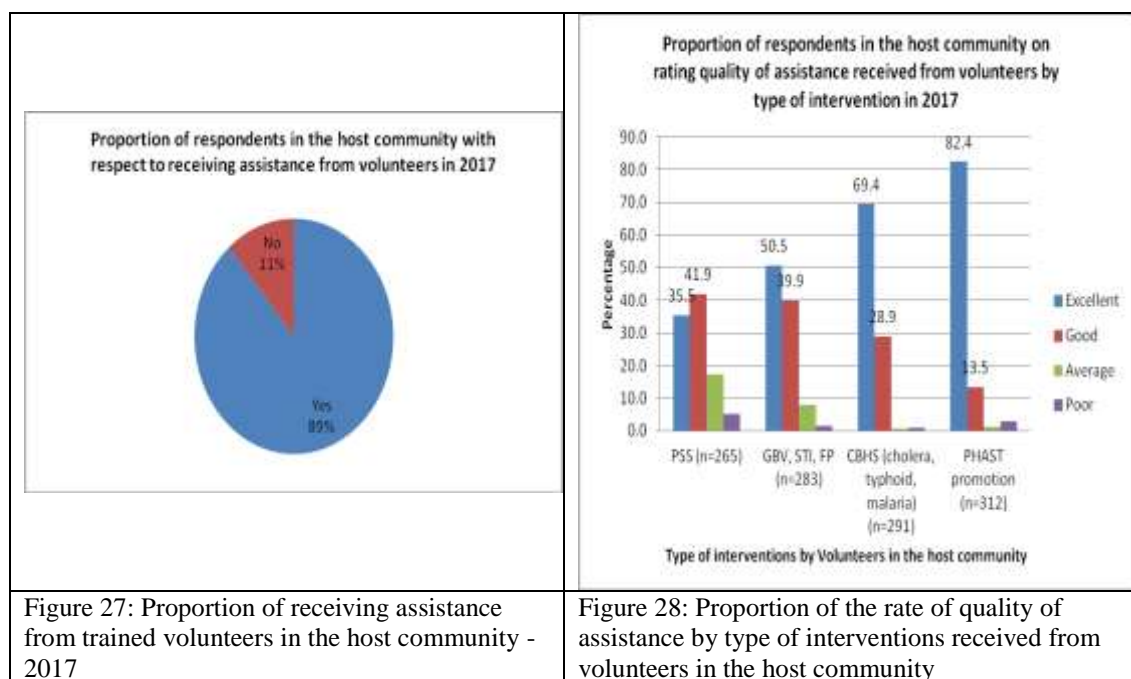
Source: Primary data



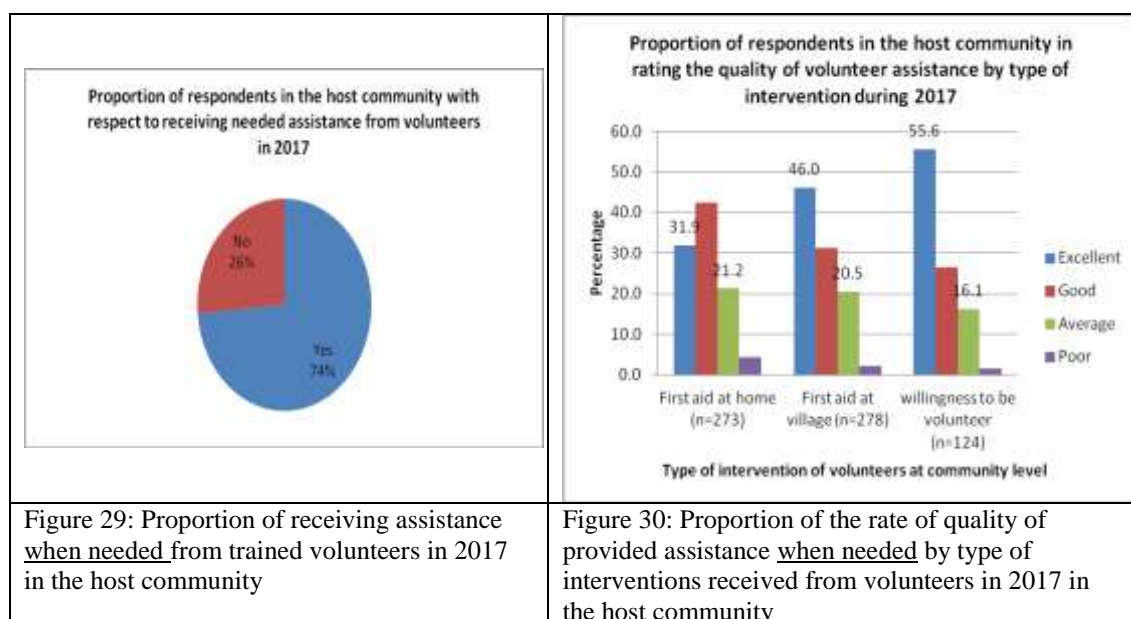
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Source: Primary data



Source: Primary data



Source: Primary data

Appendix 3: Other Achievements

Some other achieved activities but not earlier planned for (100% of achievement)

- 30 Burundians volunteers have been recruited and trained; now they work in narrow collaboration with Rwandan volunteers of Mahama;
- Starting the project called « caravane Croix-Rouge (the first care services for injuries for free ») e.g. The material for the first cares has been bought to allow volunteers visit in the community to help them for the first cares in case of need;
- Kitchen garden in the camp;
- Psychosocial and social cohesiveness activities to contribute to beneficiaries well being;
- Lighting Public roads with Solar lamps;
- Creation of 4 clubs « RED+ Clubs » in the camp;
- Community mobilization by Mobile Radio;
- Community mobilization by Mobile Cinema
- Toilet construction in Munini (90%);
- Red Cross house construction in Munini (99%);
- Cooperative creation (95%);
- The cowshed construction and buying cows;
- The reception, filing, data base of identity cards lost or found in the camp;
- To install a nursery and distribute trees;
- The support from RRC to the CICR team for tracing;
- Activities of the social mobilization team in terms of communication and providing information messages of partners and UNHCR/MIDIMAR;
- The camp RRC team support to partners in their activities in line of RC mandate;

- NFI distributions (95%);
- The RRC information stand of the 20th June;
- The presence of 4 teams 1st aid in the camp and schools permanently;
- Insuring the transport by the RRC ambulance 6 days/week;
- The presence of 1st AID/PSS night team in the camp 7 days/7 days;
- The daily presence of 1st AID/PSS volunteers 7 days/7 days;
- Training of 2500 community members in environment protection;
- Training of 130 cow beneficiaries in livestock production/cow keeping.
- Installing a nursery of 25 916 seedlings;
- 19534 trees already planted up ;
- 6382 trees in the nursery waiting to plant up them shortly;
- The volunteers and community plant up trees, and protect the soil against the rain water by waterway construction;
- The Red Cross distributed bamboo seeds to the community planted up near Akagera river.
- **Distribution of PHAST Item namely:**
 - Jerry cans (20 L):100
 - Jerry cans (5L): 298
 - Sweep (balais):120 pcs
 - Bucket: 180 pcs
 - Mats: 120 Pcs
 - Basins: 244 pcs
 - Soaps: 10 Cartons
 - Vaseline Jerry: 2 Cartons
- **Distribution of cooperative Item**
 - Machine for making briquettes: 20
 - Hoe: 200
 - Handle: 200
 - Watering can: 400
 - Machete: 20
 - Wheelbarrow: 20
- **Distribution of 130 pcs Block salt for cows**