External mid-term evaluation of the Rwanda program 2017-2021
Summary of the Key conclusions and recommendations

1. Recall of objectives

In 2017, Federation Handicap International, which implements its programs under the name of "Humanity & Inclusion" (HI) is implementing a five-year program 2017-2021 with the co-financing of the Belgian Development Cooperation, through the Directorate General of Development Cooperation and Humanitarian Aid (DGD), for an initial amount of € 3,963,988.14. In May 2019, following the closure of HI's activities in Burundi in January 2019, the DGD approved an amendment with an additional amount of € 650,000; this allowed expanding the intervention zone to the district of Nyamasheke and increasing the number of program beneficiaries.

With an overall objective of improving the quality of life for all, the intervention focuses on 3 interconnected areas and reflected in the 3 specific objectives (SO): (1) Maternal, Neonatal and Child Health and Fight against Epilepsy (MNCH & EPI) - SO1, (2) Inclusive Local Development / Community Based Rehabilitation (ILD/CBR) - SO2 and (3) Functional Rehabilitation (REAB) - SO3.

1. Methodology and criteria of the evaluation

The evaluation covered a period of 3 years 2017-2019 in the 10 districts of programme intervention. The mid-term evaluation used participatory approaches, comparative and documentary analysis in order to appreciate the level of results achievements and provided potential new orientations for the forthcoming period 2020-2021 through highlighting key ways which could guide the design of the next programme phase (2022-2026. 529 respondents, including 85.63% of the end-user beneficiaries of the three SOs who are the main actors of change, participated in this evaluation. Participants were chosen from people with disabilities (PwDs), people with epilepsy, parents of children with disabilities, parents of children with epilepsy, members of psycho-educational groups, associations and organizations of persons with epilepsy and PwDs, community volunteers, PwDs' Self Help Groups (SHG), health professionals, implementing partners and key stakeholders at national and local levels (line ministries, state and non-state agencies, districts of intervention) as well as Belgian Non-Governmental Organizations with whom HI has co-acted, collaborated and developed strong synergies in Rwanda.

The mid-term evaluation mainly focused on 7 evaluation criteria, of which 4 are taken into account by the DGD (relevance, effectiveness, efficiency and sustainability) and 3 criteria (participation, cooperation and accountability) extracted from the HI Project quality framework through which quality is maintained and improved.

The evaluation mission took place in conducive conditions and the difficulties encountered were resolved in collaboration with the HI teams, implementing partners (IPs) and involved stakeholders. It allowed to identify the key achievements of the programme and to reflect on outstanding challenges as well as on potential solutions for the

remaining programme period of 2020-2021. The evaluation suggested, at the end, an orientation with key priorities built on key pillars of intervention suggested for the period to come 2022-2026.

3. Assessment of the results' achievement level

In regard to SO1, 9 out of 15 indicators (60%) are largely achieved and are beyond the initial planned targets, but there is a need to strengthen actions for the two remaining years of the program, 3 indicators (20%) will be measured by ScoPeo[1] end-line survey due to take place in 2021, 1 indicator is not yet achieved (to be measured in 2020) and 1 indicator is partially achieved.

In a nutshell, the level of implementation of SO-related interventions is well appreciated and on good track. Implemented actions adequately respond to the needs of persons with epilepsy in terms of their recognition and rights as citizens and their social and economic participation, access to quality services and the formation of the National Bureau of Persons with Epilepsy (NBPE) as a civil society that can speak for them either nationally or internationally. Regarding relevance, it is important to note that the programme of promoting the maternal and child health and fighting against epilepsy has met both the national and international guidelines applied in the fields of mental health and epilepsy. However, if we look at the needs of persons with epilepsy, it is important to note that the financial support provided to run income generating projects is still low. The economic sub-sector (livelihood) could be more strengthened by allocating more funds and applying more beneficiary- focused approaches in further activities in order to reinforce the economic lifestyles of persons with epilepsy. In the same matter of course, among other approaches used in supporting the childhood component, a multi-sectorial and integrated approach could be adopted. To keep inclusiveness and target other needy children in the future, the programme should address early deficiencies, allow early detection and provide integrated care for childhood diseases.

More importantly, the evaluation found the programme to be sustainable. The actors on which sustainability is based are mostly services and structures set up by beneficiaries who have capacities and are stable. However, being relatively new, civil society organizations (psychoeducational groups, associations of persons with epilepsy and the National Bureau of Persons with Epilepsy- NBPE) need to be further strengthened over the remainder of the intervention. The decentralization of all antiepileptic drugs to health centers remains a challenge for which advocacy must continue.

In relation to SO2, out of 11 indicators linked to 4 achievements, 8 were achieved considering the 2019 targets; they are on good track compared with 2021 end achievements while 3 indicators are beyond the target. Among them, the indicator 1.1 (54.56% against 64.56%, a difference of 10%, the indicator 1.2 (35.7% against 52.86 %, a difference of 17.16%) and the indicator 3.2 (30% against 35%, a difference of 4%). Lots of planned targets in 2019 were achieved compared to the overall progress and achievements expected at the end of 2021, there is need to take action for achieving the three indicators in delay.

The objective is in line with national and local priorities and meets the needs and expectations of the persons with disabilities (PwDs) in terms of knowledge of their rights and their capacity to get rid of isolation (stigma). The implemented programme contributes to building the capacity of PwDs. Nevertheless, some structures put in place need ongoing support for their autonomy and better bear the programme achievements. Activities done are supposed to be sustainable since the programme raised the level of awareness for stakeholders and beneficiaries.

Considering the SO3, 2 out of 6 indicators of the three results were achieved, 3 indicators were partially achieved and on good track while 1 indicator was in delay. Appropriate actions should be undertaken to maximumly optimize

[1] Score of perceived outcome

the achievement level. In general, the intervention is cohesively in line with the people with disabilities' needs, the national strategies and partners. However, psychological support was not considered in the responses provided. In the two implementing partner hospitals, there are no orthopedic professionals; which is a gap limiting the offer of a multidisciplinary rehabilitation service package.
For its sustainability, the programme enjoys strong political and administrative support. Actors at the central level (Ministry of Health-MoH, Rwanda Biomedical Center-RBC) realize the need to invest in functional rehabilitation services and have granted the HVP Gatagara Center the status of a hospital specialized in orthopedics and functional rehabilitation. The implementing partners including College of Medicine and Health Sciences-CMHS, Murunda Hospital and Masaka Hospital have fund management systems aligned with those of the Rwandan Government while the HVP Gatagara and RWOTA partners have acquired more management capacities.

For the 3rd SO, the majority of activities linked to results have been implemented successfully and at low cost. It should be reminded that following the closure of the HI Program in Burundi, HI Rwanda Program benefited from additional financial resources especially to strengthen the 1st and 2nd SOs and this for more effectiveness and efficiency of the interventions in the initial intervention areas and to bring in a new district (Nyamasheke) while consolidating actions at the national level.

Taking into account recommendations from coordination meetings and steering committees and from all parties involved in projects has also increased efficiency. The human, financial and material resources mobilized have been rationally used in transparency and the rate of expenses is satisfactory (SO1:58%; SO2: 55%; SO3: 57% out 60% when expenses from IPs are not yet considered).

With regard to participation, activities are carried out in a participatory manner involving all of the programme's stakeholders and beneficiaries in the targeted districts. This collaboration made it possible not only to avoid duplication of activities but also to foster synergies and complementarities with other actors / partners (national and international) for the exchange of experience and expertise. In general, HI considers cooperation with its stakeholders to be essential for the sustainability of the actions. Steering and coordination committees are created and meet once per quarter or per semester to assess the progress of the project, provide solutions to the difficulties encountered and possibly decide, depending on the context, on the programme strategy.

Accountability is materialized by sharing the progress with representatives of key partners during the meetings set up by the programme and the submission of reports to the competent local and national authorities according to a framework defined by the Rwandan administration. Some means are put in place to facilitate the digitalization of practices, in particular the electronic sharing of reports and other documents, the dissemination of information, education and communication (IEC) tools through the different websites of HI and partners and on social networks/media, the use of the mobile telephone to organize the field work.

4. Synergies and complementarities

Actions of synergies and complementarities have been noted in implementing the three SOs by pooling and involving in some activities on the ground and at national level; and with the Belgian Non-Governmental Organizations (BNGO), with notable success with Fracarita, APEFE, RCN and to some extent VVOB with which some areas of collaboration in inclusive education have been identified. However, the coordination of health sector actors by HI in Rwanda did not work as expected due to the absence of participants representing the BNGO in Rwanda, and only the Belgium Red Cross (BRC) was available while all of them are working with recognized local partners.

5. Consideration of cross-cutting issues

The HI's potential lies in the fact that it has adopted an institutional age, gender and disability policy and that a baseline to assess the implementation of the policy took place in 2019 on all HI missions around the world. For every HI Program assessed, the actions recommended in relation to gender took place as planned. However, given the capacities in place, most of the actions were linked more to disability than to age and gender; taking into account of the latter is most often limited only to monitoring gender parity. The planned environmental actions have also been implemented on each of the SOs. The main achievement noted on the program is, as planned, the establishment of meetings of the Rwanda Green Team which has been formed and whose objective is to promote eco-responsible practices within HI Rwanda. Following awareness-raising sessions and identification of areas for improvement during staff meetings, an action plan was developed. Finally, it is noted that the activities of each SO, the practices have been characterized by the use of new information technologies which are available in Rwanda via mobile telephone, WatsApp and the Internet to communicate with the participants, implementing partners and beneficiaries.

6. Theory of change (ToC)

Slight adjustments are suggested for the update of the ToC, given the fact that the context has not seen any significant changes regarding the actors of change. One actor of change (Rwanda Military Hospital) who was supposed to work on incorporating occupational therapy into rehabilitation services has been replaced by the Masaka District Hospital while two main new actors with whom HI is in contact (ICRC-Movability and Clinton Access Initiative) are active in the rehabilitation sector. The evaluation suggests that the guidelines, strategies and approaches advocated for by World Health organization (WHO) in functional and community-based rehabilitation, the Ministry of Gender and Family Promotion (MIGEPROF) and the National Early Childhood Development Program (NECDP) be fully considered to effectively improve access to services for PWDs and child development programs.

7. Conclusion and recommendations

In relation to the objectives, although the implementation of the interventions linked to the 3 SOs is on the right track, some recommendations have been set for each SO, synergies and complementarities, consideration of cross-cutting issues and the theory of change have been suggested for 2020-2021 and the rest of the program implementation period.

Therefore, the recommendations for SO1 for the period 2020-2021 consist in (1) strengthening civil society organizations for the rest of the duration of the intervention, (2) advocating for the decentralization of all anti-epileptic drugs at the level of health centers, (3) plan an annual satisfaction survey with beneficiaries for the rest of the period and (4) establish before the end of the first half of 2020 a closing out and reporting plan showing achieved results and targets in appropriate formats. In the framework of the next five-year period 2022-2026, the following thematic options are to be explored: (1) establish links with the new global and multi-sectorial intervention approaches in the field of childhood, in close collaboration with NECDP working under the MIGEPROF and build synergies with the Child and Maternal Health (CMH) division of Rwanda Biomedical Centre, (2) pilot accessibility activities and the use of national standards and tools developed by the NECDP in order to make ECD services integrated and inclusive for all children, including children with disabilities, (3) develop livelihood activities with specific objectives in response to the needs of Persons with Epilepsy while considering the most vulnerable groups, (4) develop a mental health and psychosocial support intervention, (5) develop an active partnership with the Rwandan Red Cross (Croix Rouge Rwandaise - CRR) and/ or the BRC, based on the experience of mobilizing CRR volunteers to maximize the impact of awareness within the local community.

The main recommendations to be implemented over the years 2020 and 2021 for the SO2 include in particular (1) development of respective plans concerning the empowerment and ongoing institutional support for the groups of PwDs put in place, revitalization of the newly established networks of PwDs' Self Help Groups, technical follow up to resource persons and an assessment of their capacities before the end of 2020, close monitoring of the CBR committees' coaching plan in place, (2) establish with national and local DPOs a peer led support and sharing mechanism, (3) update implementing partners' capacity building plans with a focus on strengthening funding strategies and (4)involving the National Council of Persons with Disabilities (NCPD) in quarterly meetings.
The following themes and approaches could be explored in the 2022-2026 projected interventions: (i) teach Sign Language to help remove communication barriers, improve service delivery and facilitate interaction between the community and persons with hearing impairment; (ii) accessibility of infrastructure and services, (iii) capacity building for PwDs via inclusive vocational training, (iv) promote livelihood to better reinforce PwDs' income generating capacity, (v) strengthen institutional capacities for DPOs to increase support provided to PwDs and get them interact with other actors.

With regard to SO3, the following recommendations are proposed: think of, in 2020, a human resource to pilot the psychological support sub-component for PWDs and parents of children with disabilities; develop a follow-up plan and organize a workshop to validate the IFAR study results before the end of the 1st quarter of 2020; ensure the finalization of the development of rehabilitation standards before the end of the 1st quarter of 2020 and continue the search for training opportunities for in-service occupational therapists.

Key potential areas for the 2022-2026 period are: (a)support to hospitals in the development of occupational services and mobile rehabilitation clinics, (b)continued support to allow initial training in occupational therapy through support for new qualified teachers, (c)increase in the pool of teachers and support to internship institutions (training of internees' supervisors) to improve the quality of practical training for students; (d)take into account the WHO rehabilitation cycle in rehabilitation centers and the CBR approach in rehabilitation activities, (e)support not only the establishment and dissemination of standards in the production of technical aids and mobility but also train professionals to take these standards into account in order to guarantee quality production; (f)develop interactions between the rehabilitation and mental health sectors by integrating psychosocial services within rehabilitation services; (g) economic support for the most vulnerable and low-income beneficiaries to increase their financial power and therefore equitable access to rehabilitation, accessibility of rehabilitation services and health centers; (h)support civil society actors (professional associations and user groups) so that advocacy can continue and more resources are allocated to rehabilitation in services; (i)advocate for an increase in rehabilitation professionals in hospitals and rehabilitation centers and the decentralization of rehabilitation services at the level of health centers.

In relation to synergies and complementarities with other actors, for the period 2020 and 2021, it will be necessary to draw up a support plan for local partners in an effort to put in place a framework of synergies and complementarities at the level of each SO by involving other stakeholders; organize a bilateral, core learning and sharing opportunities (HI, CRR and BRC); organize meetings for health actors including local BNGOs partners; organize meetings with RCN to capitalize on awareness-raising tools and approaches. For the period 2022-2026, it is suggested to include CRR and BRC in the analysis of the actors for the continuation of the interventions and analyze the potential of the CRR volunteers.

As for taking into account cross-cutting issues, while continuing current actions and practices in terms of accessibility for all, environmental protection and digitalization, the recommendations of the evaluation mainly focus on gender and

age for which greater improvement is required. Recommendations are putting a particular emphasis on building the capacity of technical and managerial teams so as to better integrate the gender dimension throughout the project cycle and develop tools that are gender sensitive. Likewise, projects that have common approaches or aims should be harmonized and integrated to promote and increase program level efficiency in order to increase men's participation and encourage positive masculinity.