Evaluation of the Rapid Response to Population Movement (RRMP) Mechanism based on Performance
UNICEF Democratic Republic of the Congo (DRC)

Evaluation Report
December 2018

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<td>Accountability to Affected Populations</td>
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<td>AARC</td>
<td>Alternative Responses for Community in Crisis</td>
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<td>ACTED</td>
<td>Agence d'Aide à la coopération technique et au développement</td>
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<td>AVSI</td>
<td>Association of Volunteers in International Service</td>
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<td>CaLP</td>
<td>Cash Learning Partnership</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CHS</td>
<td>Core Humanitarian Standard of Quality and Accountability</td>
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<td>COPIL</td>
<td>Comité de Pilotage Steering Committee COPI</td>
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<td>CPCH</td>
<td>Cadre Provincial de Concertation Humanitaire</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>Department for International Development (UK)</td>
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<td>Democratic Republic of Congo</td>
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<td>ECHO</td>
<td>European Civil Protection and Humanitarian Aid Operations</td>
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<td>EPSP</td>
<td>Le ministre de l'Enseignement primaire, secondaire et professionnel</td>
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<td>Emergency Response Mechanism</td>
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<td>FAO</td>
<td>Food &amp; Agriculture Organization</td>
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<td>Food Consumption Score</td>
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<td>Focus Group Discussions</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GEROS</td>
<td>Global Evaluation Report Oversight System</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>HRBA</td>
<td>Human Rights-based approach</td>
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<td>Humanitarian Response Plan</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>IDPs</td>
<td>Internally Displaced Persons</td>
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<td>INGO</td>
<td>International Non-governmental Organization</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>KIIs</td>
<td>Key Informant Interviews</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MDG FUND</td>
<td>Millennium Development Goals Achievement Fund</td>
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<td>MONUSCO</td>
<td>United Nations Organization Stabilization Mission in the DR Congo</td>
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<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
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<td>MSAs</td>
<td>Multi Sectoral assessments</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<td>NFI</td>
<td>Non-Food Items</td>
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<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>OCHA</td>
<td>United Nations office for the Coordination of Humanitarian Affairs</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<td>ODK</td>
<td>Open Data Kit</td>
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<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<td>OFDA</td>
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<td>PCA</td>
<td>Partnership and Cooperation Agreement</td>
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<td>PEAR+</td>
<td>Programme of Expanded Assistance for Returnees Plus</td>
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<td>RRM</td>
<td>Rapid Response Mechanism</td>
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<td>RRMP</td>
<td>Réponse Rapide aux Mouvements de Population</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<td>SO</td>
<td>Strategic Objective</td>
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<td>ToR</td>
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<td>United Nations Development Programme</td>
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<td>United Nations Evaluation Group</td>
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<td>UN Humanitarian Air Service</td>
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<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WASH</td>
<td>Water, Sanitation &amp; Hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>World Health Organization</td>
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Acknowledgements

The DARA Evaluation Team would like to thank the wide range of individuals and organizations who generously participated in this evaluation exercise. We are grateful to have had the opportunity to meet many staff from UNICEF and RRMP Partner agencies who helped contribute to our understanding. The Evaluation Team is especially grateful to the affected populations of Katanika, Lubuye, Kikumbe and Kalungu who accepted to participate in this study and had the patience and generosity to share their opinions and experiences.

We would like to thank all WFP staff who have been involved in the evaluation (Country Office and Sub-Offices), whose support has been fundamental for good management of the evaluation, the organization of the mission and the collection of essential information and data. Their contributions guided the evaluation team and strengthened the quality of the completed work.

We appreciate and thank you for your availability for the series of interviews and discussions, and for your willingness to honestly share your opinions.

We hope that the evaluation process and all the reports submitted will serve the intended purposes.
Executive Summary

1. Overview of the Evaluation and Context

1. In 2004, the United Nations office for the Coordination of Humanitarian Affairs (OCHA) and the United Nations Children’s Fund (UNICEF) created the Rapid Response Mechanism (RRM) to better respond to acute emergency needs in Democratic Republic of Congo (DRC). The programme merged with another UNICEF project, which addressed the needs of returned Internally Displaced Persons (IDPs), the Programme of Expanded Assistance for Returnees Plus (PEAR) in 2010, becoming the Rapid Response to Movements of Populations (RRMP). The objective of RRMP has been to deliver large-scale, rapid, multi-sectoral assistance in Water, Sanitation, and Hygiene (WASH), health, child protection, education and Non-Food Items (NFI) to recently displaced persons and returned populations (under 3 months or accessible for less than three months), the host families and those the most vulnerable among the community members. The RRMP operates in areas where the displaced/returned exert a high pressure (i.e., more than 30 percent of the community members are comprised of populations displaced/returned less than three months) on basic services: water, hygiene, sanitation, health, education/child protection, and protection.

2. After food assistance, the RRMP is the largest single humanitarian response programme in DRC. The RRMP has been progressively reinforcing partnership with the World Food Programme (WFP) and further developing relationships with the Food and Agriculture Organization (FAO) and other key actors in the food security sector. The coordinated interventions of WFP and RRMP increased from 60 percent in 2017, to 90 percent in 2018. The next RRMP cycle (RRMP9) aims to develop further joint planning to ensure both coordinated and simultaneous interventions by the RRMP and WFP in affected communities.

3. The programme continues to face several challenges, which include:
   - Increased requirement by donors regarding the cost-effectiveness of the RRMP;
   - Increased demand on quality multisectoral interventions that are rapid and are well-adapted to context;
   - The emergence of new crises (Grand Kasai, Tanganyika);
   - The need for greater involvement of the Congolese authorities in humanitarian response;
   - The need for a greater link between humanitarian and development programming;
   - The declining funding of the RRMP by donors.

4. The RRMP has been evaluated only twice, once in 2007 and again in 2013. This evaluation is particularly important because it is taking place in a context where there is: 1) donor fatigue after many cycles of the RRMP with little sign of political stability and human security in DRC; 2) reduction in Official Development Assistance (ODA) for DRC given other global competing emergencies in conjunction with continued political tensions and donor fatigue; 3) increased demand on the part of the donors to know whether the RRMP remains the most adequate, effective, and efficient intervention in terms of its objectives and delivered services as it faces large-scale and protracted emergency situation in DRC (especially in the absence of DRC government’s leadership, contribution, and accountability in the humanitarian response).

2. Evaluation objective, purpose, scope, intended use and intended audience

5. The main objective of this evaluation is to explore the RRMP’s contribution in responding to the needs of the displaced and returnee populations and the host families in eastern and southeastern DRC, and the Kasai. Beyond its main objective, the Terms of Reference (TOR) includes

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1 RRMP8 (2017-2018) was completed in June 2018. The next cycle is RRMP9 (2018-2019).
specific objectives of the evaluation as follows:

- Relevance of RRMP mechanism and its interventions in relation to the needs of the displaced and/or returned populations including specific groups.
- Effectiveness of the interventions - with focus on quality basic services in non-food items, education, health, nutrition, WASH, and child protection.
- Efficiency of the national and local implementation mechanisms including coordination and partnerships.
- Impact of the programme on direct and indirect beneficiaries.
- Sustainability of outcomes.
- General lessons learned and recommendations for the improvement of RRMP mechanism (including the multisectoral partnership model) for future humanitarian interventions in DRC and other volatile and fragile contexts.

6. The purpose of this evaluation is both summative and formative. It is summative since it assesses lessons learned and the contribution of the RRMP throughout its last four cycles in improving the living conditions of the affected populations. The evaluation is also formative as it fosters learning about the RRMP. It is intended to be used for strategic and programmatic decision-making and how best to improve the upcoming RRMP cycle (RRMP9, 2018-2019) as well as other humanitarian programmes in DRC based on findings and conclusions. The scope of the evaluation is RRMP’s implementation in its last four cycles, RRMP5, 6, 7, and 8, covered during 2014-2018. The geographic coverage includes eastern and southeastern DRC and the Kasai region.

7. The audiences for the results of the evaluation are UNICEF, OCHA, WFP, RRMP and non-RRMP partners, international non-governmental organizations (INGOs), local non-governmental organizations (NGOs), civil society organizations, other relevant UN agencies, donors, and the DRC government stakeholders at national and provincial levels.

3. **Evaluation methodology and methodological limitations**

8. The methodology model designed for this evaluation aimed to utilize the best mix of data collection tools to obtain the most reliable and valid answers to the Evaluation Questions (EQs) and generate useful learning within the limits of resources and availability of data. The programme’s theory of change was tested through the EQs. The evaluation utilized a mixed-methods design, drawing on both qualitative and quantitative data using primary data collection methods and secondary sources. These methods were selected because: a) they were appropriate for the Programme strategy and implementation; b) they were feasible and applicable, following the preliminary data review in the Inception Phase; and c) qualitative approaches allow exploring and understand the experiences and perspectives of the respondents in greater depth than offered by quantitative approaches, and they are effective means of triangulation when used with secondary source quantitative evidence.

9. The evaluation used a purposive sampling strategy to select areas to conduct focus group discussions (FGDs), given time and accessibility constraints. The evaluation team (ET) finalized the list of key informants and the sampling for the FGDs in consultation with UNICEF staff in Kinshasa, Goma (North Kivu), and Kalemie (Tanganyika). The evaluation used semi-structured questionnaires for conducting the key informant interviews (KIIs) and FGDs. The use of in-depth key informant interviews and focus groups in the field in addition to secondary sources increased the breath of perspectives and validity of the data.

10. The evaluation assessed gender, equity, and ‘do no harm’ by including explicit questions on these issues in the questionnaires and triangulating findings with information from secondary source documents and reports. Furthermore, the design of the evaluation methodology was guided by the Human Rights-based Approach (HRBA) to programming and evaluation.

11. To the extent possible, the ET has presented the results linked to the RRMP based on a solid
base of evidence to ensure the completeness and logic of findings. This includes a cost analysis with a focus on the strategy adopted by UNICEF to be more efficient, as well as the main impact attributable to the RRMP through its life-saving activities; and strengths and weaknesses illustrated along the report. Upon finalization of the analysis and reporting stages of this evaluation, the ET has developed useful and actionable recommendations so as to participate to the general efforts to improve the RRMP and, more largely, the humanitarian system in DRC. Along these lines, lessons learnt have also emerged in order to contribute to the body of knowledge, with the intent to be applied beyond the RRMP and DRC contexts.

**Methodological Limitations**

1. The use of qualitative approaches often entails trade-offs in terms of external validity. The two-week fieldwork that was originally planned in the proposal was not sufficient to conduct an adequate number of in-depth FGDs with women, children, and the most vulnerable persons to be able to fully determine the extent of coverage of their specific needs and to draw conclusions generalizable to all contexts. To mitigate this shortcoming, the evaluation team agreed with UNICEF to treat the FGD findings as case studies and as examples of potential challenges and complexities that may arise in specific contexts.

2. An evaluability assessment had not been conducted prior to the evaluation to determine the adequacy of data to answer the EQs in comprehensive manner. The content and quality of UNICEF documents on RRMP varied considerably from one cycle (and partner) to the next, with some documents missing (especially those for RRMP5 and 6), and inconsistencies in reports. This limited a comparative analysis across RRMP cycles for the evaluation questions. The ET mitigated this limitation by focusing analysis on the last two cycles of RRMP; i.e., RRMP7 and 8.

3. Lack of detail in the existing data made it difficult to comprehensively assess the effectiveness of the programme in responding to specific needs. The evaluation mitigated this limitation by examining RRMP’s general capacity in ensuring inputs and outputs and bottlenecks and adjustments that had been made to the RRMP to better address specific needs.

**Important findings and conclusions**

12. **Relevance:** The RRMP has a clear added value in the humanitarian crisis context in DRC and is a relevant ‘first resort response’ mechanism in view of the limited capacity of other humanitarian actors and the cluster system itself. The pre-positioning of its partners, resources, and funds contributes to the programme’s capacity to adapt to the circumstances of recurrent displacement. It is aligned with the Humanitarian Response Plan (HRP) mandates and its priorities in terms of rapidity, multisectoral response, accountability to affected populations (AAP), and complementing other humanitarian efforts.

13. Population movements in DRC are linked mainly to conflict in remote areas with complicated security and accessibility issues. The RRMP is the only mechanism that brings together many characteristics adapted to the size, type, and the geographical spread of the humanitarian crisis including the hard-to-reach areas. Due to security and accessibility constraints in the more remote areas, in some instances, the RRMP has been forced to forgo responding to emergencies in such localities, and instead, prioritize interventions in more accessible areas and with a higher number of displaced populations. The RRMP perpetually evaluates and re-evaluates its directives to address the challenges and/or obstacles in different exigencies. It has considered several options to improve its mobility and flexibility in reaching the more remote areas and has discussed with

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2 For example, one report stated the number of beneficiaries between May 2015 and April 2016 as 1,442,836 compared to the expected number of 1,281,183 (RRMP 6_2015-2016: synthese RRMP_Jan 2015_Juin v1), while in another, the cumulative number of beneficiaries between May 2015 and March 2016 was reported as 1,652,643 (with the same expected number of 1,281,183). (RRMP 7 2016-17 a. strategie, presentation, Bailleurs, Mars 2016)

donors different models\(^4\) of innovative partnership structures to address these gaps.

14. Many consider the RRMP as a mechanism with little connectivity to local and other humanitarian actors as well as the government. Steps towards working with state actors (National Minister for Humanitarian Action, Governor from the province, amongst others) have been taken with the revival of the Provincial Frameworks for Humanitarian Dialogue (Cadre Provincial de Concertation Humanitaire – CPCH).\(^5\) Since 2016, UNICEF has also built a partnership with the Ministry on “veille humanitaire” and capacity-building, funded through its regular resources. However, in the absence of a congenial relationship with the DRC government, the RRMP has not been able to build deeper relations to address the humanitarian crisis in the country. Moreover, despite the opportunity for information sharing across different RRMP and non-RRMP stakeholders, its connectedness to other humanitarian and non-humanitarian actors remains relatively tenuous. Since RRMP\(^8\), however, procurement has opened bids to local NGOs, thus providing opportunities for partnerships beyond international actors.\(^6\) Although this has been an encouraging step, the programme has not had a clear strategy to build the capacities of local partners to respond to the humanitarian crises. Furthermore, even though in theory the RRMP is well aligned with the clusters, in practice, there is insufficient planning for a joint response between the clusters and the RRMP.

15. The RRMP recognizes the importance of standardized tools and mechanisms in responding to diversified needs. Standardized tools, mechanisms, and processes are essential in targeting beneficiaries, assessing needs, and avoiding duplication of the beneficiaries. However, standardization is beneficial to the extent that it does hinder flexibility and adaptation to context, especially with respect to selection criteria and one-shot intervention packages. In DRC, emergencies have become, in some respect, “structural” because of their frequency and breadth and the number of people that have been and continue to be affected. The way a combination of interventions in multiple sectors helps improve the living conditions of the displaced, the returnees, and host communities is open to debate, especially given the diversity of needs of those affected within such a context. Each sector has different contributions to make in response to the specific needs of affected populations, but only together can they become effective.

16. The monitoring and evaluation indicators of the RRMP are relevant to its objectives within the scope of its timeframe and the targeted populations. The baseline data on the indicators are generally collected at the time of the Multiple Sectoral Assessments (MSAs). In RRMP\(^8\), baseline data were directly collected during the registration with a tool shared with WFP.\(^7\) However, baseline data are not always available on all indicators to enable the programme to measure changes in outcomes. While both RRMP and non-RRMP partners use Activity Info as a central information database for monitoring and reporting at output and at outcome levels (where possible), the evaluation did not find in-depth assessments across the RRMP cycles on trends, patterns, and gaps in outcomes - especially those related to women, children, adolescents, and the most vulnerable - other than individual post-intervention and lessons learned reports shared during the RRMP workshops.\(^8\) Furthermore, in the absence of a tracking tool (such as SCOPE, used by WFP) the RRMP cannot monitor the impact of its interventions across its cycles on beneficiary resilience (by identifying beneficiaries that have experienced multiple displacements and better distinguish between IDPs and returnees) or track population movements for better predictability and

\(^4\) The four different models presented to the donors were based on: 1- antennas/rosters of international or local actors who have a basis in crisis or risk areas (with a partnership with an actor familiar with RRMP for capacity building and M & E); 2- Current partners may have RRMP’s technical leads based in all their selected sub-bases that create provider teams according to intervention needs; 3- Payment by results (keeping the same operation, but restructure the payment type by linking the payment to the results); 4- Current revised model: teams based in ‘zones of crises’ and surveillance in ‘risk areas’ with a roster system (consultants/local actors). UNICEF/Kinshasa, ‘Réunion Stratégique RRMP’, 9 November 2017.

\(^5\) For instance, CARITAS DRC submitted a proposal for this bid but did not win it.

\(^6\) As it was mentioned in the limitations section, the ET did not find consistent data and information across partners and across the RRMP cycles.


\(^8\) RRMP_PAM_RegistrementBaseline.xls.
contingency planning, and avoid targeting duplications. The SCOPE is “WFP’s beneficiary identity and benefit management system”, it is designed to be a digital platform and a transfer management platform that helps monitor WFP deliveries. In addition to being a repository of beneficiary information, users can also manage the participation of beneficiaries in the intervention (such as what beneficiaries buy most, dietary diversity, food consumption scores, amongst others). Its application in DRC is not clearly defined yet but any kind of tracking system (SCOPE or otherwise, through IOM notably and its collaboration with OCHA to develop a common UN-tracking system) would greatly inform on the RRMP activities. It could for instance, inform on which beneficiaries have received RRMP assistance and how many times; and allow for better targeting and avoid duplications as well as provide better predictions of population movements/tendencies, which would facilitate joint strategy planning.

17. Gender, equity, ‘do no harm’: The RRMP promotes gender equity by providing the same opportunities for women as for men to learn, participate, and take leadership roles in various community committees, but the evaluation cannot determine if the RRMP is gender transformative. As a short-term emergency programme, its objective is to increase gender sensitivity (especially pertaining to protection issues) rather than longer-term processes necessary for transforming gender roles and relations.

18. During RRMP7 a complaint mechanism and protection checklists (during and post-intervention) were developed to ensure that AAP and the principles of ‘do no harm’ were observed. The post-intervention monitoring information (collected by the consortiums at the household level) are also important in identifying the evolution of the overall results as well as aspects of equity, gender, protection, and ‘do no harm’.

19. The RRMP defines its activities on the basis of risk and vulnerability analyses in order to ensure equitable and safe access to services for its beneficiaries. These analyses have allowed RRMP to consider the different needs and protection issues related to women, men, girls, boys, and the most vulnerable in each intervention sector (WASH, health, education, protection/child protection, and NFI). On the other hand, although the RRMP utilizes a number of useful tools to carry out risk, mitigation, and ‘do no harm’ types of analyses, these don’t always including the relationship between needs and their causal factors. For example, the ‘Preliminary Diagnosis sheet’ is a tool to analyze risks of ‘do no harm’ and accessibility prior to interventions and to develop mitigation measures along the intervention cycles, but it does not allow for a comprehensive analysis. A few interventions may have had negative side effects in terms of ‘do no harm’ on relationships within households and communities but these are not significant in relation to the magnitude of RRMP interventions. The evidence suggests that the RRMP could conduct more in-depth ‘do no harm’ prior to (i.e., during the MSAs) or after its interventions. In addition to risk analysis, it is particularly important to enrich both the pre-intervention and post-intervention assessments with more in-depth analysis of gender and vulnerability that incorporates ‘do no harm’, even if they may take more time. However, given the complexity of the context and recurring displacement crises in DRC, coupled with the objective of rapidity and short duration of the RRMP interventions, the vulnerability approach cannot always be child – and gender – sensitive enough beyond the gender and age disaggregated data provided in the MSA.

20. Certain aspects of the RRMP implementation continue to pose challenges regarding the ‘do no harm’ principle by creating tension and conflict among community members. These include discrepancies in targeting processes, procedures, and tools between different partners operating in

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9 WFP. December 2017. WFP SCOPE Know them better, to serve them better. https://documents.wfp.org/stellent/groups/public/documents/communications/wfp272586.pdf
12 Fiche de diagnostique préliminaire.
13 Included in E2.2 Outils Evaluation Rapide des Besoins (ERM) RRMP in cycles 7, 8 and 9.
the same area (e.g., between the WFP and RRMP prior to RRMP9); instances of bias in data caused by low capacities of the data collectors and/or pressure from community members on local data collectors to include them in their target lists; misunderstanding on the part of communities regarding targeting criteria despite participatory processes and awareness raising efforts (particularly, since the list of beneficiaries for NFI vouchers/cash are posted and targeted and non-targeted beneficiaries can be easily identified); and proximity of areas in which different modalities of the RRMP interventions are implemented.

21. **Effectiveness**: The RRMP’s contribution in improving the living conditions and saving the lives of the displaced/returnees and the most vulnerable indigenous populations, especially children, cannot be denied. In its absence it would have been unlikely for the affected populations to be able to alleviate their living and survival conditions given the protracted crisis in DRC and limited resources. The RRMP is designed to address the basic needs and protection of its target beneficiaries while prioritizing the needs of women, children, and the most vulnerable. In the NFI sector, its activities principally are based on the division of responsibilities within the households. Since women are generally the decision-makers regarding the household preferences, expenditures and their children’s health/nutrition, and education, the RRMP targets women over men for receiving cash and NFI vouchers. In health and nutrition, the programme also focuses on the needs of women – especially pregnant women - and children. Furthermore, the education sector’s targets are children in terms of their access to education, psychosocial well-being, and protection.

22. Overall, the respondents’ assessment of the effectiveness of the RRMP was positive since they believed that the complementary nature of interventions in multiple sectors had, in fact, improved their living conditions, at least in the short-term. Nonetheless, the evaluation does not have enough evidence to draw substantial conclusions about the extent to which the programme has addressed the context-specific needs of women, children, adolescents, and the most vulnerable throughout its cycles, beyond the hygiene kits to women and access to primary school for children. However, our perception is that some considerations were given to gender aspects regarding certain activities. The evaluation was therefore able to highlight some key aspects based on preliminary review and interviews.

23. **Flexibility** is a critical component for ensuring effectiveness and timely delivery of assistance in protracted crises in DRC. The RRMP has taken several measures at the operational, programmatic, and strategic levels to promote flexibility. These include improving the timeliness of the interventions by reducing pre-intervention delays; standardizing tools and mechanisms; revisions in the NFI assistance modalities; improved coordination in collaborative efforts with humanitarian partners such as WFP to increase timeliness, range of services, and reducing the unanticipated negative effects related to ‘do no harm’; and the consortium partnership approach to allow for greater coverage and capacity to intervene in a larger number of areas. Logistics in reaching remote areas, compounded by security issues, however, do not always guarantee swift multisectoral responses. Moreover, in view of limited resources, the implementing partners (IPs) contended that the reporting tasks reduced flexibility and effectiveness of the interventions by diverting resources from preparation and implementation processes. Nevertheless, the evaluation found that efforts were made to alleviate reporting tasks, and it was recognized that the number of indicators against which the reporting is prepared had been reduced.

24. There was a wide degree of variance in the perceptions of respondents on individual sectoral performance. Generally, bottlenecks were attributed to the RRMP’s 55-day intervention window, pre-positioning of stocks and staff, logistics, and absence of technical capacities. Some KIs acknowledged that given the number and breadth of emergencies in Eastern and Southeastern DRC, it would be unfeasible to have an emergency response period longer than three months. On the other hand, there were those who deemed the short duration of the interventions reduced the effectiveness of response in some sectors. Others criticized the trade-off between rapidity and responding to context-specific needs. Additionally, given that the IDPs often become even more vulnerable after the three-month intervention period, this raises the question on the
appropriateness of equating timeliness and rapidity in protracted emergency situations. Addressing specific vulnerabilities at the most susceptible time is just as critical as the speed of response.

25. Some respondents also felt that the decision to intervene (and the types of interventions that are delivered) may not be always grounded on vulnerability levels and/or specific needs of the displaced and returnee populations, but rather, on reducing the complexity of the interventions for a timely response. As one study notes: “...programming that is tailored specifically to a context will require more time, as an agency must open itself up to complexity, seek to understand local dynamics and conduct open discussions with affected people around their problems, and identify the best solutions. It is difficult to do this quickly, and at scale, in multiple locations for large populations at the same time.”

Taking the necessary time for conducting comprehensive multisectoral assessments, risk, and vulnerability analyses, especially in areas where there is little information and/or where the RRMP has not intervened are essential for ensuring appropriate programming and implementation processes according to context and the needs of the affected populations.

26. UNICEF and partners acknowledge the need for better evidence regarding the differential vulnerability levels among the IDPs. Although there has been a general improvement in context analysis of needs (especially of women, children, adolescents, and the most vulnerable groups) and resources in each area throughout the RRMP’s cycles, it requires further strengthening. Many respondents believed that to achieve a more appropriate response to sudden changes, the clusters should provide updated sources of in-depth information and risk analysis on the humanitarian needs and conditions in each province. While there is alignment between the RRMP and the clusters, there has not been sufficient joint strategic planning, flexibility, and rapidity. Nor is there a clear definition of how the RRMP and clusters could better complement their roles to enhance humanitarian coordination.

27. Efficiency: Overall, humanitarian funding has been decreasing in DRC since 2013. In addition to this trend, the RRMP’s resources have been also affected by the increasing number of the humanitarian actors (especially in eastern and southeastern DRC) and competition in securing donor funds. In its most recent cycle (RRMP8 June 2017 – May 2018), the RRMP succeeded in reducing its organizational footprint in the budget. The greatest impact with these adjustments is that a larger proportion of the budget flows directly to the beneficiaries (59 percent of the total budget according to the latest estimates). This has been possible, in part, because of reductions in the IPs staff costs (by 32 percent) and the IP Operational costs and Headquarters (HQ) Technical Support (by 46 percent). UNICEF staff costs also have been reduced by 49 percent. Moreover, the new consortium partnership model has been cost-effective to the extent that it has improved multisectoral coordination.

28. Due to insecurity and inaccessibility factors, logistics are considered one of the most important cost drivers. Most RRMP partners are based in urban areas while the interventions often take place in remote locations. One mitigation measure would be introducing and formalizing agreements with local partners to implement the programme. In contrast to the INGOs, local partners are often more familiar with the community context and its environment and can offer better solutions.

29. Given the decreasing donor funds flowing towards the RRMP, it is important for the programme to consider more regular flow of funds such as the multiyear planning format of the HRP 2017-2019 that is supported by a multiyear financing plan. This could allow for greater flexibility and adaptiveness for a humanitarian response and help UNICEF build a larger reserve of supplies that

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14 Alice Obrecht. Adaptive humanitarian action in the DRC. Alnap. P. 23
15 UNICEF has commissioned a study to better understand the evolution of vulnerabilities in the protracted crisis
17 KII, Goma
could be directed to responding to unexpected shocks and prolonging the duration of interventions.

30. **Impact:** Most respondents considered the RRMP’s programmatic impact on lives saved, children with better access to schools, better hygiene, clean water, improved health services, and generally, better living conditions. Some KIs viewed impact in terms of satisfying the needs of the intended beneficiaries – such as malnutrition in one place, cholera in another, and a high number of out-of-school children in yet another - and therefore, varying from one intervention or zone to the next.

31. As an emergency programme, the RRMP is commended for its achievements in improving the living conditions of the affected populations. At the same time, because of its mandate as an emergency programme, it is not intended to have long-term impacts in changing habits and behavior and the long-term living conditions of its beneficiaries.

32. **Sustainability:** The transition from humanitarian to development programming requires stable conditions and the availability of resources and capacities for complementary programmes. The respondents felt that the RRMP is not designed as a sustainable programme since its overall programme objective is to improve the living conditions of affected populations by reducing their vulnerabilities rather than resilience-building. Activities that have provided continuous resources or services - such as WASH (e.g. infrastructures) or NFI items - as opposed to discrete or one-off activities - such as awareness raising - were considered as more likely to be sustainable despite the latter’s potential for generating lasting knowledge. On the other hand, awareness raising activities, seeking inputs from community members for targeting, community involvement in implementation processes (such as building semi-sustainable constructions), as well as women’s leadership in village committees can have spill-over effects that could lead to greater adaptive capacities.

33. Although certain intervention modalities such as cash transfers tend to contribute to households allocating resources to areas in which their needs are the most urgent and contribute to reducing the use of negative coping strategies, they do not necessarily create adaptive resilience (the ability to adjust to disturbance, moderate damage, take advantage of opportunities, and to reduce vulnerability to future events). According to one study although the beneficiaries reported that cash transfers had improved their resilience, they did not feel that these created sustainable resilience (in terms of coping mechanisms) in the face of similar and/or repeated shocks.18

34. Furthermore, as an emergency programme, the RRMP’s scope and scale of outreach components at the national, sub-national and grassroots levels with respect to capacity building are limited (even though it has trained village chiefs or community representatives for sending alerts, the staff for sending alerts regarding protection issues, teachers for psychosocial support, and health personnel in some areas). As studies have noted, humanitarian assistance is transient because of its focus on standby mechanisms (such as the RRMP) and its objective to respond promptly to consequences of displacement in order to reduce mortality and morbidity.19

35. Respondents considered inadequate funding, resources (especially for follow-up support activities), and the short duration of the programme as important impediments to sustainability of results. Developing relations and partnerships with local NGOs and other partners for continued support is essential to sustainability. The local NGOs often have greater accessibility to the remote and insecure areas as well as a wider network of connections that can communicate on alerts and protection issues. The NGOs’ low capacities and resources to respond to ‘first resort response’ type of emergencies, however, remain a major concern.

2. **Recommendations**

36. The ET presents the following recommendations to UNICEF, OCHA, RRMP partners, and the Clusters. These recommendations are informed by the findings and conclusions gathered from this

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18 Juan Bonilla et al. 2016. *The use of Cash-based Assistance in DRC. AIR*
19 DFID. June 2016. *Annual Review—Humanitarian assistance to the Democratic Republic of Congo*
evaluation to guide future multisectoral humanitarian programme design and implementation.

37. The order of the recommendations is linked to the evaluation criteria and the level of priority is expressed according to the following classification:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendation</th>
<th>Links to §</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Priority 1: Immediate (within 6 months)</td>
<td>In line with HCT first multi-year strategy adopted in 2017 and Grand Bargain commitments, advocate to donors for multi-year funding that would allow for better prepositioning of partners and supplies as well as the transition from humanitarian to development programming and resilience building (including support/follow-up activities).</td>
<td>§ 203  § 208  § 238</td>
<td>To UNICEF</td>
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<tr>
<td>Priority 2: Medium term (within 18 months)</td>
<td>Consider greater flexibility of the RRMP by allowing it to extend its mandate beyond the 3-month period according to risk/vulnerability assessments and context-specific needs (especially those of women, children, and the most vulnerable). This would ensure that the programme is able to continue the necessary follow-up and support activities to increase its effectiveness (at both sector and multisector levels) and also address specific vulnerabilities of the IDPs at the most opportune time (i.e., after the three month period when they can become even more vulnerable).</td>
<td>§ 72  § 137  § 144  § 230  § 231</td>
<td>To UNICEF</td>
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<tr>
<td>Priority 3: Long term (beyond 18 months)</td>
<td>Consider further options for targeting, vulnerability analysis, and programming redesign (particularly in the NFI sector) that better address the conflict sensitivity ‘do no harm’ aspects of intervention modalities and implementation processes and mitigate the unintended negative effects of targeting and interventions at individual, household, and community levels.</td>
<td>§ 118  § 119  § 122  § 124  § 138  § 186  § 188  § 225  § 226</td>
<td>To UNICEF and RRMP partners</td>
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<td></td>
<td>Secure separate funding for conducting multisectoral evaluations for each RRMP cycle (by third parties or working groups) that also include comprehensive analyses of the impact of different intervention packages and modalities and implementation processes in different locations on gender, equity, vulnerability, risk, and ‘do no harm’. This will contribute to improved programming through a better understanding of the quality and impact of the interventions in responding to context-specific needs, vulnerabilities (especially those pertaining to women, children, and the most vulnerable), and potential sources of tension/conflict within the household and among community members.</td>
<td>§ 77  § 79  § 119  § 135  § 138  § 165  § 207  § 231</td>
<td>To UNICEF</td>
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<td></td>
<td>Jointly develop a road-map to ensure greater humanitarian coordination, cohesion, and alignment of strategic planning and collaboration between the RRMP and the relevant clusters (including the availability of resources).</td>
<td>§ 129  § 130  § 131  § 159</td>
<td>To UNICEF, OCHA, and Clusters</td>
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<td></td>
<td>updated analyses on the humanitarian needs, causes of vulnerabilities, and the conditions in each province). This will improve the rapidity, timeliness, and quality of the RRMP interventions by reducing pre-intervention delays and sectoral bottlenecks. It will also ensure coordinated and strategic planning for quality follow-up and support activities and will enable the IPs to better tailor interventions according to context-specific needs and vulnerabilities of the affected populations in different areas (particularly, women, children, and the most vulnerable). This also includes continued efforts towards the formalization of partnership between the RRMP and WFP, as well as FAO and other actors in the food security sector to encourage the sustainability of actions.</td>
<td>§ 177 § 181 § 185 § 186 § 205 § 207 § 229</td>
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<td>6</td>
<td>Advocate to donors for a specific share of humanitarian and/or development funding recovery or transition (including follow-up support) to address the funding gap in transition between the humanitarian and development programming nexus and the achieve the collective outcomes.</td>
<td>§ 126 § 127 § 146 § 204 § 212 § 230 § 238 § 241</td>
<td>To UNICEF</td>
</tr>
<tr>
<td>7</td>
<td>Develop relations and formalize partnerships based on concrete capacity building strategies (technical and operational) with local NGOs that can be mobilized quickly - especially those in the more remote areas - to allow for greater collaboration (including follow-up and support activities) between the international and local RRMP partners (under the INGOs’ supervision) as well as buy-in from donors for steady and/or multiyear funding.</td>
<td>§ 85 § 86 § 87 § 88 § 127 § 131 § 162 § 167 § 198 § 212 § 216 § 217 § 220 § 234</td>
<td>To UNICEF and RRMP partners</td>
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<td>8</td>
<td>Develop a mobility tracking mechanism or use tools such as SCOPE jointly with WFP to better distinguish between the IDPs and returnees, to track population movements in order to improve predictability/contingency planning (and thus pre-positioning and rapidity), and to assess the impact of the interventions on beneficiaries who have experienced multiple displacements in terms of their living conditions, resilience, and coping mechanisms.</td>
<td>§ 96 § 210 § 223</td>
<td>To UNICEF</td>
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<td>9</td>
<td>Redefine impact and outcome indicators (especially those related to women, children, and the most vulnerable, where necessary) through participatory processes and establish thresholds for key sector indicators in order to classify severity of needs and context-specific elements of gender, equity, protection, and ‘do no harm’. Ensure that all indicators gender-sensitive, equity-focused and child-focused and that they follow the SMART criteria (specific, measurable, attainable, relevant, and time bound) while</td>
<td>§ 99 § 100 § 118 § 134 § 223</td>
<td>To UNICEF, RRMP partners, and Clusters</td>
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<tr>
<td>10</td>
<td>respecting the diversity of multisectoral interventions and their specificities. They can be cross-checked and compared across the RRMP cycles, partners, and areas.</td>
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<td></td>
<td>Consider moderating UNICEF’s IP reporting requirements for the RRMP (including the number of reports) so that the IPs can focus their efforts and resources towards weighing different programming options and modalities and implementation processes according to context as well as improving the quality of their reports by concentrating on strengths and weaknesses of the interventions at the outcome rather than activity/output level. Also ensure that all reports (particularly, pre-intervention and post-intervention assessments/evaluations, bottleneck/trend/vulnerability/gender/’do no harm’ analyses, and lessons learned/good practices) are available in UNICEF/RRMP database across all partners, interventions, and each RRMP cycle.</td>
<td>§ 98  § 99  § 100  § 168  § 229</td>
<td>To UNICEF</td>
</tr>
</tbody>
</table>
Introduction

1.1 Object of the Evaluation

1.1.1. Object and Context

1. For more than 20 years, the Democratic Republic of Congo (DRC) has been suffering complex and multiple conflicts in the East and Southeastern provinces that trigger constant displacements of people with serious humanitarian consequences. The security and humanitarian situation has deteriorated dramatically over the past years. Former peaceful areas, such as the Grand Kasai, now also have become a zone of conflict causing an acute humanitarian crisis. There are currently 13.1 million people in need in DRC, and 4.5 million internally displaced persons; the highest number in Africa. Between 2015 and 2015 there has been a 75 percent rise in documented cases of grave violations of child rights such as the recruitment and use of children in combat, sexual abuse, looting and destruction of health centres and schools, among others, representing the highest level since 2012. Furthermore, between 2016 and 2017 documented cases of the same violations increased by about 40 percent from 2,334 in 2016 to 3,270 in 2017.

2. For years, DRC has been a major recipient of humanitarian aid. The humanitarian agencies continue to encounter important challenges in providing effective response to the humanitarian crisis in DRC because of the high frequency of displacements caused mainly by intra-community conflicts or by the incursion of armed groups into remote and inaccessible rural areas. The situation of conflict and insecurity is also aggravated by epidemics and devastating natural phenomena. The magnitude of needs varies widely between areas and over different stretches of time, which suggest that there is a constant call for rapid response capacity. The United Nations office for the Coordination of Humanitarian Affairs (OCHA) estimates that 9.9 million people in DRC are food insecure and 2.2 million children are threatened by severe malnutrition. The factors contributing to the deterioration in the humanitarian situation severely stretched the capacity of humanitarian actors to respond, prompting the UN Emergency Relief Coordinator to activate the highest level of emergency response – a Level 3 – for the Kasai, Tanganyika and South Kivu crises. A reform of the humanitarian coordination structures is being carried out to streamline the system and improve the flexibility of response.

3. In 2004, OCHA and United Nations Children’s Fund (UNICEF) created the Rapid Response Mechanism (RRM) to better respond to acute emergency needs in DRC. The programme merged with another UNICEF project, which addressed the needs of returned Internally Displaced Persons (IDPs), the Programme of Expanded Assistance for Returnees Plus (PEAR) in 2010, becoming the Rapid Response to Movements of Populations (RRMP). The objective of RRMP has been to deliver large-scale, rapid, multi-sectoral assistance in Water, Sanitation & Hygiene (WASH), health, child protection, education and Non-Food Items (NFI) to recently displaced persons, returnees, and those vulnerable among the host families. The RRMP model was created with the assumption that other aid agencies would complement RRMP with food assistance.

4. After food assistance, the RRMP is the largest single humanitarian response programme in DRC. The RRMP has been progressively complementing its activities with World Food Programme (WFP). The coordinated interventions of WFP and RRMP increased from 60 percent in 2017 to 90

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20 The most affected provinces are North Kivu with 1.6M of people in need, South Kivu with 1.1M and Tanganyika with 1.1M.
21 OCHA. http://interactive.unocha.org/emergency/2018_drc/
23 OCHA. http://interactive.unocha.org/emergency/2018_drc/
percent in 2018. The RRMP9 aims to develop further joint planning to ensure both coordinated and simultaneous interventions by the RRMP and WFP in affected communities. From 2017 to 2018, UNICEF increased its funding request from donors by approximately 62 percent (from US$ 165,067,070 to US$ 268,121,004) to support children and their families in need of humanitarian assistance. The largest budget increase for 2018 was for the nutrition response, given the three-fold increase in the cases of food insecurity and severe malnutrition among children in DRC. The Table below shows UNICEF’s funding requirements by sector in 2018, and Figure 2 depicts the unmet funding requirements of the RRMP between 2012 and 2017.

Figure 1: UNICEF funding requirements 2018

<table>
<thead>
<tr>
<th>Sector</th>
<th>2018 requirements (US$)</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>137,940,000</td>
</tr>
<tr>
<td>Health</td>
<td>10,583,769</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>28,085,485</td>
</tr>
<tr>
<td>Child protection</td>
<td>21,290,500</td>
</tr>
<tr>
<td>Education</td>
<td>16,269,000</td>
</tr>
<tr>
<td>RRMP (including cash-based interventions)</td>
<td>52,302,250</td>
</tr>
<tr>
<td>Cluster/sector coordination</td>
<td>1,650,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>268,121,004</strong></td>
</tr>
</tbody>
</table>


Figure 2: Funding gaps 2012-2017

The target beneficiaries of the RRMP include the displaced and returned populations (under 3 months displacement or accessible for less than three months) with acute needs due to the loss of their goods and livelihoods as well as the host families and community members with significantly high levels of vulnerability. The RRMP operates in areas where the displaced/returned (i.e., more than 30 percent of the community members are comprised of populations displaced/returned less than three months) have dire need of basic services such as, water, hygiene, sanitation, health, education/child protection, and security. In the 2016 strategy, it was decided that the RRMP would no longer be required to intervene in the case of natural disasters. Nevertheless, if a major natural disaster happened in DRC, the RRMP would consider intervening in the absence of other actors and with endorsements by donors. During the last three RRMP cycles, natural disasters represented only

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25 The L3 activation is a tool triggered to ensure that the right capacities are in place across the international humanitarian system to meet needs and save lives. It typically includes enhanced leadership and coordination, reinforced systems, mobilization of additional capacities and additional funding. For DRC, the L3 was activated in October 2017 for 6 months and expired end of May 2018.


3 percent of the cases for interventions

6. The RRMP continues to face several challenges, which include:
   - Increased requirement by donors regarding the cost-effectiveness of the RRMP;
   - Increased demand on quality multisectoral interventions that are rapid and are well-adapted to context;
   - The emergence of new crises (Grand Kasai, Tanganyika);
   - The need for greater involvement of the Congolese authorities in humanitarian response;
   - The need for a greater link between humanitarian and development programming;
   - The declining funding of the RRMP by donors.

7. The RRMP has been evaluated only twice, once in 2007 and again in 2013. This evaluation is particularly important because it is taking place in a context where there is: 1) donor fatigue after many cycles of the RRMP with little sign of political stability and human security in DRC; 2) reduction in Official Development Assistance (ODA) for DRC given other global competing emergencies in conjunction with continued political tensions and donor fatigue; 3) increased demand on the part of the donors to know whether the RRMP remains the most adequate, effective, and efficient intervention in terms of its objectives and delivered services as it faces large-scale and protracted emergency situation in DRC (especially in the absence of DRC government’s leadership, contribution, and accountability in the humanitarian response).

1.1.2. RRMP’s Theory of Change

8. The RRMP’s logical framework stipulates that timely access to basic services such as in health/nutrition, education/child protection, WASH, and NFIs contributes to improving the well-being and reducing the vulnerabilities of the displaced, returnees, and host families, while also promoting a protected environment. In the absence of a theory of change diagram in the RRMP programme documents, the evaluation team (ET) constructed the RRMP’s theory of change based on its logical framework as shown in Figure 3 below. Furthermore, since the risks and assumptions were not stated explicitly in the programme’s logical framework, the ET formed implicit assumptions/risks of RRMP’s theory of change based on its logical framework. These include: i) absence of other humanitarian agents with sufficient resources for a rapid response in areas in which the RRMP intervenes; ii) timely availability of stocks and supplies for distribution; iii) targeting of beneficiaries through participatory processes and vulnerability assessments; iv) adaptation of the RRMP interventions to context and needs assessments; v) strict observance of the principles of equity, gender equality, ‘do no harm’; vi) accessibility and security in the areas of intervention; vii) availability of donor funds; viii) coordination of humanitarian efforts to avoid duplication; and ix) contribution versus attribution of cumulative effects/results given the presence of multiple partners and programmes in the humanitarian context of DRC. The RRMP’s logical framework is in Annex 2.
9. The four Strategic Objectives (SOs) of the HRP 2017-2019 are: SO1 ‘Improve the living conditions of people affected by the crisis, starting with the most vulnerable’; SO2 ‘Protect people affected by crisis and ensure respect for human rights’; SO3 ‘Decrease excess mortality and morbidity among the affected population’; SO4 ‘Provide rapid, effective and accountable humanitarian action in accordance with humanitarian principles and standards’.

10. The RRMP’s logical framework includes two Specific Results that are in line with the four SOs of the Humanitarian Response Plan (HRP) 2017-2019. The RRMP’s specific results are:

Specific result 1 (in line with SO1, 2 and 3 of HRP): ‘The living conditions of the most vulnerable populations, victims of a recent displacement / return (less than 3 months), improve rapidly thanks to the opportunity given by the programme to carry out the daily activities essential for their survival and dignity, access to quality water and health care, protect vulnerable children from the dangers of conflict and mitigate the psychosocial impact of conflict.’

Specific result 2 (in line with SO4 of HRP): ‘An alert mechanism and evaluation of effective needs is created and used for prioritization of interventions’.
1.1.3. RRMP Mechanism and Activities

11. The RRMP was designed to monitor humanitarian needs and alert the humanitarian community on new crises related to population movements and to provide basic means of survival through multisectoral interventions. The RRMP’s assistance include providing services in shelter/non-food items, WASH, education/child protection, health and nutrition, and Protection as a cross-cutting sector.

12. UNICEF is responsible for the joint management and oversight of the RRMP with OCHA including support in the management of the Steering Committee (COPIL); management and coordination issues (mainly the interconnection between clusters and the RRMP); RRMP’s strategic aspects and operational challenges; assessment of the Multi Sectoral assessments (MSAs) and the suitability of proposed interventions; establishing partnerships; securing funding; ensuring policy coherence; technical/sectoral aspects; monitoring and evaluation (M&E); and decision-making.

13. In its capacity as the co-leader of RRMP with UNICEF, OCHA is responsible for providing relevant background documents and data on the local context and influencing factors, cluster coordination, gaps and challenges in the field; as well as accountability and overview of the evolution of funding. The specific responsibilities of OCHA (until RRMP 8) have included convening the COPIL meetings; following up on meeting recommendations; analyzing and validating alerts as well as ongoing interventions; and filling the delay tracking matrix.

14. The RRMP has been funded by a variety of donors throughout its cycles. Since its inception, the programme has received funds from the Pooled Fund, Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), United Kingdom Department for International Development (DFID), Swedish International Development Cooperation Agency (SIDA), Office of Foreign Disaster Assistance (OFDA), and the governments of Canada and Japan.

15. The RRMP is currently implemented by eight international Non-governmental Organization (NGO) partners: Association of Volunteers in International Service (AVSI), International Rescue Committee (IRC), Norwegian Refugee Council (NRC), Save the Children, Solidarités International, Mercy Corps, Danish Refugee Council (DRC), and Medair. These partners compose the three RRMP consortiums: 1) Solidarités International as the lead agency (NFI/cash and WASH), NRC (NFI and Education/child protection, and Save the Children (Health and Nutrition); 2) Mercy Corps as the lead agency (NFI/cash and Wash), Medair (Health), and DRC (NFI and Education/child protection; and 3) IRC as the lead agency (NFI, Health, and WASH), and AVSI (NFI and Education/child protection). The RRMP partners are responsible for sharing alerts, identifying and proposing MSAs following alerts, sharing the MSA results with COPIL participants; proposing a strategic intervention package based on the data; regularly update COPIL on implementation, propose alternative strategies in case of context change or other bottlenecks; monitor their daily activities and resources; and share the intervention reports with COPIL.

16. Relevant cluster leads on RRMP are responsible for providing advice on RRMP’s sectoral strategies and technical issues, as well as synergies. UNICEF is the cluster lead of four sectors: education, NFI, WASH and nutrition; WFP, food security; World Health Organization (WHO), health; United Nations High Commissioner for Refugees (UNHCR), protection; and United Nations Population Fund (UNFPA) is the cluster lead on gender-based violence (GBV). Specifically, each lead cluster is responsible for sharing alerts with other members of COPIL; identifying and proposing assessments following alerts; mobilizing other actors in their specific sectors for a possible response to the needs identified by the evaluations RRMP within the determined timeline; verifying the relevance of each proposed RRMP intervention in compliance with the mandate of the programme, the criteria for intervention and the prioritization of needs identified by the RRMP evaluations; linking the interventions with the specialized services of the State in their area of competence if this is necessary for the implementation of a RRMP intervention.

17. The main state structure currently in charge of the humanitarian affairs in DRC is the Ministry of Solidarity and Humanitarian Action. Since 2016, UNICEF has developed partnership with
the government on “veille humanitaire” and capacity building through funds from its regular resources. In addition, the ministries of education and health (as well as the health zone authorities) are important stakeholders in the RRMP. Similar to other humanitarian programmes, there has been a critical disconnection of strategic decision-making for RRMP with the central authorities. This has been attributed mainly to the government’s inability to govern, and to deliver necessary security and access to basic services.29

18. Other stakeholders are non-RRMP partners including the international non-governmental organizations (INGOs) and INGOs working in the humanitarian sector in DRC who ensure that the RRMP is complementary to their own interventions. They are consulted on all strategic and operational challenges in DRC from emergency response to durable solutions and share relevant background documents and data with the programme. (See the stakeholders’ interest and contributions in Annex 3).

1.1.4. Description of the RRMP response by sector as part of the broader RRMP implementation mechanism.

19. The RRMP has been adjusting its assistance modalities across its cycles and sectors to better respond to the needs of its target beneficiaries. It provides both individual assistance at the household level (through vulnerability targeting processes), and community level assistance depending on context, needs, interventions and their modalities. Figure 4 shows the RRMP sectoral assistance.

Figure 4: RRMP Sectoral Assistance

Source: UNICEF. April 2018. Réunions bailleurs RRMP.

20. The distribution of beneficiaries across sectors has evolved throughout the RRMP cycles and remains high in RRMP8, as per the Global Result indicator;30 with the highest proportion of beneficiaries receiving the NFI assistance during the RRMP7. This number remains quite high in the RRMP8 (406,425,00 persons). The number of beneficiaries receiving a health assistance seems to have significantly dropped in the most recent cycles; which seem to coincide with the revision of the mandate of the RRMP when it was decided the RRMP would not cover epidemics alone but only in the context of displacement. As explained below, the introduction of cash-based assistance has become increasingly integrated into the RRMP delivery of assistance with a sharp increase during

29 SIDA. Democratic Republic of the Congo (DRC) HUMANITARIAN CRISIS ANALYSIS 2016.
RRMP8.

Figure 5: Evolution of the number of people covered by the multisectoral package of assistance across 4 main sectors from and cash - RRMP5 to RRMP8

21. **NFI**: The RRMP has a large NFI component. Following the 2008 voucher fair pilot project, in 2009, the RRMP started providing NFI assistance to target beneficiaries via fairs or in-kind distributions based on market assessments.

22. **Education/Child Protection**: The education system in DRC is characterized by chronic fragility and support needs. The RRMP provides a rapid response in education as part of its mandate in relation to the strategy and standards of the education Cluster. In order to promote a holistic and quality response, community participation and involvement, M&E, and policies, laws, and national and international standards are integral parts of all education/child protection activities.

23. The RRMP follows an integrated education-protection approach in emergency situations. The implementation of Education/Child protection activities are carried out around three programmatic axes: i) Inclusive Access - education for all girls and boys; ii) Protection and physical and psychosocial well-being of all girls and boy; and iii) Quality and relevance of education. Within these programmatic axes, the RRMP’s interventions include awareness raising with respect to children’s right to education and protection; identification of out-of-school children (including those who dropped out due to displacement) and their reintegration in primary school; psychosocial support to children and recreational activities in schools; teacher training in psychosocial support and national education modules; catch-up courses; and provision of school kits. Although in its previous cycles the RRMP also rehabilitated/built classrooms, this activity was dropped in RRMP8 mainly due to funding constraints.

24. The Ministry of primary, secondary and vocational education (EPSP) is strengthened and involved in all the activities of the RRMP in education including teacher training - with the exception of the psychosocial component which also entails the training of trainers. The RRMP training
activities include an advocacy component to the EPSP for covering the costs of trainings that are
directly provided by the ministry on the national education modules, especially since the programme
has been progressively reducing the number of its teacher training activities.

25. **WASH:** The RRMP’s WASH assistance package includes activities for water, hygiene, and
sanitation basic services. The WASH sector also plays an important role for the Cholera response in
DRC. In 2016, the WASH intervention package was revised to focus on short-term emergency
interventions unless the situation calls for a medium-term intervention approach to increase the
effectiveness of the emergency response.

26. The WASH interventions improve access of the target communities to safe drinking water via
rapid rehabilitation/construction of water points/networks/springs and contribute to better hygiene
and sanitation through key awareness raising messages and by constructing semi-durable latrines.
Community participation in rehabilitation of the water sources and construction of latrines is an
important component of the WASH package. The RRMP WASH also provides hygiene kits to
households, and sanitary maintenance kits to Health Centers.

27. **Health/Nutrition:** The health system in DRC is characterized by structural weaknesses in
service delivery including insufficient capacities. For this reason, the RRMP’s health package has
been designed to respond to the health needs of the displaced/returnees, and host communities
that are linked to the emergency situation in which they find themselves rather than the structural
weakness of the country’s health system. The RRMP provides a one-shot support to health
structures by providing equipment, medications and other supplies including Postexposure
Prophylaxis Kit (PEP) kits. In remote areas where populations do not have access to public health
structures, the RRMP provides the services of mobile clinics to address the health issues of the
community members. These include consultations on principal morbidity health issues; assisted
delivery; vaccination; systematic screening and treatment of children for health problems including
malnutrition; screening for epidemics; and referral of the serious cases to the appropriate health
structures.

28. **Protection:** Protection in the RRMP is a cross-cutting sector with interventions related to
specific vulnerabilities such as gender, old age, ethnicity/minority status, disability as well as matters
related to serious violations of child rights. The RRMP Protection sector therefore includes:
protection in general – identification and compilation of protection alerts; child protection –
identification and compilation of alerts and grave child rights violations through monitoring and
reporting mechanisms (MRM) and referrals; gender-based-violence (GBV) – identification and
compilation of alerts and medical and psychological care to GBV victims; and protection
mainstreaming – taking in account protection issues across all interventions. All RRMP partner
consortiums have a protection focal point.

29. The importance of **cash transfers** in the RRMP assistance: In 2011, UNICEF started using
cash-based programming through the Alternative Responses for Communities in Crisis (ARCC I),
funded by DFID. ARCC’s objective was to further develop and adapt the voucher fair in DRC and
explore different forms of unconditional and multi-purpose humanitarian cash-based programming
as the most effective at reducing vulnerabilities across multiple sectors. ARCC I piloted three
projects, two of which included using unconditional cash transfers – one in North Kivu and another
in South Kivu.

30. Based on the learning and success of ARCC I, UNICEF continued to pilot humanitarian
multipurpose cash transfers in ARCC II as a way to examine changes in the beneficiaries’ well-being,
spending patterns, and the effectiveness of cash transfers on sectoral outcomes in Nutrition,
Education and GBV. Findings from one study indicated that ARCC II beneficiaries spent money on
items in line with the programme’s objectives, and “increased food security, overall consumption,

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33 Alice Obrecht. Adaptive Humanitarian Action in DRC. Alnap
and “generated some positive increases in school enrolment, children’s health, inspired agricultural activity, increased agricultural assets such as livestock, and strengthened farm and non-farm income.”

According to one study, the use of flexible multipurpose cash (unconditional) has been considered an effective assistance modality. Families receiving multipurpose cash have showed increased dietary diversity and food security, increased spending and livelihoods opportunities (some participants used it to participate in small commerce activities); decreased number of households with debts; increased access to services (such as access to health care and education services for children); and ultimately increasing their resilience and well-being. The evaluation finds that the positive results of ARCC II prompted UNICEF to scale up multipurpose cash assistance modality in RRMP8. In RRMP8, the NIF fair voucher/cash modality accounted for 80 percent of the assistance provided to the target households. Between June 2017 and April 2018, the RRMP spent 62 percent of its budget in the NFI sector, compared to 16 percent in Health, 11 percent in WASH, and 8 percent in Education/Child protection.

### 1.1.5. Implementation Status

31. **Inception phase:** The inception phase started with preliminary Skype call discussions between the ET and UNICEF Evaluation Manager on needed data and programme documents, the nature of the evaluation and the expected end-product, the evaluation timeline and workplan, fieldwork and sampling of key stakeholders; and procedures to facilitate access to all needed documents and key informants throughout the evaluation.

32. The ET started the desk review following receipt of the documents. Although UNICEF provided a number of documents pertaining to this evaluation, the ET accessed the full list of key documents only once it had arrived in the field. For this reason, the desk review continued after the fieldwork and was completed during the analysis phase. The main product of this initial phase was the draft Inception Report, which included the methodology, sampling proposal, evaluation matrix, a stakeholder analysis, and a clear chronology.

33. **Fieldwork phase:** The fieldwork took place in Kinshasa, Goma, and Kalemie from May 20 to June 31, 2018. Upon arrival in Kinshasa, the ET held an internal team-planning meeting with UNICEF to establish a mutual understanding of the EQs, expectations, streamline approaches to qualitative data collection instruments, and plans for the evaluation process. Following this meeting, the ET submitted the final version of the Inception Report to UNICEF.

34. Primary data collection methods and tools were designed to cover the identified information needs and the required level of information to answer the EQs. During the fieldwork, the ET realized that the two-week data collection period that had been originally planned was insufficient for conducting all proposed FGDs. Although UNICEF suggested an additional week for data collection, due to logistics and travel constraints, the ET would have had to spend two extra weeks instead of one in DRC. Therefore, the ET decided to conduct all primary data collection within the originally planned two-week period. Data collection was carried out by 2 sub-teams – one in Goma and the other in Kalemie - led by the international consultants and supported by 2 national consultants.

35. **Data analysis:** The ET spent four weeks on data analysis, revision of supplementary documents it had received from UNICEF in the field, and the preparation of the draft report. The draft report provided an overall assessment of UNICEF’s response and programmatic strategies for RRMP mechanism and key recommendations in line with the EQs and GEROS. The final evaluation report incorporates revisions based on comments received from UNICEF and other stakeholders.

36. To the extent possible, the ET has presented the results linked to the RRMP based on a solid base of evidence to ensure the completeness and logic of findings. The findings presented in the

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Juan Bonilla et al. AIR. 2016. The Use of Cash based Assistance in DRC. P. 9
Idem
UNICEF. Décembre 2017. Annexe 4 : Bonnes pratiques et leçons apprises RRMP8
report allow the ET to touch upon aspects of cost analysis and have enabled the team to, essentially, highlight some key elements of UNICEF efficiency strategy for the RRMP, in particular in a context of decreasing funds towards the DRC and heightened demands from donors. The findings presented here give the ET a chance to establish a causality link between the RRMP and saving lives of vulnerable populations under its mandate. More specific examples are emphasized along this report, although the multiplicity of actors in DRC blurs the lines of attribution to a specific programme/actor. To the extent possible, the ET has stressed good practices and areas of possible improvements across the report. The evaluation also notes the constant aspiration to transform the RRMP (tools, partnerships, comprehensive answers across sectors, targeting strategies, management format, etc.).

37. Upon finalization of the analysis and reporting stages of the evaluation, the ET has developed recommendations arising from the findings and conclusions contained in the report. They are presented in a clear and concise way and are intended to be useful and actionable for the designated users. The team also underlines a series of lessons learnt based on the findings and conclusions of the evaluation. They are deemed a good addition to the current body of knowledge around emergency response mechanisms and are considered universal and applicable, beyond the RRMP and DRC contexts.

1.2 Objective, Purpose, Scope, and Audience of the Evaluation

1.2.1 Objective, Purpose, Scope and Audience of the Evaluation

38. The main objective of this evaluation is to explore the RRMP’s contribution in responding to the needs of the displaced and returnee populations and the host families in eastern and southeastern DRC, and the Kasai. Beyond its main objective, the Terms of Reference (TOR) includes specific objectives of the evaluation as follows:

1. Relevance of RRMP mechanism and its interventions in relation to the needs of the displaced and/or returned populations including specific groups.
2. Effectiveness of the interventions - with focus on quality basic services in non-food items, education, health, nutrition, WASH, and child protection.
3. Efficiency of the national and local implementation mechanisms including coordination and partnerships.
4. Impact of the programme on direct and indirect beneficiaries.
5. Sustainability of outcomes.
6. General lessons learned and recommendations for the improvement of RRMP mechanism (including the multisectoral partnership model) for future humanitarian interventions in DRC and other volatile and fragile contexts.

39. The purpose of this evaluation is both summative and formative. It is summative since it assesses lessons learned and the contribution of the RRMP throughout its last four cycles in improving the living conditions of the affected populations. The evaluation is also formative as it fosters learning about the RRMP for the purposes of strategic and programmatic decision-making. It is therefore intended to be used to improve the upcoming RRMP cycle (RRMP9, 2018-2019) as well as other humanitarian programmes in DRC based on findings and conclusions. The scope of the evaluation is RRMP’s implementation in its last four cycles, RRMP5, 6, 7, and 8, covered during 2014-2018. The geographic coverage includes eastern and southeastern DRC and the Kasai region.

40. To the extent possible, the evaluation has examined the attribution of RRMP’s interventions - during its individual cycles or in its totality over the four cycles - on improving the living conditions

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37 The original TOR intended to evaluation the RRMP cycles, 5, 6, and 7. However, after discussions with UNICEF, it was decided to also include RRMP8 since it was almost concluded at the time of the evaluation.
of the displaced, returnees, and the host communities in DRC. Nor does it make an in-depth assessment of the success or failure of different programme approaches and modalities of service delivery over one another given the purpose of the evaluation. This has been especially challenged since the affected populations are faced with multiple displacements and the RRMP is designed as a one-shot short-term emergency programme. Also, the concurrent presence of other non-RRMP humanitarian actors and programmes – and thus, their spillover effects – complicates the attribution of change to a single programme/project or approach, and/or to conduct a counterfactual analysis. The ET however highlights that the RRMP’s contribution in improving the living conditions and saving the lives of the displaced/returnees and the most vulnerable indigenous populations, especially children, cannot be denied. In its absence it would have been unlikely for the affected populations to be able to alleviate their living and survival conditions given the protracted crisis in DRC and limited resources. Finally, the evaluation does not perform a cost-effectiveness analysis of the RRMP in terms of its value for money since it is beyond the scope of the evaluation. Instead, it examines the efficiency of the programme by analyzing measures that have been taken to reduce management and operational costs.

41. The evaluation pays close attention to the way in which RRMP has identified gender-specific vulnerabilities, needs, and barriers. Specific gender roles are highly contextual and dynamic and call for special insight and analysis across selected sites. The evaluation examines the interaction between different programme activities and mechanisms in addressing gender equality, equity, inclusiveness, ‘do no harm’, and human rights, and the extent to which they have contributed to the greatest change in the lives of the community members.

42. Partnerships and coordination are another crucial and analytical crosscutting factor in the analysis of RRMP. Partnerships take different forms, coordination, and technical influence. The ET has focused on the way in which partnerships and coordination enable or hinder the achievement of outcomes. More specifically, the evaluation analyzes the capacity of RRMP to build new partnerships with transition and development agencies for sustainability purposes including the government counterparts and the civil society. In terms of coordination, the evaluation focuses mainly on the relationship between clusters and RRMP, especially considering that UNICEF leads the education, non-food items and shelter, nutrition and WASH clusters and the child protection sub-cluster and co-leads of the Goma cash working group.

43. The audiences for the results of the evaluation are UNICEF, OCHA, RRMP and non-RRMP partners including other humanitarian actors (INGOs and NGOs), civil society organizations, other relevant UN agencies, donors, and the DRC government stakeholders at national and provincial levels.

1.2.2 Evaluation Framework

44. The evaluation examined RRMP’s performance during its last four cycles according to the Organization for Economic Co-operation and Development (OECD)/DAC evaluation criteria (relevance, connectedness, coherence, coverage, efficiency, effectiveness, and impact), in addition to the sustainability criterion to determine the extent to which RRMP had incorporated a vision of longer-term and sustainable results in its programming. It is important to note that the impact of RRMP as an evaluation criterion was the subject of lengthy discussion with UNICEF Evaluation Manager since this is a challenging aspect to assess for an emergency response programme beyond its life-saving impact. In the end, it was decided to explore the impact of RRMP by relying on stakeholders’ perceptions. The evaluation questions (EQs) are based on the evaluation framework for analysis as described below.

<table>
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<tr>
<th>Evaluation Criteria</th>
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<td><strong>Relevance:</strong> To determine the extent to which the RRMP’s objectives are consistent with recipient needs, overarching strategies, and policies including their:</td>
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<td>- <strong>Coherence:</strong> the extent to which the RRMP’s activities are coherent with core principals</td>
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• **Connectedness**: the extent to which the RRMP’s activities are aligned across humanitarian efforts.
• **Participation**: the extent to which the RRMP has developed participatory mechanisms with its beneficiaries, especially children, women, and the most vulnerable persons.

**Effectiveness**: the extent to which the RRMP has achieved its objectives and outcomes and addressed design and implementation bottlenecks, and what have been the unintended positive or negative consequences with respect to:
• **Coverage**: the extent to which the RRMP’s contributions have been effective to stated requirements, and in terms of operational capacity in the field.
• **Coordination**: the extent to which the RRMP’s coordination across partners in implementation and monitoring been effective in achieving result.

**Efficiency**: the extent to which the RRMP’s coverage and results are aligned with its human and financial resources including:
• extent to which the RRMP has efficiently coordinated and aligned with cluster priorities, standards, norms and strategies.

**Impact**: The way in which impact is perceived by donors, beneficiaries, and implementing partners including:
• The extent to which impact is well-defined in the theory of change
• The extent to which indicators provide a link between the effects of RRMP and the "resilience" of beneficiaries and their families

**Sustainability**: the extent to which the RRMP’s results are likely to continue after the project and sustain broader interest in fundraising with donors given its results including:
• The extent to which the RRMP contributed to reinforcing the transition from humanitarian to development programming
• The extent to which there are opportunities for national institutions to take ownership of the RRMP
• The extent to which the planning and implementation of RRMP interventions been aligned with existing local structures and capacities for service delivery
• The extent to which the programme has created national, provincial, and local capacities, including resilience at household and community levels

**Cross-Cutting criteria:**
• **Gender**: the extent to which the RRMP considers gender interactions in its dividers and connectors analysis and has a positive impact on advancing gender equality, reducing gender discrimination or inequalities, or meeting gender-specific needs.
• **Do no harm**: the extent to which the RRMP’s programme design and implementation consider household and community interactions in efforts to avoid exacerbating existing tensions and divisions and strengthen connections.
• **Equity**: the extent to which the RRMP’s activities eliminate the unfair and avoidable circumstances that deprive children and adults of their rights and access to services.

45. The evaluation provided answers to the above criteria (and sub-criteria) and on the basis of Global Evaluation Report Oversight System (GEROS). The programme’s theory of change was tested through the EQs. The following Table describes the EQs. The full Table with EQs and lines of inquiry related to the sub-criteria for each question are in Annex 4.

<table>
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<tr>
<th>Evaluation Questions (EQs)</th>
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<tr>
<td>A. Relevance</td>
</tr>
<tr>
<td>1. To what extent are RRMP’s strategy and interventions in line with the problems, needs and priorities of the identified beneficiaries and provide a rapid and adequate response to the realities and living conditions?</td>
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<tr>
<td>2. To what extent the M&amp;E indicators selected for RRMP are relevant, adapted to the objectives sought and capable of measuring well the expected benefits and observed in the different sectors</td>
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and different target populations?

3. To what extent is the standardization of RRMP mechanisms feasible and relevant in optimally covering:
   - Sectors (WASH, Health, Education, NFI, Protection);
   - Type of beneficiary;
   - Geographical areas;
   - Response times;
   - Emergency situation/Type of crisis;
   - Specific needs of the child based on gender analysis and inclusion?

4. To what extent has RRMP approach integrated the principles of gender equality, equity, ‘do no harm’, accountability, protection, participation and connectedness in terms of link between humanitarian and development in a relevant and appropriate manner?

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<tr>
<th>B. Effectiveness</th>
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| 5. To what extent have interventions in each sector (WASH, Health, Education, NFI, and Protection) and in their combination contributed to the effectiveness of RRMP improving the living conditions of the displaced and/or returned populations, within the time frame of the 2014-2018 cycles 
   in the volatile and complex context in eastern and southeastern DRC? |
| 6. What elements have favored or disadvantaged a multisectoral approach in the current modus operandi and in a volatile context? |
| 7. To what extent have there been unintended negative (including ‘do no harm’) or positive effects? Which ones? |

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<tr>
<th>C. Efficiency</th>
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<tr>
<td>8. To what extent has the implementation of the activities been efficient with respect to resources and ‘value for money’?</td>
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<tr>
<td>9. To what extent the coordination mechanism contributed to efficiency, notably through strategic planning, flexibility and agility in response, synergies between partners at national and provincial levels?</td>
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<th>D. Impact</th>
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<tr>
<td>10. To what extent have individual (single-component) and/or multi-sector interventions of RRMP contributed to planned impacts (better living conditions of the beneficiaries)?</td>
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<tr>
<th>E. Sustainability</th>
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<tr>
<td>11. To what extent have the contributions of RRMP been sustainable throughout its cycles?</td>
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### 1.3 Evaluation Methodology, Gender, Human Rights and Equity

46. The methodology model designed for this evaluation aimed to utilize the best mix of data collection tools to obtain the most reliable and valid answers to the EQs and generate useful learning within the limits of resources and availability of data. For this purpose, the evaluation utilized a mixed-methods design, drawing on both qualitative and quantitative data using primary data collection methods and secondary sources. These included RRMP and UNICEF strategic documents; the implementing partners’ project and programme documents, including, among others, results frameworks and indicators; stakeholder mapping; mapping of risk and vulnerability analyses; financial documents and their follow-up; multisectoral assessments (MSAs needs assessment); monitoring reports; Annual Country Reports; programmatic guidelines; the Activity Info data base; follow-up reports of the humanitarian mutual funds; information specific to each RRMP sector; evaluations including rapid assessments of RRMP; contribution analysis to determine factors which promoted or impeded the progress against intended results; reports of Complaint and Feedback mechanisms; as well as in-depth key informant interviews (KIs) and focus group discussions (FGDs) to determine perceptions of stakeholders on the effectiveness, impact, and

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38 The evaluation will be focusing primarily on RRMP cycles 6, 7, 8, with most of the data from the KIs and FGDs based on perceptions of RRMP 8.
sustainability of the programme (see Evaluation Matrix in Annex 5).

47. The evaluation assessed gender, equity, and ‘do no harm’ by including explicit questions on these issues in the questionnaires and triangulating findings with information from secondary source documents and reports. Furthermore, the design of the evaluation methodology was guided by the Human Rights-based Approach (HRBA) to programming and evaluation (achievement of planned results through morally-acceptable processes to realise human rights, in particular children’s rights). The evaluation was guided by five core principles: normativity, participation, non-discrimination, accountability and transparency, and by the Common Understanding on HRBA to Development Cooperation and Programming.\(^{39}\)

48. This methodology was selected because: a) it is appropriate for the Programme strategy and implementation; b) it is feasible and applicable, following the preliminary data review in the Inception Phase; and c) qualitative approaches allow exploring and understand the experiences and perspectives of the respondents in greater depth than offered by quantitative approaches, and they are effective means of triangulation when used with secondary source quantitative evidence. The methodology is suitable and the information collected sufficient to meet the evaluation objectives and produce rigorous findings.

49. The KIIIs provided in-depth information from varied stakeholder perspectives (e.g. implementing partner staff, UNICEF and OCHA staff, other UN and INGO and NGO humanitarian actors as well as donors) related to the successes and shortcomings of the interventions, while highlighting perceptions around the impact and sustainability of activities to inform recommendations on continuation of activity successes over time. The FGDs explored the changes beneficiaries experienced within their communities during RRMP interventions and perspectives related to the relevance and effectiveness of the programme in responding to their needs.

### 1.3.1 Data Collection Tools and Sampling

50. The evaluation used a purposive sampling strategy to select areas to conduct FGDs, given time and accessibility constraints. The ET finalized the list of key informants and the sampling for the FGDs in consultation with UNICEF staff in Kinshasa, Goma (North Kivu), and Kalemie (Tanganyika). The evaluation used semi-structured questionnaires for conducting the KIIIs and FGDs (the KII and FGD instruments are in Annexes 8 and 9).

51. In consultation with UNICEF, the evaluation considered a cross-section of stakeholders for the selection of the KIIs with potentially diverse views to ensure that the evaluation findings are as impartial and representative as possible. The evaluation conducted a total of 30 KIIIs and 8 group interviews with implementing partners, UNICEF staff, OCHA, and other relevant UN agencies and INGOs/NGOs involved in humanitarian response in DRC. The final list of KIIIs is in Annex 6.

52. The ET conducted 10 FGDs in total (2 in Kalungu (South Kivu), and 7 in Kalemie (Tanganika)), and one in-depth interview (Kalemie). The FGDs were composed of women, men, girls and boys who were beneficiaries of RRMP. They included the displaced, host community members and returnees. A total of 3 FGDs were conducted with children (girls and boys) in Lubuye, Kalemie. Additionally, the ET participated in a direct observation of a WASH intervention in Kalemie. The final composition of FGDs is in Annex 7.

#### Team Composition

\(^{39}\) The principles state: All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments; human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process; and development cooperation contributes to the development of the capacities of ‘duty bearers’ to meet their obligations and/or of ‘rights-holders’ to claim their rights. United Nations Development Group (2003). The Human Rights Based Approach To Development Cooperation Towards A Common Understanding Among UN Agencies.
53. The ET comprised of a team leader, two evaluation experts, a gender expert, and two national consultants. The national consultants were asked to participate in the preparation of the inception report, desk reviews, developing tools/guidelines, and the data collection process in order to strengthen their capacities, in addition to supporting the rest of the team in different aspects of the evaluation. (See Annex 10 for more details on team members). The team leader was responsible for the overall management and quality of the evaluation and conducting KII and group interviews in the field along with the two evaluation experts. The gender expert assisted in the preparation of the evaluation instruments and analysis of data on issues related to gender. The team was completed by two national consultants that were mainly responsible for conducting the FGDs, assisting in the recruitment of participants, and transcribing/translating the FGD data. The national consultants have been exposed to the development of the evaluation, throughout the evaluation proposal to tools development, process and fieldwork. Interviews were recorded with the consent of the participants (see Annex 11 for more details).

Data Analysis

54. Throughout fieldwork, the Team Leader facilitated internal working sessions with team members to identify emerging findings and themes, developed a qualitative coding structure according to these themes, and established preliminary findings. Following fieldwork, the ET used, coded and analyzed all KIIIs and FGDs, using content analysis to identify response categories and patterns, emergent themes, and contextual factors.

55. Gender sensitivity was applied when analyzing data with due consideration to the local context. For an adequate gender perspective, the evaluation ensured that the views and perceptions of women and men, girls and boys regarding the effectiveness of the programme would be explored during the FGDs and analyzed accordingly. Quantitative and qualitative data from primary and secondary sources were triangulated to strengthen the validity and reliability of findings according to the following approach:

- **Source triangulation**: comparison of information from different sources, for example, perspectives from different stakeholder groups, documentation and observation.
- **Methods triangulation**: comparison of information collected by different methods, for example, interviews, document review and focus groups.
- **Researcher triangulation**: comparison of information collected by the different researchers.
- **Geographic triangulation**: comparison of information gathered from different parts of the country to ensure results can be generalized and not limited to a particular context.
1.3.2 Ethics

56. The evaluation followed and abided by the ethical code of conduct research and evaluation in the UN System as postulated by United Nations Evaluation Group (UNEG). UNEG Norms and Standards, including Guidance on Human Rights and Gender Equality in Evaluation, Code of Conduct for Evaluations in the UN system, and UNICEF procedures for ethical standards in research, evaluation, data collection and analysis were fully applied throughout the evaluation. In addition, DARA complies with its guiding principles, which are set out in Annex 12. The ET ensured that this included the independence, impartiality, credibility, accountability and indication of any conflict of interest of the consultants, the anonymity and confidentiality of individual participants in the evaluation, sensitivity to social and cultural contexts and monitoring integrity and honesty in relations with all stakeholders.

57. The evaluation ensured impartiality through the evaluation design, analysis and implementation phases and mitigated potential conflict of interest in the selection of the evaluation team members. The ET assessed the initial design of the programme as ethical as it was prepared in accordance with the difficult operational environment of DRC, is sensitive to the varying degrees in the nature and dynamic of displacement across regions, as well as cultural sensitivities. The evaluation finds that the design of the RRMP prepared to deliver a standardized package of assistance as well as one tailored to the specific needs of vulnerable populations, based on the multisectoral assessments, makes it possible to answer a wide range of needs. The design remains more focused on families than on the particular needs of specific vulnerable groups as explained in the report. These may have affected the result of the programme as shown below in the report. However, any negative effect is considered not significant compared to the magnitude of the RRMP operations.

58. The ET ascertained that the independence of judgement was maintained by using several sources of information and the triangulation of findings. The ET also maintained independent judgement of findings and recommendations and was committed to understanding and respecting cultural sensitivities as well as the risks and challenges present in the country.

59. Participation in the evaluation was voluntary and opinions are presented in the report in an anonymous manner. The ET administered verbal consents to the focus group participants. The consent form informed participants on the nature of data collection activities, the objectives of the evaluation as well as their rights to accept or refuse to participate in the evaluation and/or refuse to answer any questions. They were also informed of the anonymity and confidentiality of answers. For children, the consent of parents/caretakers and children themselves was also secured as per UNICEF guidelines.

1.4 Evaluation Management Plan

60. DARA is responsible for overseeing the evaluation process and ensuring that it is developed in accordance with the ToRs and the needs and requirements of UNICEF. DARA works under the supervision of the Evaluation Manager (PSE section) and the reference group; they will feed into the process and the products at various stages of the evaluation.

61. The ET has worked in collaboration with the Evaluation Manager throughout the evaluation; beginning with the definition of a work plan as well as expectations of the parties involved in the process. This first phase of the evaluation culminated in the submission of the Inception Report, considered the roadmap of the evaluation. Simultaneously, the ET in coordination with Evaluation

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Manager organized the agenda for the data collection in the field. Upon arrival, the country team supported the team in concretizing meetings and securing logistical aspects. In the reporting phase, the Evaluation Manager and reference group provide guidance and comments to the product submitted by the ET.

62. Ultimately, the ET will ensure that the products contain a consistent and thorough evidence-based analysis and that all comments provided internally and externally to the products are adequately addressed and considered by the ET. Special attention is given to the causality between the results of the evaluation and how this leads to balanced conclusions and recommendations. This results in specific, quantifiable, achievable, realistic and time-bound recommendations, but also that the results and recommendations will be applicable in both strategic and operational terms.

1.5 Quality Assurance Mechanisms

63. DARA is responsible for the supervision of the evaluation process and to guarantee it will be carried out with respect to the ToRs. DARA works under the supervision of the Evaluation Manager and the PSE Unit, and in collaboration with the Emergency/Transition Unit. PSE support to this work was done at key points of the process and consisted in sharing quality standards, facilitating the process, solving operational constraints, and sharing comments on the draft report to guarantee the quality level of the final report.

64. All assignments in DARA are quality assured. The quality assurance controls that assignments are carried out in accordance with the needs and requirements of UNICEF and the Terms of Reference. It also makes sure that the final product contains coherent and thorough analysis, balanced conclusions, and takes stakeholders’ views into consideration. The ToRs and comments shared by the client’s reference group will be used as the key parameters for the quality control process.

65. DARA focuses on the adherence of all evaluation products to the highest standards. Apart from the relevant norms mentioned above, DARA also works with the quality control checklists provided by the Client for different evaluation products.

66. DARA ensures that the products contain a consistent and thorough evidence-based analysis and that all comments provided internally and externally to the products are adequately addressed and considered by the ET. Particular attention is paid to the causality between the results of the evaluation and how this leads to balanced conclusions and recommendations.

1.6 Limitations

67. There were a few methodological and operational challenges and limitations encountered throughout this evaluation that are important to note.

Methodological Limitations

1. The use of qualitative approaches often entails trade-offs in terms of external validity. The two-week fieldwork that was originally planned in the proposal was not sufficient to conduct an adequate number of in-depth FGDs with women, children, and the most vulnerable persons to be able to fully determine the extent of coverage of their specific needs and to draw conclusions generalizable to all contexts. To mitigate this shortcoming, the evaluation team agreed with UNICEF to treat the FGD findings as case studies and as examples of potential challenges and complexities that may arise in specific contexts.

2. An evaluability assessment had not been conducted prior to the evaluation to determine the adequacy of data to answer the EQs in comprehensive manner. The content and quality of UNICEF documents on RRMP varied considerably from one cycle (and partner) to the next, with some documents missing (especially those for RRMP5 and 6), and inconsistencies in

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This limited a comparative analysis across RRMP cycles for the evaluation questions. The ET mitigated this limitation by focusing analysis on the last two cycles of RRMP; i.e., RRMP7 and 8.

3 Lack of detail in the existing data made it difficult to comprehensively assess the effectiveness of the programme in responding to specific needs. The evaluation mitigated this limitation by examining RRMP’s general capacity in ensuring inputs and outputs and bottlenecks and adjustments that had been made to the RRMP to better address specific needs.

Operational Limitations:

1. The ET received the key updated desk review documents while being in the field, instead of prior to submitting the inception report. This affected the analysis and writing phase and delayed the submission of the draft report, which UNICEF accepted.

2. Many of the key informants (particularly the implementing partner staff) were relatively new to DRC RRMP and could not therefore fully comment on the previous cycles of the programme. The ET mitigated this limitation by focusing on RRMP7 and 8.

3. While the ET had originally planned to conduct short exit surveys and direct participant observations at the NFI fairs, the timing of the evaluation coincided with the end of RRMP8 cycle. This meant that most interventions, particularly, the NFI fairs had been already completed. This limitation prevents the evaluation to fully analyze the quality and effectiveness in this area. The ET mitigated this limitation by qualitative information from workshop and partner reports, the KII, and FGDs.

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44 For example, one report stated the number of beneficiaries between May 2015 and April 2016 as 1,442,836 compared to the expected number of 1,281,183 (RRMP 6_2015-2016: synthese RRMP_Jan 2015_Juin v1), while in another, the cumulative number of beneficiaries between May 2015 and March 2016 was reported as 1,652,643 (with the same expected number of 1,281,183). (RRMP 7 2016-17 a. strategie, presentation, Bailleurs, Mars 2016)
Evaluation Findings

1.1. Relevance of RRMP Strategy and Interventions

EQ 1. To what extent are the RRMP’s strategy and interventions in line with the problems, needs and priorities of the identified beneficiaries and provide a rapid and adequate response to the realities and living conditions?

Key Findings 1:

- The RRMP remains as a necessary key mechanism to respond to the crisis of displacements in the DRC, thanks to its pre-positioned resources, multisectoral response and geographic coverage;
- Great efforts to respond in the short term to the most vulnerable (greater flexibility, vulnerability-based prioritize);
- Prepositioning of resources favors the interventions’ adaptation to the context of recurrent displacement.
- Context analyses have generally improved to make better estimates of sectoral needs and resources but they can still be reinforced and its use maximized (need for more in-depth cross-sectional analyses).
- Recognized added value of the RRMP to reach areas where there is no other actor but the lack of strategy to face hard to reach areas (security or logistics) limitations have often led to prioritizing interventions in areas of greater access with a higher number of displaced people.
- The RRMP can hardly be more rapid and effective than it currently is considering the growing number of needs for the current state of resources (the validation of alerts, evaluations, registration and targeting are those considered less rapid but good multisectoral assessments and risks analysis help provide an appropriate response).
- Among the measures to increase the programme’s effectiveness is to continue improving the complementarity with local and national actors. The RRMP has also made significant progress towards aligning with the HRP and the CHS to continue improve the lives of affected populations.

68. The RRMP mechanism has a clear added value in the DRC humanitarian crisis context. Although the RRMP is no longer the unique rapid response, as other rapid mechanisms exist in the country (Agence d’Aide à la coopération technique et au développement (ACTED), NRC and Solidarités\(^{45}\) and Médecins Sans Frontières (MSF) for rapid response in the health sector) there is a firm consensus that the RRMP is the only mechanism that brings together many characteristics adapted to the size, the type, and the geographical spread of the crisis including the hard to reach areas. The RRMP is mainly valued for its rapid and permanent response capacity. It is an evolutionary programme that keeps speed as an objective even if it advances in a complex humanitarian system with increasing challenges – more and more needs to be covered with fewer financial and human resources.

69. The RRMP is the only humanitarian mechanism that offers a multisectoral response in all eastern and southern territories. The pre-positioning of resources (financial, material and human) remains a crucial RRMP asset given that most other partners no longer have enough resources to deploy on time - with some exceptions often cited by interviewees such as MSF or International Committee of the Red Cross (ICRC).

70. Timeliness: The RRMP’s 3-month mandate is based on the assumption that the IDPs and returnees are the most vulnerable during the first few weeks of displacement and that after three months they should have developed some type of coping mechanism to address their needs (such as land cultivation, daily work, etc.). It is, however, not evident at exactly which moment the IDPs are the most vulnerable, especially those who live in spontaneous or established camps.

\(^{45}\) NRC and Solidarites are also RRMP partners.
71. The RRMP’s temporal approach is based on three components - all of which are relevant to an emergency response. First, the mechanism conducts 'one-shot' interventions; second, its mandate is to cover those that have been displaced/returned for less than three months; third, the target delay, ‘veille humanitaire’ (see Annex 13), between targeting and the completion of intervention should not take more than 10 days for shelter/NFI and cash interventions, 45 days for WASH and education/child protection sectors and 60 days for health interventions. The degree to which these aspects contribute to providing an adequate response is analyzed throughout the report? It has to be noted the RRMP is mainly valued for its rapid and permanent response capacity in view of the complex humanitarian context it and other aid actors face.

72. The RRMP’s vulnerability approach: The RRMP approach to assistance is good and clearly based on a vulnerability analysis and not just the status of the person. Priorities for the RRMP9 highlight the intention to continue to use vulnerability analyses to make sure to assist the most vulnerable. However, given the complexity of the context and recurring displacement crises in DRC, coupled with the rapidity and short duration of the RRMP interventions, the vulnerability approach cannot always be child – and gender – sensitive enough.

73. In terms of what groups of displaced persons are considered to be the most vulnerable groups, the RRMP follows the Guiding Principles on Internal Displacement. A sign that the RRMP does not give too much emphasis to the statutory approach is the fact that the RRMP itself represented a fusion between the RRM and the Programme of Expanded Assistance to Returns (PEAR), which targeted returnees. Indeed, as ECHO notes, one of the main reasons behind merging both programmes was that, with more and more frequent multiple displacements, the distinction between “displaced” and “returnees” became less relevant from a vulnerability perspective.49

74. The RRMP uses different tools to measure the levels of vulnerability of affected persons based on a system of scores, criteria and indicators for each sector (sectorial orientation guidelines) and globally (decisional tree). This allows the programme to decide on the composition of sectoral interventions as well as targeting of beneficiaries. The vulnerability approach is strongly represented in the prioritization criteria and sectorial indicators that make up the ‘decisional tree’. The decisional tree is the main tool to make ad-hoc decisions on whether to intervene. More concretely, one of the eight global criteria refers to whether the vulnerability scores are above prescribed thresholds in at least two sectors.

75. The development of more precise tools, especially the Score-Cards, are the ‘unique methods’ which allow for more specific contextual analysis to ensure that the RRMP meets the acute needs of displaced populations. However, a subsequent decision based on RRMP8 lessons highlights the need for reviewing the prioritization criteria for all sectors to refocus on the vulnerability of those affected, rather than on thresholds on the size of the crisis (number of households) or the date of displacement. Specifically, the REACH evaluation of the NFI Score Card finds that, despite being a relevant tool, the Score-Card needs to better differentiate scoring by systematically analyzing the score per item and including the collection of qualitative data for more in-depth information. Therefore, the RRMP is increasingly combining quantitative tools like the

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48 The Guiding Principles on Internal Displacement specify that the most vulnerable are ‘children, including unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons’. UNHCR, Anne Davies ‘IDPs in Host Families and Host Communities: Assistance for hosting arrangements’ April 2012.
51 In the NFI sector for instance, the NFI score is calculated from a standard ‘household survey’ tool, assigning for each household a score of 0 (low relative vulnerability,) to 5 (high vulnerability) depending on the number and quality of certain items and also the number of people in this household. The overall NFI score is the average of the scores calculated per household. RRMP intervention threshold considered is 3.8. UNICEF, ‘Notes d’orientation pour le Score-Card NFI’, March 2017.
scorecard with qualitative data to better assess the contextual factors of vulnerability by using a checklist for contextual factor analysis\textsuperscript{55} and also conducting door-to-door household visits for data collection.

76. UNICEF has revisited the targeting criteria to include Social Vulnerability indicators and Food Security indicators, in addition to financial/livelihood security.\textsuperscript{56} The RRMP applies an "à la carte" approach which consists of adapting the response package to the results of the vulnerability analysis (per sector) and the response capacity in place. UNICEF and RRMP partners have also identified the need to have multiple approaches in heterogeneous areas with different vulnerabilities – ‘blanket approach’ for strongly affected villages and ‘vulnerability approach’ (under vulnerability criteria) for others – while taking into account aspects of ‘do no harm’.

77. \textit{RRMP's adaptation to context}: The RRMP’s pre-positioning to respond (at any time) is established through in-depth situation analyses of requirements for human, material/financial resources, and predictions of potential future needs. Although evidence analysed as part of the evaluation shows that there has been a general improvement in context analysis of needs and resources in each area throughout the RRMP’s cycles, it needs to be further strengthened. As UNHCR notes, “each situation needs to be assessed and analyzed separately to identify context-specific characteristics. Assessments should be multisectoral in nature to capture all aspects of IDPs and their hosts’ conditions, to explore the full range of opportunities and risks of intervention and to ensure an appropriate intervention.”\textsuperscript{57}

78. The RRMP also assesses each humanitarian situation through \textit{ad-hoc} multisectoral evaluations whenever a crisis erupts. While the programme has several needs assessment tools and protocols (based on secondary and primary data) for targeting the most vulnerable affected by crises, in RRMP8, UNICEF and its partners decided to prioritize interventions based on risk analysis to better contextualize vulnerabilities and address needs.\textsuperscript{58}

79. RRMP uses a risk matrix tool\textsuperscript{59} to perform risk analysis prior to any intervention. It also uses the ‘Preliminary Diagnosis sheet’\textsuperscript{60} which contains a section on ‘description of the crisis’ and the ‘humanitarian profile of the area’ for analyzing context. The objective of the risk matrix tool is to ensure that all potential risks are taken into account during various NFI in-kind and cash distribution modalities. The analysis includes several risk categories\textsuperscript{61} that help to decide on the most appropriate type and modality of interventions. However, a limiting aspect of the risk matrix tool is that all types of risks are categorized and predefined\textsuperscript{62} and there is no ‘other’ option in the matrix, such as open-ended questions that could provide additional information for risk analysis. Furthermore, it is not clear to what extent the risk matrix and preliminary diagnosis tools reinforce each other to provide a more comprehensive picture of potential risks within different contexts. While some KIs considered all tools useful and complementary, others contended that the tools were too numerous and at times duplicated information.

80. Although the general consensus among the KIs was that the RRMP tools are useful in adapting to the context, some respondents noted that the short-term humanitarian interventions such as the RRMP are not flexible enough to respond to sudden contextual changes. Many emphasized that for a more appropriate response to sudden changes, the clusters needed to

\textsuperscript{55} ‘Checklist d’Analyse de Facteurs Contextuels’ (Checklist d’AFC).
\textsuperscript{56} UNICEF, 'Annexe 4: Bonnes pratiques et leçons apprises RRMP8', December 2017
\textsuperscript{57} UNHCR, Anne Davies ‘IDPs in Host Families and Host Communities: Assistance for hosting arrangements’ April 2012
\textsuperscript{58} UNICEF, ‘Annexe 4: Bonnes pratiques et leçons apprises RRMP8’, December 2017
\textsuperscript{59} UNICEF. E0.6_RRMP Matrice de Risques
\textsuperscript{60} Fiche de diagnostique préliminaire.
\textsuperscript{61} Security and Dignity / Do not Harm, Access, Data Protection and Privacy of Recipients, People with Specific Risks / Needs, Fraud and Diversion with Protective Implications, Social Relationships: Household and Community Dynamics, Market impacts and access, Perception of humanitarian actors / neutrality
\textsuperscript{62} Some examples of pre-defined risks in the matrix tool are: ‘mistakes of exclusion and beneficiary inclusion on the part of the NGO?’; ‘Humanitarian actors perceived as part of the conflict?’; ‘Negative impact on unequal power relations within the community or between neighboring communities’
provide updated sources of in-depth information and risk analysis on the humanitarian needs and conditions in each province. The two HRP priorities clearly state the requirement to 'update multi-risk plans at the provincial level and reinforce capacities of the actors involved in preparation and monitoring of the risk indicators'. However, the evaluation findings show that the clusters are not generating sufficient detailed and up-to-date information as stipulated by the HRP priorities.

81. **Strategy to ensure coverage in inaccessible areas:** The added value of the RRMP is that it intervenes in areas where there are no other actors. The RRMP is also commended for its extensive geographical coverage (see Annex 14) including hard-to-reach areas. Population movements in DRC are usually linked to conflict in remote areas with complicated security and accessibility issues. Due to security and accessibility constraints in more remote areas, the RRMP has been forced to prioritize interventions in more accessible areas and with a higher number of displaced populations at times. Rapid mobilization to remote areas entails high operational costs and requires a thorough security and logistic analysis - such as in the case of the Kasai region. While there are organizations such as Caritas that are present throughout the country (including the remote areas), they do not have enough capacities to respond to the multisectoral needs of the affected populations. On the other hand, organizations with greater capacity (such as ICRC) do not have access to all areas. Furthermore, budgetary constraints and donor inflexibility in terms of assigned zones make it difficult for non-RRMP partners conducting regular programming in isolated areas to collaborate with the RRMP partners.

82. Even though the RRMP seeks to “reaffirm the national character of the programme and explore the options to ensure its flexibility and ability to deploy quickly in new areas” neither the RRMP nor other humanitarian programmes appear to have a strategy put in place for ensuring coverage in hard to reach communities. According to one study: “From an outside perspective, it appears that during the last decade, different layers of coordination have been added progressively on top of one another at various levels (country, provincial, local) following evolving humanitarian needs and different incarnations of displacement. This organic growth does not, however, seem to have been questioned nor rationalized. Concurrently, the development of emergency response mechanisms (ERM) requiring their own coordination structure, such as the Mécanisme de Réponse Rapide aux Mouvements de Population (RRMP), including the RRMP: Comité de Pilotage (RRMP Co-Pil) that brings together both implementers and non-implementers, is drawing attention away from a humanitarian community that is already struggling to cope with excessive requests.”

83. In view of this strategic gap, the RRMP has considered several options to improve its mobility and flexibility in reaching the more remote areas. Donors have received different models of innovative partnership structures. While these models have their pros and cons, UNICEF has taken the responsibility to develop a roster system of consultants or local actors that can be mobilized quickly under the supervision of the RRMP partners. All proposed models explore expanding RRMP partnership with local organizations or consultants in order to increase the RRMP’s flexibility and rapidity of response.

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67 The four different models presented to the donors were based on: 1- antennas/rosters of international or local actors who have a basis in crisis or risk areas (with a partnership with an actor familiar with RRMP for capacity building and M & E); 2- Current partners may have RRMP’s technical leads based in all their selected sub-bases that create provider teams according to intervention needs; 3-Payment by results (keeping the same operation, but restructure the payment type by linking the payment to the results); 4-Current revised model: teams based in ‘zones of crises’ and surveillance in ‘risk areas’ with a roster system (consultants/local actors). UNICEF/Kinshasa, ‘Réunion Stratégique RRMP’, 9 November 2017.
68 A minimum of twenty million dollars (US) would be needed to ensure the cost / effectiveness of the mechanism.
opportunities for partnerships beyond international actors. Although this has been an encouraging step, it has not had a clear strategy to build the capacities of local partners to respond to the humanitarian crises other than the possibility of a transitional period of about one year for building partner capacities. On the other hand, some local NGOs have been participating in the RRMP technical workshops. The RRMP has also set up a network of local actors responsible for early warnings and alerts by provided training to community members such as village chiefs and community representatives.

8. **Involvement of national actors:** Until recently, the RRMP had not taken any conclusive steps to systematize local/national partnerships, even though there have been effective ad-hoc examples of partnerships between national/local and international NGOs such as Solidarités and Caritas Bunia in Ituri. Furthermore, the RRMP’s international partners have been hesitant in accepting partnerships with national/local NGOs because most of them lack capacities, resources, and technical expertise.

8. **Coherence of the RRMP with Government priorities:** The state has ratified and transposed the Kampala Convention into the national legal system. The main state structure responsible for the humanitarian affairs in DRC is the Ministry of Solidarity and Humanitarian Action, created in 2009. Its objectives include promoting strategies on national solidarity; coordinating coordinate interventions with national and international partners; mobilizing human, financial and material resources at the national level. Steps towards working with local actors (National Minister for Humanitarian Action, Governor from the province, amongst others) have been taken with the revival of the Provincial Frameworks for Humanitarian Dialogue (Cadre Provincial de Concertation Humanitaire – CPCH), first held in Tanganyika in September 2017 and in January 2018 in North Kivu. This provides a platform for dialogue between humanitarian actors and local authorities. The various stakeholders are meant to meet at the beginning of each month to give a clear picture of the humanitarian situation in the province. Since 2016, UNICEF has also built a partnership with the Ministry on “veille humanitaire” and capacity-building, funded through its regular resources. Unfortunately, the legitimacy of the state is put into question since the corruption levels in DRC have shown little improvement since 2013. Additionally, the government’s refusal to participate in a donor meeting in April 2018 in Geneva following disagreement over the estimated number of displaced persons in the country, further reduced the possibility of collaboration with the state actors on humanitarian action.

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8. However, since the RRMP8, procurement has opened bids to local NGOs, thus providing opportunities for partnerships beyond international actors. Although this has been an encouraging step, it has not had a clear strategy to build the capacities of local partners to respond to the humanitarian crises other than the possibility of a transitional period of about one year for building partner capacities. On the other hand, some local NGOs have been participating in the RRMP technical workshops. The RRMP has also set up a network of local actors responsible for early warnings and alerts by provided training to community members such as village chiefs and community representatives.
87. **Coherence with the HRP:** The evaluation finds that the RRMP is aligned with the priorities of the HRP for 2017-2019. Specific Result 1 is aligned with HRP priorities 1, 2 and 3 (1. Improve the living conditions of people affected by the crisis, starting with the most vulnerable; 2. Protect people affected by crisis and ensure respect for human rights, and; 3. Decrease excess mortality and morbidity among the affected population). Specific Result 2 is aligned to HRP priority 4 (4. Provide rapid, effective and accountable humanitarian action in accordance with humanitarian principles and standards).

88. The HRP 2017-2019 has set forth four action points to encourage joint response strategies and synergies in terms of coordination, implementation, and reporting between sectors. These include: 1) commitment by sectors to develop joint strategic and operational frameworks; 2) promoting the multisectoral approach in each stage of humanitarian action (assessments, planning, response, and reporting); 3) advocacy for increased donor commitment and funding for the multisectoral approach; and 4) increased dialogue with donors to better identify the geographical and sectoral complementarities between funded interventions. The RRMP is aligned with the HRP as specified in its Global Objective. The RRMP also incorporates multisectoral assistance and defines its actions as “a response package for emergency activities” with specified entry and exit thresholds linked to the survival of the population. This allows the RRMP staff to give an integrated response based on needs assessments. This cross-sectoral response is facilitated by UNICEF’s leadership of four clusters, allowing for greater coordination and specialized multisectoral teams.

89. **Core Humanitarian Standard of Quality and Accountability (CHS):** Since 2016, the CHS has been included in the HRP in DRC for greater adherence and closer monitoring of the results. It is based on 9 key commitments (Figure 1 below) revolving around aspects of: Adequacy (Commitment 1) in line with the RRMP Global Objective; Timeliness (Commitments 2) in line with Specific Result 2 of the RRMP; Resilience (Commitment 3) in line with the RRMP Specific Result 1; Accountability (Commitment 4 & 5) in line with the RRMP Specific Result 2; Complementarity (Commitment 6) in line with Specific Result 1; Code of Conduct (Commitments 7 & 8) in line with Specific Objective 2, and; Efficiency (Commitments 9) in line with Specific Result 2 of the RRMP. These commitments are cross-cutting through all objectives of the programme and also underlined in Sub-Objective 2.2. See Figure below.

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79 UNICEF. RRMP 8 Logframe. Specific Result 1: Les conditions de vie des populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), s’améliorent rapidement grâce à l’opportunité donnée par le programme de mener les activités quotidiennes essentielles pour leur survie et dignité, d’accéder à l’eau et aux soins de santé de qualité, d’assurer la protection des enfants vulnérables contre les dangers liés à un conflit et de mitiger l’impact psychosocial du conflit.
80 UNICEF. RRMP 8 Logframe. Specific Result 2: Les populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), bénéficient d’une assistance opportune et efficace.
81 UNICEF. ED_1_Cadre de résultats M&E RRMP9
82 UNICEF. RRMP 8 Logframe, Global Objective: Avec le programme RRMP, les populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), ont rapidement amélioré leurs conditions de vie grâce à un accès amélioré et équitable aux biens essentiels, aux services sociaux de base et à un environnement protégé.
83 UNICEF. October 2017. 20171031-CR Reunion réflexion stratégique RRMP_V01
90. The RRMP has made significant progress towards achieving Commitments 4, 5, and 7 (see figure above) by taking into account the perspectives and needs of all affected groups to offer more appropriate, relevant, and effective solutions. The framework is built on four key aspects: 1) Public information sharing; 2) Involving the community in the decision-making process; 3) Taking account of the perspectives of beneficiaries through the Complaint and Feedback Mechanism, and; 4) Ensuring proper attitude and behavior of staff members.

91. The 2017-2019 HRP also focuses its strategic actions on Commitment 2 of the CHS (timely interventions) and Commitment 9 (efficiency). The RRMP has been coherent with these commitments with strengthened multisectoral assessment processes in terms of quality and timeliness, with the support from OCHA and the International Organization for Migration (IOM).

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85 UNICEF. Consultant Redevabilité (PPT)
86 UNICEF. E0.3_Cadre de Redevabilité RRMPs; UNICEF.E0.4.a_Redevabilité_Annexe Lettre Comm.Exemple and tools developed for each sector (Ex: UNICEF. E0.8_Checklist redevabilité protection)
EQ 2. To what extent are the monitoring and evaluation indicators selected for the RRMP relevant, adapted to the objectives sought, capable of measuring well the expected benefits and observed in the different sectors and different target populations?

Key Findings 2:

- RRMP M&E indicators are relevant to its objectives considering the scope, timeframe and the targeted populations of the programme
- However, indicators specific to vulnerability (related to women, children, and the most vulnerable) need to be reinforced to provide specific information on these groups and context-specific information
- There are still too many indicators for both monitoring and reporting purposes
- The outcome and impact information centralized on the Activity Info is a good practice but its use needs to be expanded further than donor reports to become a central and practical tool for the RRMP
- An important learning component is incorporated within the RRMP, which constantly re-evaluating its directives. This is bolstered by annual and technical workshops, strategic meetings and regular presentations to donors.

92. The M&E indicators of the RRMP are relevant to its objectives within the scope of its timeframe and the targeted populations. At the impact level, the specific objective of the RRMP is: ‘rapid improvement of the living conditions of the most vulnerable, victims of displacement/recent returnees (less than 3 months) to conduct their daily survival activities with dignity, to have access to water, quality health care, and child protection including psychosocial support.’

93. In order to measure the impact of the RRMP interventions, the logical framework has 10 indicators: an index covering subsistence level coping strategies (e.g., whether the households have reduced negative coping strategies for survival such as taking their children out of school, selling their livelihood products/goods/livestock/land, etc.);87 percent households that perceive they can better cope with the four essential daily activities including: cooking/feeding/storing food, using and storing water for drinking and other hygiene activities, sleeping, and clothing; percent households with an acceptable food/nutrition consumption score88 (based on NFI score cards); diarrhea rate among children under five; percent of children (6-11 years old) who have been reintegrated in school who feel they are in a protective school environment; percent targeted beneficiaries who perceive they live in a protective and dignified environment as a result of any RRMP intervention; mortality rates at the health structure and mobile clinic levels; fatality rate due to cholera/measles; and fatality rate among children under five with severe malnutrition. All indicators are disaggregated by sex, age, and status (displaced, returnee, host community member) to account for gender and equity.

94. The impact indicators are intended to measure change one month after the RRMP interventions, though some indicators such as mortality rates have to be reported monthly during the intervention. The baseline data have been generally collected at the time of the MSA. In RRMP8, baseline data were directly collected during the registration with a tool shared with WFP.89 Nonetheless, some KI respondents stated that it was difficult to calculate change between baseline and intervention end date since the baseline data were not always available for certain indicators. This is especially the case in areas where health structures are absent and it is not possible to collect information on mortality or fatality rates. Additionally, in some health structures, data are not collected on regularly and/or on a standardized basis; which affects both the validity and reliability of data for measuring change. The RRMP does not have a tracking tool (such as SCOPE, used by WFP).

87 Index des stratégies de survie liés à la subsistance (ISSS)
88 Score de consommation alimentaire (SCA)
89 RRMP_PAM_EnregistrementBaseline.xls.
to verify and track population movements and beneficiaries - especially those who have experienced multiple displacement - in order to determine the impact of its interventions in terms improved living conditions and resilience, improve predictability and design of contingency plans, and prevent targeting duplications. The SCOPE is “WFP’s beneficiary identity and benefit management system”, it is designed to be a digital platform and a transfer management platform that helps monitor WFP deliveries. In addition to being a repository of beneficiary information, users can also manage the participation of beneficiaries in the intervention (such as what beneficiaries buy most, dietary diversity, food consumption scores, amongst others). Its application in DRC is not clearly defined yet but any kind of tracking system (SCOPE or otherwise, through IOM notably and its collaboration with OCHA to develop a common UN-tracking system) would greatly inform on the RRMP activities. It could for instance, inform on which beneficiaries have received RRMP assistance and how many times; and allow for better targeting and avoid duplications as well as provide better predictions of population movements/ tendencies, which would facilitate joint strategy planning.

95. The RRMP’s logical framework includes outcome level results in its four sectors of intervention – NFI (6 indicators), WASH (5 indicators), education/child protection (6 indicators); and health (10 indicators). In addition, the framework includes outcome indicators on coverage and timely assistance (6 indicators); effectiveness of the alert mechanism and prioritization of interventions (3 indicators); and accountability/humanitarian standards (4 indicators). The RRMP has a total of 85 output indicators that are distributed as follows: the NFI, 2 output indicators; WASH, 28 indicators; education/child protection, 14 indicators; and health, 30 indicators. The effectiveness of the alert mechanism and prioritization of interventions has 6 output indicators and the accountability/humanitarian standards result has 5. There are no indicators at the output level for coverage and timely assistance.

96. Although the number of indicators was reduced in the RRMP, the KI respondents agreed that there were still too many indicators for both monitoring and reporting purposes. Some indicated that they could not collect information on certain indicators due to data unavailability and/or data untimeliness. Several respondents also believed that the RRMP indicators were not necessarily linked to those of the clusters and that the demand to collect data for both the clusters and RRMP was cumbersome, especially in view of limited resources. One person noted:

“The problem is to make the link with cluster. In the cluster sometimes, they ask us to take all the cluster indicators for all the 5 sectors. We say this is not our mandate… we are not supposed to collect data on the number of the dead in the [whole] locality…our mandate is to collect the number of dead in the mobile clinics or the area we are working. Everyone views [the] RRMP as an opportunity to get more information.”

97. The data in the Activity Info allows the RRMP to assess progress towards it targets in different sectors and whether or not it is reaching the desired results. UNICEF also examines the RRMP data in the Activity Info for alerting partners/consortium on output level targets, gaps, and bottlenecks (including the number of beneficiaries). However, this exercise does not extend to examining data at the outcome and impact levels or the preparation of a comprehensive report on each RRMP cycle. Although the implementing partners stated that they did not consult or analyze other partner consortiums’ data on a regular basis; capitalization, best practices and lessons learnt sharing are a strong component of RRMP. This is done through a variety of activities including RRMP technical workshops, which provide the opportunity for sharing and reflecting on the gaps and lessons learned across partners. This also includes monthly meetings with a specific point on

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90 WFP. December 2017. WFP SCOPE Know them better, to serve them better. https://documents.wfp.org/stellent/groups/public/documents/communications/wfp272586.pdf
91 WFP. December 2014. Scope in Five Minutes.
93 KII, Goma
94 KI interview with UNICEF Data Manager. Kinshasa
capitalization, training and lessons learnt; workshops and trainings along the year; lessons learnt workshops mid-term and final; production of lessons learnt and recommendations documents every year.

98. The RRMP partners use Activity Info as a central information database for monitoring and reporting at output and at outcome levels (where possible). The evaluation, however, did not find analytical reports in the Activity Info. Nor did it find consistent information across the RRMP cycles on trends, patterns, and gaps in outcomes other than individual post-intervention and workshop reports on lessons learned. The absence of these types of analyses can be contributed to several potential assumptions: ii) the implementing partners have the option to save/not save or share/not share the reports they generate from the Activity Info database, which means that these reports are not necessarily available to everyone even if they have been generated; iii) the implementing partners use their own monitoring and reporting system for generating such reports, which means they are internal and, therefore, not standardized across partners/consortiums; iii) the implementing partners do not conduct in-depth analyses of the Activity Info data across the RRMP cycles owing to time and human resource constraints and staff turnover during different RRMP cycles.

99. **RRMP’s use of post recommendations:** Generally speaking, the RRMP is a mechanism perpetually evaluating and re-evaluating its directives – modifying them as it meets challenges and/or obstacles during their adaption to different exigencies. An important learning component is incorporated within the RRMP, which is bolstered by annual and technical workshops, strategic meetings and regular presentations to donors. In this sense, potential improvements are addressed while past recommendations that were not fully followed up are carefully assessed. As this report shows, the RRMP’s main strengths lie in its ability to harmonize tools and processes, in regularly developing innovations and pilots to address programmatic challenges, and in cultivating collaboration with non-RRMP actors.

100. Since the establishment of the RRMP, UNICEF has adopted many external evaluations and reviews for various studies to improve RRMP design, implementation and overall performance. Some focus on the global approach and performance of the mechanism, and others pertain to specific sectoral and M & E approaches, e.g., external evaluation of NFI score card, WASH pilot, and review of vulnerability indicators. Overall, the RRMP has reliably applied proposed recommendations. In order to analyze the extent to which these recommendations have been applied, three global studies covering different periods of the RRMP’s involvement and activities are discussed below.

101. According to the 2013 evaluation report, the RRMP took the opportunity to develop a system reflecting the beneficiaries’ view and priorities, which, in turn, could provide the humanitarian system with useful intelligence. The 2016 review does a follow-up by recognizing the manner in which the RRMP has invested in creating an accountability framework for all partners. The purpose of this operation was to improve communication and include the affected population in decision-making processes and complaint mechanisms that, subsequently, could serve to inspire other ERM.

102. The 2013 evaluation also made a recommendation – addressed to the Humanitarian Coordinator and OCHA – to foster greater harmonization of tools and approaches amongst RRMP partners and clusters. This recommendation has also been applied. Additionally, the RRMP has also applied the recommendation to integrate cash transfer as a modality. In recent years, the RRMP has

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95 This may be due to the fact that the ET was not familiar with all the features in the Activity Info given that it did not receive a demonstration. features.

been known to advance cash-based assistance and follow the recommendation to integrate in the RRMP the use of multipurpose cash transfers tested with UNICEF’s ARCC program.\textsuperscript{97}

103. Another recommendation given by the 2013 evaluation, which was reasonably applied, concerned the integration of the RRMP’s activities, particularly food security. This has been applied through reinforcement of current efforts with WFP and further development of relationships with Food & Agriculture Organization (FAO) and other key food security actors, as well as through the multipurpose cash transfers modality, as beneficiaries can also buy food with the cash provided. The recommendation entailed identifying agencies that could potentially follow-up on RRMP’s activities and assist them to mobilize funds from donors. It is not the RRMP’s primary responsibility to mobilize funds. An ECHO document (2016) notes that the “humanitarian coordinator should play a stronger role in encouraging humanitarian partners, national and regional clusters to connect their longer-term interventions to [the] RRMP.”

104. Furthermore, another ECHO recommendation (2016) emphasized the importance of timeliness and the need for adjustments in the RRMP’s response rapidity without jeopardizing quality. In the RRMP9, UNICEF and its partners are committed to maintain both the quality and rapidity of the response. In order to achieve this, the RRMP is taking measures\textsuperscript{98} such as re‐evaluating internal and external factors contributing to delays in assistance and revising response prioritization (both these measures were part of the recommendations in the 2016 review).

105. It is evident that the global success of the mechanism is not only dependent on its approach and procedures, but also on the individual performances of the partners. A 2017 study on partners’ performance\textsuperscript{99} noted the strengths and shortcomings of each partner when they intervene in different sectors and contexts. The general consensus is that speed and capacity for preparedness and anticipation, control mechanisms, security management, and financial capabilities need to be improved by all partners. The RRMP has been taking measures to correct these common shortcomings. To mention a few measures, the RRMP has managed to improve the speed with fine-tuned tools, reduce costs (see the efficiency section), and reinforce the control mechanisms with a clear accountability framework.

\textbf{EQ 3. To what extent is the standardization of RRMP mechanisms feasible and relevant in optimally covering sectors, type of beneficiaries, geographical areas, response times, type of crisis and specific needs of the child based on gender analysis and inclusion?}

\textbf{Key Findings 3:}

- Standardization is generally considered an added value of the RRMP, with a certain variation across sectors. The fact that it is a mechanism with prepositioned resources and standardized procedures is what allows the RRMP to face the immediacy, recurrence and unpredictability of displacement crises in DRC
- However, the fact that the needs have been increasing and resources are fewer have forced the standardized mechanism to look for more flexibility and prioritization. The dimension and chronicity of the crisis call for a coordinated and aligned global response
- In order for the RRMP to provide a feasible and optimal humanitarian response, the mechanism necessarily needs to adapt to and with the capacities of the whole humanitarian system.

106. Standardization is generally considered an added value of RRMP. Standardized procedures allow the RRMP to face the immediacy, recurrence, and unpredictability of displacement crises in DRC. The changing context and needs have led the RRMP to readjust procedures and tools for more

\textsuperscript{97} UNICEF’s Alternative Responses for Communities in Crisis (ARCC) programme is the largest Humanitarian Multi-Purpose Unconditional Cash Transfer Program in the DRC.
\textsuperscript{98} UNICEF/Kinshasa, ‘Réunion bailleurs RRMP’ April 2018.
\textsuperscript{99} Jean‐Christophe Pegon, ‘Performance des organisations partenaires de mise en œuvre du RRMP. Analyse des performances des 5 ONG implémentant le RRMP cycles 5, 6 et 7’ (2017)
flexibility and prioritization. Several opinions consider that there are sectors that are better adapted to RRMP standardization than others. For instance, the RRMP standard approach of ‘one-shot’ intervention is more adapted to WASH and NFI than to education or health, which have different speed and generally require more follow-up to achieve results effectively. According to Cash Learning Partnership (CaLP), the diversity of needs can be better served by cash-based responses that are multipurpose, especially to populations who have experienced multiple waves of displacement and return to DRC.

The RRMP’s standardized tools include differentiated approaches depending on the type of beneficiaries/needs. Tools have been adjusted through community-based approaches such as sensitization and survey exercises. The KIs confirmed common tools and procedures contribute to an effective and coordinated response and enable the same analysis of the situation by different partners. However, standardized tools do not guarantee necessarily timeliness in implementation since each consortium partner has its own administrative processes that may cause delays in implementation.

The RRMP calculates an average response time for different zones given the different contextual factors. For example, using alternative routes because of the bad road conditions can lead to a delay of 5/6 days. The standardized ‘veille humanitaire’ is sufficiently flexible because it includes additional days in case of external constraints (see Annex 14). This explains that there is considerable pressure on RRMP implementing partners to comply with the standard timeline. Although it takes more time to adequately respond to natural catastrophes or epidemics, there is unanimous agreement that the RRMP is an appropriate mechanism for such crises as well. Until recently (2016) the RRMP intervened in situations pertaining to natural disasters and epidemics. However, since RRMP8 it was decided that the programme would no longer intervene in cases of natural disasters and epidemics unless they affect zones of displacement where no other humanitarian actors are present to respond, and the donors agree to the RRMP’s involvement.

Multi-sectorality: The value of the multi-sectoral approach is unquestionable in large-scale complex humanitarian crises that are characterized by diversified needs. The evaluation finds that the multisectoral approach is adapted to the context and response of the RRMP. The RRMP, like other ERM, needs to be flexible enough to overcome the access challenges and the capacities in place to answer quickly to a wide range of needs. Moreover, the RRMP gives an integrated response based on multisectorial needs assessments.

It appears especially relevant in the context of DRC to answer the recurring displacement crises in a volatile context. The pre-positioning component and consortia model of partnerships of the RRMP allow for a timely response and greater geographic coverage. It also enables the response to trigger a reaction from other humanitarian actors when the ERM cannot answer. In particular, UNICEF leadership of four clusters promotes a greater coordination among specialized multisectoral teams. The multisectorial approach is clearly relevant a significant to provide an adapted package of assistance.

The RRMP is also relevant with regards to the global humanitarian response, embodied in the 2017-2019 HRP, which encourages joint response strategies and synergies in terms of coordination, implementation and reporting between sectors. The HRP promotes joints actions as

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107. See the effectiveness section for more detail.
112. UNICEF. Réunion Stratégique RRMP. 9 Nov 2017, Kinshasa
113. This commitments revolves around 4 action points: 1) commitment by sectors to develop joint strategic and operational frameworks; 2) promoting the multi-sectorial approach in each stage of humanitarian action (assessments, planning, response, and reporting); 3)
well as multi-year planning and financing - especially relevant in the context of the RRMP and DRC where crises are recurring and unexpected (ex: Kasai was considered a peaceful region until the recent instability).  

112. The multisectorial approach nevertheless faces some challenges such as the necessity to have a solid coordination and give a timely response across sectors especially given the context (these aspects are developed below in EQ6).

**EQ 4. To what extent has the RRMP approach integrated the principles of gender equality, equity, ‘do no harm’, accountability, protection, participation and connectedness in terms of link between humanitarian and development in a relevant and appropriate manner?**

**Key Findings 4:**
- The RRMP has integrated risk and vulnerability analysis into its programme cycle to address specific risks to gender, protection, etc.
- However, no specific gender analyses are currently being implemented in the programme.
- Equity and ‘do no harm’ are considerations are examined prior to interventions.
- In terms of connectedness, the RRMP seems to be well connected to other actors, mainly through the COPIL although closer partnerships with other humanitarian actors could improve the RRMP’s vision towards longer-term outcomes, such as the reinforced relationship with WFP.

113. **Gender:** One of the RRMP’s mandates is to advance gender equality and to include marginalized groups. The gender perspective was considered ‘important’ by many respondents given that the majority of the displaced are comprised of women and children. The RRMP defines its activities on the basis of risk and vulnerability analyses - through information provided by separate FGD with women and men and sex-disaggregated data - in order to ensure equitable and safe access to services for its beneficiaries. Although the evaluation does not have enough evidence to draw substantial and general conclusions on the systematic achievement of gender and age specific results regarding equity aspects, the evaluation did gather evidence from FGD that can provide specific examples of when this has been the case. Based on these, the evaluation finds that risk and vulnerability analyses allow the RRMP to consider the different needs and protection issues related to women, men, girls, boys, and the most vulnerable in each intervention sector (WASH, health, education, protection/child protection, and NFI). As a result, vulnerable populations, victims of recent displacement / return (less than 3 months) have increasingly benefitted from measures promoting a protective environment, as well as the reintegration of children into school, between RRMP5, 7 and 8\(^{108}\) as per Sub-Result 1 (Protection), as showed in the figure below:

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\(^{108}\) Data for RRMP6 have not been included in this figure since there were some consistencies between the number of health beneficiaries and the number of vulnerable populations having access to quality health services; the latter being almost 4.5 times higher that the number of beneficiaries in the health sector for RRMP6.
114. Findings from both female and male FGDs indicate that the RRMP has created the same opportunities for women as for men to learn, participate, and take leadership roles in various community committees such as ‘chefs du bloc’. Other examples of the RRMP’s gender sensitivity towards its interventions include having at least 30 percent of women participating in daily intervention activities and ensuring that both male and female health personnel are present. Furthermore, some activities follow a targeted approach - focusing on women’s needs only - for example, providing diapers for pregnant women in their third semester; supplying PEP and female personal hygiene kits to health structures and the mobile clinics.

115. Although the RRMP promotes gender equality, it is not gender transformative. As a short-term intervention, the RRMP’s objective is to increase gender sensitivity (especially related to protection issues) rather than longer-term processes necessary for transforming gender roles and relations to ensure equality between women and men. On the other hand, the awareness raising activities (by gender focal points on household finance and decision-making) are a step towards transforming gender attitudes. As one key informant noted: “We’re not going to revolutionize the relations between men and women [through RRMP]”.

116. The desk review for this evaluation did not gather sufficient evidence on gender analyses based on primary or secondary data. ‘Do no harm’ (or potential ‘do no harm’) considerations of gender interactions in the MSA’s were not significant enough to provide a general and systematic appreciation. The ET; however, did come across one partner report mentioning an analysis of protection and ‘do no harm’, although the actual report was not found. Hence, it is not clear whether the report concerned a gender risk analysis from the ‘do no harm’ perspective or it was related more to protection issues.

117. Given these shortcomings, there is a need for further analysis of the new roles, responsibilities, needs, and capacities of both women and men as a result of displacement and ongoing instability. A gender risk and ‘do no harm’ analysis would further ensure equitable and safe access to services for its beneficiaries as well as providing opportunities for improved gender sensitive programming. In addition to risk analysis, it is particularly important to enrich both the pre-intervention and post-intervention assessments with more in-depth analysis of gender and

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*FGDs, Kalunga*

*KII, Goma*

*Solidarites. 2017. Rapport d’intervention: Axe Alimbongo-Kitsomboiro ; RRMP - AME*
vulnerability that incorporates ‘do no harm’, even if it may take more time.

118. **Equity:** Although, the RRMP’s beneficiary targeting tools have been designed to ensure equity to a certain extent in service delivery, it is true that no targeting process is ever perfect. Since RRMP6, interventions in NFI vouchers and cash transfers, by degrees, have used the household size as their guideline to determine the amount of assistance provided to the targeted beneficiaries to ensure a certain degree of equity. The household approach succeeds in meeting the objective of providing immediate relief to affected populations (distributing blankets, mosquito nets, etc.) but it doesn’t entail a targeting specific to vulnerabilities and all items are being shared in different ways amongst households. The main risk facing the use of household size is the manipulation of data (e.g. manipulation of the number of household members).

119. Other measures to secure equity are based on targeting the most vulnerable groups and the assessment of needs through vulnerability criteria. The beneficiary targeting modalities include: categorical targeting (covering 100 percent of the IDPs because of the disparity in needs between host community members and the IDPs), the vulnerability-based targeting - mainly used for NFI and cash distributions (based on assessments of economic, social, and food vulnerabilities at the household level), and community-based targeting (with the community deciding who the most vulnerable persons needing assistance are) as well as geographical targeting.

120. **Do no harm:** Standardized tools are important in targeting beneficiaries and assessing the type and modality of interventions. The ‘Preliminary Diagnosis sheet’ is used to analyze risks of ‘do no harm’ and access prior to interventions and to develop mitigation measures along the intervention cycles. The risk analysis is representative example of the importance given to ‘do no harm’ considerations in the RRMP, especially when looking at the concrete changes arising from these, such as the inclusion of host communities in the delivery of the assistance. A few interventions may have had negative side effects in terms of ‘do no harm’ on relationships within households and communities but these are not significant in relation to the magnitude of RRMP interventions. During the RRMP7, as part of a greater focus on accountability, the RRMP introduced a complaint mechanism and protection checklists (during and post-intervention) to ensure that the principles of ‘do no harm’ are observed. The complaint mechanism has different modalities: complaint boxes, green line for calls, a complaint committee in the community, and a help desk. All complaints are collected in partner databases so that they can be addressed. Partners send the more serious complaints such as child protection, GBV, and fraud to UNICEF who will then share the cases with its internal control unit. Partners are now sharing their complaint databases with UNICEF.

121. The RRMP also relies on its post-intervention monitoring information (collected by the consortiums at the household level) to identify the evolution of the overall results as well as aspects of protection and ‘do no harm’. The accountability indicators in post-monitoring tools enable the RRMP to assess whether the beneficiaries are satisfied with the services and if assistance was delivered in a secure manner. Some findings, however, indicate that the post-monitoring information, which apprises RRMP of gaps and bottlenecks for decision-making on corrective measures, are not thoroughly examined on a regular basis (sometimes due to time constraints because of the number and frequency of alerts).

122. There are few examples of negative side effects related to RRMP interventions; although they are qualified as rare and not relevant when compared to the magnitude of RRMP interventions’, certain aspects of the RRMP are worth being mentioned as they continue to pose

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112 This approach was adopted by RRMP in 2016 following the positive results obtained from the Norwegian Refugee Commission (NRC) pilot project on ‘household size’ vulnerability criterion in 2015.

113 FGD, Kalemie

114 Fiche de diagnostique préliminaire.

115 Complaints regarding fraud need to be reported to UNICEF within 24 hours

116 UNICEF. EO.7 – Fiche et BD Gestion Plaintes
challenges regarding the ‘do no harm’ principle, despite measures (complaint/accountability mechanisms, participatory processes, and awareness raising on targeting) that the programme has taken to reduce conflict and tension among the community members. For example, most respondents agreed that the ‘do no harm’ aspect of the RRMP was sometimes jeopardized to the extent that WFP and the RRMP did not provide coordinated assistance to the same beneficiaries or number of households, which led to conflict among community members. Other respondents noted that at time the quality of data collected for targeting was biased either due to the low capacity of the data collectors and/or because of pressure from some community members on local data collectors to include them in the beneficiary list. In both cases, the unreliability of data creates bias and distorts targeting, and thus, the principals of ‘do‐no‐harm’ by leading to tensions and potentially depriving those that are the most in need of services. Furthermore, since the RRMP registers all households, but then selects a certain number based on its vulnerability criteria, this leads to resentment on the part of those that have been selected but not targeted (especially since the list of the beneficiaries are posted in the community). Finally, respondents also explained that the proximity of areas in which different modalities of interventions were implemented was a corollary in ignoring the ‘do no harm’ principle.

123. Participation: The RRMP has developed several communication and participatory mechanisms with its beneficiaries. The complaint mechanism is an added value for participatory processes since it allows the beneficiary and other community members to voice their concerns about the interventions and/or other situations. The RRMP also uses a participatory approach prior and during its interventions through consultations with communities. The programme ensures the participation of the children, women, and the most vulnerable through consultation committees. These consultations take place amongst mixed committees of both IDPs and host community members and/or FGDs and involve assessing needs, providing information on selection and targeting criteria and interventions, and identifying the most vulnerable. However, some respondents indicated that the most vulnerable such as the elderly, the disabled and the vulnerable youth do not necessarily number among members of consultation committees.

1.1.1 Connectedness

124. The RRMP is well connected to other actors through COPIL and the clusters and to other sectors. Humanitarian and development actors including cluster leads and INGOs are invited to attend COPIL’s meetings on a voluntary basis as observers - to provide information on the alerts and their recommendations -, and as decision-makers. In addition to OCHA, UNICEF, WFP, and RRMP partners, other organizations such as CONCERN, Catholic Relief Services (CRS), MSF, CICR, Caritas, Samaritans’ Purse, ACTED, among others.

125. Given that attendance at COPIL is voluntary and upon invitation, many humanitarian actors – particularly local ones, with some exceptions such as Caritas – are excluded as both observers and decision-makers. RRMP advocates to the DRC government and development organizations for follow-up and support activities for sustainability purposes. However, it has not succeeded in bridging the gap between humanitarian and development programming in DRC. Even though information on RRMP is readily available and is shared across different stakeholders, RRMP’s connectedness to other humanitarian and non-humanitarian actors remains relatively tenuous. The evaluation finds that the RRMP should be linked to long-term vision of outcomes that should be more sustainable in terms of capacity building of local actors, for instance.

126. A major donor criticism of RRMP’s intervention package has been absence of food assistance. Since the RRMP7, the programme has made greater effort to ensure that WFP and RRMP activities are coordinated so that beneficiaries can have access to food along with services in other sectors. The coordinated interventions of WFP and RRMP increased from 62 percent in 2017, to 84 percent in 2018. The RRMP9 aims to develop further joint planning to ensure both coordinated and simultaneous interventions by the RRMP and WFP in affected communities.

127. One challenge regarding coordination between WFP and the RRMP has been organizational
procedures with respect to validation of alerts. While RRMP evaluations go through COPIL, WFP has an early warning system that allows the agency to be on the ground more quickly than the RRMP. This situation is being addressed through a revision of COPIL’s role and responsibilities.

128. On the other hand, WFP usually intervenes three times in an area for a maximum duration of 90 days, which is very different from the RRMP’s ‘one-shot’ interventions. A major difference in the RRMP’s and WFP’s cash assistance programme is that WFP focuses on conditional cash transfers – the community approach – whereas the RRMP is focusing increasingly on unconditional and multi-purpose cash transfers. During a recent donor meeting in Goma\textsuperscript{117} it was decided that the RRMP and WFP should agree on providing a ‘minimum expenditure basket’ to beneficiaries in terms of cash transfers for food and non-food items.

129. The RRMP and WFP are still addressing issues related to their different partnership models - WFP works with local NGOs, whereas the RRMP works with international ones due to security reasons and issues related to accountability and transparency. The RRMP also uses its own partners to conduct post and pre-intervention surveys whereas WFP relies on external evaluators.

\textsuperscript{117} UNICEF, ‘Briefing note for Representative a.i. Meeting with key RRMP donors [ECHO, DFID, OFDA, SIDA]’, 1 February 2018.
1.2. Effectiveness of Interventions

EQ 5. To what extent have interventions in each sector (WASH, Health, Education/Child Protection, NFI) and in their combination contributed to the effectiveness of the RRMP improving the living conditions of the displaced and/or returnees, within the time frame of the 2014-2018 cycles in the volatile and complex context in eastern and southeastern DRC?

Key Findings 5:

- Although the RRMP was originally designed as a ‘last resort’ response to the humanitarian crisis in Eastern and Southern DRC it has increasingly assumed the role of a ‘first resort’ response due to the growing number and range of emerging conflicts, absence of humanitarian actors in conflict areas with sufficient capacities for timely multisectoral humanitarian response and its multisectoral approach.
- The multisectoral approach of the RRMP is effective in contributing to improve the living conditions and saving the lives of the displaced/returnees and the most vulnerable indigenous populations, especially children.
- Although the RRMP’s interventions are designed to respond to the basic needs of women, children, and the most vulnerable at a multisectoral level, the evaluation does not have enough evidence to draw substantial conclusions about the extent to which the programme has addressed the context-specific needs of women, children, adolescents, and the most vulnerable throughout its cycles. However, our perception is that some considerations were given to gender aspects regarding certain activities and the evaluation has highlighted some key aspects based on preliminary review and interviews.
- The RRMP has successfully implemented measures to increase its flexibility in view of the scale and frequency of humanitarian crises in DRC, and improve its adaptiveness thanks to a greater rapidity of response, changing modalities of delivery according to context and appropriateness and better coordination and collaboration amongst partners.
- Challenges remain with regards to targeting (host community members as vulnerable as the displaced and the returnees) and rapidity due to the substantial number of reporting instruments and UNICEF’s demanding requirements regarding their preparation including the number of indicators.

130. The RRMP is commended for reaching large numbers of people in need of humanitarian assistance.\textsuperscript{118} 2.1 million conflict affected people in the RRMP\textsuperscript{6}, 118 1,182,241 million in the RRMP\textsuperscript{7}, and an expected number of 900,403 persons by the end of the RRMP\textsuperscript{8}. Since 2014, in response to crises, the RRMP’s geographic coverage has expanded considerably from Northern and Southern Kivu to Tashopo, Ituri, Manimea, Tanganyika, Haut Katanga, the Oriental province, and Kasai. Apart from NFI, RRMP, generally, serves considerably more people in WASH than in other sectors (health, protection and education). In the RRMP\textsuperscript{7}, 33 percent of interventions took place in the NFI sector, followed by 28 percent in Health, 26 percent in WASH, and 14 percent in Education.\textsuperscript{121}

131. According to donor requirements, the RRMP, as a multisectoral mechanism (with at least two sectors) was originally designed as a ‘last resort’ response to the humanitarian crisis in Eastern and Southern DRC by maintaining full-time emergency response capacity through pre-positioning of partners and equipment, and advance financing. However, the RRMP has assumed increasingly the role of a ‘first resort’ response due to the growing number and range of emerging conflicts, absence of humanitarian actors in conflict areas with sufficient capacities for timely multisectoral

\textsuperscript{118} A comparative analysis of numbers of people reached during RRMP’s last four cycles would be superficial without an in-depth vulnerability analysis and examination of contextual factors (i.e., the wide range of humanitarian situations, funding variations and availability of resources, security and accessibility, among others).
\textsuperscript{119} UNICEF Annual Report, DRC (2015)
\textsuperscript{120} UNICEF Internal reports: 03142018_RRM DRC Profile
\textsuperscript{121} UNICEF, Resultat RRMP7
humanitarian response and its multisectoral approach. As shown in the figure below, this tendency seems to be aligned with the growing number of vulnerable people whose needs are covered by a multisectoral package of assistance, in the most recent cycle of the RRMP (2017-2018) with 1.405.026,00 vulnerable persons reached in the RRMP8.

**Figure 8: Total number of people covered by the multisectoral package of assistance (RRMP 5 to RRMP8)**

![Bar chart showing the number of people covered by the RRMP packages from RRMP5 to RRMP8](chart.png)

Source: based on data received from UNICEF DRC Country Office. October 2018

132. The RRMP’s contribution in improving the living conditions and saving the lives of the displaced/returnees and the most vulnerable indigenous populations, especially, cannot be denied. In its absence, it would have been unlikely for affected populations to be able to alleviate their living and survival conditions given the extent of their unmet needs, the protracted crisis in DRC and limited resources. Both the KIs and FGD respondents valued the RRMP’s effectiveness based on the immediate improvements and benefits in the lives and living conditions of the displaced and the most vulnerable populations (including children) such as, lives saved based on improved to nutrition, health, education, clean water and hygiene, and food and non-food items. As an example, the rate of diarrhea in children under 5 years old has significantly dropped after RRMP6 as showed in figure below:

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Overall, the respondents’ assessment of the effectiveness of the RRMP was positive since they believed that the complementary nature of interventions in multiple sectors had, in fact, improved their living conditions, at least in the short-term. Primary education is celebrated by affected families but older children “want to study” and feel “left behind” when they are not given access to education further than primary school.\textsuperscript{123} Given the broad scope of the RRMP’s multisectoral interventions, most KIs, however, found it difficult to identify the most effective interventions, or to weigh outcomes against each other. The general consensus was that activities in most sectors were interdependent. For example, respondents noted that WASH interventions are as important as in-kind NFI/food and multipurpose cash, given that ‘food without water is not relevant’ as the number of vulnerable populations having access to drinking water, sanitation and hygiene practices show.

\textbf{Figure 10: Number of vulnerable populations that have access to drinking water, sanitation and adopt hygiene practices adapted to their displacement situation through RRMP5, 7 and 8}

\textsuperscript{123} FGD, Kalemie
activities principally are based on the division of responsibilities within the households. Given that women are generally the decision-makers regarding the household preferences, expenditures and their children’s health/nutrition, and education, the RRMP targets women over men for receiving cash and NFI vouchers. In health and nutrition, the programme focuses on the needs of women - especially pregnant women - and children. Furthermore, the education sector’s targets are children in terms of their access to education, psychosocial well-being, and protection. However, although the RRMP’s interventions are designed to respond to the basic needs of women, children, and the most vulnerable at a multisectoral level, the evaluation does not have enough evidence to draw substantial conclusions about the extent to which the programme has addressed the context-specific needs of women, children, adolescents, and the most vulnerable throughout its cycles, beyond the hygiene kits to women and access to primary school for children. However, our perception is that some considerations were given to gender aspects regarding certain activities. The evaluation was therefore able to highlight some key aspects based on preliminary review and interviews.

135. Findings from FGDs with girls and boys, in Kalemie, reveal some of the shortcomings of response to specific needs. For example, some girls contended that even though they expressed their needs at the ‘protection community committees’, these needs were not necessarily prioritized, and they felt “rejected” by the programme. One pregnant girl also noted that she had not received any special assistance that addressed her needs. Similarly, the boys in the FGDs mentioned that they felt the NFI kits were more suitable for the needs of women and girls than theirs and that they were neither consulted by the NGOs or their parents regarding their needs and preferences. Furthermore, one adult respondent observed that, although the committees identify the most vulnerable as orphans, widows, handicapped persons, the elderly and the chronically ill, the assistance packages are not different for these people despite their specific needs. It only varies according to the household size. During an FGD in Kalemie, respondents noted that they had not received any assistance from the RRMP since their return. While findings from the FGDs cannot be generalized to include other areas and beneficiaries, they do reveal gaps in the implementation of certain activities and service delivery within specific contexts.

136. There was a wide degree of variance in the perceptions of respondents on individual sectoral performance. Generally, bottlenecks were attributed to the RRMP’s 55-day intervention window, pre-positioning of stocks and staff, and absence of technical capacities. Some KIs acknowledged that given the number and breadth of emergencies in Eastern and Southeastern DRC, it would be unfeasible to have an emergency response period longer than three months. On the other hand, there were those who deemed the short duration of interventions less effective within certain contexts and in some sectors and criticized the trade-off between rapidity and responding to context-specific needs. Although standardization improves operational flexibility, in some instances, it creates inflexibility with respect to selection criteria and one-shot rapid intervention packages. Additionally, the IDPs often become even more vulnerable after the 3-month intervention period. This raises the question on the appropriateness of equating timeliness and rapidity in protracted emergency situations given that addressing specific vulnerabilities at the most susceptible time is just as critical as the speed of response. As one study notes: “Arbitrary time limits impose adjustments in humanitarian operations based on funding rules rather than changes in the actual population in need or the operating environment.” In the final analysis, the decision to intervene, and the types of interventions that are delivered, may not be necessarily based on the vulnerability levels and/or specific needs of the displaced and returnee populations, but rather, on reducing the complexity of the interventions.

137. Based on lessons learned from the RRMP8, the programme now recognizes the importance...

124 WASH Committee member, Kalemie
125 FGD, Adult males, Kalemie
to refocus on vulnerability assessments rather than prioritizing the number of households, duration of displacement, and the size of the crisis. \(^{127}\) Furthermore, UNICEF and partners acknowledge the need for better evidence regarding the differential vulnerability levels among the IDPs. \(^{128}\) In addition to risk analysis, it is particularly important to enrich both the pre-intervention and post-intervention assessments with more in-depth analysis of gender and vulnerability that incorporates ‘do no harm’, even if it may take more time. As one study notes: “… programming that is tailored specifically to a context will require more time, as an agency must open itself up to complexity, seek to understand local dynamics and conduct open discussions with affected people around their problems, and identify the best solutions. It is difficult to do this quickly, and at scale, in multiple locations for large populations at the same time.” \(^{129}\)

At the time of the evaluation, the ET did not come across any documents that had examined the interplay of vulnerability and the duration of displacement. However, UNICEF has shown commitment in using its vulnerability approach as a core intervention driver by commissioning a study ‘analyzing the evolution of vulnerability and sequencing the timing of humanitarian interventions for internally displaced households in hosting relationships’. \(^{130}\)

**Health/Nutrition:** Overall, the evaluation finds that as per the RRMP Sub-Sectoral Result 1 (Health), an increasing number of vulnerable populations have had access to quality primary health services over the cycles 5, 7 and 8 as showed in the figure below. \(^{131}\) The quality of the health case provided follows standard protocols. Nonetheless, there was alarm among respondents regarding the consequences of the RRMP’s short duration directive of intervention in the health/nutrition sector. For example, the 55-day window for full recovery from severe malnutrition among children was considered insufficient. \(^{132}\) The RRMP has been trying to address this issue through its exit strategy, which includes ensuring that there are medical supplies are available in the health sector for a given duration after the completion of the interventions, although this strategy is not appropriate in areas with mobile clinics.

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\(^{129}\) Alice Obrecht. Adaptive humanitarian action in the DRC. Alnap. P. 23

\(^{130}\) UNICEF (Décembre 2018). Analyzing the evolution of vulnerability and sequencing the timing of humanitarian interventions for internally displaced households in hosting relationships in the Democratic Republic of the Congo.

\(^{131}\) Data for RRMP6 have not been included in this figure since there were some consistencies between the number of health beneficiaries and the number of vulnerable populations having access to quality health services; the latter being almost 4,5 times higher that the number of beneficiaries in the health sector for RRMP6.

\(^{132}\) Respondents noted that a period of between 45-60 days is usually required to improve the status of severe malnutrition
139. Absence of technical support from UNICEF - a corollary of “restructuring” with shortage of dedicated staff in certain areas such as Katanga - was considered at times an impediment to better performance in health interventions. One respondent’s concern regarding the case-by-case consideration of epidemics in context or causing displacement is as follows:

“In health, the risk of epidemics is for both the displaced and the host community... epidemics affect everyone. We cannot do [all types of health] interventions for everyone; however, in terms of public health, we cannot offer interventions for just a certain number and not to the entire population, it does not make sense. There are immense risks of certain pathologies and if I treat half of the household who are displaced and not the other half who are host... So, this is one reason to give assistance to everyone.”

140. While most respondents deemed health/nutrition interventions – complementing the WASH sector – crucial for saving lives (having provided medication and immediate care saved the lives of a large number of beneficiaries in Kasai), the majority considered its effectiveness critically reduced due to the late arrival or unavailability of medical supplies in certain instances. The procurement process is often burdened by the fact that supply orders are grouped together so that the absence of specific items/medications can block the delivery of the whole order. Although according to respondents there were no significant delays in the arrival of medications in RRMP8, the evaluation did not find any concrete evidence to determine the extent to which the procurement process has been improved throughout the RRMP cycles under review.

141. The KIs emphasized that delays in provision of medication and medical supplies were primary impediments to timely interventions in health. The medical supply process can take more than six months between order and delivery to partners. This delay is compounded by the fact that domestic procurement is not feasible given the credibility of specifications and quality of pharmaceutical products. The KI respondents indicated that the supply of items such as personal hygiene kits for women and PEP kits is not systematic in all reference health structures and,

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133 KII, Goma
134 UNICEF internal documents: Briefing note for Representative a.i. Meeting with key RRMP donors (ECHO, DFID, OFDA, SIDA), 1 February 2018
135 Pegon. 2017
136 UNICEF Internal documents : 03142018_RRMP DRC Profile
consequently, not all beneficiaries have access to them. Even though the IPs buy the articles within the personal hygiene kits according to specified guidelines, some KIs indicated that the quality of these kits needed to be improved especially since they did not contain all the necessary items. Furthermore, others observed that in certain instances women had not received instructions on using sanitary napkins and therefore did not know how to use them, which had led to misunderstandings.

142. The RRMP’s mandate does not include follow-up and support beyond its intervention period137 (although the programme does not prohibit such activities either). Nevertheless, some KIs considered weak or non-existing support and follow-up structures, especially in the areas with mobile clinics, as important breaches in response to the needs of affected populations.

143. **Education:** Opinions regarding the education sector programming were mixed. Some believed that if UNICEF was not the education cluster lead, then education would not have been included in the RRMP. Others felt, however, that the education sector was losing its importance precisely because of discontinuing some of its activities such as capacity building efforts. The education interventions no longer involve the construction of schools as they are deemed too expensive for an emergency programme. Instead, the community members are encouraged to participate in building semi-sustainable constructions. In the RRMP9, the proposed response package for Education has been reduced to 10 percent.138

144. Some KIs believed that the reintegration of children in schools is often short-lived (maximum of one academic year) in absence of structural support from the government and/or other development actors. They attributed government’s absence of interest in providing institutional support in education partly due to “lack of motivation”, and partly because of the presence of actors such as the RRMP. Respondent comments are as follows:

> “In the education sector, there is no problems regarding the mechanism. Only the restructuring of mechanism which implies there is less and less motivation to participate in the education sector.... When the actors [RRMP] arrive, the government thinks they have nothing else to do. They do not want to take additional responsibilities.... Before there was institutional support but for now this does not exist and there is a bit of worry for follow-up. We have to see what happens after we leave.”

> “The exit strategy existed before and for education government was generally responsible to do this, but they do not take their responsibility anymore. But now, there are a lot of changes with the budget cuts.... The question is that we cannot do everything with the limited budget.”

145. Although psychosocial support was considered an advantage of the RRMP’s education component according to an evaluation of the RRMP in 2013,141 findings in this evaluation do not necessarily support this conclusion. For example, some KIs expressed concern regarding the effectiveness of interventions in psychosocial assistance to children within short intervention periods. Similarly, some FGD respondents contended that the psychosocial interventions were inadequate. A girl in an FGD expressed her concern in the following statement: “We have experienced a lot of trauma; we found dead [people] on the road.... We asked for psychosocial support, but we did not receive it....It’s hard to forget [the experience].”142 In this respect, although psychosocial “first-aid” community-based interventions (such as those offered by the RRMP) are generally accepted as a key principle in assistance to children immediately after a humanitarian

137 In some cases, RRMP staff can remain on the ground beyond 3 months if necessary
138 UNICEF internal documents: Briefing note for Representative a.i. Meeting with key RRMP donors (ECHO, DFID, OFDA, SIDA), 1 February 2018
139 KII, Goma
140 KII, Goma
141 DARA, May 2013
142 Focus group respondents-Girls, Kalemie
crisis, they need to be supplemented with follow-up support that complement community based processes of engagement.

146. **Protection (including child protection)** as a cross-cutting sector: the majority of KIs were critical of performance in the protection sector. This was principally attributed to absence of specialist capacities in integrating protection activities across sectors, concrete guidelines, and coherent follow-up mechanisms and structures. Key informants also noted that staff reductions have prevented partners to assign a person per team who would be dedicated to protection activities. One KI explained:

“For responding directly to victims of sexual assault, child soldiers, where we work, there are no follow-up or support structures. We can only do advocacy and there is often no response for the case of protection. There is really no response for the protection sector.”

147. The RRMP has been addressing some of the above bottlenecks by: developing a checklist of cross-cutting protection elements for each sector; identifying focal staff for protection and reporting of alerts; conducting awareness-raising activities; improving accountability through complaint mechanisms; developing protection indicators (RRMP8); and building staff capacity (RRMP7). The achievement on the Specific Result 1 with regards to Protection are mixed across cycles with cycles 6 and 7 of the RRMP reaching the target percentage of children (6-11 years) reintegrated into school who report feeling in a protective environment at school. However, the most recent cycle of the RRMP8 shows result below the target set, as showed in the figure below.

![Figure 12: Percentage of children (6-11 years) reintegrated into school who report feeling in a protective environment at school](source: based on data received from UNICEF DRC Country Office. October 2018)

148. However, despite capacity building efforts during the RRMP7, no protection alerts were signalled until the RRMP8. As one person noted:

“We do have protection staff that have trained RRMP protection staff, but still we never received protection alerts until now. We have 2000 alerts this year.... It is especially child protection but also GBV, mostly rape, that are referred either through RRMP in the health sector or to health structures. These are in the interventions zones where we receive protection alerts.... The difficulty here is absence of follow-up structures. So, despite alerts if there are no follow-up structures, then it cannot be systematic. For rape there are the health

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144 This checklist was developed in 2013
centers and the PEP kits. If the rape alert is given within 78 hours then something can be done, otherwise no.\textsuperscript{145}

Addressing Flexibility

149. The RRMP’s swift and adaptive capacity to prioritize needs and reach those most in need of assistance has come increasingly under scrutiny, especially by donors. Some donors indicated that they would prefer for the RRMP to be a ‘last-resort’ response mechanism, while others noted that as a ‘first-resort’ response mechanism the RRMP needed to increase its aid-effectiveness.

150. Flexibility is a critical component for ensuring effectiveness and timely delivery of assistance in protracted crises in DRC. According to one study, flexibility and adaptiveness in humanitarian response need to be examined from three perspectives: 1) the operational level, i.e., the way in which humanitarian assistance is delivered; 2) the programmatic level, i.e., in terms of what is being provided; and 3) the strategic level; i.e., with respect to modalities for humanitarian action.\textsuperscript{146}

151. The RRMP has adopted several measures to increase its flexibility in view of the scale and frequency of humanitarian crises in DRC. From an operational perspective, the RRMP’s adaptiveness involves improving rapidity of response - pre-positioning of supplies, preventing pre-intervention delays, and applying standardized tools in targeting and interventions (RRMP7 & 8). From a programmatic viewpoint, it entails flexibility in changing modalities of delivery according to context and appropriateness; for example, cash-based assistance. Finally, at the strategic level, the RRMP’s response includes better coordination and collaboration amongst partners (RRMP8). The RRMP’s adjustments at the strategic level are examined in EQ 6.

1. Operational Adjustments

152. \textbf{Pre-intervention:} In order to increase rapidity of response, the RRMP has taken several measures to address delays between alerts and interventions. The delays between alerts and interventions (in host communities) have been reduced from an average of 56 days in the RRMP5, to 43 days in RRMP6, to 39 days in RRMP7,\textsuperscript{147} and an average of 24 days in the RRMP8.\textsuperscript{148} Figure 6 shows the reduction or pre-intervention time during the last four RRMP cycles.

\textbf{Figure 13: Average Response Time between Alert and First Intervention per RRMP Cycle}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure13.png}
\caption{Average Response Time between Alert and First Intervention per RRMP Cycle}
\end{figure}

Source: April 2018. Réunions bailleurs RRMP et UNICEF. October 2017. Strategic Meeting Partners Goma

153. This reduction has been partly achieved through improved coordination and elimination of some of the baseline data collection steps (i.e., MSAs and rapid evaluations), and partly by modifying or using alternative tools (i.e., a registration tool to conduct simultaneously MSA/baseline data validation and interventions (Open Data Kit (ODK); Fast Track for quick updates, and preliminary

\textsuperscript{145} KII, Goma
\textsuperscript{146} Alice Obrecht, Adaptive Humanitarian Action in DRC, 2018
\textsuperscript{147} Rapport Atelier et Journées techniques à mi-parcours RRMP7
\textsuperscript{148} UNICEF Internal documents : 23542018_Présentation retraiteUrg
diagnostic tool (RDP). According to UNICEF, the RRMP has reduced the number of the MSAs from 400 per cycle to 44. However, Fast Track cannot replace the MSAs in isolated areas where it is not possible to communicate with the field staff or in areas in which RRMP has never worked and/or information on the population is sparse. In the RRMP8, the RDP allowed 33% of the interventions to be validated by ‘fast-track’, thereby reducing important delays during its preliminary phase. These measures have been instrumental in reducing pre-intervention evaluation period from an average of 23 days in the RRMP5 and 6 to an average of 14 days in the RRMP7, and an average of 7 days in the RRMP8. Multisectoral rapid evaluations require at least 5 days of fieldwork plus 3 days for the report to be used as a basis for the COPIL to validate the alert.

154. Some KIs believe that secondary source information combined with more participatory approaches, i.e., qualitative approaches such as FGDs that assess vulnerabilities and needs, increase the speed for validation, and reliability and validity of data given MSA’s sample size, biases in data collection, and focus on the Score Card. According to one KI:

“We don’t really need to do any rapid evaluations, because we know most of the zones now and there is no need to redo evaluations for decision making, especially since we also have focal points and we know the vulnerability levels. The only things that change [in alerts] are the ‘demographic sizes’; that is, bigger or smaller population movements that allow us to prioritize [zones of interventions], and whether the capacity to respond is in place.”

155. Pre-positioning: An important value of the RRMP’s effectiveness in reaching affected populations has been its ability to pre-position staff and supplies in areas with a chronic history of crises. Delays in the RRMP’s flexibility and effectiveness in reaching IDPs are mainly attributed to unavailability of stocks and supplies owing to hitches in procurement processes, inaccessibility, and security factors. Adequate pre-positioning in partnership and supplies often require certain predictions and expectations, which are subject to size and potential zones of crises. However, as a result of the frequency of emergencies in DRC, partners cannot always respond even if they have taken steps to pre-position effectively. As one KI noted:

“There are so many emergencies that emergency preparedness does not allow us anymore to respond to everything, even if we are prepared. We would be overwhelmed even if we are prepared. Even at cluster level we often do not have the means to respond to all emergencies. There are emergencies right and left and we don’t have the means and the capacity to respond.”

156. Some KIs criticized the RRMP as having a tendency to prioritize interventions in more accessible areas and point to what is called the RRMP’s ‘vicious circle’, i.e., intervening more frequently in more accessible areas and those with many alerts such as Bunia. In this respect, the RRMP can lose its pre-positioning capacities by exhausting resources too quickly. It was also noted that in the final analysis, the decision to intervene in specific zones is essentially based on three factors: i) high pressure on the host community; ii) capacity to respond; and iii) security and accessibility. This is explained in the following statement by one respondent:

“At the end …the decision is no longer so much on vulnerability but rather who is there, who can intervene, who has security and logistic accessibility, and the pressure on the community, that is, number of IDPS and their need.”

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149 Rapport de Diagnostique Préliminaire
150 Jean-Christophe Pégon, Analyse des performances des 5 ONG implémentant le RRMP cycles 5, 6 et 7
151 UNICEF Internal documents : 23542018_Présentation retraiteUrg
153 KII, Goma
154 KII, Goma
155 Intervention criteria include more than 30% of IDPs/returnees in the host communities
156 KII, Goma
157. Inaccessibility and security issues can become paramount considerations in favoring certain areas should staff be compelled to travel several days on foot to reach a remote area. The IPs attributed delays in reaching the remote areas also to unavailability of flights/helicopters in some instances. UN Humanitarian Air Service (UNHAS) flights were generally considered unreliable due to their scheduling and other priorities - although the evaluation did not examine the frequency of these delays during the RRMP cycles to validate this observation. Additionally, the logistics of some interventions such as mobile clinics are more complicated in the absence of appropriate transportation. A key informant respondent explained:

“Often to access the zones, it is difficult, and if we do not meet the deadline for the implementation of the interventions, if this requires us to go beyond 3 months in view of accessibility issues, then we are not responding.”

158. Therefore, although KIs agreed that the RRMP’s response time has greatly improved since the RRMP5, they also acknowledged that the logistics in reaching remote areas, compounded by security issues, do not always guarantee swift multisectoral or sectoral response. According to one source, in the RRMP7, 26 percent of the delays between validation of alert and interventions were because of the security considerations followed by inaccessibility/logistics factors (23 percent). In the RRMP8, 36 percent of the delays were due to the security situation, 44 percent to inaccessibility and logistics and 15 percent were caused by coordination problems with other humanitarian actors. In 2016, 152 security incidents involving humanitarian workers were reported in North and South Kivu alone (4 deaths and 33 abductions of humanitarian personnel). According to OCHA, in 2017, at least 45 security incidents involving humanitarian workers were recorded in South Kivu. DRC has been recognized as the third country in terms of security incidents targeting NGOs, after the Central African Republic and Mali.

The average period of delay also greatly varies among sectors and modalities of interventions within sectors due to external factors such as logistics, accessibility, security, availability of human resources, coordination with other humanitarian partners, and need for additional information. In the RRMP8 the average response period between alert and first intervention was above the 30-day target for all sectors once the external bottlenecks were factored in. For Health and NFI the average response time between alert and first intervention without external delays was 46 and 40 respectively, compared to an average of 35 days for WASH, and 34 for Health. On the other hand, cash transfers have the shortest delay due to external factors; 5 days compared to 7 in education/protection, 18 days in NFI, 19 days in WASH, and 28 days in health. See Figure below.

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157 KII, Goma
158 UNICEF. Aperçu des besoins. Décembre 2017
159 Ibid (these estimates are based on taking 24 days for delays due to security reasons and 29 days for logistics over a total of 66 days in delays caused by external factors)
160 Aperçu des besoins. Décembre 2017
162 Aperçu des besoins. Décembre 2017
As noted before, delays in provision of stocks and supplies are important factors in slowing down implementation. Although UNICEF has been addressing procurement bottlenecks throughout the RRMP cycles, the problem continues to persist. A study indicates that in 2016, 42% of requested changes to programming in DRC were due to factors related to humanitarian actors’ procurement processes or internal administrative delays. According to UNICEF, in RRMP8 procurement delays were reduced significantly, although the evaluation cannot determine the exact figure.

The RRMP has redefined its partnership model in the RRMP8 as a measure to address pre-positioning and coordination issues. However, given diminishing funds and absence of local NGOs with sufficient capacities to complement the activities of RRMP partners, the RRMP’s ability to improve its pre-positioning and, consequently, increase its flexibility remains nebulous.

Standardization & Targeting: The RRMP has recognized the importance of context as well as the need for standardized tools and mechanisms (also considering aspect of ‘do no harm’) while responding to diversified needs. Standardized tools and processes are important in targeting beneficiaries and assessing the size and breadth of interventions within multisectoral approach. However, standardization of tools and mechanisms is relevant for a rapid response to the extent that all partners understand and comply with the prescribed guidelines/tools and procedures. As an ALNAP study suggests, standardized tools are used with some degree of adaptation to each individual response; the risk is whether that degree of adaptation/change that occurs individually is responsive to preferences of targeted beneficiaries. The evaluation did not find concrete information to corroborate the presence of this type of risk. However, findings indicate all RRMP partners show a high level of accountability towards the beneficiaries and 97% of assisted households satisfied with the assistance received (assistance received in a secure, accessible and participatory manner) during RRMP 8, which coincides with the implementation of the RRMP accountability framework. However, the evaluation finds that previous cycles of the RRMP also show results above the set target of 60% of assisted households who are satisfied with the

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159. Alice Obrecht, ALNAP Country Study, 2018
161. Source: based on data received from UNICEF DRC Country Office. October 2018
162. UNICEF RRMP. EO.3. Cadre de Redevabilité RRMP9 ; UNICEF. EO.6. RRMP Matrice de Risques : EO.4 formations et lignes directrices redevabilité ; EO.5 Outils pour la Communauté red
assistance received (77% during RRMP5; 93.50% during RRMP6 and 79.90% for RRMP7).167

162. The RRMP uses different modalities in selecting beneficiaries. Interventions are targeted either at the household or the community level. As it was noted before, targeting modalities include, geographical targeting, categorical targeting, vulnerability-based targeting, and community-based targeting. The most common modalities are the geographical targeting, categorical and vulnerability-based targeting, which are often interwoven. The process involves registering all the displaced and host family members and selecting a certain number - based on door-to-door household vulnerability assessments - as target beneficiaries receiving assistance. Increasingly data from household surveys are triangulated with household visits, contextual factor analysis checklists, and household size guidelines (since RRMP6) to better address the contextual aspects of vulnerability.

163. Challenges in targeting often arise from DRC’s structural poverty, which is affecting everyone; making the host community members as vulnerable as the displaced and the returnees. For this reason, host communities often feel that they are as vulnerable as the displaced and should, therefore, receive assistance. Although the RRMP’s vulnerability assessments attempt to identify the different layers of vulnerability interventions cannot always assist all those identified as vulnerable because of limited resources. Some respondents noted that they were constantly under pressure to prioritize needs owing to the high number of alerts and insufficient capacities. An example comment is as follows:

“When there are two alerts, we cannot be in two areas at the same time. Everything is so detailed that all flexibility is lost. Therefore, whatever the needs, we must give the same type of assistance.”170

164. Standardized procedures are often accompanied by a “learning” component (especially when they are applied regularly) in the sense that when it comes to targeting beneficiaries, people learn what to say in order to be selected. The RRMP recognizes that people will eventually become familiar with the questions asked for vulnerability assessments and modalities of selection for targeting purposes. One mechanism for responding to this situation has been to validate new interventions to determine whether they are the same beneficiaries or new ones. In areas in which interventions are close to one another, partners cross-reference their lists to ensure that people do not move from one village to the next. A respondent explained that, in one area, the host community built a spontaneous site so that they would be targeted as IDPs.

165. At the same time, even though targeting instruments are standardized, the quality of the information and whether the “right” people are being targeted is, to a great degree, a function of the data collectors’ capacity and understanding of the tools. In some instances, community members can exert pressure on local numerators to manipulate information regarding the exclusion or inclusion of certain individuals. In others, partners may appoint people with little training on data collection to reduce costs. In both cases, the unreliability of data creates bias and distorts targeting, and thus, the principals of ‘do-no-harm’ and equity by leading to tensions and potentially depriving those that are the most in need of services. An example comment was:

“[Partners] can pay only a certain amount to their numerators. This means that they can’t hire people from Goma and they can’t use the same people they invested in before….so, they are recruiting locally which has its own problems. You have to train these people within one day. From my perspective, someone with that kind of capacity who is doing targeting, it is crazy.”171

167 based on data received from UNICEF DRC Country Office. October 2018
168 UNICEF. ‘Outil d’analyse rapide AME’ (AR-AME).
169 UNICEF. ‘Checklist d’Analyse de Facteurs Contextuels’ (Checklist d’AFC).
170 KII, Goma
171 KII, Goma
166. **Reporting:** The evaluation found that efforts were made to alleviate reporting tasks, and it was recognized that the number of indicators against which the reporting is prepared had been reduced. Nevertheless, several KIs felt that rapidity of interventions was also jeopardized due to the substantial number of reporting instruments and UNICEF’s demanding requirements regarding their preparation including the number of indicators. In view of limited resources, respondents contended that the reporting tasks reduced flexibility and effectiveness of the interventions diverting resources from preparation and implementation processes. Typical comments are as follows:

“There are too many instruments, too many processes stages and there is not enough flexibility for rapidity. Every time a team goes to the field they have to prepare a report...; this takes a lot of time which affects rapidity, flexibility, effectiveness. This means that we need at least one person dedicated to managing all this reporting. The budgets are very detailed and so we need to anticipate and predict cost surcharges which means we cannot adapt ourselves rapidly if there are changes in the context.”

“The negative aspect is that the trimestral reports are 50 pages and we have to report on about 30 output and 15 outcome indicators for the consortium report. There are also the administrative tasks that are very cumbersome such as asking for top ups every trimester, and [explaining] why we need more money. The financial report is also very heavy. They are very demanding.”

2. **Programmatic Adjustments**

In view of diminishing funds, the RRMP has made several changes in its programmatic approach to improve efficiency and performance. However, from a flexibility perspective, a key programmatic adjustment has been in the NFI sector, which is the largest component of the programme, with 605,824,00 beneficiaries in RRMP8. In RRMP7, more than 78 percent of the NFI interventions took place through NFI fairs compared to 22 percent in direct distribution. The NFI fairs have helped to reduce these costs since suppliers bring items to the markets at their own cost. The sellers are pre-identified and have signed contracts with UNICEF’s implementing partners prior to the start of activities. These shifts in the NFI sector have allowed RRMP to provide interventions more rapidly, but also to moderate excessive costs in transport and other logistics for direct distributions. According to the data available, the RRMP has been increasingly more performant in the NFI sector over the last three cycles, with 90% of assisted households feeling better doing the essential activities thanks to the intervention (cooking, storing water, sleeping, dressing) during RRMP8, well over the 70% target, as showed in the figure below:

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172 RRMP8’s logframe includes 136 indicators
173 KII, Goma
174 KII, Goma
175 Source: based on data received from UNICEF DRC Country Office. October 2018
176 UNICEF. Résultat RRMP7
167. The KIs observed that the NFI fairs have allowed beneficiaries to select and prioritize items that they need and are no longer dependent on UNICEF for direct distributions. For example, in one focus group, respondents complained about the inadequacy of NFI items (e.g., distribution of one mosquito net per household with several children) and tardiness in the distribution of items. 177

168. The use of cash transfers is also becoming increasingly a priority for the humanitarian community to improve the flexibility and adequacy of response to the needs of the assisted populations. In RRMP8, the programme included the option to deliver cash transfers as one of its modalities of assistance to the displaced/returnees, and host families where cash is deemed as the best response. The RRMP is also expanding its cash interventions in certain areas such as in the Kasai region (with CRS and Concern NGOs). In February 2018, approximately 37% of the total individual-based assistance of the RRMP8 was delivered through the cash-based modality.178 In general, cash transfers have resulted in positive outcome, including improved food consumption, possession of household goods and savings.179 This is due to the fact that the diversity of needs can be better served by cash-based responses; which are ‘multi-purpose’, especially, for populations who have experienced multiple waves of displacement180 and in areas with a large number of returnees. According to one study: “… cash programming has in-built adaptability, relieving aid agencies from the need to pivot from one sector, or one set of activities, to another. At the same time, this adaptability is limited by the strength of the local market and to delivering outputs at an individual/household level (that is, cash will not build a water system).”181

169. On the other hand, cash interventions may also cause delays in implementation. This largely depends on flexibility in the financial procedures and availability of human resources in partner organizations. In DRC, the humanitarian agencies and donors have made significant investment in understanding which modalities of cash-based programming—vouchers, conditional/unconditional cash transfers—are most relevant and effective in achieving particular sectoral outcomes. Donors, generally, support the idea that the RRMP9 should focus on multipurpose cash transfers182 while at the same time reducing delays and transaction and administrative costs in cash transfers to increase aid-effectiveness.

170. Focus group respondents, in Kalunga, (irrespective of sex and status as displaced or host community member) credited the unconditional cash transfer intervention activities as significantly improving their lives and access to food and non-food items, shelter, education, and health (for both children and adults). They also noted that the distribution of cash had eased tensions between the

177 FGDs, Katanika camp
179 Sarah Bailey. American Institutes for Research (AIR) [2017]
182 UNICEF, internal document: Joint donors’ Approach on RRMP
displaced and the host community members to the extent that the displaced were no longer forced to steal food from the fields and could pay for their essential needs and repay their debts. FGD respondents, in Kalemie, had similarly positive views about the RRMP with respect to cash activities. The general consensus was that access to cash has helped them improve their living conditions and has allowed their children to continue their education. To that end, strong sensitization activities are conducted to ensure households can choose which items to buy in order to cover children, women, elderly, etc. needs.

171. At the same time, some KIs also argued that cash interventions without complementary activities in other sectors cannot answer all needs. For example, one respondent explained:

“The only sector that can be a bit independent is cash because it helps in a different way, to pay a bit for school, health, etc. But this [cash] only complements [other interventions] .... it will not really solve everything. We cannot address an issue and then not respond wholly.”

172. While there is no evidence that cash transfers are riskier than other forms of assistance, some KIs mentioned that cash distributions can represent a risk for the beneficiary communities in certain areas such as North Kivu where armed groups can steal the distributions. Although there are significant security concerns in DRC, it does not follow that cash transfers are an inappropriate modality of assistance in DRC, especially given the positive outcomes. Rather, as one study notes: “Cash-based programming also requires a set of analysis tools to ensure that an injection of cash does not raise protection issues or create market distortions that lead to price rises.”

EQ 6. What elements have favored or disadvantaged a multisectoral approach in the current modus operandi and in a volatile context?

Key Finding 6:

- A key strategic adjustment in the RRMP8 has been its approach in ‘consortium’ partnerships to ensure better coordination in multisectoral interventions; as well as joint planning to improve the pre-positioning of partners.

173. A key strategic adjustment in the RRMP8 has been its approach in ‘consortium’ partnerships to ensure better coordination in multisectoral interventions. This has allowed greater coverage of beneficiaries in terms of geography and number of interventions and has also enabled partners within the consortium to share costs for logistics, storage, M&E teams, and information management, among others.

174. Consortium leading partners provide guidance with respect to rapidity, effectiveness and coordinated efforts, and serve as a link between themselves, the clusters, UNICEF and donors. In the RRMP8, 70 percent of the interventions included at least three sectors. This compares to the RRMP6 with 48 percent of the interventions covering two sectors, 31 percent one sector, 21 percent three sectors and no interventions in all four sectors (NFI, health, WASH, education).

175. In DRC, emergencies have become, in some respect, ‘structural” because of their frequency and breadth and the number of people that have been and continue to be affected. The way a combination of interventions, in multiple sectors, helps improve the living conditions of the displaced, the returnees, and host communities is open to debate, especially given the diversity of needs of those affected within such a context. Each sector has different contributions to make in response to the specific needs of affected populations, but only together can they become effective. One KI respondent explained:

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183 KII, Goma
186 UNICEF internal documents : Rapport Atelier et Journées techniques à mi-parcours RRMP7
“Already we are doing very short interventions and if there is not a multisectoral approach we cannot change much. The only sector is the food, if WFP does not come [it won’t work]. For example, nutrition is managed by mobile clinics, but if there is no food, then there is no use [for these interventions]. There have been interventions when the food has been one or two months late. Therefore, it has not been effective. Sometimes people resell what they have received so that they can buy some food.”

176. Although cash transfers can be a means of responding to multiple needs, as it was mentioned earlier, cash-based assistance is not necessarily appropriate in all circumstances and its modalities need to be contextualized. For example, in some instances, many of the beneficiaries are not only illiterate, but also do not know how to use mobile telephones for cash transfers.

177. The main strength of a multisectoral approach is that it creates a mechanism for information sharing and coordination. Promoting and sustaining collaborative and participatory engagement between different sectoral actors are keys to effective multisectoral interventions. There was, however, little evidence that consortiums share lessons learned and best practices during and after interventions amongst themselves. As each consortium intervenes in specific areas, there is not much coordination or collaboration during interventions among themselves. In fact, one criticism has been that consortiums do not share or examine each other’s reports. Although this is often attributed to time constraints, in the absence of such knowledge, it is difficult to follow best practices and/or avoid certain mistakes.

178. An important advantage of the RRMP8’s consortium approach is that multisectoral interventions that involve a variety of partners in coordinated action are often more successful than those that work in isolation as observed in previous RRMP cycles. Key to a successful multisectoral response is the recognition of the diversity of needs in terms of equity and gender and consideration for the size and urgency of the problem. In this regard, it is not always necessary for every sector to be involved in every area of activity. Rather, it is important to determine which sectors and what modalities of interventions are best suited to respond to needs. Furthermore, management and leadership capacities are especially vital to ensure effective partnerships, coordination and accountability.

179. KIs described RRMP’s multisectoral approach as an effective strategy that draws together partners with expertise in different sectors and integrates activities that entail response tactics to meet needs in different zones. Most respondents credited the complementarity of interventions as the impetus behind the RRMP’s achievements in assisting the displaced/returnees and host communities. Some also remarked that joint planning improved pre-positioning of partners, that is, knowing who is doing what, especially when priority areas are known. Yet, others contended that the “effectiveness” of multisectoral interventions depends on the capacities and technical expertise of individual consortiums (plus their associated sectors), and the zones in which they work rather than standardized tools and mechanisms. Some respondents also felt that despite pre-planning, coordination within consortiums remains a challenge. Given that UNICEF does not define the logistics procedures of interventions, each consortium partner relies on its own mandates and internal logistics mechanisms.

180. Respondents agreed that the role of UNICEF and OCHA in managing and coordinating the multisectoral approach and partnerships was critical in ensuring that the consortium model worked. One respondent explained:

“More partners mean[s] more administration and coordination, for example, if we have UNICEF, WHO, UNFPA…. Also, to manage the funds of several donors it is a lot of work and I don’t think any of us wants to do that. There is a problem to manage the donors also. The
problem is that the demands of the donors may not work. It is the coordination that works."\textsuperscript{188}

**EQ 7. To what extent have there been unintended negative (including ‘do no harm’) or positive effects? Which ones?**

**Key Findings 7:**

- The RRMP benefits from a general favourable outlook.
- However, unintended negative effects have occurred due to lack of coordination between RRMP and WFP activities (especially during the previous RRMP cycles), selection and targeting of beneficiaries and unavailability of supplies, persistent traditional norms (pertaining to reproductive health and sexual victimization and thus access to PEP kits), and misinterpretation of awareness-raising messages.

181. Despite an overall favourable outlook, respondents felt there were several unintended negative effects. The KI Respondents identified key elements accounting for unintended negative results were identified as such: lack of coordination between RRMP and WFP activities (especially during the previous RRMP cycles), selection and targeting of beneficiaries and unavailability of supplies, persistent traditional norms (pertaining to reproductive health and sexual victimization and thus access to PEP kits), and misinterpretation of awareness-raising messages.

182. Although in the RRMP9, WFP and RRMP will be improving their partnership model, in previous RRMP cycles, the main drawback to their coordinated efforts arose from a lack of an overall, unifying strategy as a blueprint for their activities. This was evident both at the targeting level as well as the timing and frequency of service delivery. For example, although RRMP and WFP shared the same list of registered households when they were in the same zones, their final beneficiary lists were different since they each used different selection criteria, which led to conflict among community members. Most respondents agreed that the ‘do no harm’ aspect of the RRMP was sometimes jeopardized to the extent that WFP and the RRMP did not provide coordinated assistance to the same beneficiaries or number of households, which led to tensions among community members. In this respect, coordination challenges were not limited to the RRMP and WFP partners as they trickled down to the beneficiary level and created frustrations and, inadvertently, neglected the ‘do no harm’ principle. In the RRMP9, WFP and RRMP partners will be using the same standardized tools to ensure that they have the same lists of beneficiaries and pre- and post-monitoring surveys that include WFP’s food security indicators such as the Food Consumption Score (FCS), which was already used in RRMP8.

183. Second, respondents were cognizant that a large number of host community members resented RRMP’s beneficiary selection criteria despite participatory awareness-raising practices implemented to inform beneficiaries of targeting criteria. This was partially due to the fact that RRMP registered all households, but then selected a certain number based on its vulnerability criteria, which as mentioned before, include financial/livelihood vulnerability, food/nutrition vulnerability, and social vulnerability. Household size is a criterion for targeting for NIF voucher/fair/cash assistance, especially in instances where the possibility of additions to the household is low and/or the effects can be mitigated.\textsuperscript{189} Furthermore, since the lists of the beneficiaries were posted in the community, everyone was aware of who had been selected and who had not. Consequently, some host community members had adopted negative coping mechanisms such as lying about their status and/or the number of the members in their household, in addition to coming up with “innovative” alternatives such as building spontaneous sites so that

\textsuperscript{188} KII, Goma
\textsuperscript{189} The RRMP’s Decisional Tree explains when the household size is to be used as a targeting criterion.
they could pass as IDPs.\textsuperscript{190} In this regard, the question arises whether household-based assistance - versus community-based assistance - is the most appropriate approach in all contexts in DRC, especially when it could potentially jeopardize the ‘do-no-harm’ principle.

184. Respondents also explained that the proximity of areas in which different modalities of interventions were implemented was a corollary in omitting the ‘do no harm’ principle. For example, in one village, the RRMP had provided a blanket intervention for the displaced and the host community, but they had only assisted the displaced in a close by village.

185. Several respondents also noted that, despite the availability of PEP kits, many cases of rape are not reported within the 72 hours limit. Although the RRMP cannot take the blame for persistent traditional beliefs and practices on sexual victimization, it is, nonetheless, important for a humanitarian programme to ensure that the necessity for protection is addressed in a systematic way. One respondent explained:

“For the victims of sexual assault, we provide the medical part, that is the PEP kit. We also give consultations.... people have to consult within the 72 hours for PEP, if they come late that is not working.... Sometimes, people are scared to come because they are afraid of the [social] consequences. In this sense, we [advise] they come to get the medication, and that we won’t refer them to the protection sector for a follow-up.”\textsuperscript{191}

186. Finally, awareness-raising activities can have an inverse effect if they are misunderstood by the beneficiaries. Respondents mentioned that, in one case, parents had misinterpreted the DDR sensitization messages regarding the recruitment of children. Consequently, parents had sent their children to United Nations Organization Stabilization Mission in the Democratic Republic of Congo (MONUSCO) for “protection”, and MONUSCO was forced to return them to their community. This event had intensified tensions between the community and the rebel forces.

\textsuperscript{190} KII, Goma
\textsuperscript{191} KII, Goma
1.3. Efficiency of the RRMP

EQ 8. To what extent has the implementation of the activities been efficient with respect to resources and ‘value for money’?²¹⁸²

Key Findings 8:

- The decrease in funds and the increase in beneficiaries, coupled with the RRMP being regarded as a first resort and responding to lots of crises have put UNICEF under pressure to reduce the costs to function properly and deliver the assistance according to its rapidity and quality standards.
- Many measures were successful implemented (consortium partnership model, decrease of UNICEF indirect costs, decrease in staff costs both within UNICEF and of their partners) but some aspects still heavily weigh in the RRMP costs such as logistics.

187. In general, the decrease in funding towards the DRC has been constant since 2008 and has affected all programmes implemented in the country. This has had consequences on the way the aid is designed and delivered. Key informants recognize that the RRMP has improved the efficiency of its actions by optimizing its resources (human resources, partnership modality operation design and implementation) although challenges remain.

188. As presented in the figure below, the evaluation finds that the overall humanitarian funding has been decreasing in DRC since 2013. RRMP funding has also been affected by this trend which has been reinforced due to a significant number of actors operating in DRC, especially in the East-South East of the country where the RRMP implements most of its operations, creating competition between actors for funds.

Figure 16: Decreasing funds to the DRC


189. This downwards tendency has also affected the RRMP, resulting in funding levels close to the ones in 2014 while the number of beneficiaries shows a significant increase during the 8th cycle of the programme. UNICEF and its partners have adapted to this decrease in funding and have adopted various strategies to cover the needs of vulnerable populations, as detailed below.

²¹⁸² Measuring Value for Money encompasses an analysis effectiveness, economy and efficiency of interventions. Considering the scope of this evaluation and the availability of the data it was not possible to carry out a comprehensive Value for Money analysis.
Figure 17: Evolution of the RRMP budget against number of beneficiaries across cycles (from RRMP5 to RRMP8)\textsuperscript{193}

190. Figure 11 below shows that UNICEF, in the most recent RRMP cycle (RRMP8 June 2017 – May 2018), has managed to reduce its organizational footprint on the budget. The evaluation finds that the greatest impact that was sought with these adjustments is that a larger proportion of the budget flows directly to the beneficiaries (59 percent of the total budget according to the latest estimates).

\textsuperscript{193} This figure is based on the team’s analysis of the following documents: UNICEF. Données. RRMP 5_2014-2015; RRMP. February 2016. RRMP Briefing Note; RRMP. 2015Dataset RRMP6.xlsx; RRMP. Rapid Response Mechanism Country or Regional Profile Template _inputs DRC_05262017final; RRMP. 04042018_UNICEF DRC_Cash flow analysis_RRMP8_VF; and UNICEF. RRMP et RAM. RRMP 5_2014-2015; RRMP. Aout 2014. Avenir du RRMP: dimensionnement et perspectives à partir de décembre 2014; RRMP. February 2016. RRMP Briefing Note; ECHO. July 2017. Esingle Form For Humanitarian Aid Actions. 2016/00258/FR/01/01; RRMP.April 2017. Bilan RRMP7 et perspectives RRMP8 and RRMP. 23042018_Présentation bailleurs RRMP8_VF.pptx
This larger flow of funds directed to the beneficiaries has been possible because of several measures, the most significant being the decrease in Implementing Partners (IP) staff costs by 32 percent, as well as IP Operational costs and Headquarters (HQ) Technical Support (46 percent). UNICEF staff costs also have been reduced (49 percent). The staff downsizing has been accompanied by reinforcing the capacities of other staff members to cover for the gaps. Finally, UNICEF indirect costs have also decreased.

The new consortium partnership model has been cost-effective to the extent that it has improved multisectoral coordination. Furthermore, UNICEF and its RRMP partners have greatly reduced their staff, resulting in operational costs being reduced for UNICEF and for the IPs. Key informants have pointed out that, historically, the number of staff allocated from partner agencies to the RRMP was relatively high compared to other programmes and that the decision to decrease the number of staff has been important in increasing the efficiency of the RRMP.

At the same time, staff reductions have had some negative effects since the number of the beneficiaries in need of assistance has not only changed but has been growing. As a result the humanitarian actors including the RRMP do not have the means and capacities to respond to all crises. One KI respondent noted that, “If the funds go further down, the number of beneficiaries would also decrease as there would not be enough staff.”

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194 KII, Kalemi
**Major cost drivers**

194. A series of main cost drivers have been identified. Logistics are considered one of the most important cost drivers since it is often necessary to rely on commercial trucks and helicopters to deliver the assistance due to security and accessibility issues (especially in North Kivu). Most RRMP partners are based in urban areas while the interventions take place in the more remote locations. This could be facilitated with the formalization of agreements with local partners to implement the programme. In contrast to the INGOs, local partners know the working environment and can often bring about better solutions. 195

195. UNICEF’s indirect costs applied to the management of the programme are also among the main cost drivers of the RRMP. Indirect costs correspond to management costs that are applied both from New York HQ once the contributions are made from donors and at the country office level in DRC when funds are transferred to the partners in 4 separate tranches. The evaluation found for instance that efforts have been made throughout RRMP8 to decrease the indirect costs, as showed in the figure below, to participate in the global efforts to increase the flow of funds going directly to the beneficiaries.

**Figure 19: Evolution of UNICEF Indirect Costs across RRMP8**

![Figure 19](image)

Source: UNICEF. April 2018. Réunions bailleurs RRMP

**Management Role of UNICEF**

196. UNICEF is recognized as an agency with large management and coordination capacities with the added value of being the cluster lead of four sectors (Education, NFI, WASH and Nutrition). In this respect, KI see UNICEF as having a strong sectoral expertise and capacity in the RRMP. This technical expertise is also valued when it comes to UNICEF programmatic quality assurance of the interventions. As such, UNICEF organizes programmatic visits without prior notice (‘spot checks’ are implemented between 1 and 3 times a year depending on the amount of cash transfers) 196 and audits of its IPs in order to follow up on the implementation and quality of the programme.

197. The KI respondents recognized that the COPIL has improved its management role over the years. First, participation in COPIL has been reduced to the RRMP partners and other actors with a certain response capacity compared to the previous format of the COPIL that absorbed the emergency operational coordination in DRC with the participation of more than 30 people. Second, the process of validating alerts has been standardized to facilitate the verification process within the scope of the RRMP.

198. Under the RRMP9, COPIL will be changing its name to the Technical Committee (Comité Technique). As co-manager of the RRMP, OCHA is seen as providing coherence between the RRMP and the cluster. In the new operational format, UNICEF and its partners will validate the interventions, while OCHA and the clusters will have 24 hours to participate in the validation process prior to the final decision. In an effort to improve the integration of food security in the RRMP response, WFP and its partners will attend the COPIL meetings and WFP will be co-leading the

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195 KII, Goma
196 Minimum of 1 per year for cash transfers between 50,000 and 350,000 USD per year; a minimum of 3 times a year between 350,000 and 500,00 USD per year. See the Q1 Plan HACT Urgence Est (January 2017)
Committee, although it cannot validate interventions.\textsuperscript{197}

199. UNICEF has relied mainly on ECHO and DFID for its main source of funding, followed by SIDA, OFDA and CERF. ECHO has, however, withdrawn its funding from the RRMP and is instead directly funding parallel rapid response mechanisms such as the NRC’s Reflex Project, thus bypassing UNICEF’s management role in the rapid response mechanism.\textsuperscript{198} Other sources for the RRMP\textsuperscript{9} could potentially include the Pooled Fund, although it only allows allocating a small envelope to each sector and is not flexible enough to suit the RRMP operations. Donors are increasingly demanding evidence on the RRMP’s value for money as well as UNICEF’s added value in overseeing and managing the distribution of resources, information management systems, and coordinating partnerships.\textsuperscript{199}

**Alternative scenarios**

200. The RRMP is an innovative hub for responses to population movements and has shown great capacity to reinvent itself over the years. Much work and time have been invested in exploring alternative models for an emergency response, most recently during a partners’ meeting in 2017.\textsuperscript{200} The RRMP can further facilitate the format presented in the HRP 2017‐2019 regarding multiyear planning and multiyear financing plans. This could allow for greater flexibility and adaptiveness for a humanitarian response in DRC.\textsuperscript{201} It could also help UNICEF to build a larger reserve of supplies that could be directed to respond to unexpected shocks as well as extending the length of the RRMP intervention according to needs. Multiyear planning could also allow the RRMP staff to focus on conducting in-depth and more regular analyses of the programme effectiveness and efficiency in responding to context-specific needs (i.e., the relationship between needs and their causal factors), and to develop more evidence-based projection of needs and contingency plans. Finally, multiyear planning allows the humanitarian programming to establish a link with the development sector in an effort to promote resilience building and sustainability.

\textbf{EQ 9. To what extent has the coordination mechanism contributed to efficiency, notably through strategic planning, flexibility and agility in response, synergies between partners at national and provincial levels?}

\textbf{Key Findings 9:}

- The RRMP has become a key actor in the global response and in coordinating humanitarian alerts.
- The RRMP and the clusters are aligned and demonstrate some synergy to a certain degree but there are insufficient joint strategic planning, flexibility and agility in joint response.
- Some confusion exists with regards to the leadership in coordinating the system. Without a clear definition of complementary roles between the RRMP and the clusters, coordination between them is not as efficient as it should be.

201. The RRMP has been an important mechanism as a ‘first resort response’ given the limited capacity of other humanitarian actors and the cluster system itself. While there is alignment between the RRMP and the clusters, there has not been sufficient joint strategic planning, flexibility, and rapidity. Nor is there a clear definition of how the RRMP and clusters could better complement their roles to enhance humanitarian coordination.\textsuperscript{202} According to UNHCR, the cluster system is

\textsuperscript{197} KII, Goma
\textsuperscript{198} UNICEF. December-January 2018. Bulletin d’information N°4
\textsuperscript{199} KII
\textsuperscript{200} KII
\textsuperscript{201} UNICEF. October 2017. 31102017_Strategic meeting partners Goma
“struggling to find adequate leadership for a coordinated approach to assisting IDPs outside camps, whether in hosting or rental situations." The fact that the Camp Coordination and Camp Management (CCCM) cluster is not activated in most sites further complicates matters. The clusters’ lack of capacity combined with the inter-cluster’s limited leadership has prompted the RRMP to become a parallel coordination and decision-making structure. Many KI respondents were concerned that the RRMP has become too autonomous and that the clusters seemed to be integrated in the COPIL meetings rather than vice-versa. Most respondents also affirmed the need to have a unique coordination forum that would ensure the humanitarian actors responded to emergencies in a harmonized manner according to mandates. A meeting with donors on the RRMP priorities for 2019 concluded that UNICEF would become the sole decision-maker replacing the current co-leadership structure with OCHA at the RRMP’s central level. However, at provincial level, the COPIL meetings would be maintained to ensure coordination among actors in the absence of other operational coordination mechanisms.204

202. The 2013 RRMP evaluation205 found that the humanitarian system in eastern DRC ‘over-relied’ on the RRMP, expecting it to intervene everywhere. ECHO believes that in reaction to that, the RRMP ‘focuses more on coordination with others before intervening’.206 The present evaluation corroborates that with more needs and limited resources, the humanitarian system and actors in DRC continue to over-rely and depend on the RRMP.

203. An ongoing discussion is that the inter-clusters should assume leadership in the management of alerts while integrating the RRMP in the inter-cluster for decisions on priority alerts. Along with this idea is the view that multisectoral evaluations could also fall on the clusters, instead of the RRMP. This would allow greater coordination and cohesion between the clusters and the RRMP. In this way, the RRMP could focus on providing a rapid response whenever necessary. This change would however also imply separate funding for the MSAs.

204. The number of rapid response mechanisms and multisectoral evaluations is growing – for instance, the ECHO funded ‘Relexe’ programme led by NRC, the CERF funded UNHCR’s longer-term in-depth evaluations in selected territories, and the IOM’s data collection and evaluations on IDPs and returnees. One of the biggest challenges faced by OCHA is to find a global mechanism coordinates these individual mechanisms and creates synergies between them. However, since donors also finance parallel response mechanisms bilaterally, it is difficult for ensuring that the humanitarian community has a joint strategic planning. One of the key priorities of the HRP for 2018 and 2019 is precisely to ‘strengthening collective advocacy to mobilize funding for prepositioned capacities’.

203 UNHCR, Anne Davies ‘IDPs in Host Families and Host Communities: Assistance for hosting arrangements’ April 2012.
204 UNICEF, ’Briefing note for Representative a.i. Meeting with key RRMP donors (ECHO, DFID, OFDA, SIDA), 1 February 2018.
1.4. Impact of the RRMP

EQ 10. To what extent have individual (single component) and/or multi sector interventions of the RRMP contributed to planned impacts (better living conditions of the beneficiaries)?

Key Findings 10:

- The RRMP is not designed to have any long-term impact and as such is defined as ‘life-saving’.
- The RRMP performance with regards to its impact is mostly based on perceptions.
- Most considered the RRMP’s impact as lives that have been saved, children who have had access to school, drinking water, health services, and relatively better living conditions (than those before or in the absence of RRMP interventions), with a certain degree of variation between intervention zones, sectors and targeting methods (great impact for WASH blanket interventions for instance).

205. The specific objective of the RRMP is to ‘rapidly improve the living conditions of the most vulnerable populations, victims of displacement and recent returnees (less than 3 months) by providing them with livelihood opportunities, dignity, and access to WASH, quality health, as well as ensuring the protection of children against the dangers of conflict while mitigating the psychosocial impact of conflict’. The impact indicators, generally, measure “improvement in living conditions” in terms of mortality and morbidity rates as well as food security/nutrition, access to school and drinking water, and perceptions of the beneficiaries. The RRMP has achieved its Specific Result 1 over the past 3 cycles of the RRMP, keeping the daily mortality rate under 1 per 1000 persons per day through RRMP6, 7 and 8, as showed in the figure below. This indicator also shows the fundamental value of RRMP with regards to its impact on the survival of vulnerable populations. Although these are high-level indicators, they are nonetheless restricted to the timeframe and localities in which the RRMP has intervened. In this sense, they are open to interpretation since they are more indicators of ‘one-shot events’ rather than ‘longer-term processes’ given their short timeframe. For example, in areas with mobile clinics, it would be superficial to conclude that the mortality rates had decreased for the whole population since they are only based on information on people who visit the clinics.

Figure 20: Daily mortality rate per 1000 persons (RRMP6 to RRMP8)

Source: based on data received from UNICEF DRC Country Office. October 2018

206. The general consensus among the KIs was that the RRMP is not designed to have any long-term impacts. Most considered the RRMP’s impact as lives that have been saved, children who have had access to school, drinking water, health services, and relatively better living conditions (than those before or in the absence of RRMP interventions). Some KIs viewed impact in terms of

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207 UNICEF : Cadre de Résultat RRMP8 – author translation
satisfying the needs of the intended beneficiaries and, therefore, varying from one intervention or zone to the next - malnutrition in one place, cholera in another, and a high number of out-of-school children in yet another. Others noted that, in the absence of stability, it is not possible to have a programmatic impact. This was stated as such by one respondent:

“We are not in stable areas, people have been moving around since 2006…. Therefore, even if there has been an impact in some places people go back to zero.”

Conversely, the impact of some sectors such as WASH and health can be greater as they are blanket interventions covering both the IDPs/returnees and the host community members. Furthermore, multisectoral interventions in all four sectors are not necessarily the norm in RRMP given that assistance is based on a needs analysis (and logistics) with the requirement that interventions take place in at least two sectors.
1.5. Sustainability of the RRMP

EQ 11. To what extent have the contributions of the RRMP been sustainable throughout its cycles?

Key Findings 11:
- The RRMP is a short term program that is not intended to build resilience but to offer immediate relief and life saving activities to affected populations.
- Although some activities have provided continuous resources or services - in sectors such as WASH (e.g. infrastructures) or NFI items or cash transfers (reduce the use of negative coping strategies), the absence of follow-up activities, local capacities and funds are often cited as a barrier to sustainability.

208. Some of the key elements to sustainability of the RRMP efforts are as follows: political stability and unity; the buy-in of donors, the government, and affected populations; leadership and efficient management of funds; networking and relationship building with the local and national governments as well as humanitarian and non-humanitarian partners at national and international levels; mechanisms for capacity building (the government, local NGOs); sound monitoring of activities to address bottlenecks and specific needs; follow-up and support structures; sufficient timeline to allow for processes of change to take place; and the availability of continued technical and financial support to address the ongoing needs of the communities. The RRMP does not satisfy these requirements since it was not designed to be a mechanism for medium to long-term response.

209. The RRMP’s overall programme objective is not to build resilience, but to improve the living conditions of affected populations by reducing their vulnerabilities. Absence of sustained funding and the short duration of the RRMP were frequently cited as a barrier to sustainability because there was insufficient time and resources to establish necessary skills and capacities and to ensure lasting uptake. Studies have noted that humanitarian assistance is transient because of its focus on standby mechanisms (such as the RRMP) and its objective to respond promptly to consequences of displacement in order to reduce mortality and morbidity.209

210. While certain intervention modalities such as cash transfers tend to contribute to households allocating resources to areas in which their needs are the most urgent and reduce the use of negative coping strategies, it is not evident that they build sustained resilience (i.e., the ability to adjust to disturbance, moderate damage, take advantage of opportunities, and to reduce vulnerability to future events). According to one study although the beneficiaries reported that cash transfers had improved their resilience, they did not feel that they created sustainable resilience (in terms of coping mechanisms) in the face of similar and/or repeated shocks.210 Therefore, cash transfers may not be necessarily a guarantee for resilience building in all contexts and timeframes. Moreover, the amount of cash that is provided may be sufficient only for a short duration in responding to needs and may not have an impact on savings, assets, livelihood, and income generation capacities of beneficiary households. As one person noted: “When we talk about needs, it also means having an occupation, a little money that can help us build a small business.”

211. The respondents considered activities that have provided continuous resources or services - in sectors such as WASH (e.g. infrastructures) or NFI items - as opposed to discrete or one-off activities - such as awareness raising - as more likely to be sustainable despite their potential for generating lasting knowledge. Most respondents were sceptical about the lasting impact of capacity building efforts at the local and grassroot levels in health, WASH, and education - especially when the tools, materials, and supplies for ensuring continuation of such activities are no longer available.

210 Juan Bonilla et al. 2016. The use of Cash-based Assistance in DRC. AIR
211 FGD, Adult male, Kalunga
The respondents also mentioned that the provision of medicine and medical supplies to health structures, as an exit strategy, could ensure some continuity of services. The consensus was that the RRMP’s exit strategies are not based on sustainability considerations. Nonetheless, seeking inputs from community members for targeting, involvement in implementation processes such as building semi-sustainable constructions, and promoting women’s leadership in community-based committees, among other, among others, can have spill-over effects that improve participation in decision-making and adaptive capacities.

212. The RRMP, along with other humanitarian and development actors, operates within a context of low capacities and resources of local structures and partners. It has, therefore, relied on partnerships with the INGOs for implementation and service delivery. As an emergency programme, its scope and scale of outreach components at the national, sub-national and grassroots levels for capacity building are limited. Although the RRMP’s involvement in capacity building at the local public structures (i.e., schools, health centers) contribute to promoting the involvement of state actors (namely, in health and education), it has not secured the government’s ownership of the process for sustainability purposes.

213. Developing relations and partnerships with local NGOs and other partners for continued support is essential to sustainability. In RRMP8, local NGOs were encouraged to bid for procurement. The local NGOs often have greater accessibility to the remote and insecure areas as well as a wider network of connections that can communicate on alerts (for instance, Caritas DRC is supported by the parishes in different locations). The NGOs’ low capacities and resources to respond to ‘first resort response’ type of emergencies, however, remain a major concern.
Conclusions, Lessons learned, and Recommendations

1.6. Conclusions

214. Relevance: The RRMP has a clear added value in the DRC humanitarian crisis context and is a relevant ‘first resort response’ mechanism in view of the limited capacity of other humanitarian actors and the cluster system itself. The RRMP perpetually evaluates and re-evaluates its directives to address the challenges and/or obstacles in different exigencies. It remains a relevant rapid humanitarian mechanism in the context of protracted crisis in DRC and is aligned with the HRP mandates and its priorities in terms of rapidity, multisectoral response, accountability to beneficiaries, and complementing other humanitarian efforts.

215. Population movements in DRC are usually linked to conflict in remote areas with complicated security and accessibility issues. The RRMP is the only mechanism that brings together many characteristics adapted to the size, type, and the geographical spread of the humanitarian crisis including the hard-to-reach areas. Due to security and accessibility constraints in the more remote areas, in some instances, the RRMP has been forced to forgo responding to emergencies in such localities, and instead, prioritize interventions in more accessible areas and with a higher number of displaced populations. The RRMP has examined several options to improve its mobility and flexibility in reaching the more remote areas and has discussed different models of innovative partnership structures with donors.

216. Many consider the RRMP as a mechanism with little connectivity to local and other humanitarian actors as well as the government. In the absence of a congenial relationship with the DRC government, the RRMP has not been able to build deeper relations to address the humanitarian crisis in the country. Despite the opportunity for information sharing across different RRMP and non-RRMP stakeholders, its connectedness to other humanitarian and non-humanitarian actors also remains relatively tenuous. Furthermore, although in theory the RRMP is well aligned with the clusters, in practice, there is insufficient planning for a joint response between the clusters and the RRMP. Since RRMP8, procurement has opened bids to local NGOs, thus providing opportunities for partnerships beyond international actors. While this has been an encouraging step, as of yet, the RRMP has not had a clear strategy to build the capacities of local partners to respond to the humanitarian crises.

217. The RRMP defines its activities on the basis of risk and vulnerability analyses in order to ensure equitable and safe access to services for its beneficiaries. These analyses have allowed RRMP to consider the different needs and protection issues related to women, men, girls, boys, and the most vulnerable in each intervention sector (WASH, health, education, protection/child protection, and NFI). However, given the complexity of the context and recurring displacement crises in DRC, coupled with the rapidity and short duration of the RRMP interventions, the vulnerability approach cannot always be child – and gender – sensitive enough, beyond the gender and age disaggregated data provided in the MSA.

218. The RRMP recognizes the importance of standardized tools and mechanisms in responding to diversified needs. Standardized tools, mechanisms, and processes are essential in targeting beneficiaries, assessing needs, and avoiding duplication of the beneficiaries. However, standardization is beneficial to the extent that it does hinder flexibility and adaptation to context, especially with respect to selection criteria and one-shot intervention packages.

213 The four different models presented to the donors were based on: 1- antennas/rosters of international or local actors who have a basis in crisis or risk areas (with a partnership with an actor familiar with RRMP for capacity building and M & E); 2- Current partners may have RRMP’s technical leads based in all their selected sub-bases that create provider teams according to intervention needs; 3- Payment by results (keeping the same operation, but restructure the payment type by linking the payment to the results); 4- Current revised model: teams based in ‘zones of crises’ and surveillance in ‘risk areas’ with a roster system (consultants/local actors). UNICEF/Kinshasa, ‘Réunion Stratégique RRMP’, 9 November 2017.
214 For instance, CARITAS DRC submitted a proposal for this bid but did not win it.
The M&E indicators of the RRMP are relevant to its objectives within the scope of its timeframe and the targeted populations. The baseline data on the indicators are generally collected at the time of the MSAs. In RRMP8, baseline data were directly collected during the registration with a tool shared with WFP. However, baseline data are not always available on all indicators to enable the programme to measure changes in outcomes. While both RRMP and non-RRMP partners use Activity Info as a central information database for monitoring and reporting at output and at outcome levels (where possible), the evaluation did not find in-depth assessments across the RRMP cycles on trends, patterns, and gaps in outcomes - especially those related to women, children, adolescents, and the most vulnerable - other than individual post-intervention and lessons learned reports shared during the RRMP workshops. Furthermore, in the absence of a tracking tool (such as SCOPE, used by WFP) the RRMP cannot monitor the impact of its interventions across its cycles on beneficiary resilience (by identifying beneficiaries that have experienced multiple displacements) or track population movements for better predictability, contingency planning, and avoid targeting duplications.

Gender, equity, ‘do no harm’: The RRMP promotes gender equality by providing the same opportunities for women as for men to learn, participate, and take leadership roles in various community committees, but the evaluation cannot determine if the RRMP is gender transformative. As a short-term emergency programme, its objective is to increase gender sensitivity (especially pertaining to protection issues) rather than longer-term processes necessary for transforming gender roles and relations. The RRMP defines its activities on the basis of risk and in order to ensure equitable and safe access to services for its beneficiaries. Although in-depth assessments were not found by the evaluations during the documentary review, the evaluation is of the opinion that the analyses have contributed to consider the different needs and protection issues related to women, men, girls, boys, and the most vulnerable in each intervention sector (WASH, health, education, protection/child protection, and NFI).

The RRMP’s complaint mechanism and protection checklists (during and post-intervention) and the post-intervention monitoring information (collected by the consortiums at the household level) are important tools and mechanisms for accountability, identifying the evolution of the overall results, and monitoring aspects of equity, gender, protection, and ‘do no harm’. On the other hand, although the RRMP utilizes a number of useful tools to carry out risk, mitigation, and ‘do no harm’ types of analyses, these don’t always including the relationship between needs and their causal factors. While there has been a general improvement in context analysis of needs (especially of women, children, adolescents, and the most vulnerable groups) and resources in each area throughout the RRMP’s cycles, it requires further strengthening. Evidence does not suggest that the RRMP conducts ‘do no harm’ gender analysis prior to (i.e., during the MSAs) or after its interventions. In addition to risk analysis, it is particularly important to enrich both the pre-intervention and post-intervention assessments with more in-depth analysis of gender and vulnerability that incorporates ‘do no harm’, even if it may take more time.

Certain aspects of the RRMP continue to pose challenges regarding the ‘do no harm’ principle by creating tension and conflict among community members. These include discrepancies in targeting processes, procedures, and tools between different partners operating in the same area (e.g. between the WFP and RRMP- prior to RRMP9); instances of bias in data caused by low capacities of the data collectors and/or pressure from community members on local data collectors to include them in their target lists; misunderstanding on the part of communities regarding targeting criteria despite participatory processes, particularly, since the list of beneficiaries for NFI vouchers/cash are posted and targeted and non-targeted beneficiaries can be easily identified; and proximity of areas in which different modalities of the RRMP interventions are implemented.

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215 RRMP_PAM_EnregistrementBaseline.xls.
216 As it was mentioned in the limitations section, the ET did not find consistent data and information across partners and across the RRMP cycles.
Effectiveness: The RRMP is designed to address the basic needs and protection of its target beneficiaries while prioritizing the needs of women, children, and the most vulnerable. Overall, the respondents’ assessment of the effectiveness of the RRMP was positive since they believed that the complementary nature of interventions in multiple sectors had, in fact, improved their living conditions, at least in the short-term. Nonetheless, the evaluation does not have enough evidence to make substantive conclusions about the extent to which the programme has indeed addressed the context-specific needs of women, children, and the most vulnerable throughout its cycles, rather the evaluation has provided specific examples throughout the report.

UNICEF and partners acknowledge the need for better evidence regarding the differential vulnerability levels among the IDPs. Many respondents believed that to achieve a more appropriate response to sudden changes, the clusters should provide updated sources of in-depth information and risk analysis on the humanitarian needs and conditions in each province. While there is alignment between the RRMP and the clusters, there has not been sufficient joint strategic planning, flexibility, and rapidity. Nor is there a clear definition of how the RRMP and clusters could better complement their roles to enhance humanitarian coordination.

Flexibility is a critical component for ensuring effectiveness and timely delivery of assistance in protracted crises in DRC. The RRMP has taken several measures at the operational, programmatic, and strategic levels to promote flexibility. These include improving the timeliness of the interventions by reducing pre-intervention delays; standardizing tools and mechanisms; revisions in the NFI assistance modalities; improved coordination in collaborative efforts with humanitarian partners such as WFP to increase the timeliness, range of services, and reducing the unanticipated negative effects related to ‘do no harm’; and the consortium partnership approach to allow for greater coverage and capacity to intervene in a larger number of areas. Logistics in reaching remote areas, compounded by security issues, however, do not always guarantee swift multisectoral or sectoral response. Moreover, in view of limited resources, respondents contended that the reporting tasks reduced flexibility and effectiveness of the interventions diverting resources from preparation and implementation processes. Nevertheless, the evaluation found that efforts were made to alleviate reporting tasks, and it was recognized that the number of indicators against which the reporting is prepared had been reduced.

There was a wide degree of variance in the perceptions of respondents on individual sectoral performance. Generally, bottlenecks in sectoral performances were attributed to the RRMP’s 55-day intervention window, pre-positioning of stocks and staff, logistics, and absence of technical capacities. Some KIs acknowledged that given the number and breadth of emergencies in Eastern and Southeastern DRC, it would be unfeasible to have an emergency response period longer than three months. On the other hand, there were those who deemed the short duration of interventions less effective within certain contexts and in some sectors, especially in the absence of follow-up and support activities and the fact that the IDPs often become more vulnerable following the three-month intervention period. The question of extending the RRMP’s three-month mandate is contingent on several elements including analyses of continuing needs, vulnerabilities, and risks; technical capacities and human resources; partnerships and coordination at different levels (especially for follow-up support and activities), and management.

Some respondents also criticized the trade-off between rapidity and responding to contextual or specific needs. The IDPs often become even more vulnerable after the three-month intervention period. This raises the question on the appropriateness of equating timeliness and rapidity in protracted emergency situations given that addressing specific vulnerabilities at the most susceptible time is just as critical as the speed of response. In the final analysis, the decision to

217 UNICEF has commissioned a study to better understand the evolution of vulnerabilities in the protracted crisis
intervene, and the types of interventions that are delivered, may not be necessarily based on the vulnerability levels and/or specific needs of the displaced and returnee populations, but rather, on reducing the complexity of the interventions. Taking the necessary time for conducting comprehensive multisectoral assessments on risks and vulnerabilities - especially in areas where there is little information and/or where the RRMP has not intervened - are essential for ensuring appropriate programming and implementation processes according to context and the needs of the affected populations.

228. Despite an overall favourable outlook, respondents identified key elements accounting for unintended negative results such as lack of coordination between RRMP and WFP activities (especially during the previous RRMP cycles), selection and targeting of beneficiaries and unavailability of certain supplies, persistent traditional norms surrounding reproductive health and gender-based violence (i.e., shame of sexual victimization to obtain PEP kits) and misinterpretation of awareness-raising messages.

229. **Efficiency**: Overall, humanitarian funding has been decreasing in DRC since 2013. In addition to this trend, the RRMP’s resources have been also affected by the increasing number of the humanitarian actors (especially in eastern and southeastern DRC) and competition in securing donor funds. In its most recent cycle (RRMP8 June 2017 – May 2018), the RRMP succeeded in reducing its organizational footprint in the budget. The greatest impact with these adjustments is that a larger proportion of the budget flows directly to the beneficiaries (59 percent of the total budget according to the latest estimates). This has been possible, in part because of reductions in the IPs staff costs (by 32 percent) and the IP Operational costs and HQ Technical Support (by 46 percent). UNICEF staff costs also have been reduced by 49 percent. Moreover, the new consortium partnership model has been cost-effective to the extent that it has improved multisectoral coordination.

230. Due to insecurity and inaccessibility factors, logistics are considered one of the most important cost drivers. Most RRMP partners are based in urban areas while the interventions often take place in remote locations. One mitigation measure would be introducing and formalizing agreements with local partners to implement the programme. In contrast to the INGOs, local partners are often more familiar with the community context and its environment and can offer better solutions.219

231. Given the decreasing donor funds flowing towards the RRMP, it is important for the programme to consider more regular flow of funds such as the multiyear planning format of the HRP 2017-2019 that is supported by a multiyear financing plan. This could allow for greater flexibility and adaptiveness for a humanitarian response and help UNICEF build a larger reserve of supplies that could be directed to responding to unexpected shocks and prolonging the duration of interventions.

232. **Impact**: Most respondents considered the RRMP’s programmatic impact on lives saved, children with better access to schools, better hygiene, clean water, improved health services, and generally, better living conditions. Some KIs viewed impact in terms of satisfying the needs of the intended beneficiaries – such as malnutrition in one place, cholera in another, and a high number of out-of- school children in yet another - and therefore, varying from one intervention or zone to the next.

233. As an emergency programme, the RRMP is commended for its achievements in improving the living conditions of the affected populations. At the same time, because of its mandate as an emergency programme, it is not intended to have long-term impacts in changing habits and behavior and the long-term living conditions of its beneficiaries.

234. **Sustainability**: The transition from humanitarian to development programming requires stable conditions and the availability of resources and capacities for complementary programmes. The respondents felt that the RRMP is not designed as a sustainable programme since its overall

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219 KII, Goma
programme objective is to improve the living conditions of affected populations by reducing their vulnerabilities rather than resilience-building. Activities that have provided continuous resources or services - such as WASH (e.g. infrastructures) or NFI items - as opposed to discrete or one-off activities - such as awareness raising - were considered as more likely to be sustainable despite the latter’s potential for generating lasting knowledge. On the other hand, awareness raising activities, seeking inputs from community members for targeting, community involvement in implementation processes (such as building semi-sustainable constructions), as well as women’s leadership in village committees can have spill-over effects that could lead to greater adaptive capacities.

235. Although certain intervention modalities such as cash transfers tend to contribute to households allocating resources to areas in which their needs are the most urgent and contribute to reducing the use of negative coping strategies, they do not necessarily build adaptive resilience (the ability to adjust to disturbance, moderate damage, take advantage of opportunities, and to reduce vulnerability to future events). According to one study although the beneficiaries reported that cash transfers had improved their resilience, they did not feel that these created sustainable resilience (in terms of coping mechanisms) in the face of similar and/or repeated shocks.220

236. Furthermore, as an emergency programme, the RRMP’s scope and scale of outreach components at the national, sub-national and grassroots levels with respect to capacity building are limited (even though it has trained village chiefs or community representatives for sending alerts, the staff for sending alerts regarding protection issues, teachers for psychosocial support, and health personnel in some areas). As studies have noted, humanitarian assistance is transient because of its focus on standby mechanisms (such as the RRMP) and its objective to respond promptly to consequences of displacement in order to reduce mortality and morbidity.221

237. Respondents considered inadequate funding, resources (especially for follow-up support activities), and the short duration of the programme as important impediments to sustainability of results. Developing relations and partnerships with local NGOs and other partners for continued support is essential to sustainability. The local NGOs often have greater accessibility to the remote and insecure areas as well as a wider network of connections that can communicate on alerts and protection issues. The NGOs’ low capacities and resources to respond to ‘first resort response’ type of emergencies, however, remain a major concern.

1.7. Lessons learned

238. The lessons learned from the RRMP based on the findings and conclusions of this evaluation are as follows:

- The opportunity to scale impact through collaboration with other humanitarian actors should not be overlooked; coordination should be an essential part of the scale up efforts. For instance, unintended negative effects have occurred due to lack of coordination between RRMP and WFP activities, notably due to lack of simultaneous food assistance and NFI distribution; coordination problems have also occurred with other humanitarian actors causing delays in the interventions. Additionally, certain changes such as the new consortium partnership model have been cost-effective to the extent that it has improved multisectoral coordination by reducing operational costs and capitalizing on common resources, amongst others.

- A comprehensive assessment is necessary to fully understand the dynamic relationship between risk (the combination of the probability of an event and its negative consequences) and vulnerability (susceptibility to harm, and exposure to shock and hazard) in fragile and volatile contexts. A situation analysis, by itself cannot provide such information to the extent that is unable to examine the dynamics of relationships, vulnerabilities, and risks. For

220 Juan Bonilla et al. 2016. The use of Cash-based Assistance in DRC. AIR
221 DFID. June 2016. Annual Review—Humanitarian assistance to the Democratic Republic of Congo
instance, the RRMP will need to understand the underlying causes of vulnerability to provide assistance that will not increase the risk of relying on negative coping mechanisms.

- Longer-term behaviour change activities addressing deep-rooted beliefs, attitudes and cultural norms on gender roles are not feasible to undertake in short-term emergency interventions such as the RRMP, however risk reduction and mitigation activities that also ensure ‘do no harm’ can constitute the most appropriate prevention activities.

- RRMP difficulties to secure high level of buy-in and commitment from donors for sustained funding are due to the RRMP lack of longer-term outcome vision with a road-map for achieving specific objectives in the short- medium- and the long-run.

- Strong logistical and security support is essential; logistical preparedness is just as important as technical knowledge and capacity. It has been highlighted that logistical constraints are the main factor causing delays in the RRMP interventions.

- Increasing the involvement of the local NGOs and state actors in follow-up and capacity building efforts is an entry point for more joint planning, assessment, and action. RRMP has been lacking follow-up on its activities once they have concluded. This is a critical point to ensure continuity of the results achieved. Key informants have observed that greater reliance on local actors could help ensure coverage of hard-to-reach areas; quickly mobilize resources and support the sustainability of the RRMP actions.

- Managing learning spaces for improved programming and implementation of interventions contributes to a better understanding of the RRMP’s effectiveness and impact - especially on children, women, adolescents, and the most vulnerable populations – and improves preparedness to respond to contextual changes as they evolve over time. Respondents have highlighted the added value of the RRMP learning component. Regular sessions are organized through annual and technical workshops, strategic meetings and presentations to donors. Improvements are addressed while past recommendations that were not fully followed up are carefully assessed. It also represents an opportunity to develop innovations and pilots to address programmatic challenges.

- Although unconditional cash transfer interventions intend to address immediate needs, they also have a clear added value to improve the lives of beneficiaries and allow children to continue their education. Respondents have also noted that the activities accompanying cash distributions such as sensitization activities can also have longer-term effects on the population as it provides them with knowledge on resource management in the household, identification of urgent needs or mitigation of negative coping mechanisms, amongst others. The evaluation found that the distribution of cash also helped appease the relations between displaced populations and host communities. However, cash transfers should not be expected to “automatically” create resilience given the context-specific and dynamic nature of resilience and the varying magnitude of needs among different population groups, especially given the frequency and recurrence of the shocks. The amounts of cash distributed also have little impact on savings, income generation or assets. Resilience is therefore seen as not sustainable. These are important aspects to take into account at programming stage as well as to assess the possibility of follow-up activities by other actors.

### 1.8. Recommendations

239. The ET presents the following recommendations to UNICEF, OCHA, RRMP partners, and the Clusters. These recommendations are informed by the findings and conclusions gathered from this evaluation to guide future multisectoral humanitarian programme design and implementation.

240. The order of the recommendations is linked to the evaluation criteria and the level of priority is expressed according to the following classification:
<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendation</th>
<th>Links to §</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>1</td>
<td>In line with HCT first multi-year strategy adopted in 2017 and Grand Bargain commitments, advocate to donors for multi-year funding that would allow for better prepositioning of partners and supplies as well as the transition from humanitarian to development programming and resilience building (including support/follow-up activities).</td>
<td>§ 203 § 208 § 238</td>
<td>To UNICEF</td>
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<tr>
<td>2</td>
<td>Consider greater flexibility of the RRMP by allowing it to extend its mandate beyond the 3-month period according to risk/vulnerability assessments and context-specific needs (especially those of women, children, and the most vulnerable). This would ensure that the programme is able to continue the necessary follow-up and support activities to increase its effectiveness (at both sector and multisector levels) and also address specific vulnerabilities of the IDPs at the most opportune time (i.e., after the three month period when they can become even more vulnerable).</td>
<td>§ 72 § 137 § 144 § 230 § 231</td>
<td>To UNICEF</td>
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<tr>
<td>3</td>
<td>Consider further options for targeting, vulnerability analysis, and programming redesign (particularly in the household level assistance: in-kind and cash distributions) that better address the conflict sensitivity ‘do no harm’ aspects of intervention modalities and implementation processes and mitigate the unintended negative effects of targeting and interventions at individual, household, and community levels.</td>
<td>§ 118 § 119 § 122 § 124 § 138 § 186 § 188 § 225 § 226</td>
<td>To UNICEF and RRMP partners</td>
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<td>4</td>
<td>Secure separate funding for conducting multisectoral evaluations for each RRMP cycle (by third parties or working groups, including third party monitoring, including by third-party monitoring) that also include comprehensive analyses of the impact of different intervention packages and modalities and implementation processes in different locations on gender, equity, vulnerability, risk, and ‘do no harm’. This will contribute to improved programming through a better understanding of the quality and impact of the interventions in responding to context-specific needs, vulnerabilities (especially those pertaining to women, children, and the most vulnerable), and potential sources of tension/conflict within the household and among community members.</td>
<td>§ 77 § 79 § 119 § 135 § 138 § 165 § 207 § 231</td>
<td>To UNICEF</td>
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<td>5</td>
<td>Jointly develop a road-map to ensure greater humanitarian coordination, cohesion, and alignment of strategic planning and collaboration between the RRMP and the relevant clusters (including the availability of</td>
<td>§ 129 § 130 § 131 § 159</td>
<td>To UNICEF, OCHA, and Clusters</td>
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<td>6</td>
<td>Updated analyses on the humanitarian needs, causes of vulnerabilities, and the conditions in each province. This will improve the rapidity, timeliness, and quality of the RRMP interventions by reducing pre-intervention delays and sectoral bottlenecks. It will also ensure coordinated and strategic planning for quality follow-up and support activities and will enable the IPs to better tailor interventions according to context-specific needs and vulnerabilities of the affected populations in different areas (particularly, women, children, and the most vulnerable). This also includes continued efforts towards the formalization of partnership between the RRMP and WFP, as well as FAO and other actors in the food security sector to encourage the sustainability of actions.</td>
<td>§ 177</td>
<td>§ 181</td>
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<td>7</td>
<td>Advocate to donors for a specific share of humanitarian and/or development funding recovery or transition (including follow-up support) to address the funding gap in transition between the humanitarian and development programming nexus and the achieve the collective outcomes.</td>
<td>§ 126</td>
<td>§ 127</td>
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<td>8</td>
<td>Develop relations and formalize partnerships based on concrete capacity building strategies (technical and operational) with local NGOs that can be mobilized quickly - especially those in the more remote areas - to allow for greater collaboration (including follow-up and support activities) between the international and local RRMP partners (under the INGOs’ supervision) as well as buy-in from donors for steady and/or multiyear funding.</td>
<td>§ 85</td>
<td>§ 86</td>
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<td>9</td>
<td>Develop a mobility tracking mechanism or use tools such as SCOPE jointly with WFP to better distinguish between the IDPs and returnees, to track population movements in order to improve predictability/contingency planning (and thus pre-positioning and rapidity), and to assess the impact of the interventions on beneficiaries who have experienced multiple displacements in terms of their living conditions, resilience, and coping mechanisms.</td>
<td>§ 96</td>
<td>§ 210</td>
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<td>9</td>
<td>Redefine impact and outcome indicators (especially those related to women, children, and the most vulnerable, where necessary) through participatory processes and establish threshold for key sector indicators in order to classify severity of needs and context-specific elements of gender, equity, protection, and ‘do no harm’. Ensure that all indicators gender-sensitive, equity-focused and child-focused and that they follow the SMART criteria (specific, measurable, attainable, relevant, and time bound) while</td>
<td>§ 99</td>
<td>§ 100</td>
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<td>10</td>
<td>respecting the diversity of multisectoral interventions and their specificities. They can be cross-checked and compared across the RRMP cycles, partners, and areas.</td>
<td>To UNICEF</td>
<td></td>
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| § 98 | § 99 | § 100 | § 168 | § 229 | Consider moderating UNICEF’s IP reporting requirements for the RRMP (including the number of reports) so that the IPs can focus their efforts and resources towards weighing different programming options and modalities and implementation processes according to context as well as improving the quality of their reports by concentrating on strengths and weaknesses of the interventions at the outcome rather than activity/output level. Also ensure that all reports (particularly, pre-intervention and post-intervention assessments/evaluations, bottleneck/trend/vulnerability/gender/’do no harm’ analyses, and lessons learned/good practices) are available in UNICEF/RRMP database across all partners, interventions, and each RRMP cycle. |
UNICEF. November 2017. Réunion Stratégique RRMP. Kinshasa
UNICEF. October 2017. 20171031-CR Reunion réflexion stratégique RRMP_V01
UNICEF. October 2017. 31102017_Strategic meeting partners Goma.
UNICEF. October 2017. Compte Rendu de la réunion de réflexion stratégique sur le RRMP. Goma
UNICEF. October 2017. Strategic Meeting Partners Goma
UNICEF. Outil d’analyse rapide AME (AR-AME).
UNICEF. Rapid Response Mechanism Country or Regional Profile Template _inputs DRC_05262017final
UNICEF. Réunion Stratégique RRMP. 9 Nov 2017, Kinshasa
UNICEF. RRMP8 Logframe
UNICEF.E0.4.a_Redevabilité_Annexe Lettre Comm.Exemple
WFP. December 2017. WFP SCOPE Know them better, to serve them better
Annex 1: Terms of Reference
ANNEXE 1
TERMES DE REFERENCE
Evaluation du mécanisme de Réponse Rapide au Mouvement de Population basée sur la performance -

1. INTRODUCTION

Depuis plus de deux décennies la République démocratique du Congo (RDC) est en proie à un cycle de conflits complexes et multiples avec de graves conséquences humanitaires. L'Est, mais aussi le Sud du pays, connait des cycles d'insécurité, de violence et de retour à la stabilité précaire entraînant la destruction d'hôpitaux et d'écoles, des déplacements des familles et des communautés qui essaient d'échapper aux combats et se trouvent privées de vivres, d'eau, d'abri ou d'autres services de base. L'OCHA estime qu'en 2016, 2 000 personnes se déplacent par jour à la recherche d'un lieu plus sûr. Les mouvements de milliers de familles, à la fois nouvellement déplacées et nouvellement retournées, sont signalés chaque semaine. Plus récemment, le Grand Kasaï, havre de paix depuis plus de 40 ans, s'est également transformé en zone de conflit où la violence a atteint une intensité rare entraînant une crise humanitaire aiguë.

Répondre aux besoins humanitaires des populations déplacées dans un contexte de déplacement récurrent tel que celui des provinces de l'Est et du Sud du Congo, s'avère un grand défi pour les organisations humanitaires. Leurs besoins peuvent varier fortement d'une zone à une autre et d'un moment à un autre, étant donné la dynamique et la nature des déplacements causés principalement par des conflits intra-communautaires ou par l'incursion des groupes armés dans des zones rurales souvent de difficile accès, entraînant la perte des biens et des moyens de subsistance.

Afin d’assurer une réponse rapide multisectorielle aux besoins de ces populations, le mécanisme Réponse Rapide aux Mouvements de Population (RRMP), créé en 2006 et géré conjointement par UNICEF et OCHA, assiste chaque année des centaines de milliers de personnes déplacées ou retournées, principalement à cause des conflits armés, à l’Est et au Sud-Est de la RDC dans les secteurs d’articles ménagers essentiels (AME / NFI) ; eau, hygiène et assainissement (EHA / WASH) ; éducation/Protection de l’enfance et santé/nutrition. Il reste à ce jour le seul mécanisme de réponse rapide en RDC avec un délai souhaité de moins 30 jours entre l’alerte et l’intervention. Il est basé sur deux piliers principaux :

1) Pré positionnement des capacités en ressources humaines, matérielles et financières pour une réponse à tout moment : Une analyse approfondie de la situation d’une zone et les prédictions sur l’évolution pour la période suivante (12 mois), en ligne avec le Plan de Réponse Humanitaire (HRP), permet à l'équipe de coordination du RRMP de faire des estimations des besoins en termes de ressources humaines, matérielles et financières pour répondre aux éventuelles crises. Les capacités sont alors allouées à travers la signature des accords de partenariats avec des partenaires préalablement identifiés et les stocks sont également fournis sur base de la prévision faite. En cas de dépassement, le mécanisme permet l’amendement des Accords de Partenariats (PCA) pour augmenter le niveau des capacités ou la flexibilité pour le transfert des capacités entre les zones et les secteurs.

2) Interventions multisectorielles basées sur l’analyse des besoins de chaque groupe : Le RRMP inclut un protocole clair d'évaluation des besoins sur base des données secondaires et primaires afin de cibler en premier lieu les personnes les plus vulnérables affectées par les
crises, en particulier les femmes et les enfants, dans les secteurs où les besoins sont les plus aigus et avec le paquet d’assistance le plus adapté. Le programme cherche à améliorer les conditions de vie :

- Des populations déplacées depuis moins de 3 mois, ou accessibles depuis moins de trois mois, avec des besoins aigus dus à la perte de leurs biens et moyens de subsistance à la suite des déplacements soudains, avec une faible possibilité de retour vu la situation de la zone d’origine (pillage, incendie, insécurité, présence de groupes armés). Cela dans des zones où ces populations exercent une forte pression (plus de 30% de déplacés/retournés par rapport à la population autochtones) sur les services de base : eau, hygiène, assainissement, santé, éducation.

- Des populations retournées depuis moins de 3 mois, ou accessibles depuis moins de trois mois, dans des zones de retour qui ont été partiellement ou complètement détruites et/ou l’accès aux biens et services a été profondément affecté.

- Des familles d’accueil des populations mentionnées ci-dessus ainsi que les familles autochtones connaissant des niveaux de vulnérabilités élevés.

Les évaluations rapides multisectorielles permettent de concevoir une réponse modulaire en fonction des besoins identifiés.

Depuis 2004, le programme a assisté chaque année des centaines de milliers de personnes déplacées ou retournées.

2. JUSTIFICATION

En plus des contraintes complexes et fortes dues au contexte de crise chronique depuis des décennies, le mécanisme est confronté aujourd’hui à plusieurs autres défis, y compris l’exigence de la communauté humanitaire et des bailleurs des fonds de connaître l’impact de cette aide humanitaire de longue date ; les tensions toujours persistantes entre les exigences de rapidité et de qualité des interventions multisectorielles, notamment avec l’utilisation des nouvelles approches comme le transfert monétaire ; l’émergence des nouvelles crises (Grand Kasai, Tanganyka, etc.) ; le besoin de responsabiliser les autorités congolaises dans la réponse humanitaire ; ainsi que, le besoin de faire le lien entre la réponse rapide et les programmes de résilience et développement afin de briser le cycle de dépendance de l’aide humanitaire dans certaines zones. A ces défis s’ajoute également une réduction tendancielle importante des financements humanitaires à destination de la RDC. Le mécanisme actuel doit donc développer des stratégies pour respecter son mandat, à savoir : mettre en place des critères de priorisation plus stricts pour le ciblage ; identifier des niveaux / différents paquets multisectoriels essentiels en fonction des besoins ; réduire les coûts opérationnels ; et créer de partenariats avec d’autres acteurs et plus de liens avec des programmes de transition et de développement.

Le développement de ces stratégies doit être éclairé par l’évaluation des résultats de ce programme pour en dégager la pertinence, le degré de réalisation des objectifs, ainsi que déterminer l’efficience, l’efficacité, l’impact du paquet d’interventions et la durabilité des bénéfices produits auprès des populations cibles.

3. BUT ET OBJECTIFS

Les objectifs spécifiques de cette évaluation qui se veut à la fois sommative et formative, sont :
1) Evaluer la pertinence du mécanisme RRMP et de ses interventions en rapport avec les besoins des populations déplacées et/ou retournées à l’Est et au Sud-Est de la RDC dans le contexte actuel, incluant la perception de la population, y compris les groupes spécifiques, vis-à-vis de l’adéquation de la réponse avec leurs besoins.

2) Évaluer l’efficacité des interventions en tenant compte des indicateurs de qualité et de performance tels que définis dans les accords de partenariat avec les ONG.

3) Évaluer l’efficience du mécanisme de mise en place au niveau national et local pour coordonner et mettre en œuvre les interventions planifiées.

4) Évaluer l’impact, notamment les effets directs et indirects, attendus et inattendus, positifs et négatifs, des interventions proposées par le RRMP sur les populations bénéficiaires et non bénéficiaires.

5) Proposer des recommandations pour l’amélioration du mécanisme (incluant la coordination, le modèle de partenariat, etc.) et de ses interventions pour les années à venir dans la perspective aussi des évolutions récentes des questions humanitaires en RDC.

4. ÉTENDUE DE L’ÉVALUATION ET MÉTHODOLOGIE


Cette évaluation sera menée selon une approche méthodologique mixte reflétant le caractère multisectoriel du programme lors de la collecte, de l’analyse et de l’interprétation des données. Une attention particulière sera portée sur la fiabilité des données, la validité des constatations et des recommandations afin d’élargir et d’approfondir la compréhension des processus menant aux résultats et aux impacts de ce mécanisme et de la manière dont ceux-ci sont affectés par le contexte dans lequel le programme est mis en œuvre. Plusieurs sources d’information seront mises à profit pour trianguler les résultats.

Dans le cadre de cette évaluation, la théorie du changement sous-tendant le RRMP sera utilisée pour expliquer comment les activités étaient censées produire l’ensemble de résultats pour contribuer à la réalisation des impacts finaux prévus et pour identifier les données qui seront recueillies et la façon dont elles doivent être analysées. Elle sera également mise à profit pour fournir un cadre de restitution des résultats de l’évaluation et proposer la stratégie future. Cette évaluation devra tenir compte de l’équité et du genre et avec toutes implications méthodologiques dans la conception, la conduite, la gestion et les recommandations que ces approches comportent. Le rapport final adoptera par conséquent une structure correspondant aux critères UNICEF/GEROS. Tous ces standards et approches seront partagés avec le(s)consultant(s) en vue de la soumission de leur proposition technique et discutés avec le(s) consultant(s) recruté(s) dès le début des travaux afin de garantir leur strict respect dans le processus et rapport final.

Sur le plan opérationnel, il est attendu que l’évaluation adopte un processus participatif et inclusif pour apporter les réponses aux questions clés sous chacun des critères d’évaluation retenus.

5. CRITERES ET QUESTIONS D’EVALUATIONS

Il est attendu que l’évaluation utilise les cinq critères d’évaluation de l’OCDE/DAC - ainsi que les critères supplémentaires relatifs aux évaluations en contexte d’urgence les plus pertinents - qui seront précisés dans la proposition technique et le rapport de démarrage - pour permettre d’offrir une perspective objective et fondée de la valeur du RRMP et de ses interventions dans les zones
géographiques d'intervention, dans un contexte volatile, de capacités limitées des partenaires locaux et nationaux, et de son potentiel à évoluer dans le futur pour augmenter la pertinence, l’efficacité, l’efficience, la durabilité et l’impact de la réponse aux mouvements de population tout en respectant les principes internationaux de la réponse en contexte d’urgence.

Enfin, pour aider à une meilleure compréhension du travail à effectuer, une liste indicative des questions clés de l’évaluation est présentée ci-dessous et doit aider à l’élaboration de la conception et de la méthodologie de l’évaluation par le prestataire dans sa proposition technique, et par la suite, après signature du contrat et des premières réunions de travail, à soutenir le travail conceptuel et opérationnel lié à la mise en œuvre de l’évaluation.

1) Pertinence des interventions et du mécanisme RRMP

1.1. Réponse aux problèmes, besoins et priorités des bénéficiaires

a. Dans quelle mesure l’approche de l’assistance (principalement pour le secteur des articles ménagers essentiels, AME) fondée sur l’analyse de la vulnérabilité et pas seulement sur celle du statut de la personne (être déplacé ou être retourné par exemple) est-elle encore adaptée au contexte de l’est de la RDC\(^1\) ?

b. Dans quelle mesure les interventions RRMP sont-elles en phase avec les problèmes, les besoins et les priorités des bénéficiaires identifiés ? et dans quelle mesure elles peuvent être mieux adaptées encore pour mieux correspondre au contexte rapidement changeant \(^c\) ?

c. Dans quelle mesure les indicateurs de suivi et évaluation sélectionnés pour le RRMP sont pertinents, adaptés par rapport aux objectifs recherchés et capables de bien mesurer les bénéfices attendus et observes dans les différents secteurs et les différentes populations ciblées ?

d. Dans quelle mesure ces indicateurs ont été utilisés/ pris en compte pour revoir la mise en œuvre et l’efficience du programme au cours du temps ?

e. Dans quelle mesure la stratégie des interventions apporte-t-elle une réponse rapide et adéquate aux besoins et à la réalité/aux conditions de vie des bénéficiaires identifiés?

f. Dans quelle mesure la stratégie de mise en œuvre du RRMP a-t-elle été adaptée en fonction des changements de contexte (hypothèses et risques) et quelle a été sa capacité à atteindre les populations ciblées même lorsqu’elles sont dans des zones isolées/enclavées ? Existe-t-il de stratégie mise en place pour assurer les interventions dans les zones particulièrement difficiles d’accès ? Les recommandations des revues et évaluations internes et externes passées ont-elles été utilisées?

g. La stratégie de mise en œuvre du RRMP a-t-elle été étendue au niveau des droits humains, d’égalité de genre, de l’équité, de «no harm », de la redevabilité des acteurs envers les populations (y compris leur participation et l’assentiment des interventions) lors de la conceptualisation et la mise en œuvre des différentes phases de l’intervention?

\(^1\) L’approche vulnérabilité utilisé par RRMP dans le secteur AME dans plusieurs situations essaye de prendre en considération (et considère comme éligible) toutes les populations affectées par les conflits—y compris les familles d’accueil. A noter qu’en RDC plus de 80% des déplacés habitent en familles d’accueil, pas dans les sites ou camps. Etant donné que les hôtes sont parfois affectés autant que les populations déplacées, le RRMP en général assiste aussi une partie des familles d’accueil sur base des critères de vulnérabilités.
1.2. Cohérence avec les priorités et politiques du gouvernement de Congo en matière de réponse d’urgence

a. Quelles sont les limites et les opportunités de l’approche actuelle pour favoriser la complémentarité avec la politique et de la stratégie nationale de protection sociale en RDC et avec les autres acteurs pertinents travaillant dans le même domaine, notamment les acteurs locaux ?

b. Dans quelle mesure le mécanisme RRMP est-il en lien avec le nouveau PRH 2017-2019 pluriannuel en rédaction et son approche multisectorielle, sa priorisation des normes fondamentales humanitaires (Core Humanitarian Standards, CHS) et le focus sur le ‘comment’ des actions humanitaire en termes de rapidité, qualité et pertinence ? si non, quels sont les éléments clés du RRMP (ciblage, priorités, modus operandi, etc.) à revoir - et dans quelle mesure - pour mieux s’aligner avec le PRH 2017 – 2019 et aussi augmenter la capacité de réponse rapide et efficace du programme ?

c. Quelle a été le rôle des différents acteurs (UNICEF, OCHA, CoPils, etc.) dans la mise en œuvre et la prise de décision ? Est-ce que cela a correspondu à un processus établi à l’avance et clair pour tous ? Dans quelle mesure cela a contribué ou non à l’efficacité du RRMP ?

1.3. Pertinence du mécanisme

a. Dans quelle mesure la standardisation du mécanisme est possible et pertinente et permet une couverture optimale des besoins ? principalement en rapport à :
   - Des secteurs/SOPS ;
   - Du type de bénéficiaire ;
   - Des zones géographiques ;
   - Des délais d’intervention ;
   - Des situations d’urgence ;
   - De l’événement déclencheur/type de crises ;
   - Des besoins spécifiques de l’enfant (de l’enfance) sur base d’une analyse genre et inclusion ;

b. Dans quelle mesure l’intégration des principes d’égalité de genre, de redevabilité, de protection a-t-elle été faite de façon pertinente et adaptée2.

c. Existe-t-il des évidences que le RRMP a contribué à renforcer le lien entre la réponse à l’urgence, la transition et le développement. Si oui, quels sont les exemples les plus évidents à cet effet ? Si non, quelles ont été les barrières à cela ?

2) Efficacité des interventions

a. Dans quelle mesure les objectifs du programme ont-ils été atteints dans les délais prévus au cours des trois dernières années (2014-2017)? Le programme RRMP a-t-il pu atteindre le nombre attendu de bénéficiaires, si oui ou non, pourquoi ?

b. Les goulots d’étranglements limitant l’atteinte des résultats ont-ils été bien identifiés et intégrés dans la stratégie de réponse au cours des années?

2 Ceci fait référence aux critères d’évaluation en situation d’urgence à utiliser pour cette évaluation (no-harm, accountability, etc.).
c. Dans quelle mesure la mise en œuvre du RRMP a-t-elle bénéficié du contexte de coordination humanitaire sous l’égide du HC/RC/DSRG, de l’approche Cluster en plus des aspects tels que l’accès humanitaire/ aspect sécuritaire, la typologie du déplacement, les zones d’intervention, le mécanisme de prise de décision etc.

d. Dans quelle mesure le programme RRMP dans sa conception et ses modalités et partenariats de mise en œuvre a pu assurer le respect de sa multi-sectorialité dans chaque étape de l’intervention (MSA & réponse) ? Quels sont les éléments qui ont soit favorisé soit défavorisé une approche multisectorielle dans le mode opératoire actuel et dans un contexte volatile ?

e. A-t-on constaté des effets négatifs, prévus ou non? Et, y-a-t-il eu des mécanismes en place pour atténuer les effets négatifs? Dans quelles mesures, ce mécanisme a été efficace ?

f. Y a-t-il eu des effets positifs non prévus ? Ces effets positifs ont-ils contribué aux résultats de l'intervention ?

g. Y a-t-il évidence de l’efficacité des interventions de RRMP pour répondre aux besoins spécifiques des personnes déplacées et notamment des enfants, des femmes et autres personnes vulnérables

h. Dans quelle mesure le mix des interventions sectorielles actuel, mais aussi le contenu respectif de chaque intervention sectorielle, ont en eux-mêmes contribué à l’efficacité du RRMP dans le contexte volatile observé ou compliqué sa mise en œuvre ?

3) Efficience des interventions et du mécanisme

a. Dans quelle mesure la mise en œuvre des activités a été efficiente ? Est-ce que les coûts unitaires des interventions sont en cohérence avec les standards des clusters et autres coûts appliqués par d’autres acteurs dans un domaine identique en RDC ?

b. Comment les coûts directs et indirects ont-ils évolué sur les trois derniers cycles ? Quelles ont été les mesures appliquées qui ont engendré cette évolution ?

c. Dans quelle mesure le mécanisme de coordination, en plus de contribuer à l’efficacité, a contribué également à l’efficience, notamment au travers une planification stratégique, la flexibilité et agilité dans la réponse, des synergies entre les partenaires, entre le niveau national et provincial, etc.

d. Le mécanisme de coordination, a-t-il permis la mise en œuvre du programme dans les meilleures conditions d’efficacité ? (évaluation du CoPil comme mécanisme de coordination)

e. La gestion administrative et financière du programme, a-t-elle permis la mise en œuvre du programme dans les meilleures conditions d’efficacité dans un contexte de situation volatile ? Quels sont les points positifs et les points d’amélioration de l’appui technique de l’UNICEF ? Quels sont les blocages et les défis ?

f. Dans quelle mesure le RRMP se coordonne et s’aligne aux priorités, normes, standards et stratégies des clusters ?

g. Dans quelle mesure les données disponibles permettent une analyse coût / atteinte des objectifs sur base des trois derniers cycles et le cycle en cours et si possible, l’utilisation d’une méthodologie de type Return On Investment adaptée au contexte de la réponse aux urgences.

h. Dans quelle mesure le coût financier de mise en œuvre du RRMP est abordable et financable dans le contexte d’ODA actuel et à la vue des résultats documentés ?

3 Cette analyse prendra en compte l’analyse de performance des partenaires conduite en septembre 2016

4 Reference: Return on Investment study/UKAID
4) Effets des interventions RRMP

a. Dans quelle mesure le RRMP a-t-il bien défini les effets et impacts attendus et mis en place un mécanisme de suivi et mesure pour l’ensemble des bénéficiaires ? Ce mécanisme est-il sensible au genre et a-t-il prévu de et pu mesurer les effets au niveau des enfants ?

b. Dans quelle mesure les interventions individuelles (composante unique) et multisectorielles (le programme dans son entièreté) du RRMP ont-elles contribué à atteindre les effets/impacts planifiés ?

c. Est-ce que les indicateurs ou informations collectées permettent de faire un lien entre les effets du RRMP » et la « résilience » des bénéficiaires et de leurs familles ?

d. Y – a – t- il eu un mécanisme pour identifier et mesurer les effets inattendus, positifs ou négatifs, des interventions RRMP et gérer les implications négatives sur les bénéficiaires ?

e. La méthodologie conçue pour documenter ces effets, est-elle suffisamment rigoureuse ?

5) Pérennité

a. Dans quelle mesure le RRMP sur la base de ses résultats a permis de créer un intérêt soutenu et plus élargi pour la levée de fonds auprès de ses bailleur actuels et de bailleurs nouveaux ?

b. Dans quelle mesure existe-t-il des opportunités pour que les institutions nationales s’approprient le RRMP, y compris pour les aspects de son évolution face à la crise, sa mise en œuvre, sa gestion, son suivi et son financement ?

c. La mise en œuvre du RRMP a-t-elle créé des capacités (ressources, compétences, etc.) nationales et provinciales propres à soutenir son existence et assurer sa pérennité ?

d. Quels sont les éléments les plus critiques pour la pérennité du RRMP et ont-ils été discutés ou intégrés durant les différentes phases du RRMP ?

e. Quels éléments du RRMP sont uniques dans la réponse plus globale aux déplacements de population en RDC et méritent d’être reconnus pour leur valeur ? Ces éléments sont-ils promis à être durables notamment à travers un soutien, à la suite entre autres à l’interdépendance et à la convergence des interventions, par les autres acteurs gouvernementaux ou non (y compris par les politiques nationales, la réponse des ONGs, etc.).

f. Dans quelle mesure la planification et la mise en œuvre des interventions du RRMP a été suffisamment prise en compte par les structures locales existantes ? et dans quelle mesure cette planification a pris en compte l’état des capacités locales existantes pour la délivrance des services, et contribué à renforcer les capacités locales ?

6) Autres critères à utiliser pour l’évaluation.

Comme l’évaluation concerne un programme de réponse à la crise humanitaire, il est important que les critères spécifiques à l’évaluation de ce type de programme soient aussi utilisés. Ces derniers sont: couverture, cohérence, interdépendance surtout nexus urgence - développement, coordination, genre et équité. L’offre technique attendue puis le travail de définition de l’évaluation, de son champ et de sa méthodologie devront donc intégrer ces critères et détailler les questions stratégiques d’évaluations pour lesquelles des réponses
seront fournies. La validation de la méthodologie finale avant travail sur le terrain inclura l’intégration pertinente de ces critères.

7) Méthodologie

Il est envisagé que la firme procède à une série d’activités de recherche et d’étude qui comprendra (entre autres) :
- une revue des documents existants (stratégie, document de programmation, rapports de progrès, etc.)
- des entretiens avec des personnes ressources identifiées parmi les partenaires clés afin de mieux identifier l’information existante utile à ce travail et les points de vue des principaux partenaires et intervenants
- la formulation d’une méthodologie finale pour la conduite de l’évaluation
- une période de travail sur le terrain n’excédant pas 15 jours pour la collecte d’information et données tant quantitatives que qualitatives à Goma, Nord Kivu et à Kalémi, Tanganika et qui inclura des rencontres avec les partenaires, des focus group et des enquêtes dans les communautés pour cerner les opinions et perceptions des bénéficiaires sur l’approche mise en œuvre par l’UNICEF.

Livrables

En attendant un complément éventuel qui pourrait découler de l’analyse de la proposition technique de l’équipe d’évaluation, les livrables suivants doivent être produits. Toutes les activités ainsi que le calendrier et la planification mises en place pour les réaliser ces livrables doivent figurer dans la proposition technique du soumissionnaire :

Activités :

<table>
<thead>
<tr>
<th>N°</th>
<th>Livrables</th>
<th>Lieu</th>
<th>Date livrable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inception report</td>
<td>Kinshasa</td>
<td>10 jours après démarrage de la consultation</td>
</tr>
<tr>
<td>2</td>
<td>Présentation des premiers résultats clés, conclusions et recommandations (« exit meeting ») auprès de partenaires sélectionnés (Comité technique, partenaires officiels, bailleurs, etc.)</td>
<td>Kinshasa ou Goma</td>
<td>À définir par le consultant</td>
</tr>
<tr>
<td>3</td>
<td>Revue par Unicef du premier draft du rapport soumis</td>
<td></td>
<td>10 jours de revue par UNICEF</td>
</tr>
<tr>
<td>4</td>
<td>Finalisation du rapport final en conformité avec les standards Unicef (Geros, etc.) et production d'un powerpoint détaillé</td>
<td>A distance</td>
<td>Maximum 2 semaines après réception des commentaires sur le rapport préliminaire.</td>
</tr>
<tr>
<td></td>
<td>Présentation par skype du rapport final au Comité technique</td>
<td>A distance</td>
<td></td>
</tr>
</tbody>
</table>

8) Durée de la prestation

La consultation aura une durée maximum de 3 mois calendaires. La durée proposée par les soumissionnaires sera un des critères importants de la sélection. Les soumissionnaires doivent être prêts à démarrer la prestation au maximum 2 semaines après la notification d’attribution du contrat. Après environ 2 mois, l’équipe devra soumettre le rapport initial à
l’Unicef et au comité technique. Cette première version fera l’objet d’analyse et les observations qui seront retournées sous forme écrite à l’équipe de consultants dans un délai n’excédant pas 10 jours. Le rapport final ainsi que la présentation par Skype seront présentés à l’UNICEF en accord avec la période contractuelle.

9) Gestion et gouvernance

Gouvernance

Pour l’indépendance et la bonne gestion de cette évaluation, le prestataire travaillera sous la supervision de la section PSE de l’UNICEF avec des échanges techniques avec la section urgences/transition de l’UNICEF.

Il est aussi attendu que la firme recrutée travaille avec des experts nationaux durant les étapes clés du processus pour permettre le renforcement des capacités nationales tout en garantissant l’indépendance, l’objectivité et la qualité de l’évaluation.

Pour faciliter et guider cette évaluation un comité technique sera mis en place. Il sera composé de représentants des donateurs du RRMP, de représentants des partenaires, des représentants des secteurs UNICEF et OCHA. Ce comité de pilotage mis en place est chargé d’assurer la qualité de l’évaluation du point de vue technique (métodologique, utilisation de l’approche centrée sur l’équité, etc.) et du processus (objectivité, représentativité, éthique). Il approuve le protocole de l’évaluation et en assure le suivi. Il s’assure également que toutes les parties prenantes sont consultées et impliquées dans la conduite de l’évaluation. Ce comité relira le draft rapport, partagera les commentaires à inclure (y compris pour renforcer la dimension d’équité et les standards de qualité du rapport d’évaluation), validera le rapport final de l’évaluation et définira un plan d’utilisation des résultats pour les étapes futures. Pour ce faire, ce comité élaborera un calendrier de mise en œuvre des recommandations de l’étude et en fera le suivi.

Conditions de travail et arrangements institutionnels

La société de consultation sera recrutée par l’UNICEF conformément aux conditions en vigueur et relatifs aux contrats de service institutionnels. La société de consultation devra donc fournir les documents requis d’enregistrement et d’agrément avec leur proposition technique et financière.

L’équipe d’évaluateurs travaillera avec les moyens de leur société (Ordinateurs et logiciels usuels) et dans leurs propres locaux. L’UNICEF n’est pas tenu de mettre à leur disposition des bureaux mais dans le cadre des séances bilatérales, les consultants pourront être accueillis dans les locaux de l’UNICEF. Ces ressources seront convenues au préalable entre les deux parties et devront être approuvées par écrit par l’UNICEF.

L’équipe d’évaluateurs sera tenue de transmettre à l’UNICEF tout le matériel de travail intermédiaire (analyses préliminaires, données qualitatives/ quantitatives, notes des entretiens, etc.) qu’elle produira pour atteindre le livrable ci-dessus mentionné.

6. QUALIFICATIONS REQUISES

Cette évaluation sera réalisée par institution spécialisée en évaluation. Une équipe de minimum deux personnes dont un chef d’équipe, expert en évaluation de programmes de développement
et un autre ayant une expertise avérée dans le domaine de réponse humanitaire devra être constituée.

**Qualifications de la société de consultation**

- Enregistrement auprès des autorités compétentes exigé avec justificatifs à fournir ;
- Expérience démontrée d’au moins 10 ans dans le domaine des évaluations, des évaluations d’urgences et de collecte et d’analyse de données exigée.

**Qualifications des membres clés de l’équipe**

- **Chef d’équipe** :
  - La maîtrise du français, qui doit être la langue principale du travail, est indispensable.
  - La connaissance de l’anglais est un atout.
  - Expérience de coordination et de gestion des équipes de recherche.

- **Membres de l’équipe** :
  - (Au moins) un(e) expert dans le domaine de réponse humanitaire avec minimum 8 ans d’expérience pertinente (P4 SNU).
  - Expérience démontrée de conception de systèmes de collecte et d’analyse des données quantitatives et qualitatives.
  - Très bonnes capacités démontrées de rédaction de rapports d’évaluation.
  - La maîtrise du français, qui doit être la langue principale du travail, est indispensable
  - La connaissance de l’anglais est un atout
  - Connaissance d’au moins une des 4 langues nationales de la RDC est un atout.

**Considérations éthiques** :

L’UNICEF attache une attention particulière à la protection des droits des enfants lorsqu’ils sont impliqués dans la collecte de données dans le cadre des activités de recherche ou d’évaluation, il est impératif de veiller aux normes d’éthique sur la participation des enfants tels que stipulés par les orientations de l’organisation dont voici le lien ci-dessous.

### Annex 2 : RRMP8 Summarized Logframe

<table>
<thead>
<tr>
<th>Hiérarchie</th>
<th>Description</th>
<th>Nb. Indicateurs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Résultat global</strong></td>
<td>Avec le programme RRMP, les populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), ont rapidement amélioré leurs conditions de vie grâce à un accès amélioré et équitable aux biens essentiels, aux services sociaux de base et à un environnement protégé.</td>
<td>Nb et % de personnes les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois) (ventilées par sexe et âge ET par secteur) dont les besoins sont couvertes par un paquet minimum multisectoriel d’accès aux biens et aux services essentiels sur base d’une approche communautaire.</td>
</tr>
<tr>
<td><strong>Résultat spécifique 1</strong> - HRP 1,2,3</td>
<td>Les conditions de vie des populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), s’améliorent rapidement grâce à l’opportunité donnée par le programme de mener les activités quotidiennes essentielles pour leur survie et dignité, d'accéder à l'eau et aux soins de santé de qualité, d'assurer la protection des enfants vulnérables contre les dangers liés à un conflit et de mitigier l’impact psychosocial du conflit.</td>
<td>1,1 Moyenne de l’index des Stratégies de Survies liés à la Subsistance (ISSS) parmi les ménages assistés &lt;br&gt;1,2 % de ménages assistés qui estiment mieux faire les activités essentielles grâce à l’intervention (cuisiner, stocker l’eau, dormir, s’habiller) &lt;br&gt;1,3 % de ménages avec un Score de Consommation Alimentaire (SCA) au delà du pauvre &lt;br&gt;1,4 Nb. de litres d'eau potable par personne par jour dans les communautés assistées &lt;br&gt;1,5 Taux de diarrhée parmi les enfants de &lt;5ans &lt;br&gt;1,6 % d’enfants (6-11 ans) réintégrés à l’école qui rapportent se sentir dans un environnement protecteur à l'école (ventilé par sexe) &lt;br&gt;1,7 % de personnes/population ciblée par une intervention donnée qui déclarent que leur perception de la sécurité et de la dignité s’est améliorée comme résultat de l’intervention &lt;br&gt;1,8 Taux de mortalité journalier par 1000 habitants au niveau du site d’intervention -structures et communautés - (ventilé par population déplacée, familles d’accueil, autochtone ET par sexe) mesuré à la fin de chaque mois. &lt;br&gt;1,9 Taux de léthalité dû au choléra/rougeole (par sexe) &lt;br&gt;1,1 Taux de léthalité du à la malnutrition chez les enfants de &lt; 5 ans dépistés malnutris au cours de l'intervention (désagrégé filles/garçons)</td>
</tr>
<tr>
<td><strong>Sous-résultat sectoriel 1.1 : AME</strong></td>
<td>Les ménages les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), ont accès à une assistance au niveau du ménage appropriée qui leur permet de répondre à leur besoins essentiels, accéder aux services de base et faciliter l’accès à diversifier leurs moyens de subsistence.</td>
<td></td>
</tr>
<tr>
<td><strong>Sous-Résultat sectoriel 1.2 : EHA</strong></td>
<td>Les populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), ont accès à l’eau potable, à l’assainissement et adoptent des pratiques d’hygiène adaptées à leur situation de déplacement.</td>
<td></td>
</tr>
<tr>
<td><strong>Sous-résultat Sectoriel 1.3 : Protection/Education</strong></td>
<td>Les populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), bénéficient de mesures promouvant un environnement protecteur, ainsi que la réintégration des enfants à l’école.</td>
<td></td>
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<tr>
<td><strong>Sous-résultat sectoriel 1.4:</strong></td>
<td>Les populations les plus vulnérables, victimes d’un déplacement/retour récent (moins de 3 mois), ont accès à des services des soins de santé primaire de qualité qui suivent</td>
<td></td>
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<tr>
<td>Santé</td>
<td>les protocoles standards.</td>
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<tr>
<td><strong>Résultat Spécifique 2 (HRP 4)</strong></td>
<td>Les populations les plus vulnérables, victimes d'un déplacement/retour récent (moins de 3 mois), bénéficient d'une assistance opportune et efficace.</td>
<td></td>
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<tr>
<td>2,1</td>
<td>% de communautés bénéficiant d'une assistance rapide et opportune, dans un délai de &lt;= 30j dès la confirmation de l'alerte par le comité de pilotage pour l'assistance en articles ménagers essentiels, eau, hygiène et assainissement, santé et protection/éducation</td>
<td></td>
</tr>
<tr>
<td>2,2</td>
<td>% des ménages assistés qui sont satisfaits de l'assistance reçue (assistance reçue d'une manière sécurisée, accessible et participative)</td>
<td></td>
</tr>
<tr>
<td>2,3</td>
<td>% des ménages assistés qui estiment que le personnel RRMP a eu un comportement respectueux : courtois, attentif à l'écoute, respectueux des opinions des autres, disponible à répondre.</td>
<td></td>
</tr>
<tr>
<td>2,4</td>
<td>% des ménages assistés qui n'identifient pas d'effets négatifs découlant de la réponse RRMP.</td>
<td></td>
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<tr>
<td>2,5</td>
<td>% des ménages assistés qui connaissent l'existence d'un mécanisme de gestion des plaintes.</td>
<td></td>
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<tr>
<td>2,6</td>
<td>% des plaignants qui sont satisfaits de la façon dans laquelle les plaintes ont été gérées par les équipes d'intervention</td>
<td></td>
</tr>
<tr>
<td><strong>Sous-résultat 2.1</strong></td>
<td>Un mécanisme d'alerte et d'évaluation des besoins efficace est créé et utilisé pour la priorisation des interventions</td>
<td></td>
</tr>
<tr>
<td><strong>Sous-résultat 2.2</strong></td>
<td>Les interventions RRMP respectent les critères de redevabilité et les principes/standards humanitaires clés dans toutes les phases du programme.</td>
<td></td>
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</table>
### Annex 3: Stakeholder Analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Key area of interest for the evaluation</th>
<th>Implication/interest in the evaluation</th>
</tr>
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<tbody>
<tr>
<td>Primary users</td>
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<tr>
<td><strong>UNICEF DRC</strong></td>
<td>As responsible for joint management and oversight of the RRMP, the interest for the evaluation is to get insight on all strategic aspects and operational challenges; including management and coordination issues (mainly the interconnection between clusters and RRMP); partnerships; funding; policy coherence; technical/sectoral aspects; M&amp;E aspects, decision-making and RRMP added value and cross-cutting approaches (gender, protection, accountability).</td>
<td>One of the primary stakeholders for this evaluation. They are committed to provide information necessary to the evaluation; discuss the programme, its performance, results, influencing factors, best practices and lessons learnt; facilitate the evaluation team’s contacts with stakeholders in selected sites; set up meetings and field visits and provide logistic support during the fieldwork. Interested in learning about the evaluation findings and recommendations at both strategic and operational levels in addition to helping fulfill accountability commitments to key stakeholders.</td>
</tr>
<tr>
<td><strong>OCHA DRC</strong></td>
<td>As responsible for joint management and oversight of the RRMP, OCHA will provide contextual overview of cluster coordination, growing gaps and challenges in the field, UNICEF role, accountability, evolution of funding, understanding of local context and influencing factors. Provision of relevant background documents and data.</td>
<td>One of the primary stakeholders for this evaluation. Primarily interested in learning emerging from this evaluation at a strategic level to better understand value-added and evolution of RRMP in the DRC context, coordination between clusters and RRMP partners, in addition to helping fulfill accountability commitments to key stakeholders.</td>
</tr>
<tr>
<td><strong>RRMP INGO partners</strong></td>
<td>As responsible for assessing and implementing RRMP interventions, the evaluation is interested in understanding all operational challenges, gaps and improvements (in the design, implementation and monitoring stages), lessons learnt, good/bad practice; synergies and missed opportunities; capacity issues; accountability to affected populations, partnership model, relationship with the government.</td>
<td>Primary stakeholders interested in the evaluation for learning and improving the efficiency, effectiveness, sustainability and relevance of their RRMP activities.</td>
</tr>
<tr>
<td><strong>Donors</strong></td>
<td>Perceptions on how their funding to RRMP is filling critical humanitarian needs; overview on policy coherence; expectations for future programming and of UNICEF’s role and action, RRMP added-value. Donors are a source of information on the context, contributions, relations with UNICEF and donors’ priorities and strategies.</td>
<td>Interested in RRMP added-value, their funding being well-utilized and positive impact being achieved as well as why and how to support more strategically in the future. They are interested in both accountability and learning objectives of the evaluation and are involved in following up on UNICEF’s implementation of recommendations.</td>
</tr>
<tr>
<td><strong>Government officials</strong></td>
<td>Whether resources are meeting critical humanitarian needs of displaced populations; overview of contextual national factors affecting RRMP programming; challenges within each of the relevant sectoral area; national and local capacity issues; sustainability, ownership and participation; Government officials are also key informants for an overview on humanitarian actors and humanitarian</td>
<td>Interested in RRMP resources being well-utilized, utilization and reinforcement of local structures and RRMP added value in the DRC context, policy coherence. The findings could also inform national-level measures for effective assistance programming, and serve as an advocacy tool and a learning tool.</td>
</tr>
<tr>
<td><strong>Cluster Lead Agency (CLA) and Cluster coordinators</strong></td>
<td>In addition to ensuring complementarity, also how RRMP supports cluster-led activities; operational gaps and challenges; synergies and missed opportunities; strategic views; technical-sectoral issues; UNICEF double role of cluster lead and RRMP manager.</td>
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<tr>
<td><strong>Interested in evaluation findings and recommendations related to improved complementarity between cluster activities and RRMP.</strong></td>
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<tr>
<td><strong>Other humanitarian and development agencies (national &amp; international)</strong></td>
<td>Ensuring that RRMP is complementary to their own interventions. They will be consulted on all strategic and operational challenges in DRC; implications in situations throughout the displacement cycle, from emergency response to durable solutions. Provision of relevant background documents and data.</td>
<td></td>
</tr>
<tr>
<td><strong>Interested in ensuring that RRMP is adding value and that RRMP activities are connected with development agencies for sustainability purposes. Implementing agencies are directly concerned with the conclusions on improved coordination, potentials for partnerships and sustainability of joint actions, as well as on all displaced and returnees-related issues.</strong></td>
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<tr>
<td><strong>Secondary Users</strong></td>
<td><strong>Affected Population</strong></td>
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<tr>
<td><strong>As directly affected by RRMP interventions, they are the main informants on RRMP’s performance and relevance in addressing their needs; understanding of the RRMP level of flexibility, rapidity, quality; perceptions on the level of effectiveness and accountability; influence of local contexts; perspectives on coordination among implementing agencies (RRMP and non-RRMP); gender and protection considerations. They will be consulted through focus groups discussions and individual interviews in each visited site.</strong></td>
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<tr>
<td><strong>This evaluation should help facilitate the work of agencies (and their local partners) to improve the quality and accountability of RRMP assistance to this stakeholder group.</strong></td>
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## Evaluation Questions

### A. Relevance of RRMP Strategy and Interventions

1. To what extent are the RRMP’s strategy and interventions in line with the problems, needs and priorities of the identified beneficiaries and provide a rapid and adequate response to the realities and living conditions?

2. To what extent the monitoring and evaluation indicators selected for the RRMP are relevant, adapted to the objectives sought and capable of measuring well the expected benefits and observed in the different sectors and different target populations?

3. To what extent is the standardization of the RRMP mechanisms feasible and relevant in optimally covering:
   - Sectors (WASH, Health, Education, NFI, Protection);
   - Type of beneficiary;
   - Geographical areas;
   - Response times;
   - Emergency situation/Type of crisis;
   - Specific needs of the child based on gender analysis and inclusion?

4. To what extent has the RRMP approach integrated the principles of gender equality, equity, ‘do no harm’, accountability, protection, participation and connectedness in terms of link between humanitarian and development in a relevant and appropriate manner?

   1.1 To what extent does the intervention strategy provide a rapid and adequate response to the needs and realities/living conditions of the identified beneficiaries?

   1.2 To what extent is the approach to assistance (primarily for the essential household goods sector, NFI) based on the vulnerability analysis and not just the status of the person (i.e. being moved or returned)?

   1.3 Has the RRMP implementation strategy been context specific and tailored to reflect changes in context and has incorporated assumptions and risks in its ToC?

   1.4 Is there a strategy put in place to ensure coverage in areas that are particularly difficult to access?

   1.5 What are the key elements of the RRMP (targeting, priorities, modus operandi, etc.) to review and to better align with HRP 2017 – 2019 in order to increase the programme's rapid and effective response capability?

   1.6 What are the limitations and opportunities of the current approach to foster complementarity with government priorities and with other relevant actors working in the same field, including Local actors?

   1.7 To what extent is the RRMP mechanism coherent with the new multi-annual Humanitarian Response Plan (HRP) 2017-2019 in: drafting and its multisectoral approach, its prioritization of core humanitarian standards (CHS) and the focus on the 'how' of Humanitarian actions in terms of speed, quality and relevance?

   2.1. Is this mechanism sensitive to gender and equity?

   2.2 To what extent have the indicators in the logframe been used in monitoring the implementation and efficiency of the programme over time?

   2.3 Have the recommendations of past internal and external reviews and evaluations been used to improve RRMP design, implementation and overall performance?

### B. Effectiveness of RRMP Interventions

5. To what extent have interventions in each sector (WASH, Health, Education, NFI, and Protection) and in their combination contributed to the effectiveness of the RRMP improving the living conditions of the displaced and/or returned populations, within the time frame of the 2014-2018 cycles\(^\text{222}\) in the volatile and complex context in eastern and southeastern DRC?

6. What elements have favored or disadvantaged a multisectoral approach in the current modus operandi and in a volatile context?

7. To what extent have there been unintended...

   5.1 To what extent has the RRMP been able to reach the expected number of target beneficiaries and address the specific needs of women, children, and the most vulnerable persons? (Coverage)

   5.2 What have been the bottlenecks limiting the achievement of results and how well have they been identified and addressed into the response strategy over the years?

   6.1. To what extent have RRMP’s coordination across partners in implementation and monitoring been effective in achieving results?

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\(^{222}\) The evaluation will be focusing primarily on RRMP cycles 6, 7, 8, with most of the data from the KII and FGDs based on perceptions of RRMP 8.
<table>
<thead>
<tr>
<th><strong>C. Efficiency of the RRMP Interventions</strong></th>
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<tbody>
<tr>
<td>8. To what extent has the implementation of the activities been efficient with respect to resources and ‘value for money’?</td>
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<tr>
<td>9. To what extent the coordination mechanism contributed to efficiency, notably through strategic planning, flexibility and agility in response, synergies between partners at national and provincial levels?</td>
</tr>
<tr>
<td>8.1 Are the unit costs of the interventions consistent with the standards of clusters and other costs applied by other actors in an identical field in the DRC?</td>
</tr>
<tr>
<td>8.2 How have direct and indirect costs evolved over the last three cycles? What measures have been applied that have led to this evolution?</td>
</tr>
<tr>
<td>8.3 To what extent has the administrative and financial management of the programme enabled the implementation of the programme under the best conditions of efficiency in a volatile situation? What have been the challenges?</td>
</tr>
<tr>
<td>9.1 To what extent does the RRMP efficiently coordinate and align with cluster priorities, standards, norms and strategies?</td>
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<tr>
<th><strong>D. Impact of RRMP</strong></th>
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<tr>
<td>10. To what extent have individual (single-component) and/or multi-sector interventions of RRMP contributed to planned impacts (better living conditions of the beneficiaries)?</td>
</tr>
<tr>
<td>10.1 How well is the impact defined in the theory of change?</td>
</tr>
<tr>
<td>10.2 How is impact perceived by donors, beneficiaries, and implementing partners?</td>
</tr>
<tr>
<td>10.3 Do the indicators or information collected provide a link between the effects of RRMP and the “resilience” of beneficiaries and their families?</td>
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<tr>
<th><strong>E. Sustainability of RRMP</strong></th>
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<tbody>
<tr>
<td>11. To what extent have the contributions of RRMP been sustainable throughout its cycles?</td>
</tr>
<tr>
<td>11.1 To what extent has the RRMP created a sustained and broader interest in fundraising with its current and new donors, given its results?</td>
</tr>
<tr>
<td>11.2 To what extent can lessons learned/best practices from the RRMP contribute to a more global response to population displacements in the DRC?</td>
</tr>
<tr>
<td>11.3 What is the evidence that RRMP contributed to reinforcing the transition from emergency to development programming? (nexus urgency – development)</td>
</tr>
<tr>
<td>11.4 To what extent are there opportunities for national institutions to take ownership of the RRMP, including its strategy, implementation, management, monitoring and financing?</td>
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<tr>
<td>11.5 To what extent has the planning and implementation of RRMP interventions been aligned with existing local structures and capacities for service delivery?</td>
</tr>
<tr>
<td>11.6 To what extent has the programme created national, provincial, and local capacities, including resilience at household and community levels (resources, competencies, etc.) to address needs in future humanitarian situations?</td>
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### Annex 5: Evaluation Matrix

<table>
<thead>
<tr>
<th>Evaluation Questions &amp; Sub-questions</th>
<th>Data Source</th>
<th>Data Collection Methods</th>
<th>Data Analysis Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td></td>
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</tbody>
</table>
| EQ 1: To what extent are the RRMP’s strategy and interventions in line with the problems, needs and priorities of the identified beneficiaries and provide a rapid and adequate response to the realities and living conditions? | • Existing documents including RRMP & UNICEF strategic documents; implementing partners’ (IPs) project and programme documents; results frameworks and indicators, SitReps; MSAs; monitoring reports; Annual Country Reports; programmatic guidelines; information specific to each sector; evaluations including rapid assessments of RRMP; case studies; national statistics  
• Project staff  
• Implementing partners  
• Local, provincial, and national stakeholders  
• Beneficiaries  
• Existing documents (HRP 2017-2019; CHS; RRMP and UNICEF strategic documents; implementing partners’ (IPs) project and programme documents; MSAs; monitoring reports; programmatic guidelines; follow-up reports of the humanitarian mutual funds; information specific to each sector; evaluations | KIs  
FGDs  
Desk review | ✓ Descriptive statistics  
✓ Qualitative analysis  
✓ Triangulation of qualitative and quantitative data to validate findings and to examine relevance as well as strategic aspects of do no harm and conflict sensitivity, complementarity/coherence and coverage |
| EQ 2: To what extent the monitoring and evaluation indicators selected for the RRMP are relevant, adapted to the objectives sought and capable of measuring well the expected benefits and observed in the different sectors and different target populations? | • Local, provincial, and national stakeholders | All existing M&E documents and data (activity Info Platform) | KII, Desk review | ✓ Qualitative analysis  
✓ Triangulation of findings to examine relevance in relation to the M&E system |
|---|---|---|---|---|
| EQ 3: To what extent is the standardization of the RRMP mechanisms feasible and relevant in optimally covering: Sectors (WASH, Health, Education, NFIs, Protection); Type of beneficiary; Geographical areas; Response times; Emergency situation/Type of crisis; Specific needs of the child based on gender analysis and inclusion? | • RRMP and UNICEF strategic documents; IPs project and programme documents; MSAs; monitoring reports; programmatic guidelines; information specific to each sector; evaluations including rapid assessments of RRMP, among others  
• Project staff  
• Implementing partners  
• Local, provincial, and national stakeholders  
• Beneficiaries | KII, FGDs, Desk review | ✓ Descriptive statistics  
✓ Qualitative analysis  
✓ Triangulation of findings to examine relevance in relation to the M&E system |
| EQ 4: To what extent has the RRMP approach integrated the principles of gender equality, equity, ‘do no harm’, accountability, protection, and participation in a relevant and appropriate manner? | • Existing documents including RRMP & UNICEF strategic documents; MSAs including gender/vulnerability analyses; results frameworks and indicators, SitReps; monitoring reports; annual country reports; programmatic guidelines; information specific on gender and inclusiveness; evaluations including rapid assessments of RRMP; case studies; national statistics  
• Project staff | KII, FGDs, Desk review | ✓ Descriptive statistics  
✓ Qualitative analysis  
✓ Triangulation of qualitative and quantitative data to validate findings and to examine relevance in relation to gender, equity, protection, accountability and participation approaches |
<table>
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<tr>
<th>Effectiveness</th>
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| EQ 5: To what extent have interventions in each sector (WASH, Health, Education, NFI, and Protection) and in their combination contributed to the effectiveness of the RRMP improving the living conditions of the displaced and/or returned populations, within the time frame of the last three years (2014-2017) in the volatile and complex context in eastern and southeastern DRC? | • Existing documents including RRMP & UNICEF strategic documents; MSAs including gender/vulnerability analyses; results frameworks and indicators, SitReps; monitoring reports; annual country reports; programmatic guidelines; information specific on gender and inclusiveness; evaluations including rapid assessments of RRMP; case studies; national statistics  
• Project staff  
• Implementing partners  
• Local, provincial, and national stakeholders  
• Beneficiaries  

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<th>Efficiency</th>
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</table>
| EQ 8: To what extent has the implementation of the activities been efficient with respect to resources and ‘value for money’? | • Existing documents: RRMP and UNICEF strategic documents; implementing partners’ (IPs) project and programme documents, financial documents and their follow-up; monitoring reports; Annual Country Reports; follow-up reports of the humanitarian mutual funds; information  

| KIIs  
| FGDs  
| Desk review  |
|---|---|
| EQ 9: To what extent the coordination mechanism contributed to efficiency, notably through strategic planning, flexibility and agility | ✓ Descriptive statistics  
✓ Qualitative analysis  
✓ Triangulation of qualitative and quantitative data to validate findings and to examine relevance in relation to gender, equity, protection, accountability and participation approaches  

✓ Cost/Financial analysis  
✓ Triangulation of qualitative and quantitative data to validate findings and to examine efficiency and related aspects of
**Impact**

**EQ 10: To what extent have individual (single-component) and/or multi-sector interventions of RRMP contributed to planned impacts (better living conditions of the beneficiaries)?**

- Existing documents including RRMP & UNICEF strategic documents; MSAs including gender/vulnerability analyses; results frameworks and indicators, SitReps; monitoring reports; annual country reports; programmatic guidelines; information specific on gender and inclusiveness; evaluations including rapid assessments of RRMP; case studies; national statistics
- Project staff
- Implementing partners
- Local, provincial, and national stakeholders
- Beneficiaries

**Sustainability**

**EQ 11: To what extent have the contributions of RRMP been sustainable?**

- Existing documents including RRMP & UNICEF strategic documents; MSAs including gender/vulnerability analyses; results frameworks and indicators, SitReps; monitoring reports; annual country reports; programmatic guidelines; information specific on gender and inclusiveness; evaluations including rapid assessments of RRMP; case studies; national statistics

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<th>Sustainability</th>
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<tr>
<td>- Project staff</td>
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<td>- Implementing partners</td>
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<td>- Local, provincial, and national stakeholders</td>
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## Annex 6: List of people met

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<tr>
<td>1</td>
<td>Alexandra Blason Lenay</td>
<td>RRMP National Coordinator</td>
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<td>2</td>
<td>Ambroise Brou</td>
<td>Data Management / Emergency section</td>
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<td>3</td>
<td>Bunkana Adija</td>
<td>Coordinatrice Protection</td>
<td>UNHCR</td>
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<td>Carmen Blanco Reinosa</td>
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<td>5</td>
<td>Christine Amuli</td>
<td>Chargé de cash transfert / Assistance NFI</td>
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<tr>
<td>6</td>
<td>Christophe Letakamba</td>
<td>Coordonnéur assistant-départ. Urgence</td>
<td>CARITAS</td>
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<td>Damien Bounkeu</td>
<td>Information Management</td>
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<td>Damien Ndahanwa</td>
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<td>17</td>
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Annex 7: Composition of FGD

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Annex 8 : KII Interview Guides

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<td>Donnez-nous des détails à propos de votre rôle dans le RRMP; depuis combien de temps vous êtes impliqué dans le RRMP, et; présent en RDC?</td>
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<table>
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</table>
| 1. Dans quelle mesure le RRMP répond-il aux besoins différenciés des populations, y compris les plus vulnérables ?  
1.1. Y a-t-il des lacunes dans la conception et la planification du projet ?  
1.2. De quelle manière la conception s’est-elle adaptée au contexte, y compris le type de crise, et les zones difficiles d’accès, niveau de vulnérabilité ?  
2. Y a-t-il un équilibre adéquat entre la standardisation du mécanisme et la flexibilité pour couvrir les besoins différentiés et les besoins liés au contexte? |

<table>
<thead>
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</table>
| 3. D’après vous, quelles sont les limites et les opportunités de l’approche actuelle pour favoriser la complémentarité avec les priorités gouvernementales et avec d’autres acteurs pertinents travaillant dans le même domaine ?  
3.1. Cohérence avec le HRP?  
4. Dans quelle mesure le système M&E permet de capturer adéquatement la réalité de la situation (i.e. contexte) pour informer la prise de décision ?  
4.1. Y a-t-il des résultats qui ne sont pas bien mesurés par le système de S&E actuel ?  
4.2. Dans quelle mesure utilisez-vous Activity Info dans vos activités quotidiennes ? Quelles sont ses forces et faiblesses ?  
5. A quel point les recommandations des évaluations sont-elles utilisées pour la prise de décision et l’amélioration du programme ?  
5.1. Y a-t-il un équilibre adéquat entre la standardisation du mécanisme et la flexibilité pour couvrir les besoins différentiés, et les besoins liés au contexte ? Pourquoi ?  
6. Dans quel sens les populations affectées participent-elles à la prise de décision concernant leur besoin et leur priorité ?  
6.1. Comment assurez-vous que la redevabilité ? |

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</table>
| 7. D’après vous, dans quelles zones géographiques et secteurs le RRMP a-t-il le plus et le moins réussi en termes de i) qualité de l’assistance et ii) couverture des groupes vulnérables ?  
8. A quel point le RRMP a-t-il été efficace dans l’équilibre entre la rapidité et la couverture des besoins spécifiques des plus vulnérables ? Avez-vous des exemples ?  
8.1. Quelle a été la base de la décision d’éliminer le Steering Committee ? De quelle manière cela a-t-il affecté la prise de décision ? |

<table>
<thead>
<tr>
<th>Efficience</th>
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</table>
| 9. A votre avis, quels sont les principaux coûts du RRMP ? Pourquoi ?  
9.1. Selon vous, quels stratégies et mécanismes pourraient contribuer à réduire les coûts du programme ?  
9.2. Sont-ils comparables aux stratégies et mécanismes adoptés par d’autres programmes similaires ?  
10. Quels ont été les bénéfices et les limitations du modèle basé sur les consortia pour les
partenariats par rapport à des partenariats bilatéraux?

10.1. Quels ont été les défis en termes de coordination et de suivi au sein des partenaires dans un contexte instable ?

10.2. A quel point la coordination a-t-elle été efficace afin d’atteindre les résultats ?

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<td>11. Selon vous, quel a été l’impact principal du programme ? Pourquoi ?</td>
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<th>Pérénité</th>
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<tr>
<td>12. Quels sont les éléments du programme que vous considérez durables ? Pourquoi ?</td>
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<tr>
<td>13. Quels sont les mécanismes de suivi mis en place pour assurer la continuité de l’assistance par d’autres programmes (internes ou externes à l’UNICEF) ? Ont-ils fructueux ?</td>
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<tr>
<td>14. Cela s’est-il traduit par un plaidoyer pour la levée de fonds pour des programmes similaires ?</td>
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Annex 9: Focus Group Discussion Interview Guide

**FOCUS GROUP DISCUSSION GUIDE**

State/Region
Township
Village Tract/Village
Focus Group Composition
Date
Name of Facilitator
Start Time: End Time:

**Introduction**
- Moderator self-introduction
- Read consent script and record verbal consent from each participant in box below.
- Complete additional information below for each participant.

**PARTICIPANT INFORMATION**

<table>
<thead>
<tr>
<th>#</th>
<th>Age</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Consent received verbally?</th>
<th>What is your status: i.e., displaced, returnee, host community member</th>
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**Ouverture**
- Si déplacé: Depuis combien de temps avez-vous été déplacé?
- Si communauté hôte: depuis combien de temps les personnes déplacées sont-elles dans votre communauté?
- Quels sont vos besoins prioritaires?
- De quelle organisation avez-vous reçu une assistance? Et quand?

**1.** Comment votre vie a-t-elle changé depuis votre déplacement ou depuis que les personnes déplacées sont arrivées dans votre communauté? (Donner des exemples)

1.1. Lequel de ces changements a été le plus significatif pour vous?

**Rappel**
- Moyens de subsistance, revenu, sécurité alimentaire,
- Nutrition, santé, WASH
- La santé des enfants, l'éducation et leurs perspectives d'avenir
- Autonomisation (par exemple confiance en soi, prise de décision, voix,
estime de soi, confiance, respect des autres, participation, égalité des sexes).

2. Quel genre de services / assistance avez-vous reçu du RRMP?
   - Comment pensez-vous que différents types d’assistance ont travaillé ensemble pour améliorer votre vie?
   - En quoi cela aurait-il été différent si vous n’aviez reçu qu’un de ces services?

3. Que pensez-vous de la qualité des services que vous avez reçus?
   3.1. Comment pensez-vous qu’ils peuvent être améliorés?

4. Vos relations et vos interactions avec les autres membres de la communauté ont-elles changé depuis le début du RRMP dans votre communauté? (RAPPEL voir si les populations hôtes ou déplacés sont mieux servies ou pas?)
   - Si oui, de quelle manière? Qu’est-ce qui est resté le même?
   - Si le membre de la communauté hôte: Quel type de contributions les personnes déplacées dans votre communauté ont-elles apporté au développement de votre communauté? Pourquoi?
   - Si vous êtes déplacé: Avez-vous l’impression que vous avez apporté des contributions à la communauté hôte dans laquelle vous êtes actuellement?

5. Y a-t-il eu des conséquences négatives, telles que des problèmes, parmi les personnes de votre communauté ou de votre ménage à cause des activités du RRMP? (RAPPEL voir niveau ménage vs. niveau communautaire)
   - Si oui, quoi et pourquoi? Pouvez-vous fournir des exemples
   - Ces problèmes / problèmes ont-ils été résolus?
   - Comment ont-ils été résolus?

6. Comment pensez-vous que votre communauté a changé une fois que les activités du RRMP seront terminées (ou ont changé pour celles qui ont été terminées)?

7. Comment le RRMP a-t-il affecté vos connaissances et votre expérience de la nutrition, de la santé, de l’hygiène, de la génération de revenus et des moyens de subsistance? (RAPPEL durabilité)

8. De quelle manière croyez-vous que le RRMP a contribué à améliorer la vie des enfants dans votre communauté? Donnez des exemples

9. Le RRMP a-t-il contribué à changer les normes et les croyances en matière d’égalité des sexes? De quelle manière? Veuillez expliquer votre réponse (exemples)
   - Les femmes ont-elles été capables d’assumer des rôles de leadership dans votre communauté depuis le RRMP? De quelle manière? (RAPPEL: type d’activités, etc.

10. Qui considérez-vous comme les groupes les plus vulnérables de votre communauté? Pourquoi?
    - Comment les activités du RRMP ont-elles affecté la qualité de vie de ces groupes dans votre communauté? S’il vous plaît donner des exemples

11. Comment les activités du RRMP ont-elles aidé votre communauté à résoudre les problèmes liés à la protection (individuelle et communautaire) des groupes marginalisés?
    - Vous sentez-vous dans un environnement plus sécurisé depuis l’intervention du RRMP? Pourquoi?

12. Quels autres changements aimeriez-vous voir pour améliorer la qualité de votre vie et celle des autres dans votre communauté?
| 13. | Que pensez-vous du processus de sélection et le ciblage des bénéficiaires du RRMP? |
|     | 13.1. Avez-vous été impliqué dans le processus de sélection? De quelle manière? |
| 14. | Avez-vous été impliqué dans la mise en œuvre de l’intervention? De quelle manière? |
| 15. | Que pensez-vous des mécanismes de suivi (enquêtes de post suivi et mécanisme de plaintes et rétro-alimentation)? |
| 16. | Avez-vous d'autres idées que vous aimeriez partager avec nous? |
Annex 10: Team Composition

The team has an extensive experience in evaluating humanitarian programmes, and has the capacity to generate a useful product that is adapted to the specific and complex context of the DRC, demonstrating a deep understanding of the international architecture of the humanitarian reform, of conflict situations, protection programmes and multisectoral integrated approaches. The team also has the knowledge to be able to evaluate strategies, procedures and humanitarian standards. This will be particularly important for analyzing the RRMP mechanism.

The core team is composed of two international team members: Nassrin Farzaneh (Team Leader), a specialist in the field of evaluation and monitoring, with a strong ability to conduct studies in complex contexts. She has a significant working experience with UNICEF. Soledad Posada (Team Member) has developed a solid experience in assessing crisis and post-crisis management, global humanitarian response, monitoring and evaluation approaches, participatory mixed methods and international quality and accountability systems. She also participated in the previous evaluation of the UNICEF RRMP Mechanism in 2013 within the DARA team. The team will be supported by Justine Garrigue (Team Member), having participated in consultations with United Nations staff, NGO partners and assisted populations in the DRC and with experience working with UNICEF, French is his native language. The team will receive additional support from national experts: Godefroid Kayungura Tasinzanzu (National Expert) has participated in numerous evaluations of humanitarian and development interventions and was also part of the RRMP evaluation team in 2013. Claude Muhindo Syendwa (National Expert), a local researcher with solid experience in evaluations of humanitarian interventions in the areas of education, humanitarian needs, essential household items, water and sanitation, among others. He also speaks French, English, Lingala and Swahili.

The team leader will be responsible for the overall management and quality of the evaluation and will be conducting KII and group interviews in the field along with the two evaluation experts. The gender expert will assist in the preparation of the evaluation instruments and analysis of data on issues related to gender. National experts, based in the DRC, will support the team in collecting relevant data for evaluation, refining tools in accordance with the context, and with the overall goal of promoting consultation with affected populations. They will be mainly responsible for conducting the FGDs, assisting in the recruitment of participants, and transcribing/translating the FGD data. They will also facilitate liaison with the country office, exchange of information and updates and will join the team during their visit to the country. All interviews will be recorded with the consent of the participants.

Dr. Nassrin Farzaneh – Team Leader: Dr. Farzaneh is a Senior Research and Monitoring & Evaluation (M&E) Advisor with over 15 years of experience in humanitarian and international development evaluation, research, and capacity building. She has designed and led impact and performance evaluations as well as complex studies using quantitative and qualitative methods. She has led and managed both large national assessments and investigation teams of more than 100 members, as well as smaller evaluation teams composed of international and local members. She has extensive experience with UNICEF, acquired through various types of evaluations and missions covering many areas such as children’s rights, disaster risk reduction (DRR), HIV/AIDS, and aspects related to adolescents. In particular, she was responsible for designing indicators to measure results for UNICEF Headquarters. She has good knowledge of the context of the DRC and has experience as a senior M&E consultant, gained through her support to USAID programme planning and management in the DRC in technical areas such as
social protection, WASH and education, among others. As a senior M&E consultant for United Nations projects and programmes, she has developed and implemented results-based M&E frameworks in the following areas: human rights, reproductive health, HIV/AIDS, child survival, economic development, WASH and DRR. She has held various positions in a variety of contexts: DRC, Uganda, Kenya, Djibouti, Sierra Leone, Ivory Coast, Swaziland, Sudan, South Sudan, Afghanistan, Pakistan, Jordan, Egypt, East Timor, Thailand, Malaysia, Cambodia, Lao PDR, Vietnam, Nepal, Canada and the United States. She has excellent interpersonal and communication skills and excellent editorial skills, demonstrated in writing reports and recommendations to governments, donors, UN agencies and NGOs, to encourage strategic programmatic improvement of results-based management. She holds a Ph.D. in Socio-Medical Sciences from Columbia University, New York (USA). She is fluent in English and French and has extensive experience in Francophone countries.

Ms. Soledad Posada (senior evaluator) is an independent consultant with 14 years of experience in the humanitarian and development sectors. Soledad began working at UNESCO in the Human Rights and Development Section and, later, in DARA as an evaluator and also as Deputy Director. She has worked for a wide variety of stakeholders (donor governments, Inter Agency (IASC), United Nations, international NGOs, Red Cross Movement, Governmental officials, national and local actors). She has led and participated in a number of policy, impact and operational evaluations and reviews in protracted crises and large-scale complex emergencies such as Afghanistan, Somalia, the Democratic Republic of Congo (DRC), Haiti, Central America, Chad and the Central African Republic (CAR), among others. She has developed solid experience in assessing crisis and post-crisis management, global humanitarian response, monitoring and evaluation approaches, participatory mixed methods and international quality and accountability systems. Moreover, she possesses sectoral expertise, primarily in the area of civil protection, assistance to refugees, IDPs and migrants, risk reduction and food security & resilience. She is currently finalizing the EU IcSP Support to address the mixed migration crisis on the Island of Hispaniola (Haiti and the Dominican Republic) and has been recently involved in WFP’s Protection Policy Evaluation. She has led the WFP’s Regional Evaluation to restoring food security and livelihoods through assistance for vulnerable groups affected by recurrent shocks in El Salvador, Guatemala, Honduras and Nicaragua (2014-2016), as well as the WFP’s evaluation to increasing the resilience of rural, urban populations and refugees in chronically vulnerable situation in Djibouti (2015-2017). She has evaluation experience with UNICEF and the RRMP as she participated in the RRMP Programme evaluation in DRC in 2013 and in the Evaluation of UNICEF Response and programme Strategies to the Crisis in the Central African Republic in 2015. She has also experience in DRC through her involvement in the Humanitarian Response Index (HRI) in 2007 and 2008, and in the Evaluation of DG ECHO’s protection action in DRC in 2010. Through her experience, Soledad has developed important skills in management and team coordination and presentation of results. She holds a Masters in Evaluation and another in Political and Social Sciences. She is fluent in English, French and Spanish (native).

Ms. Justine Garrigue – Data Analyst and Internal Coordinator: Justine has experience as a researcher and data analyst in the humanitarian and development field. She has three years of experience with DARA International and was involved in the evaluation of the World Food Programme (WFP) Humanitarian Protection Policy as a researcher and is also in charge of evaluation management (support to the writing of evaluation products, budget preparation and monitoring, development of interview tools and online surveys, quality assurance of evaluation products, correspondence). In this context, she participated in a field mission to the Democratic Republic of Congo to participate in country consultations with WFP staff, NGO partners and
assisted populations, and to support the logistics and restitution session and the preparation of a country report. She also participated in the evaluation of UNICEF’s response and programme strategies to the crisis in the Central African Republic (CAR). She has also contributed to evaluations of other WFP programmes (Protracted Relief and Recovery Programme in Djibouti, Protracted Relief and Recovery Programme in Panama, El Salvador, Guatemala, Honduras and Nicaragua, and in the context of PAM in Chad). She demonstrates strong interpersonal skills. She holds a Master's degree in Advanced Studies in Human Rights. French is her native language and she speaks English and Spanish fluently.

**Mr. Godefroid Kayungura Tasinzanzu** - National expert: Mr. Godefroid Kayungura Tasinzanzu is a Congolese sociologist specialized in health and community development. He has 10 years of experience in socio-economic and health research, having worked as a facilitator, consultant, principal investigator and coordinator. Mr. Kayungura has also been involved in various evaluation teams, for agencies such as World Vision, Caritas, ActionAid International, Oxfam International and the United Nations Commission on Governance and HIV/AIDS for Africa. He has experience in emergency, post-emergency and development project and programme evaluations; development of data collection tools; documentary review; identification of implementing partners; individual consultations and/or focus groups; processing and analysis of information; and production of final reports. He has worked with DARA in 2013 as a national expert for the evaluation of the Rapid Response to Population Movements in the East of the Democratic Republic of Congo for UNICEF. He was also co-facilitator for the final evaluation of the project to support child soldiers and war orphans in Goma with World Vision International. He has a deep knowledge of eastern DRC, he speaks French, English, Kiswahili and Lingala.

**Mr. Claude Muhindo Syendwa** - National Expert: Mr. Claude Muhindo Syendwa has more than 20 years of experience in the development and humanitarian sectors in the DRC. He has collaborated and oversaw various household surveys for UNICEF, World Vision, Mondo Giusto and Action Aid, for which he has been in charge of the programme since 2004. He is responsible for programme planning and monitoring in the areas of humanitarian needs, essential household items, and water and sanitation, among others. His long experience and in-depth knowledge of the region and his local languages (Kiswahili, Lingala, Kinyarwabda) are complemented by various specific trainings focusing on post-conflict issues (peace, human rights, education, promotion of democracy) and humanitarian planning, the UN and other international agencies Mr. Muhindo holds a degree in rural development.
Annex 11 : Child Consent Form

Bonjour, je m’appelle ____. Je fais partie de l’équipe d’évaluation du mécanisme de réponse rapide aux mouvements de population de l’UNICEF. Le but de notre recherche est de mieux comprendre 1) si le UNICEF a su identifier vos besoins et y répondre de manière adéquate, et ; 2) si UNICEF a su répondre à temps à vos besoins.

Afin d’en savoir plus sur la réussite du RRMP, nous aimerions vous parler de vos expériences [familiales et individuelles]. Nous vous invitons à participer à une consultation car VOUS / VOTRE ENFANT faites partie d’une famille qui a été assistée par le RRMP. La discussion aura lieu en groupe pendant et durera entre 1h30 et 2h.

VOUS / VOTRE ENFANT peuvent choisir de ne pas participer à l’étude, et si vous vous inscrivez, vous pouvez choisir de quitter l’étude à tout moment. Il n’y aura pas de pénalité pour vous, votre famille ou votre communauté, et nous ne serons pas offensés. S’il y a une question à laquelle VOUS / VOTRE ENFANT veut ou non répondre pour une raison quelconque, vous n’avez pas à y répondre. Nous vous demanderons régulièrement de vous assurer que vous êtes toujours à l’aise avec votre participation. Il n’y aura pas de pénalité à sauter des questions ou décider que VOUS / VOTRE ENFANT voulez mettre fin à votre participation.

Nous ne partagerons aucune information avec quiconque, y compris votre famille, vos amis ou vos dirigeants communautaires. Personne, sauf les agents de recherche autorisés, ne pourra voir les conversations que VOUS ET VOTRE ENFANT avez avec le chercheur. Cela inclut les personnes de [nom de votre institution] et [nom de l’institution partenaire le cas échéant], dont le travail consiste à s’assurer que tout ce que vous dites est protégé.

La seule exception à la confidentialité est le cas où un participant révèle à notre personnel qu’il court un risque de préjudice immédiat ou d’exploitation sexuelle. Si nous apprenons qu’ils courent un risque de préjudice immédiat, nous les renverrons à l’UNICEF et à l’IBESR (Institut du bien-être social et de la recherche), ou à l’organisation appropriée dans votre région afin qu’ils puissent leur offrir leur assistance.

Nous utiliserons l’information que VOUS / VOTRE ENFANT partageons avec nous au cours de ces entretiens pour aider à concevoir et créer un programme visant à améliorer la réponse aux situations d’urgence similaires.

Consentement verbal obtenu :

Oui

Non
Annex 12: DARA’s Guiding Principles

We abide by key principles that guide all our work.

1. **Solid data & evidence leads to compelling conclusions.**
   Our approach rests on combining primary and secondary data from diverse sources and through different analytical channels. We understand that a wealth of data already exists on how UNICEF responds in complex, sensitive contexts as well as information related to countries under review. We review the document repository provided by our clients and expect to use these and other documents that may be relevant to the exercise. We map these data sets, test their validity, and run specific secondary analysis to ensure that they are complete as related to the evaluation questions and that any gaps and/or contradictions can be addressed. Once complete, our field phase focuses on addressing such gaps and contradictions as well as increasing overall evidence across evaluation questions to ensure that any conclusions or recommendations are based on solid evidentiary trends.

2. **Evaluation tools must be grounded in rich thematic/sector expertise.**
   Our approach is grounded in combining thematic and evaluation expertise at each stage. This includes having our Internal Manager and Quality Assurance (IMQA) involved in any refinement of the evaluation questions, the analytical framework, and data collection protocols.

3. **Team diversity supports exciting perspectives and powerful insights.**
   We seek teams that have personalities, backgrounds, and other characteristics that both complement and respectfully challenge one another. This is supported by team leaders who have deep experience in managing diverse teams in ways that bring out their best work. Added to this, is a team of researchers, data analysts and senior experts in DARA that adds a strong support, coordination and experienced team. This is a foundation for different views and perspectives that will challenge and coalesce around the evaluation’s work.

4. **Evaluations must be participatory and utilization-focused if they are to help organizations improve results and performance.**
   The evaluations take a utilization-focused approach, based on the principle that an evaluation should be judged on its usefulness to intended users. The evaluation will enhance the utilization of findings/reports and of the process itself to inform decisions and improve performance.

5. **A focus on learning enables people and organizations to develop the competencies needed for improving results and performance.**
   All our evaluation work is based on enhancing opportunities for learning and positive change. The first and most basic step for this is to collect, organize, analyze and present sound evidence. This includes highlighting how strong the evidence may be, e.g. triangulated from multiple sources and confirmed through qualitative analysis, or where there may be gaps or weaknesses in a data set. This provides confidence that the findings are valid and prevents objections about the veracity of any data or analytical tool. Associated with this, we focus on analysis that can provide practical and useful insights. Conclusions should leap out from the analysis rather than having to be argued. This then provides the foundation for learning. People can assess how they have done things, compare this with the analysis, and then "see" ways to make improvements. Yet, it shouldn’t stop there. The learned should cascade across different programmes and divisions to create

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lasting organization change. While this is largely beyond the control of an evaluation, we make every effort to ensure that all deliverables, presentations, and other aspects of the evaluation can support such learning and change.

6. Do No Harm Approach to Beneficiaries
Most of the affected populations are going through the most difficult phase of their lives, and many have been physically or psychologically harmed. As professional humanitarian experts and evaluators, we are committed to strictly adhere to the humanitarian principles and the ICRC code of conduct. This means, we will be very considerate of the difficult situations and the local customs, and use sensitive language when interacting with any respondent.

7. We respect difference and diversity as essential to all aspects of our work.
The people served in humanitarian responses as well as all the people that make up UNICEF, come from diverse backgrounds and have a kaleidoscope of differences, from their gender and age to distinct values and perspectives. We adhere to the standards set forth for children and on gender as well as the other individual, household, and community attributes that can often lead to discrimination and increased vulnerability. We work to understand such differences, what they mean in the context of a humanitarian response, and how they may lead to different conditions. Of course, we are also cognoscente of working with a wide array of people within the Humanitarian system.

8. We are sensitive to the demands made on staff working in high stress environments.
We are aware of the high workload and stressful conditions under which UNICEF staff and its partner organizations operate. We will ensure that we make minimal demands on staff time, and provide real-time feedback during field visits that can be used for performance improvements and decision-making.
We also understand that organizations working in complex contexts are frequently required to change priorities or deviate from plans to meet the needs of the most vulnerable. These considerations will be factored into our planning and analysis.

9. One of the most important outputs of all our work will be specific, practical, and actionable recommendations.
One of the best ways to ensure that the evaluation provides specific, practical and actionable recommendations that are based on sound conclusions, is to involve the end-users of the evaluation throughout the evaluation. At the end of each country visit, we propose to hold a participatory session with key end-users to discuss preliminary information coming out of the evaluation. This is an important early step. We then conduct throughout analysis of all available data and then have our subject matter experts test and validate these.
Annex 13 : RRMP Standardized Delays

Source: UNICEF. E1.4a Affiche Délais RRMP 9
Annex 14: RRMP Partners Coverage
Annex 15 : Core Humanitarian Standards