

## Summary

To carry out its mission in Rwanda, HI obtained funding from the Belgian Cooperation, through the Directorate General for Development Cooperation and Humanitarian Aid (DGD) for the five-year programme (2017-2021) focused on three specific objectives (SO) / Outcomes: (1) maternal, newborn and child health and fight against epilepsy (MNCH-EPI), (2) inclusive local development/community-based rehabilitation (ILD/CBR) and (3) functional rehabilitation (Rehabilitation).

The overall objective of the programme was to improve social service provision, empower persons with disabilities (PwDs) and their families, and make communities more inclusive. Implemented with technical partners and stakeholders, the programme aims to (1) improve prevention, detection and management of epilepsy, integration of epilepsy into MNCH and inclusion of people with epilepsy (PwE) in communities, (2) improving access to services for persons with disabilities in the sectors of education, employment, sports and leisure and (3) diversifying the supply of rehabilitation services and improving the accessibility and quality of care.

HI has commitments to the DGD, technical and implementing partners, and governmental and non-governmental actors. These commitments are embodied in the main reference documents of the programme, notably the country sheet submitted to the DGD and updated every year, and the partnership agreements signed with the technical and implementing partners. Like HI, all these actors expect a comparative analysis of the level of achievement of the objectives, the implementation of the commitments and lessons learned over the implementation period to improve the project management process.

The general objective of the evaluation mission was to evaluate the implementation of the programme's commitments to the DGD and the actions linked to the 5 criteria of the HI Quality Framework (1. efficiency, 2. accountability, 3. participation, 4. synergies and 5. cooperation) in order to identify improvements to be implemented in the next framework agreement with the DGD and other HI interventions from 2022.

In terms of methodology, the final evaluation favoured not only a mixed approach (quantitative and qualitative) but also a cross-methodology (document analysis, field interviews and observation). In total, 550 of the 561 participants, or 98%, were involved. Triangulation and SWOT (Strengths, Weaknesses, Opportunities and Threats) techniques and a comparative method were applied. Due to the protective measures taken by the Government of Rwanda in relation to COVID-19, data collection was done, in some cases, virtually and by email.

The results of the evaluation are presented below:

| Specific objectives | Evaluation results   |
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| SO1                 | <ul style="list-style-type: none"><li>• Indicators are largely achieved and some are beyond the initial targets.</li><li>• 86/87 activities, i.e. 98.8%, have been finalised. The sub-activities in progress at the time of the evaluation will be finalised before December 2021.</li><li>• Efficiency: (1) Use and combination of existing resources at the level of the intervention districts and health services that have allowed the optimisation and reduction of the costs of activities and the achievement of results. (2) Pooling of logistical resources at the level of HI, which requires the sharing of weekly planning in time.</li></ul> |

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|     | <ul style="list-style-type: none"> <li>• Accountability: (1) frequency of quarterly, six-monthly and annual reporting to key stakeholders and sharing of information on SO progress.</li> <li>• Participation: meetings and consultations with representatives of groups of people with epilepsy and professionals which have allowed the expression of their views but need to be strengthened.</li> <li>• Synergies: synergies and complementarities in the field with the Rwanda Red Cross (RRC) and Belgium RC on epilepsy and a health stakeholders meeting for 22 participants in 2020 which produced an action plan not implemented in 2021 as a result of the Non-Governmental Cooperation Actors (NGCA) being busy with the next programme.</li> <li>• Cooperation: good involvement of technical partners and stakeholders.</li> <li>• All 9 recommendations from the mid-term evaluation have been implemented</li> </ul>  |
| SO2 | <ul style="list-style-type: none"> <li>• Almost all indicators were achieved and some exceeded the initial targets. One indicator is 88.3% achieved (10/12 actions).</li> <li>• SO2 has undeniably contributed to the inclusion and empowerment of people with disabilities and their families</li> <li>• Efficiency: well optimised means, strong pooling of logistical means and combinations during field trips.</li> <li>• Accountability: meetings with stakeholders on a quarterly and annual basis and sharing of information on the SO. Good consideration of the specific needs of the groups that allowed accessibility for PH.</li> <li>• Participation: consultation mechanisms put in place with representatives of PH and supported providers. Meetings with Disabled People Organisations (DPOs) and opportunities to express their opinions and grievances.</li> <li>• Synergies: effective synergies and complementarities with APEFE, VVOB and RCN on disability inclusion which will continue in 2022-2026. Information gathering on awareness raising tools for NGCA by HI and RCN but no discussions on the follow-up.</li> <li>• Cooperation: active involvement of the 4 technical partners. Need for capacity building of DPOs in advocacy for access to inclusive services.</li> <li>• 9/12 recommendations of the interim evaluation have been achieved. Those not achieved deserve attention beyond 2021.</li> </ul> |
| SO3 | <ul style="list-style-type: none"> <li>• The indicators of SO3 were achieved and some exceeded the initial targets.</li> <li>• Beneficiaries of SO3 appreciated the quality of the material and equipment and of the rehabilitation service offer. According to the satisfaction survey on the offer of services carried out by HI among service users, 87.7% of the users of the rehabilitation services of the 4 partner centres are satisfied with the services received.</li> <li>• Efficiency: flexibility and adaptation of the budget, pooling of logistical resources. Majority of activities implemented by technical partners.</li> <li>• Accountability: establishment of quarterly, annual and bilateral meetings with stakeholders and information sharing; listening to the concerns of representatives of parents of children and users of rehabilitation services.</li> <li>• Participation: consultation of beneficiary groups and rehabilitation professionals in the preparation of activities; satisfaction survey of users of rehabilitation services in rehabilitation centres; setting up of user expression groups.</li> </ul>  |

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|                                     | <ul style="list-style-type: none"> <li>• Synergies: in addition to the NGCA and Enabel meeting organised in 2020, active collaboration with the main rehabilitation actors and formalisation with them of synergies on the 2022-2026 programme.</li> <li>• Cooperation: quarterly and bilateral meetings with partners and stakeholders.</li> <li>• All 4 recommendations of the interim evaluation have been implemented.</li> </ul>  |
| Gender, Age and Disability Triptych | <ul style="list-style-type: none"> <li>• The programme has partially considered the gender dimension: statistical data is disaggregated by sex in several cases.</li> <li>• The three SOs all took into consideration gender in their activities, but the programme could not take into consideration other gender aspects related to the specific social and economic conditions of one or another group of people: women, men, types of disabilities, age category.</li> </ul> |
| Strategic dialogue                  | <ul style="list-style-type: none"> <li>• 3/5 recommendations are ongoing and on track and one recommendation is partially implemented.</li> <li>• As it is complex, the recommendation on flexibility in approaches will be assessed in the next programme.</li> </ul>   |

From these objectives, the following lessons were identified:

| Specific objectives | Lessons learnt   |
|---------------------|--|
| SO1                 | <ul style="list-style-type: none"> <li>• The combined efforts of actors at all levels contribute to the rapid achievement of the result.</li> <li>• With access to health services, the quality of life of people with epilepsy improves.</li> <li>• Early detection and identification of epilepsy is essential and deserves a special focus.</li> <li>• Through awareness raising, training and support, PwE and their parents not only change their attitudes and practices towards epilepsy but can also contribute to citizenship in the community.</li> </ul>  |
| SO2                 | <ul style="list-style-type: none"> <li>• Raising awareness about the rights of persons with disabilities is an ongoing process to address negative and discriminatory attitudes towards PwDs.</li> <li>• The empowerment of persons with disabilities is possible through personalised social support. The rate of achievement was evaluated at 74.3% thanks to the support of community workers who did not have an advanced level of education.</li> <li>• The intervention opened the eyes of local authorities and other partners to the importance of social work. Many people used to believe more in financial and in-kind support than in accompaniment, which aims to help beneficiaries find solutions to their problems themselves and change their behaviour.</li> <li>• Harmonisation of theory and practice is essential to enable PwDs to access the various services. Indeed, the way in which laws and instructions are followed leaves misunderstandings. Often, these provisions reach the grassroots level in a diluted manner, and lead some authorities to offer, deliberately or not, the wrong services to persons with disabilities, and this in turn limits the development and opening of opportunities for them (refusal to apply for and benefit from programmes for vulnerable people or groups, etc.).</li> </ul> |

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|     | <p>This assessment considers that providing services to PwDs is a right and not an act of sentiment or charity.</p> <ul style="list-style-type: none"> <li>• Active participation of PwDs in the community is possible through self-help groups. Many beneficiaries stated that they have come out of isolation to participate in the various activities on an equal footing with other citizens. For them, there is strength in numbers and collective work is a sine qua non for the success of any action.</li> <li>• Advocacy is a good way to access inclusive services for persons with disabilities and if PwDs are accompanied and trained, they can become autonomous, participate in community activities and do their own advocacy. Changes are possible if the community is regularly lobbied.</li> </ul> |
| SO3 | Multidisciplinary teamwork and synergies, continuous training, provision of appropriate equipment and materials improve the quality of rehabilitation services.   |

To improve the quality of projects on the evaluation criteria, following recommendations should be explored:

| Specific objectives | Challenges   | Recommendations  |
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| SO1                 | <p>1.1 Efficiency: Need to consolidate pooling arrangements and joint planning</p> <p>1.2 Accountability: Need for more attention to beneficiary accessibility and gender aspects</p> <p>1.3. Participation: No analysis of gender, age and disability needs and barriers in inclusion practices</p> <p>1.4. Synergies: recommendations on synergies and complementarities are not well planned</p> <p>1.5. Cooperation: Rwanda organization for Epilepsy (ROE) still low in national representation</p> | <p>1.1 Strengthen pooling arrangements through shared weekly planning</p> <p>1.2 Strengthen the steering committee and local coordination meetings, quarterly, half-yearly and annual meetings and the submission of reports at the same frequency, paying attention to the accessibility of the beneficiaries and to gender-related aspects</p> <p>1.3. Strengthen inclusive and gender sensitive practices in 2022-2026</p> <p>1.4. Develop in the first quarter of 2022 a detailed plan of synergies and complementarities with the selected actors in the MCH/ECD sector.</p> <p>1.5 Strengthen ROE capacities</p> |
| SO2                 | <p>2.1 Efficiency: Need for consolidation of mutualisation at local level</p> <p>2.2. Accountability: Need to consolidate meetings and reporting deadlines for authorities and stakeholders</p> <p>2.3. Participation: weak analysis of barriers related to accessibility and inclusion of all types of beneficiaries men-women and girls-boys. Not all types of disabilities are considered.</p>  | <p>2.1 Strengthen the pooling of resources and planning between teams in a district</p> <p>2.2. Strengthen the arrangements for quarterly and annual meetings and share reports within the timeframe set or required by the authorities</p> <p>2.3. Analyse barriers to accessibility and inclusion before each activity, taking into account all types of disability.</p> <p>2.4. Develop a detailed plan of synergies and complementarities with the selected actors</p>   |

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|                                     | <p>2.4. Synergies: recommendations on synergies and complementarities are not well planned</p> <p>2.5. Cooperation: the level of DPOs in advocacy is still low</p>   | <p>on disability inclusion for the next programme in Q1 2022 in relation to the Joint strategic framework (JSF) 2022-2026, including the follow-up of the findings on awareness raising tools.</p> <p>2.5. Strengthen DPOs in advocating for the inclusion of PwDs in services</p>  |
| SO3                                 | <p>3.1 Efficiency: Need to consolidate combinations at district level</p> <p>3.2 Efficiency: The role of the partner and local actors on the ground needs to be strengthened</p> <p>3.3. Accountability: Need to continue meetings with stakeholders</p> <p>3.4. Participation: Need to systematise satisfaction surveys of rehabilitation service users.</p> <p>3.5. Synergies: Recommendations on synergies &amp; complementarities of the rehabilitation sector not well planned.</p> <p>3.6. Cooperation: Collaboration limited to one association of rehabilitation professionals in advocacy for rehabilitation.</p> | <p>3.1 Consolidate the combination and mutualisation of resources in each district</p> <p>3.2. Increase the role of the partner and local actors on the ground</p> <p>3.3. Strengthen the mechanisms of quarterly, annual and bilateral meetings</p> <p>3.4. Systematise user satisfaction surveys for rehabilitation services and user expression groups.</p> <p>3.5. Draw up a synergy and complementarity plan for the rehabilitation sector in the first quarter of 2022.</p> <p>3.6. Strengthen DPOs and associations of rehabilitation professionals in advocacy for rehabilitation</p>               |
| Gender, Age and Disability Triptych | <p>4.1. The programme has not systematically identified the specific needs of each category, defined the consequent objectives and indicators, nor planned the actions and objectively verifiable results accordingly.</p> <p>4.2. Access to community programmes for people with epilepsy remains limited.</p> <p>4.3. Low knowledge of community health workers, beneficiaries and partners about male involvement</p> <p>4.4 Existence of certain prejudices, even stigmatisation and discrimination against PwE, especially women.</p>   | <p>4.1. Conduct a systematic analysis of the specific needs of men and women, people with disabilities by type of disability and by age category or other vulnerable people.</p> <p>4.2. Advocate for community programmes to benefit people with epilepsy, people with disabilities, men and women.</p> <p>4.3. Organise training in gender and men's engagement for community health workers, beneficiaries and partners.</p> <p>4.4 Carry out an awareness-raising campaign for beneficiary couples and members of their families on epilepsy and the role of men and women in the care of patients.</p> |
| Strategic dialogue                  | <p>The implementation of the recommendations from the strategic dialogue is partial</p>  | <p>Integrate recommendations of the 2020 strategic dialogue into the programming related to synergies and complementarities with the actors selected for 2022-2026</p>  |