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External Evaluation of the Rapid Response to Population Movements (RRMP) Program in the Democratic Republic of Congo

Commissioned by UNICEF

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EVALUATION REPORT

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Acknowledgements

List of Acronyms

AME	Articles Ménagers Essentiels / Non-Food Items (NFI)
AVSI	The Association of Volunteers in International Service
CCCM	Camp Coordination and Camp Management Cluster
CRS	Catholic Relief Services
CERF	Central Emergency Response Fund
CPIA	Comite Permanente Inter agences
CRC	Contracts Review Committee
DRC	Democratic Republic of Congo
FDLR	Democratic Forces for the Liberation of Rwanda
ERF	Emergency Response Fund
ECHO	European Community Humanitarian Office
FAO	Food and Agriculture Organization
FARDC	Forces Armées de la République du Congo
GBV	Gender Based Violence
GenCap	The IASC Gender Standby Capacity
GHD	Good Humanitarian Donorship
HI	Handicap International
HAP	Humanitarian Action Plan
HPG	Humanitarian Policy Group
IPC	Indirect Programme Costs
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
ICRC	International Committee of the Red Cross
INGO	International Nongovernmental Organization
IOM	International Organization for Migration
IRC	International Rescue Committee
LNGO	Local Non Governmental Organization
LTA	Long Term Agreement
M&E	Monitoring and Evaluation
MSF	Médecins sans Frontières
MIRA	Multi-Cluster Rapid Assessment
MSA	Multi-sectoral Assessments
CNDP	National Council for the Defence of the People
NFI	Non Food Items / Articles Ménagers Essentiels (AME)
NGO	Nongovernmental Organization

NRC	Norwegian Refugee Council
OECD-DAC	Organisation for Economic Cooperation and Development/Development Assistance Committee
ODI	Overseas Development Institute
PwDs	Persons with disabilities
PEAR	Programme of Expanded Assistance to Returns
OCHA	UN Office for the Coordination of Humanitarian Affairs
RRM	Rapid Response Mechanism / Mécanisme de réponse rapide
RRMP	Rapid Response to Population Movements / Réponse Rapide aux Mouvements de Population
SIDA	Swedish International Development Cooperation Agency
TOR	Terms of Reference
UNHCR	The Office of the United Nations High Commissioner for Refugees
OFDA	The Office of U.S. Foreign Disaster Assistance
UNICEF	The United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Executive Summary

Background & Objectives of the RRMP

1. Nearly a decade ago, UNICEF, OCHA, DFID and a handful of international Non-Governmental Organisations (INGOs) in the Democratic Republic of Congo (DRC) decided to collectively improve their emergency response capacities, which was eventually launched as the Rapid Response Mechanism (RRM**).** In 2010 the RRM was merged with another UNICEF-led project, the Programme of Expanded Assistance to Returns (PEAR) that targeted returned Internally Displaced Persons (IDPs) to assume its current form as the Rapid Response to Population Movements (RRMP). The RRMP has been supported by a range of donors over the years and is currently the largest single humanitarian response programme in DRC after food aid, with a budget of over $37 million during 2012.

2. The aim of the RRMP is to assess humanitarian needs and alert the humanitarian community on new crises related to population movements, natural catastrophes and epidemics and deliver assistance in specific sectors; Non-Food Items (NFI), Water, Sanitation & Hygiene (WASH), Education, Health. It also contributes to improving the protection of acutely vulnerable populations where other humanitarian actors experience difficulties in responding. RRMP's strategy integrates four basic requirements; pre-positioned relief supplies and funding for international Non-Governmental Organisations (INGO) who are UNICEF partners, access to additional funds when needed, a continuous capacity of humanitarian surveillance, and a capacity to quickly respond through pre-established partnerships and standby agreements. RRMP interventions are usually limited to three months.

RRMP Evaluation Approach, Limits and Constraints

3. This is an independent assessment on how the RRMP is delivering on its stated objectives (effectiveness), achieving its stated goal (appropriateness), whether it is an efficient model for humanitarian aid delivery (efficiency), and identify how it could be improved to have greater impact. This evaluation also hoped to provide a systematic and independent assessment of RRMP's performance and outcomes to date, and identify areas for improvement along with relevant recommendations to address both immediate and longer-term strategic issues. Quantitative and qualitative data was gathered from various sources and team members also undertook field visits to provinces and districts in Province Orientale, North and South Kivu.

4. Much of the evidence for this evaluation draws on data gathered from 140 key informant interviews, focus group discussions and 70 responses to an online survey to assess RRMP performance. Members of the Steering Group for this evaluation and other agency staff periodically verified the resulting analysis during the evaluation process. A relatively heavy reliance on interview results proved necessary due to relatively short time spent in the field, logistic challenges in accessing RRMP intervention sites, and the limited availability of outcome data.

Main Findings

5. It was agreed with the Steering Committee for this evaluation to assess RRMP's performance, not only in terms of RRMP objectives as described in their logical framework, but also from the perspective of affected communities in order to look more holistically at how their humanitarian needs were being met. It was found that RRMP performance based on objectives in logical frameworks has overall been very

good with most targets being met for core activities in terms of number of Multi-Sectoral Assessments (MSAs), use of harmonised tools and numbers of beneficiary households benefiting from RRMP interventions. However, from the beneficiary perspective, using results from MSA results as indicators of priorities of affected populations, sectoral coverage of priority needs is incomplete and there are gaps in longer term support.

Strengths, Weaknesses, Opportunities and Risks

6. The RRMP makes a significant contribution to humanitarian operations in DRC and has made good progress in addressing areas identified in the 2007 evaluation of the RRM as needing improvement. Amongst RRMP's main strengths are:

   a. Use of Multi-Sectoral Assessments (MSAs), both by RRMP and the wider humanitarian system, which has progressively increased over the years and has contributed to a common understanding of priority humanitarian needs.

   b. RRMP has a range of field-tested protocols, tools and standard formats in place with operations guided by RRMP Steering Committees co-led by OCHA and UNICEF that make rapid decisions in the event of an emergency alert. The speed of RRMP is widely acknowledged as a key strength and, with some exceptions, the RRMP was found to be rapid (with a qualification that, in the DRC context, timeliness is often influenced by access constraints).

   c. UNICEF and RRMP partners have supported clusters in developing and improving indicators and improving overall standards.

   d. Development of online resources such as "ActivityInfo" and RRMP's website (www.rrmp.org) has facilitated access to RRMP output data, MSA reports and other relevant information.

   e. The RRMP has attained good overall coverage of affected populations in eastern DRC both in terms of geography and type of beneficiaries receiving assistance in RRMP sectors, despite challenges of responding in remote and/or insecure areas. Coverage has been best where RRMP partners have a presence and are embedded in the humanitarian system. RRMP deployments to Kinshasa in 2011 to support the cholera response and to Maniema Province to carry out interventions in early 2013 also demonstrated its ability to deploy to other provinces to support assessments and interventions by reinforcing capacities of resident agencies.

   f. UNICEF and their RRMP partners have managed to improve cost efficiency in a number of areas, notably through the introduction of cash transfer systems in the form of Non-Food Item (NFI) "Fairs", that have reduced costs by an estimated 10-30% compared to distributions.

   g. RRMP, and RRM and PEAR before it, has provided a space where innovative activities can be field-tested. There are already a number of examples of RRMP pilots that have been adapted and used by other agencies, including NFI fairs. The addition of Handicap International to the RRMP partnership in 2010 through a pilot has been welcomed by RRMP agencies as it provides clear criteria and guidance for targeting and adapting assistance for a specific vulnerable group.

   h. UNICEF is better positioned than any other international agency in eastern DRC to lead the RRMP given their years of experience and lead role of several clusters, a flexible approach that encourages practical solutions and innovation, and good working relationship with NGOs implementing RRMP. OCHA offices in the eastern zone were also seen to add value through strengthening coordination

between RRMP and other humanitarian activities, supporting information management and doing humanitarian advocacy with national authorities and armed actors.

i. Participants view biannual RRMP workshops for UNICEF and RRMP partners as valuable learning opportunities that also provide an opportunity to influence and improve RRMP strategies, approaches and tools. Learning has spread outside DRC in the form of a ECHO-funded RRM mechanism launched in the Central African Republic in late 2012 led by a former UNICEF DRC staff member who previously worked with the RRM where "cross-border" workshops with DRC staff will help in sharing lessons.

7. These achievements, coupled with a reputation for rapidity and response that is adapted to DRC's complex operating environment have helped encourage sustained support from successive Humanitarian Coordinators and a variety of donors, which in turn have helped to reinforce the RRMP's predictability.

8. A number of the RRMP's main weaknesses stem from a dependency on mobilisation of capacities and resources outside the RRMP structure. Many of these gaps were previously identified in the 2007 evaluation of the RRM, notably coverage of food security, protection and health needs. Gaps become more apparent if viewed from a beneficiary perspective by using MSA results and post-monitoring data to represent their views, since priority needs are not always covered by RRMP sectoral interventions. Main areas for improvement identified include:

a. One-time short term interventions appear to meet objectives reasonably effectively only in the case of NFI interventions. For other sectors/clusters, evidence suggests that one-time assistance within the RRMP three-month timeframe is rarely sufficient to meet humanitarian needs for displaced or returnee communities. The evaluation found relatively few examples of systematic follow up of RRMP interventions, even though needs for longer-term interventions had been identified by MSAs. This was mainly attributed to a combination of limited capacities and limited funding opportunities to support follow on interventions.

b. Most RRMP partners have limited protection expertise and see their role as confined to ensuring that MSAs and RRMP interventions take gender and protection issues into account during planning, implementation and monitoring. RRMP's expectation was that MSA results and other RRMP outputs would catalyse appropriate follow up from the protection cluster and from OCHA in the form of advocacy. However, the results have not met expectations.

c. As noted above, much progress has been made with tools such as ActivityInfo that has markedly improved accessibility to RRMP output data although some key informants suggested that functionality could be further improved. At the same time, the RRMP currently lacks an overall communication strategy that goes beyond IT solutions to inform how information is collected and communicated. One of the resulting gaps is a lack of awareness amongst local authorities and communities about MSA results or interventions that have been carried out in their communities.

d. While RRMP now has ways of effectively identifying needs and target the most vulnerable, RRMP nevertheless still experiences difficulties in delivering to the most vulnerable according to agreed criteria.

e. Until recently, RRMP performance measurement systems were mainly restricted to measuring outputs. It was only in 2012 that UNICEF, together with peer agencies, adjusted performance targets to include outcomes. In 2013 RRMP's overall goal has also been adjusted from "*Reducing mortality and morbidity*" to "*Improving living conditions of the vulnerable*" that better reflects the current context in

eastern DRC. While RRMP Partners have made considerable progress in developing post-intervention monitoring systems, these still need to be standardised and the results integrated into UNICEF's performance measurement systems.

    f.   Innovation and learning have been a critical component of RRMP's success, but RRMP struggle to find allocate time to capturing and communicating learning.

9.   Risks that the RRMP need to manage include:

    a.   The strength of RRMP's capacities, funding base and systems has raised expectations amongst many stakeholders that RRMP should play a more proactive role in responding to humanitarian crises. RRMP Partners do not possess sufficient capacity to be able to respond to every displacement in eastern DRC, nor should they be expected to. This has occasionally resulted in confusions around the role and mandate of RRMP. At the same time, there are few other agencies in DRC who have a comparable pre-positioned capacity or resources to respond when there are large displacements.

    b.   « *Réponses à double vitesse, casserole sans les vivres* »[1]. There were frequently differences between priorities identified in the MSAs and assistance delivered to affected communities, notably shortfalls in health, protection and food assistance, where UNICEF does not have a lead role. Although there has been some recent improvements with the RRMP health pilot and complementary food security interventions by RRMP Partners using other funding, gaps are still evident.

Key Conclusions and Recommendations

10.   The RRMP, and its predecessors, have been functioning and evolving over almost a decade and there is good evidence of a broader use of its outputs (notably MSAs), increased harmonisation, better coverage, and a strong team spirit within UNICEF and RRMP Partners that has helped keep the mechanism responsive and promoted knowledge-sharing and joint activities. Innovations will continue to play a key role in both addressing challenges and in defining the future configuration of RRMP as it adapts to changing operating environments and further improves its value for money as a way of ensuring the RRMP retains adequate capacity to respond to large crises.

11.   An expectation ever since RRMP was first established was that links would be strengthened with the broader humanitarian system. Despite making progress, from a beneficiary community perspective many interventions do not meet priority needs, either because sectoral needs are not evenly covered or because RRMP interventions are not linked to longer-term activities, notably for returnee communities trying to rebuild their lives. The Humanitarian Coordinator and OCHA potentially have a key facilitation role in helping to achieve better coverage and outcomes through the fostering of greater harmonisation of tools and approaches amongst RRMP partners and clusters.

12.   With its reputation as one of the few UN-led rapid response mechanisms in the world, RRMP provides an opportunity and launching pad to develop a system that responds to priorities from a beneficiary perspective. In the challenging operating context of DRC, this should, in turn, provide valuable lessons that can inform current IASC discussions around the transformative agenda.

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[1] Quote by a Food Security Cluster co-lead, which can be translated as "Responses occur at two different speeds, so that you end up with a pot (NFI) without any food to cook".

13. Recommendations targeting UNICEF, RRMP Partners, the Humanitarian Coordinator, OCHA, Cluster Lead Agencies and RRMP Donors appear at the end of this report. Of these, key recommendations for UNICEF and RRMP Partners worth highlighting include:

   a. Improve value for money by, for example, identifying alternative supply chain solutions (including strengthened cash transfer mechanisms and stronger links with private sector), using innovations to improve efficiency and effectiveness. Progress has already been made in this direction with the increasing trend of cash-based assistance (vouchers) and decreasing levels of direct procurement.

   b. Ensure that needs for the most vulnerable groups and individuals are met by validating that assistance reaches its target, improving communications at the community level and developing appropriate incentives (and disincentives) to reward good practice by community leaders.

   c. Continue working with clusters and OCHA to promote integration of RRMP activities with other interventions, particularly food security and protection by pre-identifying agencies that can potentially follow on RRMP activities. These efforts would aim to develop standardised approaches (similar to RRMP) for follow up activities and help other agencies mobilise funds from donors. RRMP Partners can involve these agencies from the early phases of the response to facilitate in-depth assessments and project design.

   d. In the longer term, RRMP will need to strike an appropriate balance between supporting early warning systems, maintaining an adequate level of preparedness, while having the resources and flexibility to scale up quickly should the humanitarian situation suddenly deteriorates.

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Introduction & Background

14. Originally created as the Rapid Response Mechanism (RRM) in 2004 by UNICEF, OCHA, INGO Partners and DFID, the mechanism was designed to better respond to acute emergency needs in the Democratic Republic of Congo (DRC). The RRM then merged in 2009 with another UNICEF project which addressed the needs of recently returned IDPs (PEAR) into its current form as the Rapid Response to Population Movements (RRMP). The RRMP has been supported by a variety of donors, which in 2012 included the DRC Pooled Fund, CERF, ECHO, and bilateral funding from the United States, Sweden, Canada, Switzerland, and Japan. The RRM, the RRMP's predecessor was evaluated once before in 2007. The scale of the investment in programme, as the largest single humanitarian response programme in DRC after food aid with a budget of over $37 million in 2012, makes an evaluation of particular interest not only to the donor community but also for humanitarian agencies in DRC who will look to the results to help inform future programme direction.

15. The aim of the RRMP is to assess humanitarian needs and alert the humanitarian community to new crises related to population movements, natural catastrophes and epidemics. RRMP also delivers assistance in specific sectors[2] and contributes to improve the protection of acutely vulnerable populations affected by population movements, natural disasters and/or epidemics, in cases where other humanitarian actors experience difficulties in responding.

16. The Terms of Reference for this evaluation called for an independent assessment on how the RRMP is delivering on its stated objectives (effectiveness), achieving its stated goal (appropriateness), whether it is an efficient model for humanitarian aid delivery (efficiency), and identify how it could be improved to have greater impact. This evaluation hoped to provide a systematic and independent assessment of RRMP's performance and outcomes to date, and identify key points for improvement along with relevant recommendations that address both immediate and longer-term strategic issues.

RRMP in the Eastern DRC Context

17. The Democratic Republic of Congo (DRC) has often been described as the world's "worst humanitarian crisis" by the United Nations which led to its selection as one of the Good Humanitarian Donorship pilot countries in 2003. DRC has consistently ranked at the top of the World Bank's list of fragile states[3] where communities have long experience of dealing with recurrent violence and a lack of basic services. Eastern DRC has experienced several decades of conflict that caused large and repeated population displacements, both internally and across borders. The recent resurgence of violence during 2012 can be traced to 2008, when hostilities flared and the National Council for the Defence of the People (CNDP) came close to occupying Goma. Subsequent negotiations resulted in the replacement of the CNDP's leader and the signing of a peace agreement between the government and the CNDP on 23 March 2009 that foresaw the political and military integration of Congolese armed groups in the Kivus; military action against militias, notably the Democratic Forces for the Liberation of Rwanda (FDLR), and a reconstruction and stabilisation

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[2] NFI, WASH, Education, Health

[3] http://siteresources.worldbank.org/EXTLICUS/Resources/511777-1269623894864/FCSHarmonizedListFY13.pdf

strategy[4]. In 2012 violence reignited, which led to additional widespread displacement and even a short-lived occupation of Goma by M23 militants.

Figure 1. Numbers of Displaced Persons: Trends and Forecasts for eastern DRC[5]

	2010	2011	2012	2013
Nord Kivu	1,703,248	1,400,000	959,000	923,000
Province Orientale	2,603,950	645,000	753,500	713,630
Sud Kivu	1,310,810	950,000	800,000	1,030,000
Katanga			110,000	383,633
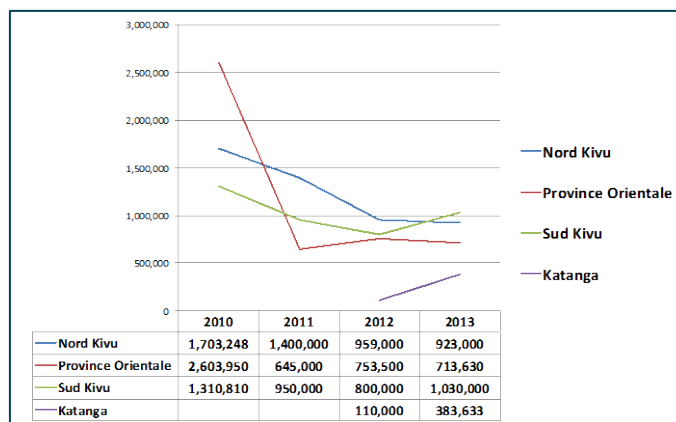
18. The signing of a peace framework agreement by regional African leaders on 23 February 2013 should be seen as a positive development, but the UN was one amongst many observers who noted that solving a conflict that has been going on for two decades will take time[6]. All this suggests that the RRMP will continue to play a key role in humanitarian operations in eastern DRC for the foreseeable future.

Strategy and Targeting of the RRMP

19. RRMP's strategy integrates four basic requirements: pre-positioned relief supplies and funding for INGO partners, access to additional funds when additional resources are needed, a continuous capacity of humanitarian surveillance, and a capacity to quickly respond through pre-established partnerships and standby agreements. RRMP plans for an intervention capacity by province, without specifying where, how and when exactly future interventions are going to happen. A provincial steering committee composed of UNICEF, OCHA, RRMP partners and Cluster Coordinators meets on a weekly basis in each of the four provinces covered by the RRMP[7] to analyse incoming humanitarian alerts and multi-sectoral assessments and decides whether assessments and/or intervention are needed.

20. RRMP aims to maintain a standby emergency response capacity, providing temporary shelter materials and NFIs, water and sanitation services and structures, emergency education kits and school rehabilitation. A RRMP health pilot was also launched in North Kivu during 2012. RRMP interventions are intended to be limited responses, implemented within a period of 3 months.

21. The RRMP's role is not to respond to every population movement, [8] but rather aims to prioritise those populations in areas:

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[4] International Crisis Group (2012) http://www.crisisgroup.org/en/regions/africa/central-africa/dr-congo.aspx

[5] Source: UNICEF as of November 2012

[6] http://www.aljazeera.com/news/africa/2013/02/201322473023560834.html

[7] The four provinces are North Kivu, South Kivu, Province Orientale and Katanga

[8] UNICEF (2012)- Notes d'orientations générales aux propositions de projet RRMP.

a. Affected by displacement and return in which the most acute vulnerabilities have been identified;

b. Characterised by the complexity of access (physical security);

c. Where there is a lack of humanitarian agencies with the necessary capacity, including remote areas.

22. Given that the RRMP (and the RRM and PEAR before it) was itself an innovative approach, it is appropriate that an important part of RRMP's mandate is to promote action research and innovation. NFI fairs are the example most often cited, but there are many other examples described later in the report.

History of the RRM and RRMP

23. The problem that UNICEF, its partners, OCHA and DFID set out to solve with the RRM was the recognition that the emergency response function of UNICEF and most other humanitarian agencies tended to be ad hoc and ineffective. Populations in eastern DRC were constantly being displaced by armed conflicts or natural disasters, yet each internal displacement meant looking for a new partner to deliver humanitarian assistance. Emergency responses tended to be limited to areas where humanitarian organisations were already operating, and were often carried out by non-specialists in agencies with limited surge capacity. As a result, there were delays in providing assistance, quality was relatively poor and there was limited monitoring and learning about how to improve next time. RRM initially focused exclusively on distribution of NFI and initially operated in Ituri (Province Orientale), North Kivu, and South Kivu. Katanga was later added during 2006 following serious clashes in central Katanga between the national army (FARDC) and MaiMai militias. Although the vast majority of assessments and interventions were carried out in

Girl with UNICEF notebook in Cifunzi / Mireia Cano

response to conflict-related crises, the mandates of both RRM and RRMP extend to responding to natural disasters and epidemics[9]. The RRM was established before humanitarian reform and it was only later that RRM was adapted to work with clusters and other new systems.

24. In 2006 UNICEF, in consultation with other key actors involved in IDP-related activities, developed the Programme of Expanded Assistance to Returns (PEAR) to help provide more systematised support for families returning to their villages of origin. The overall aim of PEAR was to support stabilisation of returnee communities as a first step towards a durable solution by providing the humanitarian community with information about areas of return, meeting returnees' basic household needs and providing children access to education. In a sense, it acted as a 'return mirror' of the RRM programme, which was focusing on forced displacement. A 2008 evaluation of the PEAR[10] found that the programme was appropriate for the DRC context and that the chief aims of PEAR were successfully achieved in areas where implementation was

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[9] To date RRM and RRMP have only responded to cholera epidemics. Initially this took the form of direct interventions (e.g. building cholera treatment centers In South Kivu during 2006-2009), but more recently this has taken the form of support to other actors like that provided by Solidarités staff from Nord Kivu during 2010 who were deployed to Kinshasa.

[10] Davies, A. & Ngendakuriyo, A. (2008)

feasible. At the same time, the evaluators found that the assistance did not respond to returnees' most urgent needs, which for returnees were mainly agricultural inputs to increase food production.

25. In 2010, the RRM and PEAR were phased out and the RRMP was established as a way to providing a more integrated approach to vulnerable populations affected by population movement, natural disasters and/or epidemics, in case no other humanitarian actor is able to respond. An important change in the RRMP was the option to also assist vulnerable host populations who are affected by a population movement.

Figure 2. RRM/PEAR/RRMP Timeline

Rapid Response Mechanism (RRM)

OBJECTIVES:
"Enhance the capacity of the DRC humanitarian community to respond rapidly to acute, life-threatening crises" through CPIA , OCHA and clusters (with emphasis in NFIs, WASH and Education in Emergencies)

DONORS:
DFID, Norway
Pooled Fund

Programme Elargi d'Assistance au Retour (PEAR)

OBJECTIVES:
Support durable solutions for returning IDPs through education, child protection, health and water and sanitation activities

DONORS: ECHO, Pooled Fund, Belgium

Rapid Response to Population Movements (RRMP)

OBJECTIVE: ''Contribute to reducing mortality and morbidity by improving the living conditions of people in situations of acute vulnerability due to population movement linked to the armed conflict and / or natural disasters.'' In line with the Strategic Objective 3 of the HAP 2010
DONORS: Pooled Fund, ECHO, CERF, SIDA, USAID – OFDA, Japan, Spain, Switzerland, Canada

2004   2005   2006   2007   2008   2009   2010   2011   2012

26. OCHA's role in RRM/RRMP has changed over the years. OCHA was closely involved with RRM during its establishment and had a primary leadership role up until 2006. As described later in the report, although OCHA still retains an important role in the east (including co-charing the RRMP provincial Steering Committee meetings), it is less involved at a Kinshasa (national) level apart from involvement of the Pooled Fund, which was the single largest donor to RRMP until the end of 2012. Now ECHO has become the largest donor.

27. At an operational level, there is a clear trend towards greater harmonisation of tools and approaches, not only amongst RRMP partners, but also extending to some extent into clusters. One of the benefits that RRMP inherited from PEAR was the potential to include vulnerable host community members, which has led to comparative vulnerability studies by RRMP partners and other agencies.

28. Innovations have also changed the RRM/PEAR and RRMP "landscape" over the years. NFI fairs were first piloted in 2008 and during 2011-2012 accounted for more than 52% of NFI items received by beneficiaries and this percentage will likely increase in the future. Handicap International led a vulnerability pilot for disabled persons in 2011, which is now widely viewed by RRMP partners as a practical approach to identify and meet the needs of a specific vulnerable group. Similarly, a health pilot was launched in late 2012 in North Kivu led by Merlin and will be expanded in 2013.

29. RRMP budget trends over the past few years have showed a steady increase. While linked to the scale of needs due to conflict, it can also be seen as evidence of overall donor support for the RRMP, even while donors have questions and expectations about some RRMP approaches[11].

Figure 3. RRM/RRMP Budget 2009 – 2012 (Source: UNICEF and Pooled Fund annual reports)
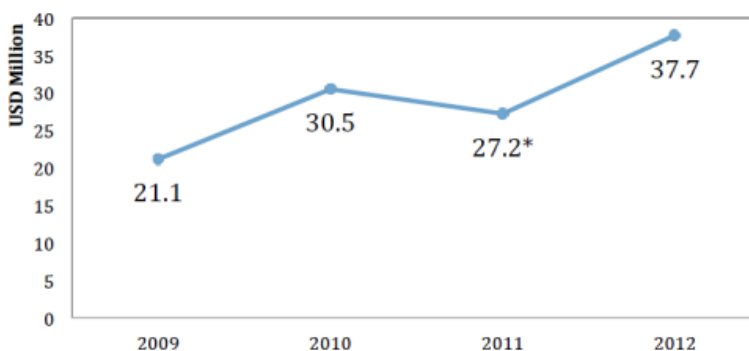
30. The bulk of MSAs and interventions have been in North Kivu, where conflicts have been most prevalent, which in turn has provoked displacements, as shown in the graphs below, based on UNICEF data. According to UNICEF data during the period February-October 2012, RRMP provided 85% of the total NFI assistance, corresponding to 40% of the NFI cluster target.

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[11] GHD RDC (2012) Note sur la Visite Conjointe: Programme RRMP - UNICEF Nord Kivu 12-14 Mars 2012.

Figure 4. Numbers of MSAs conducted in each location during 2010-2012

RRMP Multi-Sectoral Assessments
Number of MSAs and rapid assesments
by year and province

Source: UNICEF.
Data for Katanga province not available.
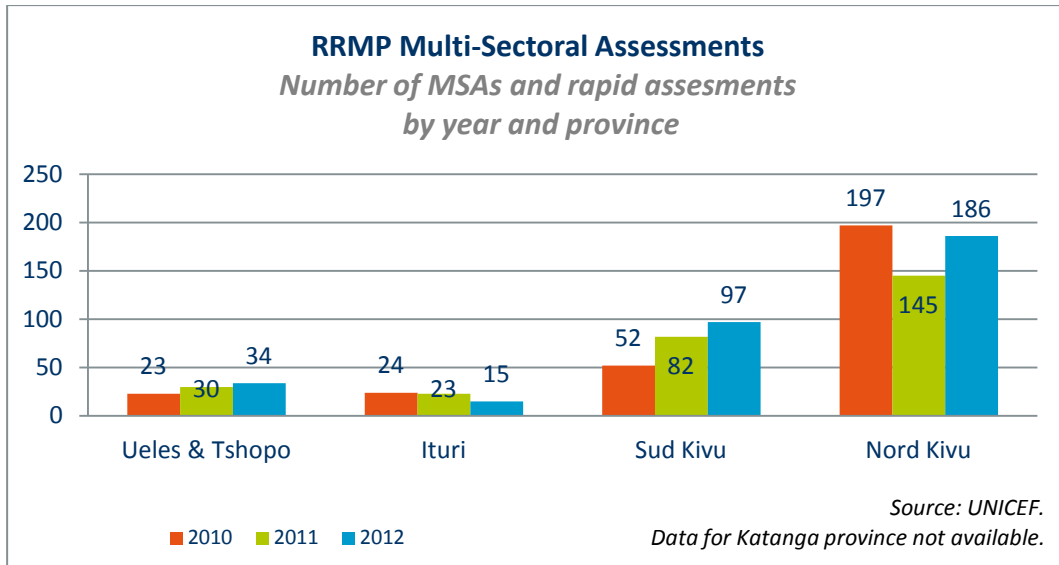
Figure 5. No. Households Receiving RRMP Assistance by Province 2010-2012

RRMP NFI INTERVENTIONS
Number of assisted households by year and province
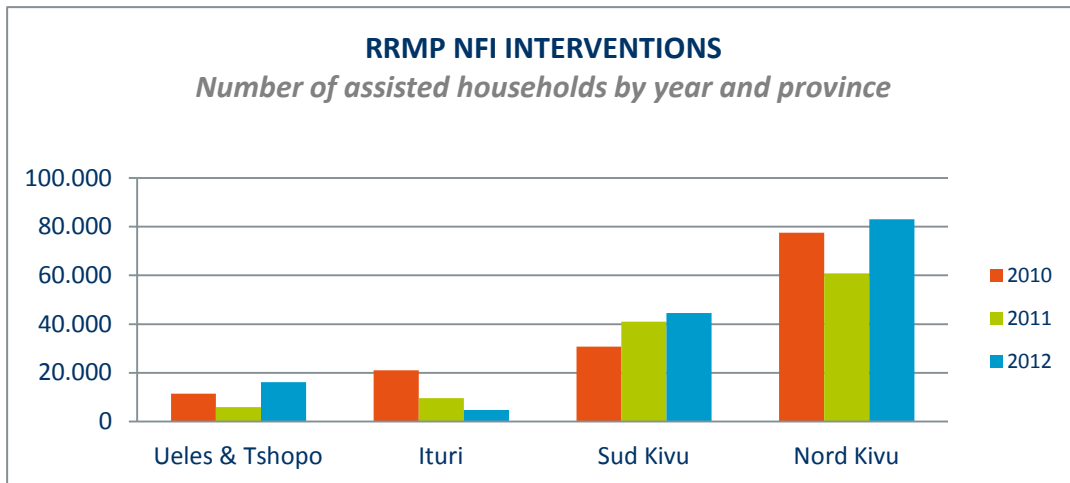
Trends in DRC Relevant to the RRMP

31. Based on past trends and its important humanitarian role, the RRMP is likely to remain relevant in the DRC for the foreseeable future, and the scale of humanitarian needs of displaced persons will continue to shift between different geographical areas as the areas of military operations escalate and stabilise.

Methodology

Data Collection & Triangulation

32. To try and ensure data integrity and factual accuracy throughout the evaluation process, data was triangulated from different sources, including from a total of 128 key informant interviews (87 men and 41 women), 13 focus group discussions with different stakeholder groups, document research that included a review of over 1,500 documents, observations during field visits and results of an online survey based on 70 completed responses. Lists of key informants and key references are attached as annexes.

33. Interviewees were selected from name lists provided by UNICEF and OCHA, which were supplemented by additional key informants that were suggested during the course of the interviews. Evaluation team members contacted potential interviewees before arrival through e-mail or by telephone and UNICEF staff also assisted with organising interviews and meetings as necessary.

34. An interview guide (attached as an annex) provided a flexible framework for the interviews to accommodate the varying levels of familiarity with the RRMP of different stakeholder groups. Interviews were conducted either in English or French, according to the preference of the interviewee and national consultants on the team filled the role of translator during interviews with local authorities or community members.

35. Team members were allocated thematic responsibilities based on key issues identified during the inception phase and met regularly during the course of the evaluation to triangulate findings, including comparing data collected during site visits to the three provinces. For site visits to the three provinces, the team split into three gender balanced groups of one international and one national consultant. Key findings and provisional recommendations were also validated and discussed during debriefing sessions for UNICEF, RRMP partners and other representatives of humanitarian agencies in Goma and Kinshasa during early February. In Goma, the debriefing session was followed by working group sessions that looked in more detail at three issues seen as particularly critical to RRMP operations[12]. The team met again for a one-day retreat after the site visits to re-validate and expand key findings and recommendations where relevant.

Conduct of Interviews

36. To encourage key informants to speak openly, interviews were conducted solely by evaluation team members on the understanding that any information shared either verbally or in writing in the form of unpublished documents would only be seen by evaluation team members and not be attributed in the report to key informants or without their specific consent. Some community level discussions took place with RRMP Partners being present, as this was helpful in understanding different perspectives and relevant background. Information gathered this way was triangulated as far as possible through confidential interviews or from other sources.

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[12] The three key issues discussed in working groups were 1) the link between RRMP interventions and longer-term interventions, 2) the RRMP "business case" and 3) involvement of local actors in RRMP.

Evaluative Framework & Analysis of Results

37. The framework for this evaluation is based on OECD-DAC criteria as specified in the TOR, and this report has been structured by organising findings and analysis grouped by questions under each category.   Key issues and key questions under each criterion in the TOR were developed in consultations with the Evaluation Steering Committee during the Inception Phase and were incorporated into an evidence matrix tool that was used by the team to collate and analyse data from various sources. The interview guide used during interviews is attached as an annex.

Online survey

38. Links to French and English versions of an online survey were circulated by OCHA during December 2012 and re-circulated in January 2013 to a list that, according to estimates of OCHA staff, contained approximately 500 active e-mail addresses of humanitarian agency staff working in DRC. During the six-week period that the survey was open, a total of 70 completed responses to questionnaires were received, of which some 40% of responses originated from UNICEF and RRMP partner staff. Half of those who completed the survey said they had over 3 years of experience working in the humanitarian sector in DRC and 75% of all respondents claimed they were either "familiar" or "very familiar" with the RRM and RRMP programmes. A third of the respondents were female, mostly international staff. A summary of the results from the online survey is attached as an annex.

Figure 6. Sites visited by the team (in red)

Field Visits

39. Field visits focused on those provinces and districts where the majority of RRMP activities have been implemented, namely North and South Kivu, Province Orientale, where evaluation team members were able to observe activities over the course of a week during 30 January – 5 February 2013.   No field visit was undertaken to Katanga due to time and capacity constraints, and analysis was based on telephone interviews and desk research.

Timeframe

40. While the timeframe covered by the evaluation was not specified in the TOR, it was agreed with the Steering Committee during the Inception Phase to try and review relevant lessons and trends since 2007 when the previous evaluation was conducted while giving particular attention on the past 2-3 years when RRM and PEAR were phased out and replaced by the RRMP.

Limitations and Constraints

41. Many of the constraints and limitations encountered during this evaluation are linked to the context of eastern DRC with its fluctuating levels of conflict and status as a fragile state. Specific categories of limitations and constraints worth highlighting are listed below.

42. Relatively limited time spent in the field – the evaluation had to be suspended in November after spending a few days in Goma due to fighting between government and militant forces. The team returned in late January to complete the field visit portion but in the end team members were only able to spend less than a week visiting RRMP intervention sites. The dynamic context and logistics in eastern DRC meant that it was not possible to randomly select sites in advance, especially in North and South Kivus, which witnessed frequent conflicts and displacements during much of 2012. At the same time, sites were selected opportunistically at short notice so that team members could observe ongoing activities and this could be seen as introducing an element of randomness.

43. Lack of a field visit to remote sites – the original workplan included visits to remote sites where there had been MSAs and RRMP interventions for comparisons. However, the evaluation took place during the rainy season and most of the roads were in very poor condition and a combination of poor access, administrative hurdles and the high cost of chartering helicopters meant in the end that team members could not visit remote sites.

44. Evaluation scope – this was an ambitious scope for an evaluation within the time allocated, especially given the number of different stakeholders with varying expectations. The Evaluation Steering Committee's guidance in agreeing on a priority list of key questions was a critical and helpful step during the inception phase.

45. While the TOR envisaged that the evaluation would provide an independent and systematic assessment of RRMP outcomes to date, the Inception Report cautioned that impact measurement would be anecdotal at best. Since UNICEF has only recently set up a system to track outcomes, the team encountered challenges when attempting to measure outcomes and it only proved feasible to provide a sample of outcomes based on RRMP Partner post-intervention monitoring reports, along with anecdotal observations during the field visit. Partner reports had not yet been standardised and findings could not be independently verified.

46. Influence of performances of clusters and individual agencies on RRMP's performance – the TOR for this evaluation focused on RRMP performance as a whole and it was understood that performances of individual agencies would not be evaluated. However, since the RRMP is designed to be an integral component of the humanitarian system whose activities aim to catalyse actions by clusters and individual agencies it makes it difficult to avoid references to clusters and other humanitarian agencies. Such references are not intended to be a criticism or evaluation of agency performance, but are rather included where they are seen to be particularly relevant to RRMP performance.

47. Gaps in information management – gaps in RRMP information management and their effect on performance and accountability of RRMP are described in detail below. The evaluation team encountered four challenges that affected our ability to gather data:

    a. Although this evaluation had planned to offer a retrospective perspective during 2007-2012, very little information was made available to the team about the RRM and PEAR (i.e. prior to 2010). Information

prior to 2010 is thus based mainly on interviews with 6 key informants who had worked with the RRM and/or PEAR in the past.

b. In contrast, there was a large amount of RRMP documentation dating from 2010 and nearly 1,500 documents were provided to the team for review. Relatively few of these documents were synthesised and gaps in Information management systems, along with increased level of activity due to conflict and displacements in late 2012 and early 2013, meant that often information requested by the team was either not available or provided after some delay. These delays were justified and unavoidable given the circumstances, and they are only mentioned here since this meant that it meant it was not possible to examine all documents in detail. Finally, while UNICEF and RRMP Partners provided documents that were requested (if they were available) not all RRMP donors responded to requests to share their assessments and monitoring reports.

c. Online survey response rates – the response rate to the online survey was estimated at some 15% (70 completed responses from an estimated total of 500 active e-mail addresses[13]) so results can only be treated as indicative rather than statistically significant. In addition, many national stakeholders have difficulty with internet access. It was therefore not possible to treat survey results as statistically significant, but rather the results needed to be triangulated with evidence from other sources. The majority of those who completed the survey nevertheless appeared have both a good understanding of the RRMP and of the DRC context there were a number of good insights amongst the narrative comments.

d. A specific risk already foreseen in the Inception Report was that the wide range of stakeholders (both inside and outside of RRMP) along with the relatively ambitious scope of the TOR and limited time the evaluation team was able to spend in the field made it challenging to meet expectations of all stakeholders.

48. Notwithstanding these various constraints, the team feels that sufficient data was gathered to undertake an informed and credible analysis.

RRMP Partner Profiles

49. Numbers of RRMP partners in each province have varied over the years, mainly based on the scale of displacement and corresponding needs. Most RRMP partners cover NFI and a sector, an exception being Ituri/Haut Uele in Province Orientale where Save the Children only covers education and in North Kivu where Merlin covers health.

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[13] OCHA estimates

Table 1. RRMP Partner by Location

PROVINCE	RRM 2004-2009		PEAR 2006-2009	RRMP 2010	RRMP 2011-2012	
Nord Kivu	Solidarités NRC (2009) IRC (2008)	WASH Educ & NFI	NRC	Solidarités	Solidarités	WASH & NFI
				NRC	NRC	NFI & Education
					Merlin	Health[14]
					Handicap Int'l	Disability[15]
Sud Kivu	IRC	WASH & NFI	AVSI	IRC	IRC	WASH & NFI
				AVSI	AVSI	NFI & Education
					Handicap Int'l	Disability
Ituri / Haut Uele	Solidarités	WASH & NFI	Solidarités	Solidarités; Save the Children-Ituri; Danish Refugee Council – Haut/Bas Uele	Solidarités	WASH & NFI
					Save the Children	Education
					Handicap Int'l	Disability
Katanga	CRS[16]	NFI & WASH	CRS (2006-2008)	CRS	CRS[17]	NFI
National	No fixed partners but ad-hoc partnerships with RRM stocks and cash for punctual evaluations and interventions outside these four provinces.					

50. There are some significant differences between profiles of the different RRMP partners. For example, the RRMP not only makes up 63% of Solidarités International's total DRC programme budget, but the RRMP is also their largest single programme at a global level. On the other end of the scale, the RRMP only comprises 10% of IRC's total budget in DRC. For most agencies, RRMP is a good fit with their organisational mission and mandate. In the case of AVSI, the primary alignment is with the education sector.

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[14] Health Pilot.

[15] Cross-cutting intervention to help identify and address vulnerability piloted during 2011 in North Kivu and extended to the other two provinces during 2012.

[16] (2006-2008); 2009 – present, RRM-'light' (with Kasai's).

[17] Katanga RRMP lead is being re-tendered during 2013 and will henceforth be a full RRMP and no longer a RRMP "light".

Table 2 RRMP Partner Programme & Staffing Profiles

Description			AVSI	IRC	NRC	Save the children	Solidarités
Area	Province(s)		S. Kivu	S. Kivu	N. Kivu	Province Orientale	N. Kivu & Prov Orien
Staff	RRMP Employees (full time - 100%}	Nat	52	50	78	10	129
		Intl	3	3	1	0	3
	Staff partially funded by RRMP[18]	Nat	64	145	24[19]	25	63
		Intl	4	22	9[20]	15	9
	Total number of staff in DRC	Nat	213	1,050	306	221	342
		Intl	12	87	16	21	(nat &Intl)
	% of staff involved in RRMP		55%	19%	28%	23%	39%
Budget	2013 Total budget for DRC country programme		$12m[21]	$64m[22]	$40.3m[23]	$13.2m	$16.5m[24]
	Percentage RRMP of total DRC country programme budget		52%	10%	29% cash plus 32% in-kind	6%	63%

Table 3. UNICEF Staff covered under RRMP

Base	International/National	100% covered by RRMP	Partially covered by RRMP
Kinshasa	International	-	2 (25% each)
	National	-	-
Eastern DRC	International	3	5 (10 – 80%)
	National	-	7 (15 – 80%)

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[18] Support and coordination staff.

[19] 50% of national staff salary costs covered by the RRMP budget.

[20] 10% of international staff salary costs covered by RRMP budget.

[21] AVSI – Education: 25%, Child Protection: 11%, Food Security: 22%, WASH: 2%, NFI: 40%.

[22] IRC - GBV: 8%, Education: 2%, Health: 41%, Community Driven Reconstruction (CDR): 48%, RRMP/Other: 1%.

[23] NRC annual budget is made up of $19.7m in cash contributions and US$ 20.6m worth of RRMP goods-in-kind. S RRMP: 29%, ICLA: 12%, Wash: 3% Food Sec: 14%, Education: 28%, Advocacy: 1%, Emergency (aside from RRMP): 15%.

[24] US$ equivalent as of Feb 2013 of 12.5 m Euros, which was Solidarités' 2013 budget. Food Security: 15%, WASH: 55%, Non-Food Items (NFI): 30 %.

51. For some agencies, RRMP is one of their largest single projects in the world and helps to make it one of their largest country programmes. The DRC is AVSI's 2nd largest country programme in the world (out of 38 countries where it operates), for NRC it is their 4th largest country programme (10% of their global budget). DRC is the largest mission of Solidarités in the world, and RRMP is their largest single project. The high profile of the RRMP within these agencies globally has had influences ranging from institutional learning to promoting investments of their own resources.

Main Findings

52. During the inception phase for this evaluation, it was agreed with the Steering Committee that the team would look at RRMP performance not only in terms of RRMP's own objectives as described in their logical framework, but also from the perspective of affected communities. It was felt that a beneficiary perspective would be a useful way of looking at RRMP contributions in terms of support to the wider humanitarian community and also help highlight gaps in areas not covered by RRMP. Using these two lenses, RRMP performance based on objectives described in successive logical frameworks has overall been very good with most targets being met and concrete progress on following up on relevant recommendations from the 2007 RRM evaluation, including development of indicators, launching of the website ActivityInfo, improvements in MSAs. From a beneficiary perspective, using results of MSA and post monitoring data as indicators of priorities for affected populations, there are a number of gaps particularly in linking with sectors not led by UNICEF. Many of these gaps were identified and highlighted in the 2007 evaluation of the RRM and there has been relatively less progress on these issues. A summary of status of follow up on the recommendations 2007 RRM Evaluation based on findings of the current evaluation is attached as an annex.

RRMP's Humanitarian Contribution in the DRC Context

53. It is clear from the evidence collected from interviews, document review and direct observations that RRMP makes a significant contribution to humanitarian operations in DRC. Particularly noteworthy is the increasing use of MSAs within RRMP and the wider humanitarian system to promote a common understanding of priority humanitarian needs that can help facilitate a coordinated multi-sectoral response. The results of the online survey below support other findings, i.e. that the RRMP is perceived as providing a positive contribution overall while facing some challenges in delivering timely and appropriate assistance to affected populations and in its contribution to protection.

Figure 7. Survey Responses on Constributions of the RRMP[25]

Relevance

54. Relevance has been assessed through the appropriateness of the intervention criteria, the package of assistance offered, the appropriateness of the 3-month timeframe, and the relevance of RRMP consultation processes. This section also looks at how the RRMP has approached protection, preparedness and assessed how donors view the role of RRMP within the DRC humanitarian system.

55. The starting point for RRMP interventions are the MSAs, for which methodologies and tools have now advanced to the point that they are widely accepted within DRC as credible assessments of needs Two main challenges faced with respect to Relevance. One is the « *Réponses à double vitesse, casserole sans les vivres* »[26] phenomenon where differences are observed between priorities identified in the MSAs and assistance delivered to affected communities. These shortfalls tend to be in sectors where UNICEF does not lead; protection, food security and health (with the exception of North Kivu where RRMP supports health sector interventions). The other challenge to appropriateness is that MSAs often identify priorities, such as rehabilitation of water supplies, that cannot be implemented within the 3 month RRMP timeframe. This is particularly prevalent in returnee communities.

56. Priorities identified during MSAs are based on a vulnerability approach and in 2013 RRMP revised their goal statement and objectives to focus less on life-saving objectives and more on vulnerability. This shift is viewed as a better reflection of the reality of the current DRC context and should help strengthen RRMP's intervention framework.

57. Protection is clearly seen as a priority within RRMP and, while there are indications that RRMP Partners are increasingly using conflict analysis ("do no harm") during design and implementation of activities, RRMP Partners lack the expertise and the protection cluster lacks the capacity to address protection needs. RRMP

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[25] Scale: 5 = "strongly agree" and 1 = "strongly disagree" with the statement.

[26] Quote by a Food Security Cluster co-lead, which can be translated as "Responses occur at two different speeds, so that you end up with a pot (NFI) without any food to cook".

Partner staff demonstrated good awareness of gender minimum commitments established by clusters, and interventions observed indicated that these are being applied. The three-month timeframe with uncertain follow-up is nevertheless a limiting factor in terms of addressing longer term gender needs.

58. For community-level consultations, a tendency by RRMP partners was observed to focus on initial consultations to sensitise and mobilise communities and obtain the green light from local authorities to intervene. Consultations are less during other stages of the intervention cycle and, although RRMP Partners do occasionally hold debriefings with communities following interventions, in most cases local authorities and other community members appeared to be unaware of MSA results or what decisions have been taken.

59. The 70 respondents to the online survey agreed that the RRMP was relevant, with a slightly lower rating being given by agency staff who were not RRMP partners. This result is consistent with feedback from key informant interviews and was supported by narrative comments in the survey which endorsed the RRMP as a mechanism that is well adapted to the instability of the DRC context, where conflicts and displacements are frequent occurrences.

Figure 8. Relevance of the RRMP in the DRC context (source: RRMP evaluation survey 2013)[27]
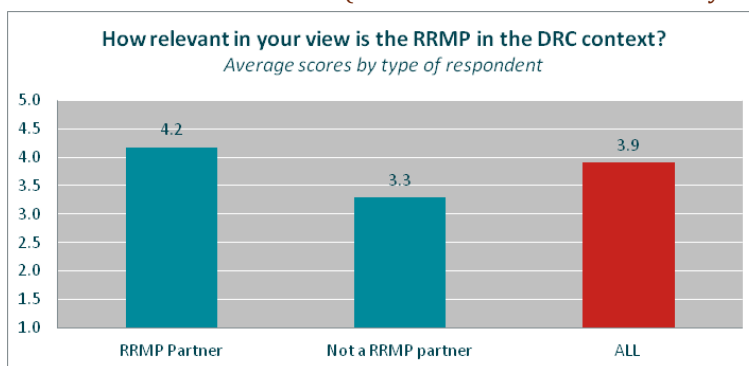
Appropriateness of RRMP Assistance

60. The Appropriateness of RRMP assistance varies with which perspective is taken, i.e.:

    e. The current RRMP mandate, which is providing time-limited assistance in specific sectors where UNICEF has a lead role; i.e. WASH, Health, NFI and Education.

    f. The priority needs identified in the MSA (i.e. from the perspective of the affected communities).

61. There is generally a good level of satisfaction with assistance provided through RRMP, but if viewed from an affected community perspective, then several gaps emerge when reviewing appropriateness. Extracts from a recent report by Solidarités that synthesises monitoring data for NFI and WASH interventions during 2012 provide representative examples.

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[27] Scale: 5 = "Very relevant" and 1 = "Not at all relevant" with the statement.

Figure 9. NFI Items still in use one month after distribution[28]

NFI - Direct Distribution

NFI Fairs

62. Solidarités monitoring found NFI use was slightly higher for direct distributions, but the difference was not significant compared with direct distribution in kind. Monitoring teams also found a marginal preference amongst beneficiaries for NFI fairs compared to direct distribution. Beneficiaries reported that revenues from sale of NFI items were most often used either for medical expenses, settlement of debts, school fees or to purchase food items. Availability of NFI items in local markets also influenced rates of re-sale.

63. During the current evaluation, some donor key informants expressed concern that beneficiaries might receive lower quality items in NFI fairs since there was no quality control on the items being "sold" by traders. Available evidence did not support this view. Results from Solidarités post distribution monitoring are consistent with observations of NFI fairs that indicated a generally good level of satisfaction with the items. A selection of post monitoring reports of other RRMP Partners reviewed were generally consistent with this result, except for a few isolated cases – mainly the quality of jerry cans, where several complaints were recorded.

Figure 10. Beneficiary Perception on the Quality of Items in NFI Fairs[29]

64. Challenges faced when intervening in RRMP sectors included difficulties of meeting priority needs within the three month timeframe[30], changed priorities in the period between the MSA and the intervention[31], and lack of an integrated sectoral approach[32].

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[29] Ibid.

[30] See Rugari WASH example in the Appropriateness of the Three Month Timeframe section.

[31] An example of this was seen in Walikele during 2012, where security concerns delayed delivery of assistance for two months by which time the displaced population had increased from 1,000 to 1,500 households and NFI score increased from just over 2 to almost 5.

[32] An example of this was observed in a RRMP education intervention in Buvunga to facilitate reintegration 270 displaced children. While the education intervention met RRMP criteria and was of good quality, the intervention was being carried out in a school without access to latrines or clean water even though this was a standard for the education cluster.

Food & Health

65. There were different opinions on whether food and health assistance should be included as part of the RRMP intervention portfolio. A number of interviewees felt that until this is done, the RRMP is unlikely to successfully address priority needs. UNICEF has already confirmed their willingness to support greater RRMP involvement in health[33], and it will be important to assess the pilot in North Kivu to see how the addition of health to the RRMP portfolio affects the rest of the programme.

66. Interviewees highlight frequent cases where food is identified as the top priority during MSAs and post monitoring reports following NFI distributions show high re-sale rates. The 2008 Mid-Term Evaluation of PEAR[34] found that the assistance being provided by UNICEF and its partners did not seem suited to returnees' most urgent needs, which were found in nearly all cases to be agricultural inputs to increase food production. Other key informants felt that RRMP would be overburdened if food was also taken on and advocated for renewed efforts to bring food security cluster members on board to develop complementary approaches and mechanisms. While discussions continue with the food security cluster, some RRMP partners have been using alternative funding sources to pilot food fairs to complement NFI fairs. It remains important for RRMP to agree on approaches for complementing MSAs and RRMP interventions, both in parallel (e.g. joining MSAs and food fairs) and follow up activities in the form of more in-depth sectoral assessments and longer term interventions.

67. Although outside the scope of this evaluation, a fundamental question raised during this evaluation is why direct delivery in programmes (apart from RRMP) continues to play such a dominant role in eastern DRC given the volume of evidence that exists regarding the advantages of cash transfer programming[35]. RRMP NFI fairs and successful experiences with cash transfers by other agencies such as Oxfam, CARE and Concern, have already demonstrated the potential advantages of these approaches in the operating context of eastern DRC.

Education

68. There have been on-going debates between UNICEF and some of the RRMP donors about the relevance of education to RRMP goals. Based on the previous RRMP goal of "*Reducing mortality and morbidity*…" the appropriateness of including education in the RRMP could be questioned. As of 2013 RRMP's goal has been changed to *"Contribute to the improvement of living conditions of people in situations of acute vulnerability as a result of displacement / return due to armed conflict…"* where contributions to the RRMP from the education sector are more evident and justifies its continued inclusion in RRMP. Among the advantages of the education component in RRMP cited by key informants and beneficiary focus groups included its protection contribution, psychosocial support, increasing incentives for return of IDPs and refugees and its important role in promoting stabilisation.

69. RRMP has, at the same time, imposed stricter criteria on education interventions by, for example, only considering interventions if vulnerability scores reach the maximum possible score of 5 on MSAs[36] while restricting the categories of interventions that can be supported by RRMP. Observations during the

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[33] In addition to the health pilot in N. Kivu led by Merlin, AVSI is collaborating with Malteser within the health cluster in South Kivu.

[34] Davies, A. and Ngendakuriyo, A. (2008).

[35] See, for example, http://www.cashconference.org/ and http://www.cashlearning.org/francais/accueil.

[36] For other sectors, threshold scores are 3.5 out of 5.

evaluation of AVSI, Save the Children and NRC interventions designed to support reintegration of displaced children confirmed the relevance of these activities to RRMP objectives.

70. Along with interventions targeted specifically at reintegration, RRMP is funding teacher training activities; some of which can directly relate to the emergency phase (e.g. training in psychosocial support) while others have less direct links (e.g. classroom management). While training is viewed by education cluster members as improving the quality of reintegration assistance they are at the same time required by the Department of Education as a compliment to all education-related interventions.

71. Observations during field visits suggest that Education Cluster guidelines are not always respected. A RRMP-funded education intervention in a school in North Kivu was visited where children had no easy access to clean water or sanitation facilities.

72. Since the goal of the RRMP has now shifted to a focus on vulnerability, the inclusion of education within the RRMP is judged as appropriate provided that the current approach is maintained of giving higher priority to life-saving sectors, and education activities are focused on short-term relief and rehabilitation.

RRMP and Protection

73. Another of RRMP's objectives is to take gender and protection issues into account when planning, implementing and monitoring interventions for affected populations[37]. In the eastern provinces of DRC, where civilians are exposed to the constant threat of forced displacement, sexual abuse, abduction and extortion, protection is a critical element of any assistance program.[38] Although respondents to the online survey identified protection as a top humanitarian response priority, they didn't find RRMP's contribution significant. This is consistent with findings from key informant interviews and observations noting that it is difficult to identify tangible protection outcomes from RRMP activities although MSAs in remote areas were seen, in some cases, as useful since the geographic scope of UNHCR's Protection Monitoring Project is limited. The view of protection cluster key informants was that MSAs do not cover protection adequately, although the protection reports prepared by Solidaritiés based on MSA and monitoring data were viewed as useful.

74. Checklists on Protection and Gender for RRM and PEAR interventions were developed during 2009-10 and RRMP has since made various attempts to improve engagement with the protection cluster. RRMP teams have received protection training from UNHCR (e.g. on "do no harm" and GBV in South Kivu) and established a referral system, although referral tools do not appear to be used systematically[39]. RRMP has committed to *'integrating protection/gender issues in the planning, implementation and evaluation of the interventions"*[40] and goes about this by applying gender minimum commitments established by clusters

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[37] Objective 4 in the 2013 RRMP Logical Framework is "*Assurer le renforcement des capacités locales et la qualité des interventions par le monitoring régulier des activités, et par prise en compte des problématiques de protection/genre dans la planification, la réalisation et l'évaluation des interventions*" with one of the results being "*Renforcement des mécanismes de référence aux partenaires protection…*"

[38] 32 149 incidents reported between January and September 2012 (46% of these attributed to the FARDC and the PNC and 27.5% to other military groups). See DRC PAH 2013.

[39] 2012 RRMP workshop reports.

[40] RRMP logical framework 2013 - Outcome 4

initially in the WASH sector in 2009 with the support of a GENCAP Gender advisor hosted by UNICEF[41]. Other clusters followed suit[42] and this is now a requirement for all proposals submitted to Pooled Funds, CAPs, CERF, etc. In WASH interventions, for example, RRMP partners were observed to regularly consult with girls and women to determine physical placement of water points and toilets in order to reduce time spent waiting and collecting water and reduce risk of violence. In NFI fairs and distributions, RRMP partners ensure that families are registered in the name of the adult females of households (except in the cases of single male-headed households). The challenge for RRMP is that minimum standards risk being tokenistic and even doing harm[43] unless they are accompanied by a gender and social analysis. Equal representation in committees is one of RRMP's WASH and Gender Commitments which RRMP partners were observed to be respecting. However, studies in North Kivu have shown women work on average 17 hours per day compared to only 7 by men[44] and it was not always evident that partners were taking account of this.

RRMP intervention Criteria

75. The decision when and where RRMP should launch an intervention proved to be one of the most controversial themes of this evaluation. With the exception of education interventions, which not all RRMP donors categorise as an emergency intervention, there was virtually no debate about the RRMP intervening if specific sectoral vulnerability thresholds are met or exceeded[45]. However, there is a significant amount of disagreement about the interpretation of other key criteria; i.e. that RRMP will intervene only when there are no other humanitarian agencies that can respond. Some donors disagreed with UNICEF's description of RRMP as a mechanism to fulfil their cluster lead "last resort" responsibility, noting the anomaly of being a rapid response and "last resort" mechanism, implying that RRMP should first wait and see what others do before responding itself. UNICEF has recently stopped referring to RRMP as a "last resort" mechanism. This issue is also analysed in the section of this report that reviews the alignment of the RRMP mandate with other Agencies, with an illustrative case study of Kanyaruchinya. Although IDPs in Kanyaruchinya were located on the outskirts of Goma, where many humanitarian agencies have their zonal and, in some cases, country headquarters, in practice very few agencies apart from RRMP partners have the required capacity, systems and level of preparedness to respond rapidly to displacements of such scale and complexity.

Appropriateness of the 3-month timeframe

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[41] Demystifying Gender, GENCAP/WASH Cluster:
http://reliefweb.int/sites/reliefweb.int/files/resources/Demystifying%20Gender.pdf

[42] See Annex

[43] OXFAM (2012) Protecting Communities in the DRC.

http://policy-practice.oxfam.org.uk/publications/protecting-communities-in-the-drc-understanding-gender-dynamics-and-empowering-247194

[44] Malgré leur rôle central dans l'alimentation, les femmes n'ont pas les mêmes opportunités économiques et sociales, FAO/GENCAP 2010.

[45] RRMP Arbre Decisionnel 2013 o intervene in education interventions, a score of 5 is required instead of 3.5. However, even if these thresholds are reached, some donors do not agree that education should be included in RRMP.

76. The 2007 RRM Evaluation recommended that the three month criterion should be retained as a flexible indicator of vulnerability. An example of this flexibility is that when RRMP staff is forced to withdraw temporarily from an area due to security the period can be extended.

77. The situation is more complex with returnee populations that are included in RRMP's mandate, since evidence from post monitoring, observation and interviews suggest that one-off short term interventions are likely to have a very limited impact and not address priority needs. An example of this

Displaced woman / Domitille Galli, IRC

gap was observed during a visit to a population who had recently returned to Rugari and Solidarités was in the midst of a latrine construction intervention for the most vulnerable (10% of the population). During a discussion with community members, it quickly became clear that the first priority was to repair the gravity-fed water supply since the nearest potable water was a 8 km. walk which not only a health issue for the entire population, but also had implications for women's time. Although identified as a priority in the MSA, it was judged that repairs could not be completed within the 3 month timeframe. In this case, Solidarités itself had planned to repair the water supply and was already doing a more detailed assessment. Based on interviews and document review, in most cases encountered this sort of systematic follow up is often lacking.

78. As an emergency response program with a 3-month timeframe RRMP has limited ability to address longer term needs for changes in gender relations. Already in the RRM, 'the involvement of men in hygiene maintenance that was encouraged by partners with mixed results'[46]. As cultural roles were so ingrained in some areas, women themselves were often resistant to the idea of men having to clean latrines.

79. Despite these challenges, findings from the current evaluation generally confirm the appropriateness of the 3-month timeframe and relevant recommendations point to the need to better facilitate follow up to RRMP interventions.

Participation of Affected Communities

80. RRMP consultations with local authorities and communities tend to focus on obtaining permission to undertake interventions, which involves explaining the purpose of the intervention. However, once they have received the green light to carry out an MSA or intervention, consultations become less frequent. Community members are sometimes involved in monitoring interventions and some RRMP partners conduct debriefings for communities following NFI fairs but none of the local authorities that team members met had ever seen an MSA or monitoring report for a RRMP intervention in their communities. Another area of concern were instances where RRMP partners carry out an MSA and then decided not to intervene without returning to the community to explain what had happened because of time, accessibility or security constraints.

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[46] Demystifying Gender, GENCAP/WASH Cluster, ídem. P. 11.

Levels of RRMP Preparedness

81. RRMP is a contingency model and to function effectively it needs to be able to maintain an adequate level of preparedness to respond wherever there are significant humanitarian needs. Based on experience during the past five years, RRM and RRMP have overall performed well in this respect. The standardisation of field-tested tools and protocols, increased capacity of RRMP partners and a shift to provincial from area-based coverage discussed in other sections of this report can be viewed as indicators of increased levels of preparedness and have resulted in more timely and better quality responses. Another benefit of RRMP preparedness is sustaining the early warning system that includes RRMP partners and their local partners.

82. This retrospective also highlights certain challenges, notably how can the RRMP maintain an adequate level of preparedness during extended periods of relatively stability. This is perhaps most clearly illustrated by the example of Katanga, where a RRM was established in early 2006 with a single partner following an outbreak of violence and displacements in late 2005. Following the surrender of the MaiMai militant leader in March 2006, Katanga experienced a period of relative stability until 2012 when renewed conflict saw numbers of IDPs suddenly soar from 54,000 to 170,000 during the first half of 2012[47]. After nearly 6 years of relative stability, The RRMP partner in Katanga had lost its capacity to respond. UNICEF and RRMP Partners in other provinces were occupied with operations to the north and not in a position to provide the needed support. The result was significant delays in responding and standards were not met. The RRMP partner for Katanga has now changed their emergency team and is taking steps to restore emergency response capacities. To ensure that there is the required capacity in Katanga, UNICEF issued a new call for proposals during 2012 to determine the RRMP implementing partner in Katanga for 2013.

83. Several RRMP key informants in Province Orientale, where the RRMP is in the process of being phased down, expressed their fear that a similar loss of capacity would occur in that province. UNICEF and Solidarités have recently developed a strategy to mitigate this risk by maintaining MSA capacity and response capacity through collaborating with a local NGO partner.

84. These findings suggest that it may be difficult to maintain adequate capacity during prolonged periods of stability. Options are examined in more detail in the RRMP Business Case analysis attached as an annex.

Donor Perspectives on the RRMP

85. The RRMP has a reputation amongst the donor community as a well-managed and relatively rapid humanitarian response mechanism that is well adapted to the particular challenges of the DRC context. At the same time, there is increased pressure being applied by many donors to demonstrate outcomes and value for money.

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[47] OCHA (2012) Humanitarian Bulletin Democratic Republic of the Congo: Issue 02 | 01 July – 31 August 2012.
http://reliefweb.int/sites/reliefweb.int/files/resources/DRC%2BHumanitarian%2BBulletin_201208_Final-July-August%2B2012.pdf

Figure 11. Contributions to the RRMP during 2012 (Source: UNICEF)[48]
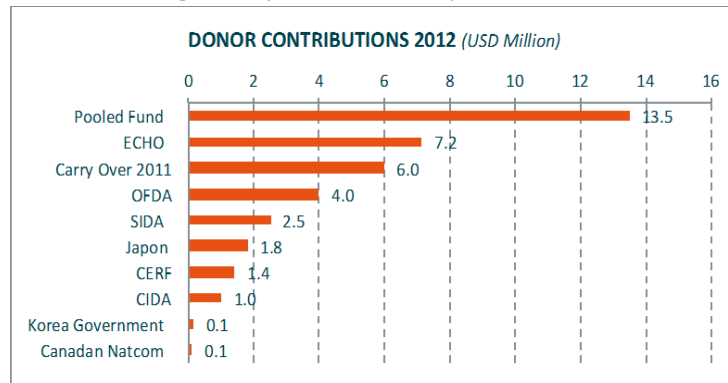
86. The main source of funding for the RRMP has historically been from the pooled fund, and 2012 initially followed a similar trend (see chart below) until ECHO made an additional contribution at the end of 2012 to become the largest donor. The use of Pooled Funds by the RRMP appears to be the only example in DRC where these funds are used for rapid response since the regular application and allocation process takes several months.   During interviews with RRMP partners and non-RRMP agencies, the relatively long timeframe for allocation of Pooled Funds (as well as funding from other sources) were frequently cited as the reason why RRMP was viewed as being best positioned to launch a first response. OCHA has also acknowledged that RRMP is the only well-resourced response capacity in DRC[49.]. In 2013, the ERF was discontinued and instead the Pooled Fund was restructured so that the Reserves (amounting to approximately 10% of the portfolio) can be made available at short notice in support of a humanitarian response[50].

87. All donor key informants interviewed referred to the GHD mission to North Kivu during 12–14 March 2012. Seven donors were represented in the team; ECHO, OFDA-USAID, Canada, Norway, Federal Republic of Germany, Sweden and Spain. The acting Head of the Pooled Fund also joined the mission.   The GHD mission confirmed the important role played by the RRMP in humanitarian operations in eastern DRC and highlighted several issues that are key themes of this current evaluation, namely:

   a. The lack of a clear role for the Humanitarian Coordinator and OCHA in the RRMP and risks inherent in UNICEF assuming too much of a dominant role with its greater resources.
   b. Lack of comprehensive information on the effectiveness and relevance of the program.
   c. Need for internal quality control in relation to the multi-sectoral needs assessments.
   d. High indirect program costs.
   e. Lack of flexibility due to financial allocations to partners based on changing needs over time.
   f. Need to increase integration with other sectors, notably those considered as life saving (food security and health).

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[48] Data available at the time of the evaluation field visit. Figures do no include the additional contribution by ECHO in late 2012.

[49] OCHA (2012) Plan d'Action humanitaire 2011 | Rapport d'activités.

[50] Pooled Fund (2013) Annexe I.B. La Réserve https://rdc-humanitaire.net/images/documents/3172/3.%20Annexe%20I.B%20La%20Reserve.pdf

g. Although the RRMP is designed to respond when other agencies are not present, due to lack of capacity, in practice other agencies have difficulty in responding so RRMP ends up being in the front line during every response and there is a need to engage other actors.

88. Findings from the current evaluation generally agree that these are valid concerns, apart from the financial allocation flexibility issue, where evidence indicates that UNICEF systems have allowed a reasonably effective system in place to regularly review RRMP funding pipelines and reallocate funds as priorities shifted although this was observed to cause some delays in UNICEF's NFI pipeline. The main funding challenge faced by RRMP during 2012 was that, with the resurgence of conflict in mid-2012, the budget was insufficient which resulted in requests for additional funds.

89. During our interviews we also found that there was not a complete consensus amongst the donors on the conclusions listed above. In particular, some donors have reservations about other agencies being able to respond as quickly as RRMP and would like to see RRMP adopt a more proactive role in responding. Another area of disagreement was the appropriate balance between an emphasis on the speed of the response and efforts to identify and focus assistance on the most vulnerable. This issue is examined in more detail in the section that looks at vulnerability where it is recommended that RRMP should take steps to ensure that the most vulnerable targeted by RRMP criteria are actually reached.

Effectiveness

90. This evaluation sought to understand to what extent RRMP has achieved its programme objectives in terms of meeting its targets and the quality and timeliness of interventions. This section also assesses the effectiveness and utilisation of MSAs along with the functionality of RRMP decision-making processes and protocols, including a review of the Steering Committee functioning.

91. UNICEF donor reports made available to the evaluation team indicate that most targets, expressed as outputs, are being met. Taking 2011 as example, a total of 327 assessments were reported to be carried out covering 2,515,000 IDPs, returnees and host communities. 93% of the 129,227 vulnerable households identified in need of NFI assistance were covered, WASH assistance reached 88% of the target. Findings from this evaluation indicate that the RRMP is meeting its output objectives reasonably effectively. UNICEF has only just started systematically tracking RRMP timelines but what evidence is available indicates that RRMP deserves its "rapid" label in the eastern DRC context. Delays observed were due to a combination of difficulties of access and confusions arising from the RRMP mandate to only respond when other agencies cannot.

92. UNICEF and RRMP partners have made considerable progress to develop indicators with each cluster. There are clear signs that RRMP's engagement with clusters has helped to improve standards. Some differences between standards and practice were observed, which can be partly attributed to difficulties that UNICEF faces with exercising their external monitoring function. RRMP Partners began carrying out post-intervention monitoring prior to 2012, but the resulting data is not yet standardised and is only now being integrated into UNICEF's monitoring systems. Partners also have put in place beneficiary complaints systems, which could also be used to reinforce RRMP monitoring and, in general, to reinforce ways to measure cost-efficiency.

93. As the quality and familiarity with MSAs has increased, so has the appreciation of humanitarian agencies in DRC even though they do not necessarily elicit a response that corresponds to MSA results. While many members of different clusters would like to see more detail in MSAs relevant to their sectors, MSAs need to remain rapid with a main objective of identifying priority needs and facilitate engagement by non-RRMP

actors as needed. The current MSA format could be improved to be a better decision-making tool[51] and the results be "translated" into a format that can be understood and used by community leaders.

94. One of the strengths of the RRMP partnership is clearly its "esprit de corps" to the extent that those outside of the RRMP sometimes perceive it as a "club". The current RRMP membership appears appropriate in terms of number of agencies since transaction costs already seem relatively high. However, depending on which RRMP business model is selected in future, membership/capacities may need adjusting based on sectoral needs. Two concrete examples being the lack of a specialised protection capacity within RRMP and the questionable effectiveness of an agency only covering a single sector.

Quality of RRMP Interventions

95. Improvement of standards and indicators was another area that the 2007 RRM evaluation recommended needed attention. Since then, UNICEF and RRMP partners have made considerable progress in developing indicators with each cluster and there are clear signs that RRMP's engagement with clusters has helped to improve standards. A good example of this was observed in North Kivu where a visit to a school in Kako to inspect repairs carried out in 2012 after a severe storm offered an opportunity to visit latrines that had been constructed under the 2010 RRMP programme adjacent to latrines built with Pooled Fund resources. While the latrines built with money from the pooled fund were in a poor state of repair and poorly maintained (i.e. health hazards), the RRMP latrines were well-maintained and of good quality. This is also the case in Province Orientale and South Kivu, were beneficiaries acknowledged the utility and quality of the RRMP latrines. Clusters have now adopted common standards and examples like these are reportedly now rare. Some differences between standards and practice were observed, which can be partly attributed to difficulties that UNICEF faces with exercising their external monitoring function.

Figure 12. Latrines in the primary school of Kako (RRMP in front, Pooled Fund to the rear)

Photo: J. Baker

Effectiveness of Multi-Sectoral Assessments

96. MSAs were the RRMP product most frequently cited by interviewees as one of its main strengths, an opinion consistent with the results of the online survey. The MSA has achieved international recognition, as

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[51] For example, it would be helpful if the key issues that needed to be taken into account when making decisions about follow up actions are clearly presented in a concise format at the top of the MSA report.

the following quote from a DRC Case Study in a recent global review of use of assessments in decision-making illustrates:

"…*probably the more significant mechanism is the UNICEF-led Rapid Response to Population Movements (RRMP), which acts as a first-phase assessment and response mechanism for new incidents of mass displacement. This is by far the most advanced coordinated assessment mechanism, though its application is limited to situations involving mass displacement*[52]." (DRC Case Study – page 12)

97. Several indications were observed of increasing use of MSAs outside the RRMP. MSAs are viewed as being better quality than ad hoc assessments being done by other agencies. MSAs have maintained a relatively light format and are being done progressively more rapidly and are typically completed within 3 days, although there are still delays in communicating results. NRC contrasted RRMP approaches with their attempts to carry out a beneficiary selection process using WFP's VAM methodology that was found to be relatively cumbersome. They have since streamlined the tools. Other key informants, including WFP, feel that there is scope for the VAM to be better integrated with the MSA and has offered technical assistance and training to RRMP agencies.

98. Areas for improvement identified by interviewees and an analysis of a sample of MSAs by the team include:

a. Although colour coding of vulnerability ratings helps to identify priority gaps in MSAs, there is no summary at the top of the reports to help the reader quickly understand priority needs along with the information required to make quick decisions. it is necessary to read the whole report to get the complete picture. On a related theme, some interviewees questioned the reasoning behind dropping recommendations from MSA reports. This decision was taken during the April 2012 RRMP workshop based on a suggestion by the Food Security cluster lead agency. Recommendations were seen as repetitive and often just cut and pasted from previous reports and not based on a thorough analysis of available data. It was hoped that clusters would instead combine MSA results with other analysis to formulate actionable recommendations, but the evaluation team did not see evidence that this new approach was successful.

b. Although MSAs are completed relatively quickly, the speed of dissemination of results could be improved. The IRC mobile pilot using smartphones appears to be a promising solution although the results have not yet been compiled and shared and there is not yet a concrete plan for roll out.

c. So-called "light" MSAs, while less costly and quicker than full MSAs, were not found to be sufficiently useful, especially if they are being used to support Pooled Fund proposals. In late 2012, it was decided to only have two types of assesments; "rapid assessment" and "full MSA" along with the obligation on the partner to specify in the methodology section of the MSA the number of days and sampling numbers used in order to give the reader an idea of the thoroughness of the assessment.

d. A tendency was observed to undertake MSAs to maintain activity in more stable periods. While this may not always be an effective use of resources, the practice has the value of supporting early warning and help maintain preparedness.

e. As they need to remain rapid, MSAs are often criticised for not providing sufficiently detailed information. It was partly to improve the utility of MSA results for the health cluster reason that the

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[52] Darcy, et al (2013)

Health Cluster co-lead, Merlin, proposed leading a health pilot in 2012 to help. As already noted, WFP and protection cluster key expressed similar reservations about usefulness of MSAs.

99. The evaluation team also encountered some apparent confusion about the relationship between MSA and the global roll out of Multi-Cluster Initial Rapid Assessment (MIRA)[53]. Some UN key informants seemed to have the impression that the MIRA should somehow replace the MSA even though the MIRA is a global tool that was initially designed for large quick onset natural disasters with the implicit recognition that it would need to be adapted to national contexts[54]. Results of MIRA pilots in countries such as Pakistan and Yemen during 2012 led to a realisation that "…*focused efforts are needed to strengthen the evidence base in protracted emergency situations through harmonized assessments and results analysis*" [55..] Rather than replacing the MSA, the MSA should provide valuable learning and a solid base on which a MIRA could be developed that is appropriately adapted to the DRC context.

RRMP's Partnership Strategy

100. A considerable investment of time and resources are required for a new RRMP Partner to operate effectively; UNICEF key informants estimated that it takes between 9-12 months for an NGO to build sufficient capacity and familiarise itself with RRMP, which is a disincentive for UNICEF to replace partners. RRMP partners prefer an assurance of continued engagement to invest co-funding in RRMP. Even though the RRMP is renewed on an annual basis[56] this has contributed to a kind of automatic renewal system except in extreme cases.

101. Observations and interviews with UNICEF and RRMP partner staff suggested a good level of teamwork and shared learning. The biannual RRMP workshops are viewed as important opportunities to share learning and review/revise strategy and approaches. Collaboration is to some extent influenced by personal relationships and an example was cited of past tensions between two RRMP Partners that was resolved following a change of staff.

102. Most RRMP interviewees felt that, as long as sectoral needs were adequately covered, the number of RRMP partners shouldn't be increased given the higher transaction costs and challenges to ensure quality assurance. For similar reasons, the current composition (membership) of the RRMP Steering Committees is felt to be appropriate.

How rapid is the RRMP?

103. In a DRC context, the answer to the question "how rapid is rapid?" needs to be judged against the type of humanitarian crisis. For a cholera outbreak, speed is of the essence; especially the intervention. For many displacement situations during active conflict, it is sometimes necessary – for reasons of security or constantly moving populations – to wait for a certain level of stability.

104. In their reporting to donors, UNICEF estimates that the time to execute and circulate results for an MSA range from 1 week for a rapid assessment, up to two weeks for a "light" MSA[57] and three weeks for a full

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[53] https://ochanet.unocha.org/p/Documents/mira_final_version2012.pdf

[54] Alexander, J. (2012) Application of the IASC Operational Guidance on Coordinated Assessments in Humanitarian Crises and the Multi-Cluster Initial Rapid Assessment Lessons Learned and Recommendations for Revisions. Unpublished OCHA Review.

[55] Objective 2.1 of OCHA's 2013 Strategic Plan: http://www.unocha.org/ocha2012-13/strategic-plan/objective-2_4

[56] From 2013 the RRMP will be renewed every 15 months.

[57] It was agreed in late 2012 to replace "MSA light" with "rapid assessment".

MSA[58,]. For this evaluation, it had originally been planned to measure timelines for RRMP processes starting from the alert to the MSA and, if relevant, the corresponding RRMP intervention. However, UNICEF had only recently started tracking and consolidating this data so it proved difficult to compile accurate data. The best data found, which was compiled from different sources[59], came from Province Orientale. As shown below, between 14 and 28 days (2 – 4 weeks) following a decision to proceed based on MSA results.

Table 4. RRMP MSAs and Interventions in Province Orientale during 2012

Response Location	No. days between alert and MSA decision	Number of days between decision to do MSA and the…			
		…start of the MSA	…decision for an RRMP intervention	…start of RRMP intervention	…end of RRMP intervention
WASH - Cholera in Mahagi, Nyarambe and Angum**u**	no data	14	14[60]	21	56
NFI : Axe Epulu-PK215	no data	7	21	35	49
WASH: Axe Epulu-PK215	no data	14	21	49	79
NFI: displaced populations in Mambasa Center	7	28	35	35	63
WASH - Rethy	no data	-	-	-	14
WASH: cholera alert in Mahagi	no data	-	-	-	16
Average no. of days	7	16	23	35	46

105. Data that could be collected from North Kivu from different sources (attached as an annex) indicates similar timeframes for MSAs and interventions, with the notable exceptions of Walikale (decision to intervene 35 days after the MSA). The case of Kanyaruchinya during mid-2012, where humanitarian agencies (including RRMP) were criticised for a slow response, is more complex[61]. As described later in the report, most cases where there have been significant delays in carrying out MSAs and RRMP interventions can be attributed to either access issues or a confusion about roles and responsibilities coupled along with capacity gaps within both RRMP and non-RRMP agencies.

106. A comparison of data compiled from Province Orientale and North Kivu was compared with data compiled by UNICEF for their reporting to ECHO during the first half of 2012. Within the limitations of the data, this gives a fairly consistent picture of a timely intervention.

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[58] UNICEF (2012) Final 2011 Report for ECHO.

[59] Primarily OCHA and UNICEF Sitreps, RRMP Steering Committee meeting minutes

[60] WASH interventions in Rethy and Mahagi were completed in just two weeks after the emergency alert was received since existing epidemiological data enabled a response without needing to wait for a MSA.

[61] UNICEF Briefing Note – Visit to Kanyarutchinya IDP site (September 2012)

Table 5. Comparison of RRMP timelines based on different data sources

	UNICEF data reported to ECHO[62]	DARA Analysis Province Orientale	DARA Analysis North Kivu
Sampling Dates	Feb – Jul 2012	Apr – Aug 2012	Jun – Oct 2012
Average time between Alert and initiation of MSA	14 days	7 days[63]	13 days
Average time between MSA report and intervention decision		23 days	21 days
Average time between MSA report and start of intervention	21 days[64]	35 days	

107. When asked to describe RRMP's strengths, most interviewees mentioned its speed. Reviewing timelines using available data from Province Orientale and North Kivu referred to above along with a sample of MSAs and RRMP interventions, the team's assessment was that overall the RRMP is relatively rapid. Another indicator that the RRMP is rapid is that ICRC, an agency with a reputation for speed of response, routinely checks with OCHA following a displacement to verify whether RRMP agencies are planning an intervention to try and avoid duplication. Given the scope of the evaluation and lack of data it was difficult to assess the extent to which delays resulted in increased mortality. The team did hear examples[65] from key informants, including beneficiaries, of cases of increased suffering due to delays in receiving assistance. At the same time, beneficiaries have clearly acquired various coping strategies they had used to cope with delays[66].

108. In summary, pending validation once UNICEF's timeline tracking system is up and running, it is judged that the RRMP is a relatively rapid interagency assessment and response mechanism.

RRMP Decision-Making Processes and Protocols

109. As described in UNICEF's "Note d'Orientation" [67,] the RRMP is not intended to respond to every population movement, but rather aims to prioritise populations in areas:

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[62] Based on 10 samples from South Kivu, 10 from North Kivu and 6 from Province Orientale during the first 6 months of 2012.

[63] Based on a single sample

[64] 50% of RRMP interventions were reported as starting within 14 days.

[65] Maniema, described in more detail later in the report, is one such example.

[66] An example was observed in Mugunga III camp, where IDPs collected grass from surrounding areas to construct shelters while waiting for plastic sheeting.

[67] UNICEF (2012)- Notes d'orientations générales aux propositions de projet RRMP.

a. Affected by displacement and return in which the most acute vulnerabilities have been identified;
b. Characterised by the complexity of access (physical security);
c. Where there is a lack of humanitarian agencies with the necessary capacity, including remote areas.

110. In an attempt to facilitate decision-making by provincial RRMP Steering Committees, "thresholds'' have been developed to help determine whether interventions fall within the mandate of RRMP, namely:
    a. Intervene in areas where populations have been displaced or are returning and focus on the most vulnerable;
    b. Ensure a rapid deployment capability is maintained, which means that RRMP cannot intervene everywhere;
    c. Assistance interventions are triggered if there are no other players with the capacity to respond, provided the "Do No Harm" principle is respected.

111. In addition to these general criteria, there are threshold criteria and indicators at a sectoral level to guide decision-making for education, NFI and WASH interventions. These have been developed in consultation with members of relevant clusters.

112. After several years of operation, the RRMP has a range of field-tested protocols and standard formats. As described elsewhere, RRMP decision-making mainly takes place during the weekly Steering Committee meetings. These meetings were reportedly shorter in prior years but, as numbers of participants have increased, they have reportedly become longer and decisions take longer to make. While most of the Steering Committee discussions focus around decisions on MSAs and interventions, space is occasionally made for more strategic discussions often with participation by non-RRMP agencies such as ICRC and Oxfam. Cluster coordinators from the food security and protection clusters are also invited to participate, although their participation varies.

113. Overall, RRMP decision-making systems and structure of the Steering Committee appeared to be effective. Processes could probably be made more efficient with improved information management systems to facilitate decision-making, along with a meeting format that is better suited to non-RRMP agencies, who are usually directly concerned by detailed operational decision-making.

Coverage

114. This evaluation reviewed the coverage of the affected population by the RRMP and how successful it has been in identifying and targeting the most vulnerable people.

115. RRMP tools and vulnerability scoring systems are well-adapted to DRC context and are periodically being reviewed and improved in consultation with clusters. As described above, the main challenge currently faced by RRMP is not one of identification, but of ensuring delivery. Despite its relatively high level of preparedness, capacities and systems, RRMP does not possess sufficient capacity to be able to respond to every displacement in eastern DRC, but findings suggest that RRMP needs to intervene automatically above a certain scale and that this needs to be built into contingency planning. Coverage of affected populations in RRMP sectors is good, particularly with NFI. During 2012, UNICEF reported that RRMP provided 85% of all NFI assistance during the period February-October 2012, corresponding to 40% of the NFI cluster target[68].

116. There are three elements of coverage that are relevant from a RRMP perspective:
    d. Number of beneficiaries and proportion of the total number affected who received assistance.
    e. Geographical coverage.

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[68] RRMP Workshop Presentation – November 2012

f. Coverage of vulnerable groups and individuals.

117. In comparison to most other humanitarian programmes in DRC, RRMP has achieved substantial coverage of both beneficiaries and of geography in eastern DRC, including reasonable coverage of vulnerable groups. As described in the sections on vulnerability and performance measurement, while RRMP has quite well-developed systems and tools to identify and address vulnerability, RRMP constantly faces challenges in balancing speed with specific targeting of vulnerable individuals and in measuring the extent to which these groups are included so much of the evidence is incomplete.

118. Taking 2011 as an example, RRMP reported that 336 MSAs had been done to assess vulnerabilities and needs of an estimated 3.7 million people that were followed by NFI interventions that accounted for 52% of all NFI assistance in the DRC during that year[69]. Beneficiary coverage for other sectors was also substantial with RRMP WASH interventions covering over 1.2 million people, 38% of which were being supported with WASH assistance during that year.   This number includes almost 74,000 beneficiaries in Kinshasa where Solidarités deployed a team to support a multi-agency effort to contain a cholera epidemic[70]. Beneficiary numbers for RRMP education interventions were reported as 240,000 representing 48% of the target figure for 2011 of the Education cluster.

119. In terms of geographical coverage, since most displacement has occurred in North Kivu and South Kivu, most resources have been allocated to these provinces. At the same time, the figure below shows that education activities decreased by over 50% in North Kivu between 2011 and 2012, a change that is attributed to imposition of stricter vulnerability criteria by the Education Cluster in selecting education activities that could be supported by RRMP resources.

Figure 13. RRMP Budget Allocation for each Province in 2012 (Source: UNICEF)
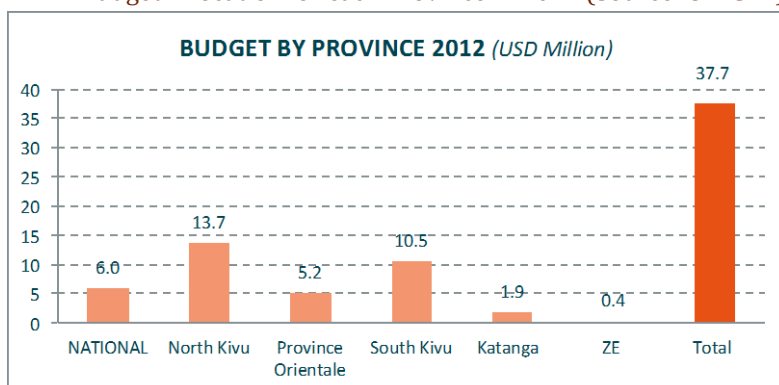
[69] OCHA (2012) Plan d'Action humanitaire 2011 | Rapport d'activités.
[70] Ibid.

Figure 14. RRMP MSAs and Interventions by Province: 2010 – 2012 (Source: UNICEF)

Source: UNICEF
Data for Katanga not available
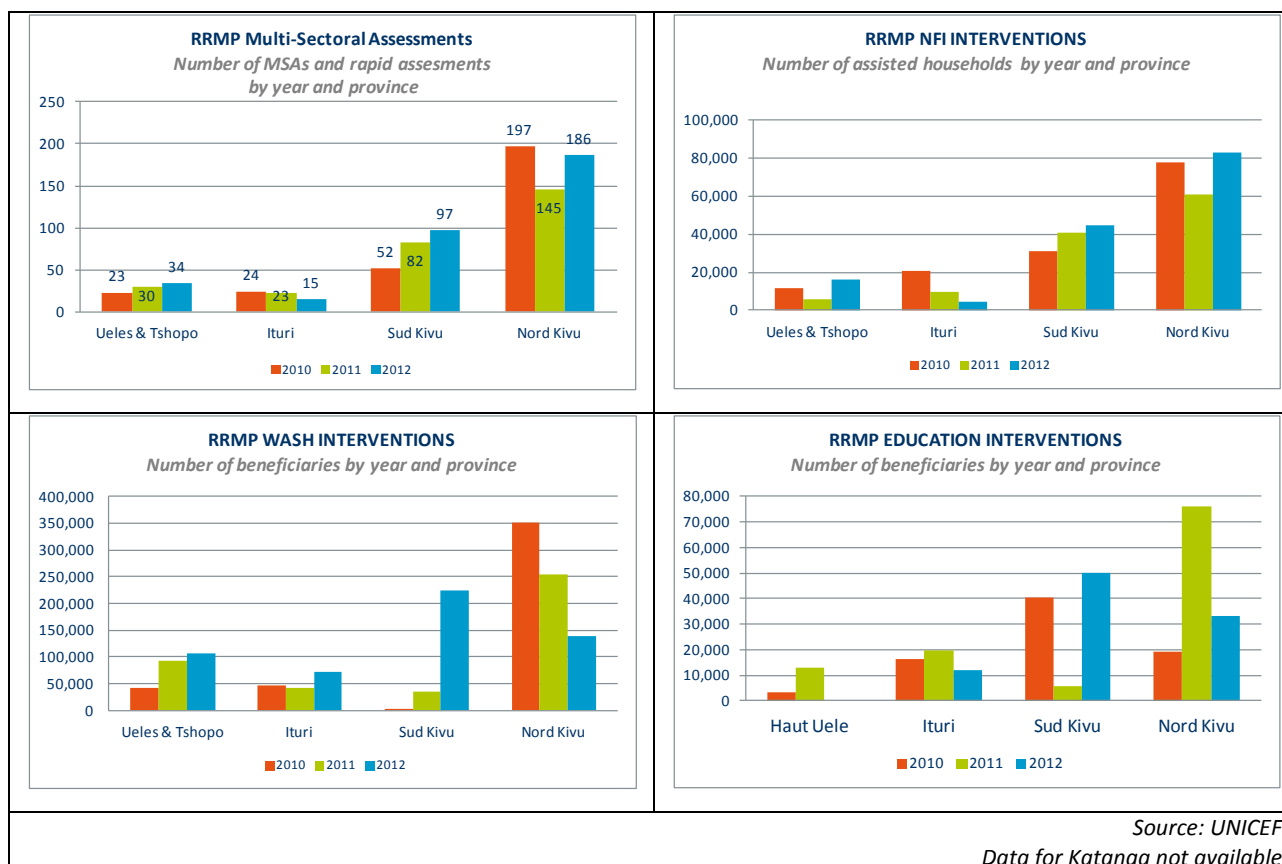
120. RRMP uses both blanket and targeted approaches[71], with blanket interventions usually being reserved for displacements where MSAs show high vulnerability scores. Coverage varies according to need. In WASH interventions observed in North Kivu, for example, coverage of the population was approximately 10% of the families in those villages visited.

121. In summary, the RRMP has attained overall good coverage of affected populations in eastern DRC both in terms of geography and numbers of beneficiaries receiving assistance in RRMP sectors, despite the challenges of responding in areas that are remote and/or insecure. Not surprisingly, coverage tends to be best where RRMP has a presence and is embedded in the humanitarian system, although RRMP has proved

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[71] UNICEF & Solidarites (2012) CaLP Case Study of DRC

http://www.cashlearning.org/downloads/resources/casestudies/CaLP_DRC_Case_Study_forweb-1.pdf

itself capable of deploying to other provinces to support assessments and interventions. The capacity of deploying to all Eastern provinces is a clear RRMP added value to be preserved.

Targeting Vulnerability

122. RRMP has developed a sophisticated set of check lists, criteria and tools for each RRMP sector to help ensure their approach during both MSAs and interventions are guided by socio-economic criteria and vulnerability scoring systems using key indicators that have been developed in consultation with each of the concerned clusters. This scoring system is intended to both identify priority sectoral and geographical areas at a macro level, and at the same time identify which vulnerable groups or individuals should be targeted. The approach to vulnerability has evolved over time and was one of the main drivers for combining RRM and PEAR to create RRMP since it was apparent that host communities living in areas of recent displacements or returns demonstrate similar levels of vulnerability. RRMP has also been trying to better understand its role vis-à-vis host communities and the 2012 study "Déplacements Pendulaires" by AVSI and IRC and the planned "Reference Assessments" (MSAs carried out in communities that aren't affected by population movements) planned by Solidarités and AVSI will be useful learning resources.

123. One of the recommendations of the 2007 RRM Evaluation was to establish baseline vulnerability data so as to be able track a project's progress. RRMP now has a set threshold indicators that are used to decide whether it should intervene. It is planned that the new outcome indicators developed in 2012 will be measured in relation to baselines and is being collected in Activity Info.

124. RRM, and subsequently RRMP, have built their reputations as rapid response mechanisms and the focus on vulnerability and targeting, while appropriate, means that RRMP partners are constantly trying to strike an appropriate balance between timeliness and targeting. The decision-making processes around what kind of assessment should be done (rapid assessment or a full MSA) illustrate this tension. At stake is not just time, but also costs and – as described in the sections looking at MSAs – there are complaints by users from both ends of the spectrum; those who want results quickly, and those who require more detailed assessments. A related issue is challenges that RRMP has faced in coming up with beneficiary lists that are compatible with vulnerability targeting systems used by the food security, which targets food aid at an individual rather than household level[72], and protection clusters.

125. Drawing on field observations, interviews and reviews of monitoring reports the findings during this evaluation suggest that, while the focus on vulnerability associated tools and approaches are effective, the main challenges are faced in delivering assistance to those who are supposed to be targeted. While there was insufficient evidence to measure what proportion of RRMP assistance that actually reached the most vulnerable, observations during the field visit indicated that local authorities and communities (including beneficiaries themselves) often do not have a consistent understanding of selection criteria. These difficulties stem partly from the tension between the need to respond rapidly and the time needed to effectively identify and target vulnerable groups and individuals. RRMP biannual workshop reports and monitoring reports often make reference to pleas from community leaders for agencies to recognise that levels of vulnerability do not vary significantly within a community.

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72 Cluster Sécurité Alimentaire - RDC (2013) Lignes Directrices Du Cluster Sécurité Alimentaire Pour Les Interventions En Situation D'urgence Et De Réhabilitation.

126. Noteworthy support to the RRMP vulnerability approach is the addition of Handicap International to the RRMP partnership in 2011 as a pilot in North Kivu funded by USAID and ECHO, that was subsequently extended to South Kivu and Province Orientale. Handicap International's involvement has been widely welcomed by RRMP as it provides clear criteria and guidance for identifying and mainstreaming assistance for a particular vulnerable group. It is one area where RRMP can point to and say with a reasonable level of confidence that the most vulnerable are being targeted and supported in an appropriate way.

127. An example of the challenges, and opportunities, was seen during a review of RRMP WASH interventions during site visits in North Kivu where RRMP partners had used the results of MSAs to identify priority areas and sectors for returnee communities. RRMP partners then met with local authorities, explained the criteria and asked for their help in identifying households for a latrine construction programme that was designed to cover some 10% of the community. Schools were also prioritised. While there was little question that replacement of latrines at a large secondary school was of strategic value in terms of reducing risk of disease, the same could not be said of the community latrine construction intervention. Of the seven chefs/sous-chefs de groupement interviewed, only two demonstrated a reasonable understanding of the selection criteria. Using rapid appraisal techniques, roughly half the 15 households that had benefitted from the intervention could be said to reasonably satisfy vulnerability criteria. Very few of the beneficiaries interviewed could fully explain why they had been selected. While two chefs clearly demonstrated a clear understanding of criteria and how to apply it, and the assistance was appreciated; the main observation was that it would be better if more households could be covered. They described community members that should have qualified but were not assisted, and also highlighted the significant amount of time they spent explaining criteria to the community, facilitating a selection process and resolving conflicts with those who were unhappy with the selection. There were at least 3 cases out of the 15 visited where assistance had clearly been misused. One of these examples was a latrine built behind the chef adjoint's house, which is shown below along with an example of a highly strategic intervention at a secondary school in a returnee community.

Figure 15. Targeting WASH Interventions

RRMP latrine behind a chef adjoint's house (inappropriate targeting)

Replacement latrines constructed for a school (appropriate targeting)

128. RRMP now has well-developed tools for assessing and targeting vulnerability, but improvements are needed in delivering assistance. While relatively few cases of outright misuse were observed, of more concern was

the apparent absence of a mechanism within RRMP to sanction those who misused assistance and, at the other end, to reward those leaders who carried out their duties efficiently[73]. An improved communication strategy is needed that could more effectively disseminate information about selection criteria and entitlements through a variety of channels to help mitigate against misuse since complaints systems used by partners rely on these to be effective. Given the relatively widespread misunderstanding about entitlement, it would have been worth it for RRMP Partners to invest an extra day carrying out a rapid spot-check verification of beneficiaries that had been selected by community leaders. RRMP also need to collectively agree on disincentives to discourage misuse by, for example, temporarily suspending non-life threatening assistance.

Efficiency

129. This evaluation reviewed the cost efficiency of the RRMP along with RRMP's staffing and programme structure in terms of fundraising, management, and administrative arrangements. It also assessed the added value in UNICEF leading the mechanism and OCHA's coordination role. There are two key dimensions to efficiency: the timeliness and the cost-effectiveness with which support was delivered. This criterion relates to the rapidity of the RRMP. An assessment of the efficiency of humanitarian assistance, must consider the challenging contexts in which the RRMP operates. In DRC, conflict and natural disasters at the origins of displacement and humanitarian crises often render the delivery of aid very difficult and restrict the scope for assistance in a timely and cost-effective manner.

130. Based on data that was available for RRMP and taking account of the challenging operating environment of DRC, the RRMP is relatively cost-effective. Procurement consumes roughly half of RRMP's budget and cost efficiency has been improved with the introduction of NFI fairs with estimated savings of 10-30%. Unit costs appear to be comparable to peers. During 2012, costs per beneficiary household were $5-10 for WASH, $20-32 for NFI and with the Education sector showing costs of $28-62 per beneficiary (students and teachers). UNICEF's overall program and financial management is viewed as reasonably efficient and comparable cost wise with other UNICEF programs in the region. By means of a flexible approach and regular reviews UNICEF is able to allocate resources between partners and provinces based on changing priorities. Partners who lack logistics capacities themselves have appreciated UNICEF's support procurement, even though UNICEF procurement processes are not seen as particularly efficient.

131. UNICEF RRMP program structure and staffing are quite stretched but are functioning well overall. Based on observations and first-hand experience of the current information management system, additional capacity in the form of an Information Manager[74] would improve efficiency by organising and synthesising data and facilitate access by different stakeholder groups (including those without internet access). Observations suggest that UNICEF's RRMP team would also benefit from the addition of a senior level national staff member to help reinforce links with national actors.

132. UNICEF was judged to be in the best position to continue to lead the RRMP in comparison with other humanitarian actors. This is due to their previous experience, lead role for several clusters, a flexible approach that encourages practical solutions and innovation, and good working relationship with the NGOs implementing RRMP. UNICEF, however, faces significant challenges in fulfilling their obligations to provide oversight and external monitoring, due mainly to security restrictions on movements.

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[73] When it was discovered that community leaders were taking a 10% "commission" on payments in WFP-funded cash transfer project in Mugunga III camp, Oxfam who suspended the project. The project was only resumed after the community had taken remedial measures.

[74] See annex for a sample Information Management TOR

133. OCHA offices in the eastern zone were also seen to add siginficant value by strengthening coordination between RRMP and other humanitarian activities, supporting information management and conducting humanitarian advocacy with national authorities and armed actors. Although OCHA had been involved in the creation of the RRM, OCHA's role at a national level was less clear. Apart from support to the RRMP by the Pooled Fund, there was little evidence of value-added at a national (Kinshasa) level.   There is a widely-held view amongst RRMP key informants that OCHA could potentially make more use of RRMP outputs to support coordination and advocacy efforts.

RRMP's Value for Money

134. Measuring Value for Money actually assesses the effectiveness, economy and efficiency of interventions. In view of the scope of this evaluation and availability of relevant data, it was not possible to carry out a comprehensive cost benefit or Value for Money analysis. The chart below shows average unit costs for each sector activity for three provinces.   Benchmarking data for other agencies was not available but costs compare favourably with other programs.

Figure 16. RRMP Unit Costs by Sector and Province in 2012[75]
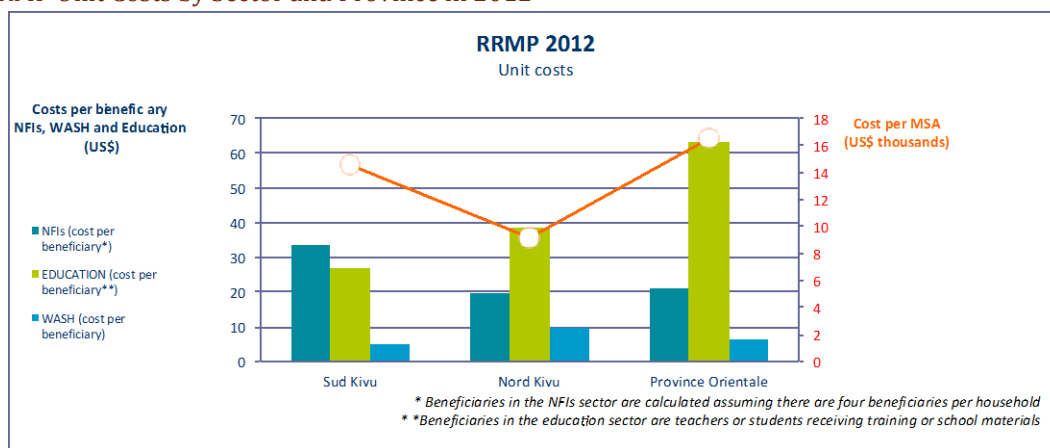
135. DFID's 2011 Multilateral Aid Review[76] found that UNICEF provides good value for money at a country level but qualified their findings by noting that UNICEF does not comprehensively report on the cost efficiency of its operations that made it difficult to accurately assess efficiency in UNICEF's field operations. The current evaluation encountered similar challenges and in the absence of specific cost efficiency data have analysed the 2013 RRMP budget to help identify areas of where there may be potential efficiency gains. Results are presented in the table below.

[75] Source: UNICEF

[76] DFID (2011) Multilateral Aid Review: Assessment of the United Nations Children's Fund (UNICEF)
http://www.dfid.gov.uk/Documents/publications1/mar/unicef.pdf

Table 6. RRMP Cost Drivers[77] in the 2013 Budget[78]

RRMP Activities	% of total budget
Activity 1. MSA	9%
Activity 2. NFI	39%
Activity 3.1 WASH	10%
Activity 3.2 EDUCATION	8%
MONITORING	9%
RRMP Partner Indirect Programme Costs (IPC)	6%
UNICEF DRC	11%
UNICEF HQ IPC (7% of above lines)	7%

136. From the above table, it is clear that a primary cost driver of the RRMP is Activity 2. (NFI Interventions), followed by Activity 3 (WASH and Education interventions), which also contain a significant procurement component. Another major cost driver are the three components overhead and program management costs that collectively amount to over 20% of the total RRMP budget, specifically:

g. UNICEF's indirect programme cost recovery rates for interventions charged at 7% of the overall RRMP budget, which is channelled, directly to UNICEF Headquarters in New York. This rate is mandated by UNICEF's Executive Committee and is consistent with peer UN agencies. These costs mainly consist of management and general support functions performed at Headquarters and Regional Offices (e.g. Finance and Accounting, Human Resources, Information Systems, Operations, and Development/Communications departments). These management services provide global support to the organization and are not associated with a specific project or funding source.

h. Resources allocated for UNICEF DRC at a country, zonal and provincial level that in early 2013 amounted to 11%. These costs cover UNICEF operations (logistics, warehousing, transport) and programme management costs for services that UNICEF is undertaking on behalf of donors. The latter includes such activities as coordinating partners, procurement of services, payments to contractors, financial transactions, monitoring, liaison with government authorities, review and oversight, along with financial management, reporting and auditing. The team was unfortunately not able to compare costs with other UN agencies in DRC as was originally planned since comparative data was not available. However, rates for UNICEF DRC are comparable to a 2012 UNICEF nutrition programme in remote areas of Uganda (10% of the overall programme budget),

[77] "Cost driver" refers here to the costs associated with a specific activity. Cost drivers not only allow decision-makers to identify significant cost drivers when deciding on priorities, but also the cost implications of not performing a particular activity.

[78] RRMP budget as of April 2013.

which suggests that UNICEF's costs in the RRMP are reasonable given the relatively higher costs in the DRC for logistics, security, financial management oversight, etc.

   i.   Indirect Programme Costs for each RRMP NGO partner which range between 5-7% of their individual budgets.

137. The table below breaks down the budgets for Activities 2 and 3, highlighting that the largest cost driver for RRMP is procurement. Combining local purchase by the RRMP partner for NFI Interventions and procurement by UNICEF (in-kind component) for both activities accounts for almost 40% of the total RRMP budget. For WASH/Education, all procurement is done according to UNICEF procurement procedures. For RRMP NFI interventions, there are increasing trends towards use of cash transfer systems during NFI "fairs", which are described in more detail in the Innovations section in this report.

Table 7. Cost Analysis for Primary Activities based on the 2013 RRMP Budget[79]

RRMP Budget Activities	Activity 2. NFI		Activity 3. WASH		Activity 4. Education	
	USD *(amount for 12 months)*	**% of total RRMP budget**	**USD** *(amount for 12 months)*	**% of total RRMP budget**	**USD** *(amount for 12 months)*	**% of total RRMP budget**
Communications	111,220	0.3%	62,757	0.2%	48,464	0.1%
Supplies & Materials	7,034,062	18.9%	1,422,554	3.8%	1,043,933	2.8%
Expatriate Staff Salaries	344,310	0.9%	504,858	1.4%	177,428	0.5%
National Staff Salaries	1,235,853	3.3%	664,148	1.8%	830,463	2.2%
Transport, Storage & Distribution	642,135	1.7%	321,680	0.9%	181,645	0.5%
In-Kind NFI from UNICEF	4,141,145	11.1%	30,663	0.1%	76,094	0.2%
Travel	274,245	0.7%	177,113	0.5%	111,233	0.3%
Vehicle Maintenance & Operation	397.906	0.0%	239,970	0.6%	157,936	0.4%
Monitoring, evaluation and other program costs	25,137	0.1%	12,183	0.0%	6,445	0.0%
Workshops & Training	44,184	0.1%	12,510	0.0%	224,645	0.6%
Direct Programme Support Costs	730,674	2.0%	500,217	1.3%	194,415	0.5%
Total	**14,583,363**	**39.1%**	**3,948,651**	**10.6%**	**3,052,699**	**8.2%**

138. The percentage of beneficiaries receiving NFI items through NFI Fairs has been increasing during the past two years, from just over 35% at the beginning of 2010 to more than 52%[80] during 2011-2012. Solidarités estimated that NFI fairs in North Kivu can result in savings of between 20-30% over direct distributions. IRC has done a more in-depth cost benefit analysis in South Kivu and calculated a saving of 10% for NFI fairs in comparison with direct NFI distributions. Savings are mainly attributed to the transfer of responsibilities for procurement and transport to the traders. Traders also assume risk in case of theft or loss and pricing

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[79] Based on February 2013 version of the RRMP Budget. The 2013 RRMP budget is for 15 months but, since the UNICEF budget is for 12 months, amounts for 12 months were used for purposes of comparison.

[80] Source: NFI Cluster

agreements with traders help reduce the possibility that market rates are not respected. NFI Fairs also shift some responsibilities from agencies to beneficiaries for quality control and item selection, an issue that is explored in more detail in the section on Relevance.

139. Roughly half of NFI UNICEF's procurement have been via regional procurement through their regional office in Nairobi, a third is local procurement and the remainder is through Copenhagen[81]. Challenges with local procurement, combined with factors such as uncertainty about budget availability due to the annual cycle, CRC protocols and the introduction by UNICEF of a new global procurement system ("VISION") has led to a widely held view amongst RRMP key informants that UNICEF DRC's supply chain management system is not as efficient as it could be. As an example, LTAs with local suppliers were reported to take at least 4 months to approve by which time prices have often changed requiring further re-negotiation. At the time of the field visit, RRMP was awaiting decisions on two LTA requests that had been submitted 7 months previously.

140. Relevant issues emerging include:

   h. Since procurement is the primary cost driver for RRMP, decreasing cost without adversely affecting effectiveness has the potential to significantly increase cost-efficiency.

   i. In view of the high levels of investment in NFI, the investment in monitoring to gauge whether assistance is reaching the most vulnerable people and how it is being used is justified.

   j. While Multi-Sector Assessments (MSAs) are not the main cost drivers, the fact that they are the most valued component of RRMP suggests that further improvements are likely to yield good return on investment.

141. It should be mentioned here that many national key informants had the impression that the cost of international staff was a significant component of the RRMP budget. This is not necessarily supported by the results of this analysis. International staff costs of RRMP partners accounts for just over 2% (salaries plus benefits) of the total RRMP budget, which compares to 4 – 4.5% for RRMP national staff and percentages for UNICEF are similar. At an individual level, there is of course a significant difference between costs of international and national staff for UN and NGOs alike. In this case, value for money needs to be justified in terms of technical and managerial expertise and other areas where an outsider can add value to justify higher costs.

The RRMP's "Business Model"

142. With an annual budget of $35 - 40 million there is naturally a strong focus by donors on RRMP performance, accountability and value for money while affected communities are concerned with who is benefiting from RRMP assistance and whether the priority needs identified in MSAs are actually being met. During the inception phase the evaluation team was requested by the Steering Committee for this evaluation to suggest alternatives to the existing RRMP model. When reviewing alternative models, several questions were raised, including what would the implications be if there were fewer layers between implementing agencies and donors and how this might affect leadership? Other relevant questions included how many RRMP partners is optimal? Could protection in the RRMP be strengthened by including another INGO specialising in protection? Is it an effective and efficient use of RRMP resources to have a partner that only covers one sector, such as Save the Children who only covers the Education sector in Province Orientale? Taking account of financial and efficiency risks, which roles could be handled by national entities

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[81] A description of UNICEF's procurement system is attached as an annex.

that would reduce costs and build capacity over time? The pros and cons of four potential models selected along with a detailed analysis are provided in an Annex, along with an analysis of RRMP's business model. The four options considered were:

- Option 1. Continue as is (status quo) with minor adjustments in partnerships
- Option 2. Maintain overall UNICEF lead role of RRMP, with food security and protection cluster lead agencies assuming coordination roles either through:
  - o Establishing RRMP-like mechanisms that work together with existing RRMP structures
  - o MoUs with UNICEF that facilitate joint and/or complementary assessment and interventions.
- Option 3. Maintain overall UNICEF leadership but increase roles of RRMP NGO partners
  - o Broaden RRMP concept to include complementary interventions carried out by partners with direct funding of NGO partners for protection and food security (e.g. NRC & AVSI food fairs funded by ECHO)
  - o Direct funding to NGOs, as to NGO cluster co-leads funded by donors. Merlin could then potentially be directly funded by donors instead of via RRMP.
- Option 4. Fund NGOs directly under a Lead NGO and have RRMP act as a cluster within the humanitarian coordination system in DRC.

143. The option of management by existing clusters was not considered since extensive evidence shows that clusters are not operational entities and RRMP would have difficulties in maintaining the required level of efficiency and effectiveness of their responses[82]. Findings from this evaluation suggest that either Option 2 or Option 3 are the most realistic options. However, Option 2 can only function if WFP, FAO and UNHCR are able to demonstrate comparable levels of flexibility as UNICEF has shown towards partners in designing and managing the RRMP. During this evaluation only WFP expressed a willingness to try such an approach. Based on the lack of progress in achieving a multi-sector approach since the 2007 RRM evaluation and the apparent[83] success with food security interventions by RRMP Partners, Option 3 currently appears to be the most viable.

Programme Structure and Staffing

144. The evaluation took place during a period of high levels of activity within the RRMP due to increased conflict levels, particularly in North Kivu, and the overwhelming impression gained from observation and during interviews was that staff capacities of both UNICEF and RRMP partners are very stretched. Some of this pressure is due to the particular nature of the DRC context, with its challenges around logistics, security-related transaction costs, financial control, poor infrastructure and basic services.

145. Another issue raised by a number of national key informants was the relatively high cost of international staff. An analysis of staffing structures (see Table 2 above) found that international staff representation in RRMP is actually not one of the main cost drivers. INGO Partners international staff comprises only 3% of full time international staff with 13% of international staff costs being partially covered by RRMP.

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[82] Streets, J. et al. (2010) Cluster Approach Evaluation Phase 2. GPPI.
http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-common&tempid=99

[83] Food security interventions by RRMP Partners were not assessed as these, along with health, were not included within the scope of this evaluation.

UNICEF's Value-Added to RRMP

146. Coordination and management of the RRMP is a complex undertaking given the emphasis on timely response, the number of partners with differing systems and capacities and the fact that RRMP has only been, up to now, operating in a single country has meant that UNICEF has had to develop tailor-made systems. Moreover, since the RRMP is funded as an emergency programme, this has meant annual budgeting processes with higher transaction costs (although in 2013 this has changed to a 15 month cycle)[84].

147. Based on interviews and observations/analysis by the team, there was no other agency in a better position to lead the RRMP. One interviewee suggested that such a role would be more suited to an agency such as UNHCR or IOM given their displacement mandates. A handful of NGO and donor interviewees suggested replacing the current system with direct funding to NGOs (RRMP partners) as a way to increase cost-effectiveness. Neither of these alternatives appeared to be widely supported.

148. There are a number of positive elements of UNICEF's leadership of the RRMP, notably:

   i. UNICEF's role as a convenor, coordinator and facilitator of the RRMP, supported by UNICEF lead role in several clusters;

   ii. Willingness to look at practical solutions and not stick too rigidly to rules and procedures to be able to, for example, keep the RRMP running by advancing funds to RRMP partners when there are delays in issuing contracts;

   iii. Procurement support to partners lacking such capacity;

   iv. Strategy development, creating "space" for innovation (e.g. supporting cash transfer systems in NFI fairs), communication, training and management;

   v. Good working relationship with NGOs;

   vi. DFID's 2011 global review of multilateral organisations[85] found that UNICEF demonstrated an ability to provide critical support and coordination in humanitarian and emergency situations and noted that the scale of its operations cannot be delivered by other multilateral organisations. The same review also found that UNICEF's clear mandate and key humanitarian role provide a basis for engagement in fragile and conflict situations;

149. Areas where UNICEF experiences challenges include:

   vii. Inability to fulfill their designated role to provide oversight and external monitoring, due mainly to security restrictions on movements and capacity;

   viii. Demonstrating added value due to gaps in performance management systems to justify costs;

   ix. Inefficiencies[86] in the UNICEF supply chain management system that cause periodic NFI supply ruptures and increase transaction costs, although improvements had been observed during the past two years.

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[84] It's worth mentioning that, in fact, donors still fund the RRMP on a 12 month-basis which means that UNICEF has increased its commitment risk towards partners (15 month cycle) without being backed by longer financial commitments from donors (with a few exceptions)

[85] DFID (2011)

[86] Delays with the UNICEF supply chain were raised by several interviewees and are evident from stock records. Interviewees who had been in DRC said this is not a new problem. As an example, a report following a 2008 biannual RRM Partners workshop mentions the lack of NFI stocks as one of the four main "Challenges Faced" during the year. UNICEF is trying to improve the situation and since 2011 there has been some improvement in the supply pipeline.

150. To the list of positives above, it is worth adding UNICEF's fundraising capabilities, both with individual donors and its status as a UN agency that enable it to directly access CERF funds and support the applications for Pooled Funds (see below). Management of such a wide range of donors is something that individual RRMP partners would find very challenging.

Figure 17.CERF Allocations to UNICEF RRM/RRMP 2006 - 2012
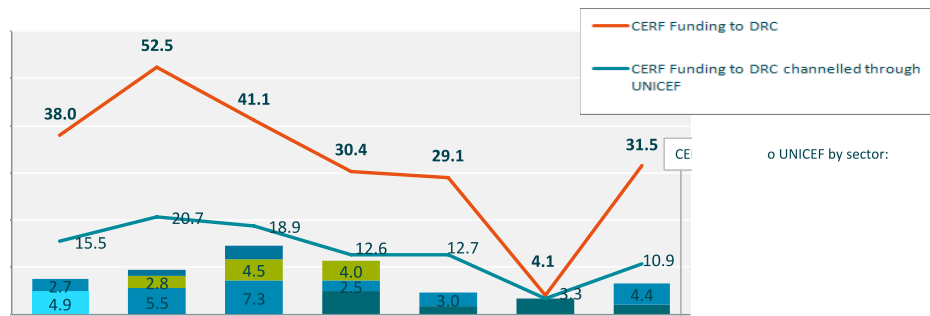
Figure 18. Pooled Fund Allocations to RRM/RRMP 2006 - 2012
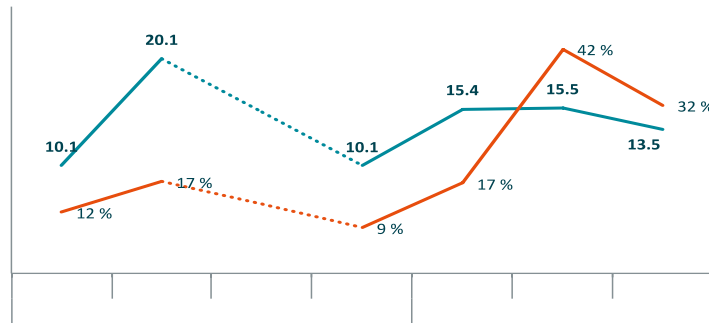
ugh OCHA

OCHA's Value-Added to RRMP

151. Based on interviews and observation, OCHA is generally viewed to have an important role with the RRMP in the east, although OCHA lacks a clear role at a national (Kinshasa) level. Although the question in the TOR for this evaluation related only to OCHA, similar questions were raised during this evaluation as during the donor's GHD visit in early 2012, about the lack of clarity of the role of the Humanitarian Coordinator in the RRMP. In the east, OCHA's major contributions to RRMP include:

i. Coordinating approaches and linking financing mechanisms;
ii. Co-chairing the RRMP Steering Committee;
iii. Information management resource, including validating and disseminating alerts and facilitating information flow to clusters;
iv. Advocacy with government authorities, MONUSCO and armed groups to facilitate access and help ensure that do-no-harm approaches are respected.
v. Providing independent oversight during, for example, RRMP Partner selection processes to ensure adherence to partner selection criteria, respect of the process and credibility of results;
vi. Help with links to Pooled Funds (while noting that perceived "privileged access" is resented by some other UN agencies);

152. Some RRMP key informants recalled that OCHA had previously played a useful role in synthesising MSAs and communicating priorities to RRMP and clusters and this helped, among other things, with highlighting protection concerns. OCHA reportedly had to phase out of this role due to the lack of funds.

Connectedness

153. This section looks at how the RRMP links with longer term interventions and what kinds of exit strategies are used.
154. RRMP aims to be a rapid response mechanism that should intervene when other actors lack the capacity to meet urgent humanitarian agencies and any interventions should normally be completed within a three month timeframe. For NFI interventions, which consume a large proportion of RRMP resources, one time interventions appear to function reasonably well based on post monitoring results.
155. However, in other sectors/clusters (WASH, Education, health, food, protection) one time assistance is rarely going to be sufficient to meet humanitarian needs of displaced or returnee communities. Unfortunately, there are only a handful of good practice examples identified[87] and this area is clearly a major source of frustration that surfaced in many interviews with RRMP partners and UNICEF. An example of lost opportunity cited by a RRMP Partner interviewee was a rapid cholera intervention in Province Orientale that should have been followed by the installation of a potable water system to prevent the return of cholera in the future, but this was not possible within the three month timeframe.
156. Some donors, notably ECHO, have made concerted efforts to bridge this gap through direct financing of NGOs such as Oxfam and CARE International. However, no examples of "follow on" interventions were found during the current evaluation that started less than 3 months after the RRMP intervention had been completed and in most cases took at least 6 months to launch. During the field visit, a "follow up" intervention was about to be launched one year after the RRMP intervention had ended.
157. Reasons cited by RRMP and non-RRMP interviewees for the difficulties in following up RRMP interventions included:
i. Need to go through the proposal development process, negotiate with donors, submitting and revising proposals, technical appraisals, and so on. This was not only often an extended process, but many agencies felt that they didn't have sufficient capacity to continue with ongoing activities and give priority

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[87] Both good practice examples cited involved handover of WASH interventions from Solidarités to Oxfam, one in Ithuri and the other in Mulamba.

to post-RRMP interventions.

    ii.   Absence of mechanisms that can provide funding within a 3 month timeframe

    iii.   Since agencies are expected to come in at the end of a RRMP intervention, they have difficulties in understanding the context and the required technical aspects to be able to design a good project.

    iv.   Relatively low capacity of local agencies, although some examples of good practice were cited.

    v.   Three month timeframe is too limited, particularly in returnee communities.

158. One of the main barriers to engagement for non-RRMP actors at an early stage is funding. During the first half of 2012, the low number of interventions was attributed to a lack of funding, which was one of the underlying reasons why RRMP implemented nearly 85% of all interventions North Kivu[88].

159. These factors were seen to have an adverse effect on RRMP exit strategies and there is a danger that RRMP partners will tend to make less effort in the future to identify exit strategies due to lack of follow up activities.

160. Findings indicate that links with non-RRMP agencies, both following MSAs and following interventions (RRMP exit strategies) are major factors undermining RRMP outcomes. Key obstacles for non-RRMP agencies appear to be lack of capacity and lack of resources.

Coherence & Coordination

161. The evaluation assessed the extent to which Multi-Sectoral Assessments (MSA) and other RRMP-generated information are being used by the wider humanitarian community and also looked at the alignment between mandates of RRMP and other humanitarian stakeholders, including national actors. It also examines the relationship of RRMP with clusters and other humanitarian structures and examines RRMP's role in advocacy.

162. Despite a considerable amount of time and effort invested by UNICEF and RRMP Partners to promote better links with clusters that are not led by UNICEF, the use of MSAs and other RRMP resources has not met expectations in terms of meeting priority needs that have been highlighted in MSAs. Protection and Food Security Cluster leads believe that MSAs are not sufficiently detailed although protection cluster members expressed appreciation for the protection synthesis reports produced by Solidarités. MSAs are nevertheless widely valued, and are referenced in Humanitarian Action Plans and donor reports. MSAs are a useful reference point during cluster meetings and agency planning. The standards development work with the clusters has also helped strengthen linkages.

Level and Scope of Involvement of National Actors

163. The question about involvement of national actors had been included in the TOR for this evaluation under the "Efficiency" heading, but findings during this evaluation suggest that this issue is much broader. During this evaluation we included perspectives relevant to RRMP from government, local authorities, local NGOs, traders involved in procurement activities and NFI fairs, national staff of international agencies and committees in displaced and returnee communities.

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[88] République Démocratique du Congo : Revue à Mi-Parcours Du PAH 2012 (page 13)

164. The 2007 Evaluation of the RRM found that, although the handover of humanitarian activities to government actors may not happen in the immediate future, operating completely independently of national actors carried risk of prolonging substitution approaches. At the same time, the evaluator acknowledged the fraud-related risks posed by engagement with local partners and government authorities, along with relatively low local capacities in terms of emergency response know-how and readiness, human expertise, material resources and logistics. Unfortunately, corruption levels in DRC have shown little improvement since 2007[89] and key informants cited financial management risks and lack of capacity as a justification for the relatively low engagement of national actors in RRMP. This is not to say that international agencies are immune from corruption risks; RRMP Partners have had to deal with a number of corruption incidents over the years, including some fairly serious cases.

165. Findings from this evaluation suggest that RRMP has made good progress since the 2007 RRM evaluation in increasing involvement of national actors, particularly of local NGOs. Examples of efforts by RRMP partners to promote greater involvement of national actors, include:

i. RRMP Partners training and coaching local NGOs during MSAs and RRMP interventions so that some have started assuming lead roles[90].

ii. RRMP Partners working with local actors to reinforce early warning networks, recognising that such a network cannot function without strong national involvement.

iii. Engagement of local leaders and community members in sensitising and mobilising the population prior to MSAs and interventions, during implementation and help to raise community awareness about issues relating such as public health.

iv. Increased prevalence of NFI fairs have led to much greater involvement with private sector actors and RRMP partners are starting to look at the effects on the RRMP and how the engagement of this group might help in advancing RRMP objectives.

v. As shown in the Partnership section, RRMP partner staff are predominantly national and interviews indicated that overall trends are to increase numbers of national staff, including at senior levels. Impressions when observing RRMP Steering Committee meetings were of equal exchanges between national and international actors.

Case Study: Example of good practice – AVSI's successful partnerhip with ASO

166. AVSI acknowledges that certain activities can be done better by local organisations, and their partnership since 2010 with ASO (Asociacion de Soutien aux Opprimes) is a good example. AVSI's interactive theatre[91] succeeds in transmitting UNICEF key messages to beneficiaries waiting for NFI distributions. The photo is of

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[89] DRC ranks 160 out of 176, towards the bottom of Transparency International's Corruption Barometer with a score of 21 out of 100 http://transparency.org/country#COD

[90] One result of RRMP's increased focus on results/outcomes in the 2013 is that indicators have been added to measure the extent to which national NGOs are able to carry out MSAs and interventions themselves.

[91] Video footage of the AVSI interactive theatre can be viewed at http://youtu.be/d1MUQJ8qf1M

a sketch which shows the problems of withdrawing boys and girls from school. The scene 'freezes' and the audience provides the solution.

167. However, while RRMP Partners were observed to be regularly conducting community-level consultations prior to and during interventions, it was apparent that communication at a community could be improved. None of the community leaders or local authorities met by team members had ever seen an MSA or monitoring report. Interviews with local authorities and beneficiaries suggested that understanding of beneficiary selection criteria lacked consistency and which, in turn, had an adverse influence on the effectiveness of assistance provided.

168. Many national key informants perceive RRMP as a mechanism dominated by international actors and that international staff consume much of RRMP's budget, even though the evidence does not support this. Nonetheless, UNICEF and RRMP Partners should be seen as a sign that more could be done not only in terms of involving national actors, but also improving RRMP's communication strategy so that national actors (and internationals outside the RRMP) understand that people involved in RRMP are primarily nationals (including at management levels).

169. UNICEF and their RRMP partners are aware of these issues and, as described above, are taking concrete steps to enhance engagement by national actors. UNICEF's own Country Strategy for 2013-2017 for the first time contains specific targets for increasing emergency preparedness capacity of national actors. The recommendation to develop a certification system could potentially be a useful tool to help promote more engagement with local NGOs.

Use of Multi-Sectoral Assessments (MSA)

170. The 2007 Evaluation of the RRM discovered a considerable amount of frustration within UNICEF and RRM Partners because recommendations from the multi-sector assessment were rarely accepted and acted upon by clusters. The evaluator suggested two potential solutions. First, cluster leads in other sectors could accept the results of RRM assessments by actively engaging in the process, providing RRM teams with tools and training as needed. Second, RRM teams may collect only the most basic information in health, food and protection. Specialised actors in these other sectors are encouraged to consider adopting a similar operational model to allow for similar standby capacity to evaluate and respond to acute, rapid-onset needs in their respective sectors.

171. Five years on, evidence from interviews, the survey, document review and observations suggest that the first solution had been adopted in UNICEF-led clusters and is in process in the health cluster in North Kivu as part of the health pilot but is still to be operationalised in the food security and protection clusters. Progress appears also to have been made in respect to sectoral assessments, notably in terms of agreeing on common indicators. What is mainly needed now are better-developed protocols and systems, with appropriate incentives, where an MSA can be followed by more systematically in-depth sectoral assessment for identified priorities to inform follow up interventions by RRMP and non-RRMP actors.

172. Some key indicators of the growing use of MSAs include:

i. The 2008 evaluation of the PEAR found that, despite initial resistance, that multi-sectoral assessments (MSAs) undertaken in return areas by PEAR partners were being increasingly seen as a useful tool by humanitarian actors, citing the growing number of project submissions to the Pooled Fund and interventions in areas covered by MSAs.

ii. MSAs are being increasingly seen as a reliable source of information and they are now often used by the Pooled Funds.

iii. MSAs were frequently described as a useful alert.

iv. UNICEF uses the MSA as a key reference for their weekly senior management update

v. The Humanitarian Action Plan draws on MSA results.

vi. Use of MSA results as a key reference for Solidarités Protection Updates.

Alignment of the RRMP mandate and Relationship with other Agencies

173. RRMP's "fit" with other agencies has improved in many areas over the past few years, notably in the use of MSAs and with cluster members of UNICEF-led clusters, but challenges still remain. A constant question that RRMP is confronted with is when is it appropriate for them to respond? This is illustrated by a comparative case study of Kanyaruchinya and Walikale in North Kivu province where large scale displacements occurred during 2012.

Case Study: Accessible vs. Remote IDP Sites in North Kivu (Kanyaruchinya vs. Walikale)

The mandate of RRMP is to fill gaps, to go where other agencies are not present to assist displaced populations. In mid 2012 there were thousands of displaced families in Kanyaruchinya (on the outskirts of Goma) and also in Walikale, which was located far to the east of Goma with difficult access. The RRMP Steering Committee decided to prioritise Walikale as it was felt that Goma-based agencies were well positioned to respond. In the event, however, other agencies didn't have sufficient capacity to distribute NFI. There was increasing pressure to do something in Kanyaruchinya due to media coverage and a high profile visit by the Emergency Coordinator, Valerie Amos. Some RRMP staff were brought back from Walikale to join teams to do assessments and interventions. The situation in Kanyaruchinya was complicated by constant movements, proximity to Goma, discrepancies with WFP registration data, and a severe shortage of NFI stocks. RRMP had to juggle staff between Kanyaruchinya and Walikale and bring stocks from South Kivu and Province Orientale, which resulted in a 1½ month delay in assisting the 4 – 6,000 displaced families in Walikale.

Sources: UNICEF, NRC & Solidarites (compiled from separate interviews)

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174. Other factors cited by interviewees which influence the alignment of RRMP's mandate include:

i. Variable understanding outside UNICEF and RRMP agencies of RRMP mandate, linked to how much an agency was involved in, or informed about, RRMP processes.

ii. Nature of relationships between staff in different agencies (i.e. where relationships are good between staff of different agencies then there is usually good alignment).

iii. The degree of flexibility in agency systems determines the extent to which they can adapt to RRMP systems. This was frequently described by interviewees as being a constraint with WFP and UNHCR. NGOs were viewed as being more flexible.

175. The relationship of RRMP with other humanitarian structure is of course closely linked to RRMP's mandate with other agencies, particularly in the case of cluster lead agencies.

176. Where there are signs of increasing cooperation with UNICEF-led clusters in use of MSAs, development of common indicators, and even "cross border" coordination between Steering Committees and clusters in North and South Kivu to carry out MSAs in other provinces where it makes sense, gaps between RRMP and the food security cluster were constantly mentioned along with – depending on the province and relationship with the cluster lead agency – health and protection clusters. As described above, this is not a new development, and the difficult relationships with the food actors were described in the 2007 Evaluation of the RRM:

> "*According to RRM teams, simultaneous distributions of NFIs and food are, however, regularly planned but rarely occur. This is due to differing speeds of emergency reactivity between WFP and RRM. The consequences of food delays are difficult to bear for affected populations, who resort to selling received NFIs to procure food locally. Food delays thus undermine the utility of rapidly delivered NFI kits, when these latter are traded or sold by the intended beneficiaries to procure vital goods promised by another supplier.*" (page 31)

177. Whether or not the gaps between the Food Security Cluster and RRMP can be resolved remains to be seen. It may well be that increased use of cash transfer systems can be the catalyst that helps RRMP and others to more effectively meet priority needs. However, it will be important to start the conversation with a reasonable understanding, not only of the range of cash-transfer options, but also of RRMP mandate and approaches since, in common with many other agencies outside the "inner circle" of UNICEF and RRMP partners, it was apparent from interviews that the RRMP is not fully understood by WFP and FAO, particularly at the Kinshasa level.

178. Another humanitarian structure that is relevant to the RRMP is the Comité Permanente Interagences (CPIA). Due to the operational focus of RRMP and its emphasis on working through clusters interaction with the CPIAs tend to be indirect via clusters[92]. These relationships seem to be more important in provinces where no RRMP partners are present and CPIAs take on operational roles, as the case study below on Maniema illustrates.

Maniema Case Study – where RRMP Partners are not present.

Maniema witnessed a sharp increase in IDPs during the course of 2012. RRMP offered support with an MSA, but in mid-January the provincial CPIA (Comite Permanante Interagence) decided they would organise an inter-cluster assessment. They started the assessment three weeks later on February 7th but were only able to visit the town of Kindu, mainly due to security constraints since there were UN staff on the teams who were subject to UN security (DSS) guidelines that restricted their movements. The teams interviewed focus groups and did not use the MSA format.

Following a joint visit by the UNICEF Country Representative and the WFP Country Representative, the CPIA then requested an MSA. An MSA team was deployed on February 9th and planned to complete the MSA within one week.

A concern raised at an early stage is the high cost of the intervention. The need to airlift supplies would mean a total cost of $470,000 for 5,000 NFI kits plus transport, which is over five times the average price of a kit distributed in North Kivu and option of holding a NFI fair is planned instead.

Source: UNICEF Key Informant

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[92] An exception is South Kivu, where RRMP partners regularly participate in CPIA meetings.

179. Here again, the RRMP was faced with a dilemma on whether they had a mandate to intervene and how much they should push to get involved. Similar to the Kanyarunhinya case, RRMP did end up as a kind of "last resort" response but there was a unanimous agreement amongst those interviewed who had been involved that they should have been involved at an earlier stage.

180. It seems from these experiences that RRMP will inevitably become involved in emergencies above a certain threshold of numbers affected, so it will be necessary to respond (in coordination with other actors) by default if these thresholds are exceeded.

Role of RRMP in Advocacy

181. The 2007 Evaluation of the RRM highlighted the fact that teams operate on the front lines of rapidly unfolding emergencies; their eyewitness accounts and real-time assessments of affected populations form a primary source of information for the wider humanitarian community, in particular its advocacy and lobbying initiatives. Similar frustrations were heard during this current evaluation, particularly about failing to raise the profile of less visible emergencies to get the attention of donors. At the same time several positive examples were observed and cited by interviewees, including sharing of advocacy messages and approaches in RRMP workshops and cluster meetings. The MSA is viewed by many as an increasingly important, if underutilised, advocacy tool since it provides an evidence base for prioritisation.

182. As previously noted, advocacy is a role which RRMP stakeholders feel that OCHA is well-suited as an impartial and non-operational actor who is well-placed to promote humanitarian advocacy with authorities, MONUSCO and armed groups using evidence from MSAs and other RRMP outputs. Advocacy capacity within RRMP partners has fluctuated over the years and before the PEAR phased out, several of the NGOs reportedly had full-time 'advocacy/communications officers' whose primary job was to ensure the quality of the MSA reports and to go to different cluster and inter-cluster forums to share MSA results in the form of advocacy messages. Solidarités' regular protection reporting along with the studies cited elsewhere are current examples of RRMP partners promoting an advocacy agenda.
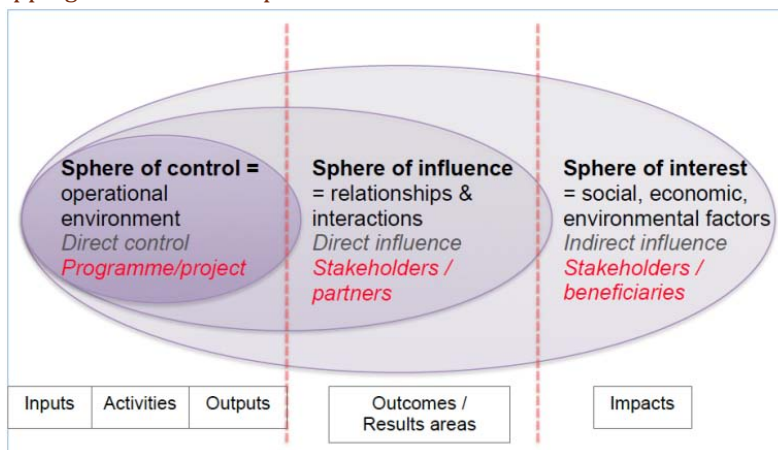
Performance Measurement

This evaluation also reviewed the quality of the RRMP's monitoring and evaluation framework along with its Information management systems.

183. Review of documents, particularly post-monitoring reports, show considerable progress has been made by RRMP Partners and UNICEF in improving RRMP performance measurement systems, notably in terms of improved ability to measure outcomes. UNICEF has recruited additional technical capacity in Goma to help improve RRMP's logical framework and measurement tools so that they now include elements such as:

    i. More realistic goals for the current context in eastern DRC, i.e.: "Reducing mortality and morbidity" has been changed to "improving living conditions of the vulnerable".

    ii. Introduction of indicator targets that consider disaggregated population data to better capture vulnerablity for beneficiaries living with disability.

    iii. Increased emphasis on monitoring and reporting.

    iv. Outcome-oriented indicators have now been integrated for each sector so, for example, the logframe no longer limits itself to counting the number of capacity building sessions for NGOs, but will try to assess

whether they have actually been able to conduct MSAs themselves. Similarly, use of MSAs will be measured in future by assiessing whether: "*rapid and adequate responses after multisectorial assesments have been performed".*

184. While M&E systems may have improved, there are other related elements that UNICEF has realised require urgent attention. Many of the improvements needed are linked to pressure by donors to demonstrate evidence of outcomes and better understand the "value for money" of the assistance being provided.

185. Although post-distribution monitoring is now being regularly carried out by partners, the quality and format lack consistency and UNICEF's current information management systems do not allow easy access to post-monitoring data that is being produced, and there is relatively little external verification of results.

186. These changes were viewed as positive developments by the evaluation team, and an important next step will be to involve partners outside the RRMP in further refining and helping to measure outcomes as their contributions will influence how successful RRMP interventions are. This is illustrated in the diagram below where "Sphere of Control" is represented by UNICEF and their RRMP Partners.

Figure 19. Mapping Results and Responsibilities:

187. Some key factors that still need to be addressed to improve performance measurement include compensating for security constraints on movements of UNICEF staff for monitoring, further improvement of information management systems to synthesising qualitative information (such as post-monitoring data) and integration of feedback from RRMP partner community-level complaints mechanisms[93].

Should the RRMP have Third Party Monitoring?

188. Third party monitoring was identified as a possible solution to UNICEF's inability to provide external oversight and quality assurance some time ago and based on observations during this evaluation, along with the restrictions on movements for UNICEF staff, makes it even more urgent to make this happen soon. A third party monitoring pilot is foreseen for 2013, but this appears to be in the initial planning stage and no details were available during the field visit about how this would function, and there was no specific

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[93] Similar to post-monitoring activities, complaints and feedback from beneficiary communities is routinely included in RRMP Partner reports, but is not currently part of RRMP's monitoring and evaluation system, except anedotally.

allocation in the 2013 budget.   Given the importance of a robust monitoring system for quality assurance and continued donor support, there is a question of whether a pilot is the best approach, unless it is of a reasonable scale.

189. Such a capacity would ideally be harmonised/shared with monitoring of UN-led activities subject to similar constraints, notably the Pooled Fund. WFP is already using third party monitoring in eastern DRC and there are a number of other operations that can provide useful resources for setting something up for RRMP, including UNICEF's own experience in countries such as Somalia.[94]

190. While moving ahead with putting a functioning third party monitoring system into place, it would be worthwhile to bear in mind RRMP's key role as a catalyst and innovator.   A potentially interesting model is the Afghanistan Research and Evaluation Unit (AREU) that was originally set up as a Strategic Monitoring Unit to provide external monitoring of the UN's 1998 Strategic Framework for Afghanistan[95]. AREU was subsequently established as a self-supporting NGO in 2002 by the assistance community working in Afghanistan and currently has a board of directors with representation from donors, the United Nations and other multilateral agencies and non-governmental organisations. While AREU still carries out M&E activities on a contractual basis, it is also involved in action research that has helped advance the understanding of Afghanistan's complex environment. The existence of a credible institution collecting and disseminating monitoring information, and at the same time carrying out action research in eastern DRC, could be a useful innovation.

RRMP outcomes

191. Although the TOR envisaged a systematic and objective assessment of RRMP's performance and outcomes to date, UNICEF has only recently started to integrate outcomes[96] into their monitoring systems. As described in the constraints and limitations section, outcome data was limited to unverified data extracted from RRMP partner post-intervention monitoring reports along with anecdotal observations during brief field visits. With the notable exception of a good-practice example of a synthesis report produced by Solidarités summarising findings during 2012 for NFI[97], other post-intervention reports provided were for single interventions and focused mainly on client (beneficiary and trader) satisfaction rather than outcomes as such. Examples of outcomes based on this somewhat limited evidence base include:

   a. Where MSAs are followed within a reasonable timeframe by interventions beneficiary satisfaction levels are good. If there are significant delays between then needs have often changed.

   b. RRMP has demonstrated its ability to quickly deploy for cholera interventions, often intervening directly on the basis of epidemiological data rather than waiting for MSA results. Reduction of cholera

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[94] UNICEF – Presentation on Distance Monitoring of UNICEF Aid Delivery in Somalia
http://www.nairobi.cooperazione.esteri.it/utlnairobi/download/Monitoraggio%20UNICEF.pdf

[95] http://www.areu.org.af/ContentDetails.aspx?ContentId=1&ParentId=1

[96] This was done together with other agencies, notably OCHA through the Pooled Fund and the development of the 2012 HAP (Humanitarian Action Plan) placed an emphasis on Clusters identifying outcome indicators. RRMP Partners have also developed NFI post-monitoring scorecards.

[97] Solidarités (2013)

appears to be an area in which RRMP has been quite effective and there is evidence that the epidemic has been reduced in areas where RRMP Partners have undertaken cholera interventions[98].

c.   RRMP Partners in North and South Kivu were observed to be routinely designing and constructing adapted latrines and other facilities adapted to persons-with-disabilities based on training provided by Handicap International.

d.   Save the Children in Province Orientale reported their training programmes have contributed to changed attitudes amongst teachers resulting in reduced levels of corruption and abuse of students being observed. Training on non-violence for FARDC and the police was seen as successful and resulted in children being less afraid.   Save the Children also reported that personal and environmental hygiene of students had also improved due to sensitisation.

e.   For their WASH interventions, Solidarités generally found that beneficiaries were generally satisfied with the standard of construction and implementation and regularly used the facilities. Areas identified for improvement included reinforcing enclosures around water sources and a need to devote more time to sensitise communities due to disagreements and misunderstandings about community in-kind contributions.

f.   Outcomes for NFI Interventions:

   i.   All RRMP Partners found high satisfaction levels (more than 95%) with NFI Fairs amongst both beneficiaries and traders during post intervention monitoring.

   ii.   Solidarités reported a slightly higher proportion of NFI articles from still being used by beneficiaries following direct distributions (72%) compared to NFI Fairs (67%) still in use. This lower percentage was attributed by Solidarités to beneficiary preference for articles that could be easily resold to cover other basic needs which, based on beneficiary interviews, were mainly medical expenses, school fees, food items and to settle outstanding debts.

   iii.   According to IRC reports, NFI fairs in Kalonge, South Kivu have contributed to stabilisation in the area. With the money earned, vendors have purchased a land and now they are going to invest in building a local market.

   iv.   RRMP Partners are only just starting to explore the influence of NFI on the commercial sector[99]. Traders interviewed after the NFI fair in Rugari in early 2013 said they had, on average, earned as much in one day as they usually earned in a week which they felt was a good incentive to continue to participate despite the inherent risks. Some had also established contacts in the area and were considering continuing commercial operations in future in the Rugari area.

192. Outcomes were also evident at an institutional level, notably:.

   i.   Within UNICEF DRC in terms of how to improve speed of response and support their cluster lead agency role with a robust operational capacity.

   ii.   Within the RRMP partnership. This has been mainly through peer learning facilitated by UNICEF which is illustrated by increased coherence and quality of approaches to NFI fairs and post-monitoring.

   iii.   In other agencies in DRC, as seen in the increased use and appreciation of MSAs beyond RRMP, examples of application of cash transfer systems by other agencies using learning from NFI fairs. The RRMP has also played a role in building capacities within national NGOs using hands-on coaching to the point that they are able to undertake MSAs themselves.

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[98] See, for example, Solidarités (2011)

[99] The ARCC II project includes a planned study on the micro-economic impact of cash injections into the local economies via fairs.

iv. Across borders where RRM and RRMP have acquired a global reputation as an example of good practice. While there was an attempt to replicate the RRM in Haiti, it is in the Central African Republic where it looks like there has been a concrete outcome when RRM was launched in 2012 with support from ECHO.

193. While UNICEF has only recently adjusted RRMP performance targets and their logframe so as to be able to systematically measure and capture outcomes, it should be emphasised that this appears to be an area where the RRMP has recently made good progress, notably in terms of:

    i. Revising the RRMP logframe so that, in comparison with versions from prior years, it now includes measurable outome objectives and indicators and a more realistic overall goal statement that rightly places more emphasis on reducing vulnerability than in saving lives, which is difficult to measure, with the exception of a few selected RRMP interventions such as cholera.

    ii. More systematic and broader application of post-monitoring by RRMP partners that has, for example, greatly improved understanding of how NFI has been used. Examples are provided in the Relevance section above.

194. Based on RRMP Partner reports and observations, RRMP has achieved reasonable outcomes, although it would be worth reviewing outcomes more systematically once the new system for tracking outcomes is up and running. The evidence for positive outcomes at an institutional level is more substantial. An element that UNICEF and RRMP Partners will need to consider when designing post-intervention monitoring systems is how to assess whether assistance actually reaches the most vulnerable, i.e. to what extent has RRMP targeting criteria been satisfied? This element does not appear to be consistently considered during monitoring even though, as described in the "Targeting Vulnerability" section above, observations during the field visit indicated that RRMP targeting criteria was not always understood or respected.

Information Management

195. Information management was one of the areas for improvement highlighted in the 2007 RRM evaluation, which suggested that improved information management systems should result in significant improvements in efficiency and effectiveness. The evaluation found that very little monitoring data was synthesised, quantified or fed back into a formal evaluation framework, with established performance indicators, in order to measure the overall impact of RRM interventions over time. Findings in the current evaluation indicate that, although there has been some progress in addressing these issues, improvement is still needed.

196. There has been some progress since the 2007 evaluation helped by an Information management capacity developed as part of the PEAR programme that in turn, has informed some of the tools in RRMP. Web-based systems such as "www.rrmp.org" allows access to MSAs and other relevant information and the ActivityInfo website[100] launched during 2010 allows the user to collect, manage, map and analyse indicators. While ActivityInfo has provided easy access to RRMP resources such as MSAs, it has been reliant on the user having access to a reliable internet connection so it has recently been redesigned to have an offline module.

197. A number of gaps in information management have been highlighted in various parts of this report. Apart from continuing to address gaps identified in the 2007 RRM evaluation, a focus on IT solutions has meant

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[100] ActivityInfo has also been adopted as the NFI, WASH and Education Cluster's information management platform in the DRC.

insufficient attention to community-based communication systems. The fact that none of the local leaders that the team met had ever seen the MSA that had been done in their area is an indication of this.

198. Sharing of information and design of meetings can also be improved. UNICEF has drafted a TOR for a Communications Specialist based in Goma, but this position currently focuses on media and donor relations and is unlikely to lead the development of a more inclusive and effective RRMP communication strategy or address long-standing gaps in RRMP Information Management systems.

199. Given the key role that Information Management should play within the RRMP, not only in terms of sharing information, but also in significant efficiency gains and improved understanding of outcomes, a specific recommendation on Information Management has been included.

A RRMP Accountabilty Framework?

200. Apart from compliance with standards set by clusters, RRMP currently has no systematic means to assess performance of UNICEF and RRMP partners, something that is aggravated by UNICEF's difficulties in fulfilling their external monitoring role. Most interviewees responded positively to the introduction of a certification-type performance measurement system that involves a periodic systematic review using an accountability framework[101]. Such an accountability framework would clearly and concisely describes a pre-agreed set of benchmarks and indicators to measure the extent to which UNICEF and their RRMP partners are fulfilling their commitments; both between themselves and external stakeholders, including affected communities and donors. An accountabilty framework should also provide a useful communication tool that would help mitigate the constant challenge that RRMP is facing regarding different expectations and widespread lack of understanding of what the RRMP does and does not do.

201. Some RRMP partners have already developed such frameworks and another good reference may be the draft Operational Framework developed by the IASC Task Force on Accountability to Affected Populations[102] which contains five benchmarks with accompanying indicators around 1) leadership/governance, 2) transparency: 3) feedback and complaints: 4) participation: and 5) design, monitoring and evaluation:

202. Based on experiences in the private and public sectors, a certification process includes the following three steps[103]:
    a. Self-evaluation against an agreed set of standards and criteria.
    b. A peer review visit by a team selected and trained by a certification body, which reviews the evidence, visits premises, interviews staff and other stakeholders and produces an assessment report, including recommendations.
    c. An external review by the certification body of the evidence and recommendations against key criteria, which results in a judgement that is formally communicated back to the organisation (similar to an external audit).

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[101] For a definition of a Humanitarian Accountability Framework and examples, see http://www.hapinternational.org/case-studies-and-tools/establishing-and-delivering-on-commitments.aspx

[102] IASC (2012) http://humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-common-default&sb=89   This is also attached as an annex.

[103] See Hofmann, C. (2011)

Innovation & Learning

This evaluation sought to understand how innovation is approched by RRMP, what learning systems are in place and how they are functioning.

203. Findings from this evaluation suggest that innovations are one of the main strengths of the RRMP and this could be included in its logframe as a specific objective to help streamline the capture and sharing of lessons learned. Experiences from two innovations; the IRC Mobile Pilot and the NRC Joint Food-NFI Fair, should be reviewed and – if feasible – scaled up.

204. RRMP has defined an innovation as an activity that **"…**may be a pilot project or new approach to a standard programming or operations model that can demonstrate initial results. It is a practice that has a strong potential for successful impact but has not been substantiated with a formal evaluation, or scaled up beyond its initial scope." [104] Given that the RRM, PEAR and RRMP were themselves an innovation, it seems only natural for RRMP to provide space where innovative activities can be tested out[105] and there are already a number of examples of RRMP pilot project approaches that have been adapted and used by other agencies[106].

Figure 20: Mobile data pilot - MSA

205. To decide which tested pilots will be scaled up and which new pilots will be rolled out during the following year, a consultation and learning process, including discussions within clusters, field visits to monitor the pilots' implementation and impact, is undertaken throughout the year. Decisions on innovations are usually taken during the RRMP workshop towards the end of the calendar year[107].

206. The RRMP innovation most frequently cited by interviewees as good practice are the NFI fairs which, similar to the Handicap International pilot, was piloted by an NGO with non-RRMP funding and expanded to scale within RRMP[108] and, as described above, it seems likely that there are other positive outcomes for traders

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[104] UNICEF (2011) Innovations and Lessons Learned. RRMP Concept Paper.

[105] Another UNICEF-led programme promoting innovation is the Alternative Responses for Communities in Crisis (ARCC) project,supported by DFID since 2011 that complements RRMP's innovation portfolio. This first phase of the ARCC provided assistance to over 20,000 families using three types of cash transfer systems while supporting relevant research on cash transfer and market mapping. A second phase of ARCC is currently underway that will extend cash transfer systems to nutrition, education and protection.

[106] Since 2007, 15 pilots have been implemented including NFI 'Score card'; Sensitization on Key Messages; Started in 2008 - RRMP MSA database; NFI/Shelter Voucher Fairs; Started in 2009 - 'Vulnerability Approach'; ActivityInfo; Started in 2010 - "Soft" education component; Started in 2011- Mobile data collection; Specific assistance to Handicapped; Reference MSAs; Out of zone deployment; Started in 2012- Short study on "pendulum" displacement; Emergency shelter kits; School plans for reducing protection risks; RRMP Health Pilot.

[107] There is a biannual workshop, one held in March on operational issues and methods, the other in October on strategic program review.

[108] CRS, who was the PEAR partner in Katanga at the time, did the initial pilots in 2008 and in 2009 developed an entirely separate project devoted explicitly to training and providing technical accompaniment of the PEAR and RRM partners in the approach.

and for the private sector in affected communities, which are only just starting to be explored by RRMP partners[109]. The mobile data collection pilot using smart phones, started in 2011 by IRC, is another promising example[110]. While designed mainly to reduce the delay in circulating MSA results, there are many other potential applications ranging from streamlining monitoring to cash transfer systems. The RRMP is well positioned to play a role as a "catalyst" for learning benefiting the humanitarian commuity, both in DRC and internationally. However, capturing lessons learned and sharing good practices has been a challenge outside of the binannual RRMP workshops and technical sessions which create a useful space for UNICEF, RRMP partners and other participants to share learning, review priorities and adjust strategies and tools. Outside these workshops, the RRMP encourages partners to carry out action research (e.g. joint NFI/Food fairs, Reference MSAs, etc.) that helps advance RRMP objectives while at the same time benefiting the wider humanitarian community.

207. **Handicap International Project:** After an extensive 10 month-pilot period of sensitisation, training and accompaniment to RRMP partners, the inclusion of Persons With Disabilities (PwDs) was recognised by RRMP partners in North Kivu as a thematic area and was extended to Province Orientale South Kivu where AVSI has constructed specially-adapted latrines and now routinely does focus group discussions during preparations for NFI fairs to understand how to accommodate special needs.[111]

208. Another modality not yet tested but analysed by NRC, are initial food/NFI distributions, followed by a second food/NFI distribution (during which the second half of supplies are distributed) with some days of time lag between distributions. If this modality were adopted, the hope is that NFI resale would diminish, beneficiaries would not have to transport so many items at once and there would be no need for coordination with other implementing organisations. However, the inconvenience of disrupting coping mechanisms would remain.

209. There is an increased donor interest in directly funding RRMP NGO partners for joint food/RRMP interventions (eg, ECHO, as well as funding NRC in North Kivu, have also funded food security through AVSI and IRC in South Kivu. The Norwegian MFA also funds food security). At the same time, NRC is pushing WFP to be more flexible with their funding and to agree to longer term agreements than the one they have with ECHO.

210. Innovation clearly plays a pivotal role in RRMP and relevant learning is available in the form of case studies and guidance. Learning from NFI fairs has been been disseminated at a global level via a case study[112] and presentation at a Cash and Learning Partnership (CaLP) global conference. At the same time, RRMP Partners often struggle to find the time to capture and communicate results with their current workloads. As an example, despite their strategic potential lessons learned from either the mobile pilot in South Kivu that had started in 2011 or the joint NFI-Food fairs carried out during 2012 has yet to be captured or shared.

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[109] See, for example, Solidarités (2013). An evaluation team member observed an NFI fair in Rugari where there was a large returnee population, a third of the traders only appeared on the second day, after they had confirmed that security was satisfactory.

[110] WFP is also already using mobile phone technology in DRC and has offered technical assistance to RRMP.

[111] In the education sector, HI, together with NRC, has rehabilitated a school and made it accessible; in the WASH sector, Handicap International has participated in Solidarités interventions for the implementation of appropriate latrines; in the NFI sector, HI has jointly intervened with NRC and Solidarités in NFI fairs to ensure accessibility and participation of PwDs in the fairs.

[112] CaLP Case Study: Non Food Item (NFI) voucher fairs in Walikale Territory, North Kivu, Democratic republic of Congo (DRC). A UNICEF and Solidarités International programme.

RRMP Learning Systems

211. Learning is a critical component of the RRMP which mainly happens during the two annual workshops; one in March/April on operational issues and methods, the other in October/November focusing on strategic programme review. During the past two years, technical learning days have also been added. These were previously integrated within the main workshop but it was found to be more productive to spread sector-specific learning beyond managers to partner technical staff. Local NGO partners also participate in some of the sessions. These workshops are clearly seen by participants as both opportunities to learn and to influence the strategy and approaches of the RRMP. Based on the experience of the evaluation team, UNICEF and participants should consider producing outputs from these workshops that can be used to promote learning amongst non-participants. This is particularly important in the eastern DRC context where there is relatively high staff turnover.

212. Another approach is the practice of local partners "accompanying" RRMP partners a way of transferring skills through training and coaching so that LNGOs develop the ability to carry out alerts and respond over time. Given that there are already several good practice examples from each of the partners, an outcome objective that could be added to the 2013 RRMP Logframe could be to set targets for local partners to lead MSAs and interventions supported and coached by RRMP partners (i.e. a reversal of roles).

213. Outside of these workshops UNICEF and RRMP are focused on operations with little time to devote to reflection, drafting lessons learned, etc. RRMP and UNICEF partners have a number of plans for potentially useful innovations on the drawing board but, similar to documenting lessons learned, these tend to be constantly postponed due to operational demands.

Conclusions

214. Over the decade-long lifespan of the RRMP (and its predecessors) evidence shows that there has been a broad use of its outputs, increased harmonisation, better coverage, and development of a strong team spirit within UNICEF and RRMP Partners that has helped keep the mechanism responsive and promoted knowledge-sharing and joint activities. RRMP has achieved broad recognition as an effective and largely efficient mechanism for responding to displacement in the DRC contect. Most of the weaknesses highlighted in this report are known to UNICEF and RRMP Partners who are already taking steps towards addressing many of these gaps[113]. Recommendations below are a mix of options for addressing critical gaps along with suggestions for building on specific strengths of RRMP to increase its effectiveness.

Involvement of and Accountability to National Stakeholders

215. RRMP has made good progress since the 2007 RRM evaluation in increasing involvement of national actors, particularly local NGOs, who have now started to lead MSAs and RRMP interventions with support from RRMP Partners. At the same time, gaps remain in information sharing and participation at a community level. Involvement of national actors and local ownership is likely to become increasingly critical to the effectiveness and viability of the RRMP "business model".

Delivering to the most Vulnerable

216. The RRMP has developed protocols and systems for identifying and targeting the most vulnerable but still faces challenges in delivering assistance consistently to the most vulnerable due to a combination of time pressures, gaps in community level communication systems leading to variable understanding of selection criteria and lack of disincentives to discourage misuse at a community level.

RRMP Information Management and Communication Strategy

217. The 2007 RRM evaluation found that very little monitoring data was synthesised, quantified or fed back into a formal evaluation framework, with established performance indicators, in order to measure the overall impact of RRM interventions over time. Findings in the current evaluation indicate that, although there has some progress in addressing these issues, there is still work to do and the RRMP would benefit from a communication strategy that includes community-based communication systems.

Innovation and Learning

218. Along with its flexibility and responsiveness, two other RRMP's defining features that have contributed to its success include its catalyst role in promoting assessments of priority needs and vulnerabilities and its role as as an innovator. Like the RRMP itself, many solutions and improvements have emerged through innovative approaches, a prime example being NFI fairs that have reduced costs, reduced the load on UNICEF's procurement systems and increased beneficiary choice. Innovations will continue to play a key role in both addressing challenges and in defining the future configuration of RRMP as it adapts to changing operating

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[113] There was no Management Response for the 2007 RRM Evaluation or follow up action plan. An assessment on the status of follow up on recommendations based on findings of the current evaluation is attached as an Annex.

environments and improves its value for money to ensure the RRMP retains adequate capacity to respond to large crises. RRMP staff are however constantly challenged to balance operational demands with capturing and communicating relevant learning.

Meeting Priority Needs and the RRMP "Business Model"

219. There is naturally a strong focus from donors on RRMP to demonstrate performance, accountability and value for money. Affected communities are concerned with maximising RRMP assistance coverage and whether the priority needs they have identified during MSAs will actually being met. While UNICEF is well suited to continue with leading the RRMP, better coverage of food security, health and protection is needed, along with a more cost-efficient operating model. The Humanitarian Coordinator and OCHA have potentially key roles in helping RRMP to identify an appropriate "business model", including support to early warning systems, improving humanitarian advocacy and facilitating discussions within the Humanitarian Country Team.

220. Of the four alternative business models for the RRMP considered, two were viewed as potentially viable options that would extend sectoral coverage to more effectively meet humanitarian needs of beneficiaries. However, one of these models will require a significant changes in the modus operandi of the other cluster lead agencies. The most realistic option currently therefore , appears to be direct funding to NGOs to carry out complementary activities in sectors not covered by RRMP, with cluster lead agencies having a coordination and quality assurance role, which could be supported by third party monitoring.

Performance Monitoring of RRMP

221. There have been substantial improvements in RRMP performance measurement systems over past years, notably in terms of improved ability to measure outcomes and setting more appropriate objectives that focus on vulnerability that are more suited to the current context in eastern DRC. Although post-distribution monitoring is now being regularly carried out by partners, the quality and format could benefit from standardisation, external quality assurance and better integration with UNICEF's information management system.

Involvement of Local Stakeholders

222. Despite continuing challenges related to local capacity constraints and corruption risks, RRMP has made substantional progress since the 2007 RRM evaluation in increasing involvement of national actors, particularly for local NGOs who have recently started assuming more signifcant roles during MSAs, interventions and early warning systems. Local leaders and community members are active in sensitising and mobilising the population prior to interventions, during monitoring and helping to raise community awareness. The increasing importance of NFI fairs in RRMP has led to much greater involvement with private sector actors.

223. However, while RRMP Partners were observed to be regularly conducting community-level consultations prior to and during interventions, the fact that community leaders were not informed about MSA or monitoring results and lacked a consistent understanding of selection criteria indicated a need for improved communication at the community level.

Recommendations

224. During debriefing sessions in Goma and Kinshasa it was agreed that, given the inter-agency nature of the RRMP, it would make sense to target relevant recommendations at stakeholders. Key recommendations below have therefore not been only targeted at UNICEF and NGOs leading RRMP activities, but also other stakeholders; including the Humanitarian Coordinator. Numbered recommendations are highlighted in bold lettering and are supported by bullet points providing additional guidance intended to help improve clarity and facilitate subsequent follow up.

Targeted Stakeholder	No. of Recommendations
UNICEF & RRMP Partners	8
UNICEF	5
Humanitarian Coordinator & OCHA	4
Cluster Lead Agencies & Cluster Coordinators	3
RRMP Donors	5

UNICEF and RRMP Partners

During the next 3 to 9 months….

1. **<< PRIORITY>> Improve identification of and assistance to vulnerable groups and individuals** by:

   a. Using rapid verification techniques to ensure that selection criteria has been understood by the affected populations and is being applied correctly, so that assistance reaches the most vulnerable.

   b. Improve the transparency of community-based communication systems to make it more difficult for individuals to manipulate resources. Good practice examples typically have more than one communication channel to ensure that everyone receives the same message in a way they understand[114].

   c. Develop appropriate incentives (and disincentives) to reward good practice by community leaders. Appropriate approaches may involve making "compacts" with communities, improving transparency/communication at a community level and contingency planning between agencies to have a coordinated approach when exercising sanctions in the event of misuse.

   d. Reinforcing RRMP's protection role through strengthening protection context analyses, training RRMP partner staff and increasing the effectiveness of protection referrals directly to concerned agencies (e.g. referring cases to UNHCR or IRC for GBV issues) by setting up a referral system.

2. **<< PRIORITY>> Continue efforts to promote integration of RRMP activities with other humanitarian interventions to help ensure that the response reflects priority needs by**, for example:

   e. Measure success of MSAs not only by numbers carried out, but also using indicators of their use (disaggregating data for sectors not led by UNICEF)

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[114] see, for example, Infosaid's e-learning module at http://infoasaid.org/e-learning

f.   Encourage greater participation of non-UNICEF led clusters in MSAs where relevant. Request an ACAPS[115] deployment to facilitate an interagency review of the MSA and provide technical advice to help increase the quality assurance and utility of this tool.

g.   Proactively promote the involvement of agencies who can potentially implement follow on activities at an early stage to catalyse more practical and constructive engagement with other actors. RRMP, in close coordination with OCHA, could support improved preparedness by pre-identifying agencies that can potentially follow on RRMP activities and facilitate fund mobilisation from donors. RRMP Partners can involve these agencies from the early phases of the response to facilitate in-depth assessments and project design. This can either be through involving them in the MSAs and/or as part of the monitoring and evaluations of RRMP interventions when the agency can draw on the work already done and conduct a more detailed assessment.

3.   **<< PRIORITY>> Improve RRMP information management systems**. Similar gaps were also identified in the 2007 RRM evaluation and if these are addressed it will have an immediate result in improving efficiency and quality. This may require a number of steps, including:

h.   **Development and implementation of a communication strategy for the RRMP** to understand how to improve the effectiveness and accountability (mainly transparency) of communicaton with key stakeholders, including affected populations and national actors who currently have little access to information about RRMP[116]. A key reference for this communication strategy should be the accountability framework recommended below and one of the outcomes should be greater involvement of national actors, very few of whom have seen an MSA.

i.   **Improve the utility of RRMP meetings** by, for example, dividing the Steering Committee meeting into "strategic" and "operational" sessions to encourage participation by cluster coordinators and look at ways of making meetings more effective and efficient.

j.   **Review and revise RRMP formats** such MSA reports, meeting minutes and other reports so that they include summaries identifying key priorities and provide critical information for concerned clusters to make it easier to synthesise information, identify priorities and follow up.

k.   **Prioritise the roll out of the IRC mobile data pilot and look at expanding this beyond the collection, collation and real-time dissemination of MSA information to monitoring activities** where there is also considerable potential for efficiency gains. As with all technology solutions, appropriate steps need to be taken to ensure that IT activities are guided by the communication strategy and resist the usual temptation to add too many "bells and whistles".

l.   **Consider an information management "pilot" as part of RRMP's innovations portfolio** to research information management solutions that can be adapted to the eastern DRC context, putting a particular emphasis on communication at a community level. These efforts could be supported by the deployment of a specialist from one of UNICEF standby partners that specialises in information management[117].

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[115] http://www.acaps.org/en/pages/what-we-do

[116] This is similar to a recommendation targeted at clusters in the 2010 DRC country study for the Cluster Phase 2 evaluation that recommended clusters "…design and implement a communication strategy toward population (clarifying target audiences, common messages, use of local media, etc.) in order to improve collective accountability." (Binder, A. et al (2010) page 6).

[117] Such as the Swedish Contingencies Agency - MSB

m. **Monitor information flow to confirm it is reaching its targets and understand how it's being used.**

n. **Ensure that specific human resources are made available to address the** above mentioned activities.

4. **Review and revise the RRMP logframe to reflect decisions in the Management Response to recommendations in this evaluation**.

5. **Develop a RRMP accountability framework, consulting with key stakeholders as appropriate, and use this as the basis for "re-certifying" RRMP Partners at 2-3 year intervals[118]**.

    o. **RRMP Accountability Framework**: similar to role of the Performance Accountablity Framework developed by the CERF[119] , a RRMP accountability framework would help clarify commitments, roles and responsibilities for UNICEF and RRMP Partners both internally and towards key external stakeholders, including affected populations. Some humanitarian agencies in DRC already have accountability frameworks that could be useful points of reference and the IASC Task Force on Accountability to Affected Populations has developed a set of benchmarks[120] that could also provide suitable guidance.

    p. "**Re-certification System**": In common with most certification schemes, the main purpose of the system would not be to replace partners, but rather promote continuous improvement and greater accountability through an external review process.

During the next 9 to 12 months….

6. **<< PRIORITY>> Develop an RRMP "Business Model" based on a strategy that considers the range of scenarios encountered in eastern DRC (i.e. large crises and periods of relative calm) that incorporates risks of underinvestment.** Such a model would help define a minimum capacity and cost basis based not only on a current risk assessments, but help ensure an adequate level of preparedness capacity and surge mechanims in eastern DRC, even if there is an extended period of stability. A suitable model could include:

    q. Continuing refinement and adjustment of response thresholds based on lessons learned, periodic risk assessments and take account of changing capacities within other agencies. Further develop thresholds and contingency planning to define limits for a) default intervention for disasters of a certain scale and b) docking with international interventions (i.e. Level 3 emergencies[121]).

    r. Improve value for money by, for example, identifying alternative supply chain solutions (including strengthened cash transfer mechanisms and more links with private sector[122]), using innovations to improve efficiency and effectiveness.

    s. Include cost efficiency measurement metrics in performance monitoring systems.

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[118] Due to the investments required in building capacities of RRMP partners, the current system is virtually an auto-renewal system except in cases of exceptionally poor performance or significant reduction in the scale of humanitarian activities in a given province.

[119] http://www.unocha.org/cerf/reportsevaluations/evaluations/country-reviews

[120] IASC (2012) http://humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-common-default&sb=89

[121] The IASC has defined a "Level 3" emergencies as major sudden-onset humanitarian crises triggered by natural disasters or conflict which require system-wide mobilization which are subject to a Humanitarian System-Wide Emergency Activation. More details are available at http://www.unicef.org/nutritioncluster/files/2._System-Wide_(Level_3)_Activation_(20Apr12).pdf

[122] http://www.insead.edu/alumni/newsletters/June2009/HumanitarianLogistics.htm

t. Use the selected RRMP business model as a reference point when prioritising innovations to ensure these support the model.

7. **<< PRIORITY>> Increase participation and ownership of national actors in RRMP** by, for example:

u. Synthesise lessons learned in involvement of local actors in early warning systems and, based on good practices identified, continue to promote their involvement.

v. Formalise commitments of RRMP partners in a document for local actors when carrying out a MSA and ensure they receive the results and are informed of planned follow up or, if no follow up is planned, that reasons are explained.

w. Following interventions, involve local actors in the monitoring and post-intervention monitoring and evaluation.

x. Set clear outcome targets in increasing engagement in consultation with national actors beyond the output indicators in the exisitng 2013 logframe. These targets could include, for example, numbers of MSAs and interventions where local partners lead (with support from RRMP partners).

8. **Continue to improve the timeliness and quality of RRMP activities to fulfil accountability commitments to affected populations by ensuring adequate "space" is allocated to innovative action research along with capturing and communicating relevant lessons learned**. Given the challenge to balance operational demands with "learning activities", one solution would be to seek "innovation" funding that has been specifically earmarked for action research[123] and improving learning loops to promote good practice both within the RRMP and externally in DRC and across borders.

UNICEF

During the next month…

1. **<< PRIORITY>> UNICEF DRC, in consultation with the Humanitarian Coordinator, OCHA, UNICEF HQ and other key stakeholders, needs to determine the role that RRMP can most usefully play as part of a sector-wide response to humanitarian needs in eastern DRC**

2. **In view of the implications for other humanitarian agencies, UNICEF should consider extending the mandate of the Steering Committee for this Evaluation to help with the development of a Management Response to these recommendations and provide oversight for the resulting action plan.**

During the next 9 to 12 months…

3. **<< PRIORITY>> As outcome measurement and RRMP timeline tracking systems have only recently been established, UNICEF should commission a review in 9-12 months to analyse the data that has been compiled so far. This review would both contribute to a better understanding of timeliness of RRMP interventions and provide recommendations on how these newly-installed systems can be improved.**

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[123] See, for example, http://www.linkedin.com/groups/USAID-DFID-Humanitarian-Innovation-Initiative-4153776.S.221262743

4. **<< PRIORITY>> Based on this Management Response and action plan, UNICEF should review and adapt its structure, functions and performance measurement systems to ensure that they can continue to demonstrate value for money**.

5. **In view of its role as a primary cost driver for the RRMP, UNICEF should commission a review of procurement and cash transfer systems** to identify options for maximising value for money.

Humanitarian Coordinator and OCHA

During the next 3 – 6 months…

1. **<< PRIORITY>> Facilitate a strategic discussion with key humanitarian actors, notably with WFP and UNHCR, that will inform UNICEF's decision on a design of the RRMP that most effectively meets humanitarian needs of affected populations** (i.e. inform the first UNICEF recommendation above). A key role of the Humanitarian Coordinator will to ensure that the RRMP retains its status as an effective first responder, with a mandate to catalyse and innovate. These discussions should also consider implications for RRMP with respect to:

    a. The newly created emergency "reserve" of the Pooled Fund[124].

    b. Reviewing gaps in displacement response systems in eastern DRC.

    c. How activities led by clusters and other humanitarian agencies can complement, and mutually benefit from, RRMP experiences. Important examples in the category include would be to systematise follow up sectoral assessments in priority areas to ensure that the MSA remains rapid .

2. **OCHA should agree with UNICEF and RRMP Partners how more effective use can be made of RRMP outputs for advocacy**.

During the next 9 – 12 months….

3. **<< PRIORITY>> Based on the Management Response for this evaluation, clarify the roles and responsibilities of the Humanitarian Coordinator and OCHA** (both in the east and at a national level).

4. **OCHA should lead a review of displacement response systems for the eastern zone to help identify where RRMP can add most value**. One option would be to carry out a pilot under RRMP's innovation mandate.

5. **In consultation with UNICEF and drawing on RRMP learning, establish a systematic approach for sectoral response, post RRMP interventions informed by the results and MSA and subsequent in-depth cluster assessments, and joint monitoring activities. This can be supported using common formats and protocols similar to RRMP systems, with appropriate support from the donors**

Cluster Lead Agencies & Cluster Coordinators

During the next 3 to 6 months…

1. **<< PRIORITY>> Endorse UNICEF as the agency best positioned to lead the RRMP on behalf of the international humanitarian community and agree with UNICEF and RRMP partners on specific commitments[125] that would**

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[124] rdc-humanitaire.net/images/documents/3172/3.%20Annexe%20I.B%20La%20Reserve.pdf

[125] These commitments could be a core element of a RRMP accountability framework.

help them fill such a role to better meet humanitarian needs of affected communities. Such commitments would include clariying what supprot UNICEF and RRMP partners would provide to clusters.

2. **<< PRIORITY>> WFP, FAO and UNHCR, in their roles as cluster lead agencies for food security and protection should identify concrete options for complementing MSAs and RRMP interventions, both in parallel (e.g. joining MSAs and food fairs) and follow up activities in the form of more in-depth sectoral assessments and longer term interventions**.

3. **Make use of RRMP's catalyst and innovator role, notably as a way of providing timely and good quality assessment information to all humanitarian actors**.

RRMP Donors

During the next 3 – 6 months….

1. **<< PRIORITY>> Support the establishment of an independent "third party" monitoring capacity that would complement the monitoring roles of UNICEF of RRMP Partners and complement other relevant monitoring systems**[126]. The selected agency should not only have monitoring and evaluation capacity, but also possess capacities and expertise in information management, communication and conflict sensitivity. This may result in some initial increase in costs, but this should be compensated by:

   o Where appropriate, replacing some of the current monitoring roles which UNICEF and RRMP partners struggle to fill, such as addressing access problems due to UN security restrictions and absorbing some of the post-monitoring functions of RRMP partners to improve the credibility and quality of reporting (particularly in terms of measurement of outcomes, which is a new approach for many staff).

   o Assist UNICEF and RRMP partners to improve information management for performance measurement through, for example, production of synthesis reports in user-friendly formats.

   o Cost-sharing with other UN-led activities, such as the Pooled Fund and other UN cluster lead agencies, who are experiencing similar challenges in fulfilling their oversight functions due to restrictions on travel and costs. Such an arrangement could not only reduce costs through cost sharing arrangements but also potentially help improve use of MSAs outside RRMP actors and promote more effective linkages between RRMP interventions and other activities (e.g. food security, protection, follow-on interventions).

   o Last, but not least, a skilled monitoring capacity should help to significantly improve quality of RRMP interventions by, for example, helping to ensure that assistance reaches the most vulnerable.

While the first priority should be to establish an external and credible monitoring system and provide technical support for RRMP Partner internal monitoring systems, such an agency could have several potential catalysis and innovative benefits, such as:

   o Including in their mandate facilitation of action research innovations by RRMP members by providing them with technical support in research methods and helping to capturing results in user-friendly formats to promote learning and replication.

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[126] This recommendation is targeted at donors rather than at UNICEF, since this may be integrated with the current mechanism being proposed for the Pooled Fund.

- o In the longer-term, potentially develop into self-sustaining entity as a focal point for evaluation and action research in eastern DRC … or even for the Great Lakes region. A potential model could be the Afghanistan Research and Evaluation Unit (AREU)[127], which began in 1998 as a monitoring unit for the UN Strategic Plan and in 2002 transformed into its current form.

2. **Acknowledge the important role that OCHA can play in eastern DRC in increasing the relevance and effectiveness of RRMP activities and look favourably on proposals for additional capacity that could potentially provide value for money in reinforcing OCHA's role in using RRMP outputs for advocacy.**

During the next 9 – 12 months….

3. **<< PRIORITY>> Establish funding streams to develop post-RRMP operational systems that draw upon learning from RRMP experiences** (e.g. standardised cluster assessment tools, protocols for follow on projects to RRMP interventions) to streamline follow up..

4. **Ensure that the RRMP has a reliable stream of funding to maintain the requisite level of preparedness capacity and surge mechanims in eastern DRC, including during extended periods of stability**. Donor support should be informed by a cost efficient RRMP "business model" developed by UNICEF and RRMP partners, in consultation with the Humanitarian Coordinator, OCHA and other key stakeholders to build on the RRMP programme. The aim would be to try and maintain investment at adequate levels and make more effective and efficient use of additional resources by, for example, direct funding to NGOs for sectors where UNICEF is not leading where appropriate.

5. **Facilitate access of RRMP to innovation funding to create more opportunity for action research**, recognising that action research will have different measures of success than normal operations with less consistent return on investments.

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[127] A description of AREU and its history is available at http://www.areu.org.af/ContentDetails.aspx?ContentId=1&ParentId=1