



International Organization for Migration (IOM)
The UN Migration Agency

**FINAL EVALUATION FOR THE PROJECT “*IMPROVING NATIONAL EBOLA VIRUS DISEASE
PREPAREDNESS AND SURVEILLANCE MEASURES IN RWANDA*”**

By Ruramira Bizimana Zebedee

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ACRONYMS AND ABBREVIATIONS

Covid-19:	Coronavirus Disease 2019
DAC:	Development Assistance Committee
DFID:	Department for International Development
DRC:	Democratic Republic of the Congo
EDPRS:	Economic Development and Poverty Reduction Strategy
EVD:	Ebola Virus Disease
FCDO	United Kingdom's Foreign, Commonwealth & Development Office
GoR:	Government of Rwanda
HCWs:	Health care workers
HBMM:	Health Border and Mobility Management
IOM:	International Organization for Migration
MHD	Migration Health Department
MINEMA:	Ministry in Charge of Emergency Management
NCDs:	Non-Communicable Diseases
NST1:	7 Years Government Programme: National Strategy for Transformation
OECD:	Organization for Economic Cooperation and Development
PHEIC:	Public Health Emergency of International Concern
PMM:	Population mobility mapping
POCs:	Points of Control
PoEs:	Points of entry
RBC:	Rwanda Biomedical Centre
SDG:	Sustainable Development Goal
PSU	Programme Support Unit
UHC:	Universal health care
UN:	United Nations
UNDAP:	United Nations Development Assistance Plan
UNEG:	United Nations Evaluation Group
UNICEF:	United Nations Children's Fund
USD:	United States dollar
WHO:	World Health Organization

00. MANAGEMENT RESPONSE

No	Recommendation
1	IOM should finalize PMM Report affected by COVID-19 outbreak measures.
2	IOM and its partners should continue the support to local structures for EVD and COVID-19 preparedness and surveillance.

Summary details from the project proposal

Project type:	Migration Health Assistance for Crisis-affected Populations (MP)
Project Title:	Improving national EVD Preparedness and Surveillance Measures in Rwanda
Project identification:	RWA/FUND/MM0036/2020 UNICEF
Executing Organization:	International Organization for Migration (IOM)
Project Management Site:	Rwanda-CO-Kigali-RW10
Relevant Regional Office:	RO Nairobi
Evaluation Commissioned by:	International Organization for Migration (IOM)
Geographical Coverage:	The Republic of Rwanda: high risk priority districts, with a particular focus on Rusizi which borders the Democratic Republic of the Congo and Burundi (Priority 1 district)
Project Beneficiaries:	Direct beneficiaries: Local community members of the district Indirect beneficiaries: Local authorities, local operators, and health professionals at the points of entry (PoEs), border officials
Project Partner(s):	Rwandan Ministry of Health, district hospitals and health centers, Rusizi District Council, Rwanda Biomedical Center, WHO and UNICEF
Relevant SDGs	SDG3: Ensure healthy lives and promote well-being for all at all ages
Duration:	9 Months
Total funding:	300,000 USD
Evaluation Date:	October, 2020
Name, title & contact of Evaluator:	Ruramira Bizimana Zebedee, Consultant, ruramira@yahoo.fr

0. EXECUTIVE SUMMARY

Background

The Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC) posed a risk of introduction of the virus into neighboring unaffected countries including Rwanda which was not fully prepared to resist and prevent the spread of the dreadful disease. Therefore, Rwanda was advised by the World Health Organisation (WHO) to establish surveillance and alert systems. Preparedness and response for EVD is the responsibility of the Government of Rwanda (GoR) through the Ministry of Health by the Rwanda Biomedical Centre (RBC). An EVD Contingency Plan was developed to mobilize the required resources to implement the tasks identified. On this basis and in line with the IOM Health Border and Mobility Management (HBMM) framework, International Organization for Migration (IOM) formulated and implemented the project “Improving National *Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda*” to support the identified response needs and the key strategic objectives of the EVD Contingency Plan.

The Project objective was to improve national EVD preparedness and surveillance measures in Rwanda. This should be achieved through one Outcome which is: *EVD preparedness and surveillance are enhanced through implementation of data collection and effective prevention and screening activities at identified points of entry (PoEs)*. This was supposed to be achieved through the following two (2) outputs:

- **Output 1.1:** *Population-mobility related information in Rusizi is available and accessible to national and local authorities and health-care facilities in the selected district at the borders with DRC and Burundi.*
- **Output 1.2:** *Ministry of Health frontline workers’ capacities are strengthened to improve active surveillance at PoEs including provision of incentives.*

Following the Corona Virus Disease (COVID-19), first identified in December 2019 and declared a pandemic on March 11th, 2020 by the World Health Organization (WHO), with the first confirmed case in Rwanda on March 8th, 2020, it was decided that the project would also cover COVID-19. This decision was taken through discussions between the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF) and the United Kingdom’s Foreign, Commonwealth & Development Office (FCDO) formerly the Department for International Development (DFID). Therefore, the Project was revised to cover the COVID-19 outbreak and activities were modified subsequently which included the revision of screening tools at POE, and revision PMM tools to include questions that would also allow identification of COVID-19 cases and to inform both EVD and COVID-19 preparedness and response. However, the nature of activities remained the same so Donor did not ask for a change at outcome/outputs/indicator levels as well as the Project Matrix did not change.

The declaration of the outbreak was followed by a series of preventive measures such as the mandatory quarantine for all travelers coming into the country, compulsory wearing of face masks, hand washing and practice of physical distancing. Several campaigns were organized including risk communication and awareness campaigns, #GumaMuRugo – a call to stay home and save lives- which made a buzz thanks to the Rwanda National Police, the Health Sector and local authorities’ efforts and innovations in community awareness, rumor management as they encouraged citizens to respect safety measures in the entire country.

Purpose and scope of the evaluation

The evaluation conducted in October 2020 covers the whole project implementation period from February 1st, 2020 to October 31st, 2020 and includes all project activities implemented by IOM and its partners.

The purpose of the evaluation is to review and highlight the extent to which the project achieved its intended objective and how the achievement of planned results contributed to it as well as to identify the successes, gaps, and opportunities for actionable recommendations for future programming.

This final evaluation was commissioned by IOM Rwanda Country Office for the use by the IOM Regional Office in Nairobi, UNICEF Rwanda, the Foreign and Commonwealth Office of the United Kingdom and potential other relevant stakeholders.

This evaluation uses the 2019 revised evaluation criteria developed by Organization for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC): relevance, effectiveness, efficiency, coherence, impact, and sustainability. Additionally, and in order to be complete, the evaluation, the evaluator assessed integration of gender as crosscutting issue.

Methodology of the evaluation

The consultant adopted the quantitative and qualitative methodologies to collect and analyze data. As such, the consultant carried out document reviews and conducted stakeholder interviews that constituted the qualitative method.

To bear a systemic and integrated approach, the evaluation used a mixed methods design, combining the strengths of quantitative and qualitative approaches and methods. The evaluation also used gender-responsive evaluation methodology involving both men and women in the evaluation process. The evaluation conducted desk review whose data are contained in various documents, in particular 7 Years Government Programme: National Strategy for Transformation, Ebola Virus Disease (EVD) Contingency Plan, Coronavirus Disease 2019, National Preparedness and Response Plan, Project Document “Improving national EVD preparedness and surveillance measures in Rwanda” and Project Reports as well as interviews with Rwanda Biomedical Centre staff and IOM to triangulate findings from different sources for analysis.

Summary matrix of main findings and recommendations

No	Core Finding	Recommendation
1	<p>Design and relevance</p> <p>Core Finding 1.1: The evaluation found that the interventions described in the Project Document are well defined to achieve the objective of the project and was pertinent and relevant to Rwandan policies, priorities and needs as well as regional and international frameworks.</p> <p>Core Finding 1.2: The evaluation found that the project interventions responded to the needs and priorities of the country and target beneficiaries.</p>	
2	<p>Effectiveness</p> <p>Core Finding 2.1: The evaluation found that the intervention has been very effective because 35 Points of Entry (PoEs) were effectively capacitated for EVD and Coronavirus Disease (COVID-19) screening.</p>	<p>General recommendation: IOM and development partners continue to support the Government of Rwanda (GoR) in the prevention and preparedness and surveillance of EVD and COVID-19 on.</p>
3	<p>Efficiency</p>	<p>General recommendation: IOM should mobilize more funds to</p>

	<p>Core Finding 3.1: The Evaluation found that the project was efficiently carried out in terms of provision of funds to implement the project activities. There was also an efficient utilization of funds generally and therefore, resources spent on project activities were justifiable.</p>	<p>support the Government of Rwanda.</p>
4	<p>Coherence</p> <p>Core finding 4.1: The evaluation found that the project was both consistent with the international legal frameworks and policies of IOM as well as to national priorities and needs.</p> <p>Core finding 4.2: The evaluation noted that the coordination and synergy between all actors were complementary and built on these policies, strategies, and guidance.</p>	<p>General recommendation: IOM should continue to work with government institutions and other stakeholders in EVD and COVID-19 preparedness and surveillance.</p>
5	<p>Impact</p> <p>Core finding 5: The project generated one change that has potential long-term implication: capacity-building of health care workers at PoEs improved knowledge on EVD and COVID-19 preparedness and surveillance.</p>	<p>General recommendation: IOM should build on this positive change to support future EVD and COVID-19 interventions.</p>
6	<p>Sustainability</p> <p>Core finding 6: There are factors that predict the sustainability of the intervention of the project upon its completion: policy and institutional frameworks which have the potential for multiplier effect in the long term.</p>	<p>General recommendation: The support to the national policy and institutional frameworks should be maintained and supported by IOM and other Government partners.</p>

Recommendations

Based on the above evaluation findings, the evaluation formulated the following key recommendations:

- IOM should finalize PMM Report affected by COVID-19 outbreak measures.
- IOM and its partners should continue the support to Points of entry structures for EVD and COVID-19 preparedness and surveillance.

Lessons learned

One lesson learnt can be gleaned from the literature and interviews:

- *As part of the response against EVD and COVID-19, support to the points of entry structures is necessary to ensure the effectiveness of the response as it limits the transmission of EVD and COVID-19 from abroad.*

I. INTRODUCTION

1. BACKGROUND AND CONTEXT

1.1. RWANDAN NATIONAL EBOLA VIRUS DISEASE (EVD) CONTINGENCY PLAN

The Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC) posed a risk of introduction of the virus into neighboring unaffected countries including Rwanda.

As an unaffected country with land borders adjoining the DRC, Rwanda was advised by the Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo, to establish surveillance and alert systems¹ in order to *“ensure that basic infection prevention and control measures are in place in health care facilities, ensure that health care workers are trained in appropriate infection prevention and control and establish rapid response teams to investigate and manage any EVD cases and their contacts should the outbreak spread beyond the DRC”*².

Preparedness and response for EVD is the responsibility of the Ministry of Health (MoH), through the Rwanda Biomedical Centre (RBC) which oversees epidemic preparedness and response. EVD Contingency Plan has been developed to mobilize the required resources to implement the tasks identified. Among the strategic objectives of this strategy is to support capacity building of national, district, local level health staff, as well as community health workers in public health surveillance, outbreak investigation and response to Ebola Virus Disease and other public health emergencies.

It is in this context that IOM formulated and implemented the project *“Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda”* to support the identified response needs and the key strategic objectives of the EVD contingency plan.

1.2. BACKGROUND CONTEXT OF THE PROJECT

Following the EVD outbreak in DRC (Ituri, North and South Kivu) bordering Rwanda and after detecting the first case in Goma, the World Health Organization (WHO) International Health Regulations Emergency Committee declared the outbreak a Public Health Emergency of International Concern (PHEIC) on July 17th, 2019. It was recommended that neighboring countries including Rwanda to work urgently with partners to improve their preparedness for detecting and managing cases and continue to map population movements to support understanding risk of disease spread³.

In line with the IOM Health Border and Mobility Management (HBMM) framework aiming *“to empower governments and communities to prevent, detect and respond to potential health threats along the mobility continuum (at points of origin, transit, destination and return)”*⁴, IOM proposed this 9-month project *“Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda”* with the objective to support national efforts to improve EVD preparedness and surveillance measures in the Rusizi District bordering DRC and Burundi as the Rusizi District having been identified by the Ministry of Health (MoH) as a priority.

In coordination with the Rwanda Biomedical Centre (RBC) and the Rusizi District Council, IOM has implemented this Project whose objective is to improve national EVD preparedness and surveillance measures in Rwanda. This should be achieved through one Outcome which is: ***EVD preparedness and surveillance are enhanced through implementation of data collection and effective prevention and screening activities at identified points of entry (PoEs)*** through the following two (2) outputs:

- **Output 1.1:** Population-mobility related information in Rusizi is available and accessible to national and local authorities and health-care facilities in the selected district at the borders with DRC and Burundi.

¹ <https://www.who.int/ihr/procedures/statement-emergency-committee-ebola-drc-july-2019.pdf>

² The Republic of Rwanda, Ebola Virus Disease (EVD) Contingency Plan, 28 MAY 2018.

³ WHO Democratic Republic of Congo: Ebola Virus Disease - External Situation Report 64, 22 October 2019.

⁴ Project Document *“Improving national EVD preparedness and surveillance measures in Rwanda”*.

- **Output 1.2:** Ministry of Health frontline workers' capacities are strengthened to improve active surveillance at PoEs including provision of incentives.

The last reported case associated with the EVD Outbreak in DRC was on April 27th, 2020 in Beni Health Zone in the North Kivu province, since which no new confirmed or probable cases of EVD have been reported in eastern DRC (specifically Ituri, North Kivu, and South Kivu provinces) nor any neighboring country. Due to this, Democratic Republic of Congo (DRC) Ministry of Health, on June 25th, 2020, declared that the human-to-human transmission of Ebola virus had ended in the area. The Emergency Committee for EVD in the DRC (convened by WHO) reinforced this on June 26th, 2020 when the end of the Public Health Emergency of International Concern (PHEIC) for this event was declared. That being said, the Committee recommended neighboring countries to continue to strengthen their surveillance for EVD to prevent the risk of potential spread. Furthermore, there is still an ongoing EVD outbreak in the Equateur Province; however, it is confirmed to be an epidemiologically distinct event⁵.

1.3. CORONA VIRUS DISEASE (COVID-19)

On March 11th, 2020, the Director-General of WHO declared the coronavirus disease 2019 (COVID-19) a pandemic⁶. Therefore, Rwanda developed a Preparedness and Response Plan to ensure effective national capabilities for the prevention, detection, response, and containment of a potential COVID-19 case. Following the COVID-19 first confirmed case in Rwanda on March 8th, 2020, it was decided that the project would also cover COVID-19.

Through discussions between the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF) and the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) formerly the Department for International Development (DFID), it was decided that this project will cover COVID-19 detection and prevention. This was done by some minor adjustments such as adding a few additional questions to the questionnaires, which will allow identifying potential COVID-19 cases at Points of Entries and for findings from the Population Mobility Mapping to inform both EVD and COVID-19 preparedness and response. The Government of Rwanda has taken several measures in order to strengthen the country's ability to mitigate the risk of COVID-19 transmissions. For example, on March 21st, 2020 when unnecessary movement outside the home and between districts was prohibited, borders closed (with exceptions for goods and cargo, as well as returning Rwandan citizens and legal residents), shops and markets closed (except for essential services) etc.⁷. While restrictions have loosened gradually since May 4th, 2020⁸, several measures, such as curfew, limitations of gathering, closed schools, closed borders (with exceptions) are still in place. Rusizi District was put under additional restrictions, with a longer lockdown than the national one and with movement in and out of the district being prohibited until September 10th, 2020⁹ When the Government decided that the private transport between Rusizi and other districts shall resume.

⁵ WHO, Final Statement on the 8th meeting of the International Health Regulations (2005), 26th of June 2020, <https://www.who.int/news-room/detail/26-06-2020-final-statement-on-the-8th-meeting-of-the-international-health-regulations>

⁶ WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020 <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

⁷ Rwanda, Office of the Prime Minister, Announcement on Enhanced COVID-19 Prevention Measures, 21 March 2020.

⁸ Rwanda, Office of the Prime Minister, Statement on Cabinet Resolutions of 30/04/2020

⁹ Rwanda, Office of the Prime Minister, Statement on Cabinet Resolutions of 10/09/2020.

2. PURPOSE AND SCOPE OF THE EVALUATION

The evaluation covers the whole project implementation period from February 1st, 2020 to October 31st, 2020 and includes all project activities implemented by IOM and its partners.

The purpose of the evaluation is to review and highlight the extent to which the project achieved its intended objective and the achievements of the Project “*Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda*”, and to identify the successes, gaps, and opportunities for actionable recommendations for the future programming.

This evaluation uses evaluation criteria developed by Organization for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC): relevance, effectiveness, efficiency, impact, and sustainability. Additionally, and in order to be complete, the evaluation will use design, coherence as well as integration of human rights and gender as crosscutting issue. In line with the terms of reference (ToR), the evaluation will use the following key evaluation questions:

List of Key evaluation questions (KEQs)

Evaluation criteria	Evaluation Question	Question added
Relevance	<ul style="list-style-type: none"> To what extent did the project respond to the needs and priorities of the country and target beneficiaries? Have gender considerations been properly integrated into the project implementation strategy and planned activities? Is the project aligned to relevant regional and global frameworks? As designed, were interventions adequate to achieve the project objectives? To what extent were the local stakeholders and beneficiaries consulted and involved in the implementation of activities, thereby improving ownership, accountability, and effectiveness? 	<ul style="list-style-type: none"> How appropriate was the project design to address the two project outputs?
Coherence	<ul style="list-style-type: none"> Did the project coordinate with other similar interventions to increase synergies and/or to avoid duplications? 	<ul style="list-style-type: none"> Are the Project actions in the compliance with national policies and international obligations? What is the impact of the project on collaboration and partnership among the relevant stakeholders?
Effectiveness	<ul style="list-style-type: none"> To what extent has the project achieved desired/planned results? Has it addressed the needs of target beneficiaries? What are the major factors influencing the achievement/non achievement of the project’s expected outcome? To what extent has the project adapted or was able to adapt to changing external 	<ul style="list-style-type: none"> To what extent did the project result contribute to the achievement of Economic Development and Poverty Reduction Strategy (EDPRS 2) and United Nations Development Assistance Plan (UNDAP) 2018-2023 results?

	<p>conditions in order to ensure project outcome?</p> <ul style="list-style-type: none"> • To what extent did the assistance reach those affected? • What are the strengths, weaknesses and lessons learned from implementation of the project? 	
Efficiency	<ul style="list-style-type: none"> • Has the project been implemented in a timely manner or as per work plan; to what degree were inputs provided or available in time to implement activities from all parties involved? • Have the available financial and human resources been optimally used? • Was the project implemented in a cost-effective manner as compared to alternative means of implementation? • Have the management and decision-making structures been effective to ensure efficient and timely project implementation? 	<ul style="list-style-type: none"> • Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs?
Impact	<ul style="list-style-type: none"> • What are the cumulative effects of the project? • What is the indirect contribution of the population-mobility related information which was made available under the project? • What is the impact of the project on collaboration and partnership? 	
Sustainability	<ul style="list-style-type: none"> • To what extent will project results be sustained by the GoR? • To what extent has local ownership been incorporated throughout the project cycle and their plan to ensure sustainable results after the project closure? • To what extent are activities linked to longer term recovery efforts in Rwanda? 	<ul style="list-style-type: none"> • What are the key factors that will require attention in order to improve prospects of sustainability of project outcome and the potential for replication of the approach?
Lessons Learned		<ul style="list-style-type: none"> • What key lessons were learned from the project implementation? • What were the best practices? • What are the success stories emanating from the project?
Recommendations		<ul style="list-style-type: none"> • What corrective actions are recommended to the GoR and IOM?

3. EVALUATION METHODOLOGY

3.1. METHODS

To ensure an effective assessment was completed, the consultant employed an evaluation design that used a mix of assessment tools and methods. The methodology presented here was guided by the Terms of Reference (ToRs) for the evaluation. To a large extent, the consultant employed an eclectic approach that was all-encompassing and participatory. Therefore, data collection used both quantitative and qualitative methods. Quantitative method includes documents review as secondary data and information from the interviews. Qualitative data collection was the information from individual interviews from stakeholders.

The evaluation provides a set of findings derived from the above methods. Firstly, the evaluation conducted desk review by scanning the literature from various IOM and Rwanda Government documents including 7 Years Government Programme: National Strategy for Transformation, Ebola Virus Disease (EVD) Contingency Plan, Coronavirus Disease 2019, National Preparedness and Response Plan and analyzing secondary data contained in various documents, in particular, in the Project Document "*Improving national EVD preparedness and surveillance measures in Rwanda*" and Project Reports.

To bear a systemic and integrated approach, the evaluation used mixed methods combining the strengths of quantitative and qualitative methods. Mixing them ensured to summarize and describe the quantitative data, find patterns, and turn quantitative data into useful information as well as to analyze documented responses from interviews in order to take descriptive information and offer an interpretation. The evaluation also used gender-responsive evaluation methodology involving both men and women as well as to ensure that women were prominent throughout the implementation of the project and in the evaluation process.

3.2. EVALUATION PROCESS

The consultant employed following methods to complete the evaluation process:

- Document review and evaluation design;
- Meetings with relevant stakeholders and interviews with key informants;
- Analysis, reflection, and report writing.

3.2.1. Document review - preparation of the evaluation

The consultant reviewed relevant project documents that were provided by IOM Rwanda. These are data that were useful for unearthing why the project was designed and its design processes, people involved in the design, why the target population and locations were chosen, the processes of engaging partners, the strategies employed in carrying out the intervention and many others. Some of the documents reviewed include but were not limited to:

- a) Project Document "*Improving national EVD preparedness and surveillance measures in Rwanda*."
- b) Interim Report to UNICEF Rwanda.
- c) IOM Rwanda Project Infosheet DFID.
- d) IOM Rwanda DFID Project Incentives PoEs 1st Infographic.
- e) Financial Project Report.

3.2.2. Meetings with key informants

The consultant collected data from key stakeholder categories using proposed tools in the annexes. The key stakeholders being targeted included IOM and Rwanda Biomedical Centre (RBC) that have participated in and or benefited from the implementation of the project. The selection of three key respondents including two (2) from IOM and one (1) from RBC was purposively based on their contributions and roles in the project implementation.

The in-person interviews were guided by a standard set of questions that collected information to address the core Evaluation Criteria and Questions established for the methodology. This Interview Guide provided the consistency for triangulation of interview responses. It allowed for flexibility to capture other issues or nuances that may not have been identified in the interview questions

3.2.3. Analysis, reflection, and report writing

The consultant analyzed and reflected on the information gathered using the above methods, analyzing data from stakeholders that culminated in the completion of the first Draft Evaluation Report was submitted for review and comments from IOM. For the review and adjustment of the Draft Report, the consultant remained available for the full period of the consultancy and prepared the Final Evaluation Report following feedback and input from IOM.

II. EVALUATION FINDINGS

This section describes the findings from this evaluation of the project. The findings are organized using OECD/DAC criteria.

1. DESIGN AND RELEVANCE

Adequacy of the interventions to achieve the project objective

Project interventions were formulated with the aim of improving active surveillance of EVD at PoEs and have been extended to COVID-19 for reasons explained above. The interventions described in the Project Document were sufficient to lead to the achievement of the outcome and the objective of the project which aimed at improving national EVD and COVID-19 preparedness and surveillance measures in Rwanda.

WHO stated the EVD poses a high risk of introduction into neighboring countries including Rwanda and has advised neighboring countries to urgently strengthen their surveillance and alert systems for early detection of potential cases, and overall preparedness for timely and effective response¹⁰. Following the WHO report on COVID-19 outbreak, the GoR recommended preventive measures to protect all residents and visitors of Rwanda.

The Direct beneficiaries of the Project were the Local community members in the Districts bordering the DRC and Burundi. The indirect beneficiaries were the Local authorities, local operators, and health professionals at the points of entry (PoEs) and border officials. They had a strong need to respond effectively and quickly to prevent the infection from spreading and limit the impact of a possible outbreak, focusing on quick identification and isolation of confirmed cases from the onset symptoms. The Project aimed at responding to the health needs of mobile populations and migrants throughout all phases of the migration process, as well as to the public health needs of host and home communities, by strengthening health systems and migration policies and practices.

According to the Project Document, the number of PoEs in Rwanda to be included in the intervention should be determined in a needs assessment conducted at the start of the project by MoH together with DFID and IOM. According to the information from interview with IOM Rwanda, this Need Assessment was not conducted.

Relevance to the needs and priorities of the GoR

The outbreak of EVD and COVID-19 as pandemics has shown the limits of countries, including Rwanda, to their preparedness in their prevention and control in order to curb their spread.

The health sector in Rwanda is led by the Ministry of Health (MOH), which supports, coordinates, and regulates all interventions whose primary objective is to improve the health of the population. The

¹⁰ WHO, EVD Preparedness and Response in Rwanda <https://www.afro.who.int/news/evd-preparedness-and-response-rwanda>

project was designed to support the Rwandan Government's to empower the GoR to prevent, detect and respond to potential health threats crossing the borders or along the mobility continuum.

This Project was a specific request from GoR and was developed to support, at the time of its design, the EVD Contingency Plan and extended to support the Coronavirus Disease 2019, National Preparedness and Response Plan.

It is therefore relevant to the GoR's health policies. For instance, among *7 Years Government Programme: National Strategy for Transformation (NST1)* areas of interventions in disaster management focuses on key sectors health sector is included. To sustain progress and strengthen capacities for disaster management, continuing implementation of the disaster management plans and tools including district disaster management plans and other contingency plans is crucial. One of key strategic interventions is to *strengthen disease prevention awareness and reduce Communicable and Non-Communicable Diseases (NCDs)*¹¹.

Considering the COVID-19 outbreak, the GoR implemented measures that affected IOM's strategy. For instance, from March 21st, 2020 to May 4th, 2020¹² the GoR implemented measures prohibiting unnecessary movements, curfew and borders, shops and markets were closed¹³. In particular, Rusizi District was put under additional restrictions, with a longer lockdown than other districts and movement in and out of the district being prohibited until September 10th, 2020¹⁴.

Alignment to relevant international, regional, and national frameworks

The entire United Nations (UN) system is mobilized against the EVD and COVID-19. This project falls within the framework of IOM's interventions given that it aligns its priorities with IOM Health Border and Mobility Management (HBMM) framework whose scope ranges from collection and analysis of information on mobility patterns, to disease surveillance and health threat response mechanisms at spaces of vulnerability along mobility pathways. IOM facilitates this through enhancing the overall capacity of countries to prevent, coordinate, and manage infectious disease outbreaks, continually assessing and accounting for priorities within the humanitarian-development-peace nexus, fostering overall health system strengthening and contributing to achieving universal health care (UHC) through enhancing capacity at Points of Control (POCs)/POEs in the DRC and Priority 1 border countries, whilst also planning for transition and recovery activities¹⁵.

Integration of the gender considerations into the project

One UN and Rwanda have a strong mandate in integrating gender equality issues into the different programs. This Project is in the direct line with addressing the issues with regard to women and men, girls, and boys. According to the Project Document, IOM would ensure gender mainstreaming and equal programming opportunities for women and men by adhering to IOM's 2014 Gender Equality Policy¹⁶, which establishes a framework for IOM's work on gender issues.

The evaluation found that even though Project interventions have benefited indiscriminately both male and female beneficiary populations crossing the PoEs and indirectly through the capacity building of the staff at PoEs carrying out the screening activities. However, the project monitoring data collection was not disaggregated by gender.

¹¹ Republic of Rwanda, *7 Years Government Programme: National Strategy for Transformation (NST 1)*, 2017 - 2024, p. 13.

¹² Rwanda, Office of the Prime Minister, Statement on Cabinet Resolutions of 30/04/2020.

¹³ Rwanda, Office of the Prime Minister, Announcement on enhanced COVID-19 Prevention measures, 21 March 2020.

¹⁴ Rwanda, Office of the Prime Minister, Statement on Cabinet Resolutions of 10/09/2020.

¹⁵ Ebola Virus Disease (EVD) - Regional Emergency, Health Response Plan 2020-2022.

¹⁶ <https://governingbodies.iom.int/system/files/en/council/106/C-106-INF-8-Rev1-IOM-Gender-Equality-Policy-2015-2019.pdf>

Collecting and analyzing gender disaggregated data is an important part of every gender analysis. It is a powerful tool to identify quantifiable differences between women and men and between girls and boys. It is ideal to begin collecting gender disaggregated data at the very beginning of a project monitoring activity. It is therefore recommended to ensure that gender analysis and gender disaggregated data are a routine part of monitoring and reporting mechanisms to help indicate where there are differences between girls, boys, women, and men in terms of the impact of the project and their access to project interventions and their vulnerabilities, capacities, priorities and needs.

It is also important to ensure that gender gaps or inequalities identified through performance monitoring and evaluation are shared with programmers and that measures are taken to address gaps in ongoing and future programmes.

2. EFFECTIVENESS

This section of the evaluation report illustrates to what extent the Project has achieved its objective and expected result (outcome and outputs) and if the Project was a success in achieving its objective of improving national EVD and COVID-19 preparedness and surveillance measures in Rwanda. Based on a comprehensive review of project documents and reports as well as triangulated with stakeholders' interviews, the achievement of the result of the project is detailed as follows:

2.1. PROGRESS TOWARDS ACHIEVING THE PROJECT OUTCOME

The only Project outcome is: *EVD (and COVID-19) Preparedness and surveillance are enhanced through implementation of data collection and effective prevention and screening activities at identified points of entry (PoEs).*

2.1.1. Measurement of the outcome indicator

One (1) Outcome Indicator was formulated to measure the progress towards achieving the project outcome: **Number of PoEs with effective capacity for EVD and COVID-19 screening**¹⁷. According to the project document, Four PoEs sites (two with DRC and two with Burundi) reporting regularly on population mobility trends at the borders were targeted.

Analysis of reports and interviews shows that the following 35 PoEs were covered: Rusumo, Nemba, Akanyaru Bas, Akanyaru Haut, Nshili, Remera, Bugarama, Ruhwa, Cogefar, Rusizi I, Rusizi II, Hepfo, Sumoyamana, Kamembe Airport, Nkombo, Budike, Rugari, Kirambo, Nyamitaka, Shuguri, Mwaga, Ruganda, Nkora, Bugarura, La Corniche, Poids Lourds, Brasserie, Kabuhanga, Cyanika, Buhita, Gatuna, Buziba and Kagitumba. This shows that the progress is far above the target set in the Project Document (see the table below). In conclusion, 35 PoEs having effective capacity for EVD and COVID-19 screening enhanced the EVD and COVID-19 preparedness and surveillance through implementation of data collection and effective prevention and screening activities.

According to the interview conducted with RBC, as a result of the project's interventions, the health care workers (HCW) at all 35 PoEs are able to systematically screen and detect suspected cases of EVD and COVID-19.

Table 1: Progress towards the intended result (indicator, baseline, target, and progress)

Project Outcome	Outcome Indicator	Baseline	Target	Progress	Means of Verification	Achieved
EVD and COVID-19 preparedness and surveillance are enhanced through implementation	Number of PoEs with effective capacity for EVD	0	4 PoEs	35 PoEs	Site monitoring report,	875%

¹⁷ This outcome indicator is formulated as an output indicator. Therefore, it should be for example: PoEs have increased EVD and COVID-19 screening capacity.

of data collection and effective prevention and screening activities at identified points of entry (PoEs).	and COVID-19 screening				monthly report	
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2.1.2. Measurement of the output indicators

The extent to which this outcome has been achieved was assessed through two (2) outputs:

- a) Output 1.1: Population-mobility related information in Rusizi is available and accessible to national and local authorities and health-care facilities in the selected district at the borders with DRC and Burundi.
- b) Output 1.2: Ministry of Health frontline workers' capacities are strengthened to improve active surveillance at PoEs including provision of incentives.

The Progress towards the outcome (indicator, baseline, target, and progress) will be shown later in the table below.

2.1.2.1. Population-mobility related information in Rusizi is available and accessible to national and local authorities and health-care facilities in the selected district at the borders with DRC and Burundi.

The assessment of the achievement and the contribution of this output to the outcome were measured by two (2) indicators:

a) Number of population mobility mapping (PMM) dedicated reports.

The aim of population mobility mapping (PMM) was to inform the EVD National Preparedness Plan by providing partners with relevant information on population mobility and cross-border movements in order to improve prevention, detection, and response to the spread of EVD and COVID-19 through an improved understanding of prevailing human mobility patterns.

According to the Project Document, IOM would conduct population mobility mapping (PMM) exercise which aimed at informing EVD and COVID-19 National Preparedness Plans by providing partners with relevant information on population mobility and cross-border movements in order to enhance prevention, detection, and response to the spread of infectious diseases through an improved understanding of prevailing human mobility patterns. The PMM was at the PoEs in the selected high-risk district to enable better understanding of the mobility dynamics in the country at the borders with DRC and Burundi (1 PMM exercise) and conduct flow monitoring, which tracks movement flows and the overall situation at key, high-mobility locations. The PMM findings would be compiled and published in a report on population mobility trends at the border with DRC and Burundi in order to help national authorities, local health facilities and partners to better plan specific prevention and surveillance interventions and measures.

Unfortunately, the implementation of activities under this output have been affected and disturbed by the measures taken by the GoR in the prevention and control of COVID-19. Furthermore, the targeted District of Rusizi was especially impacted and had longer lockdown compared to the rest of the country and, consequently, movement to and from this District was prohibited during a long period.

Therefore, the activity was considerably delayed and later modified: instead of organizing participatory meetings as planned, a consultant and an enumerator were hired to conduct one on one interview with key informants in order to comply with the preventive measures of COVID-19. At the time of this evaluation, the report was not yet finalized.

According to the project document, one (1) PMM report was the target of the project. In view of the change in the circumstances described above and independent of IOM's willingness to implement this activity, the latter has been delayed and it is not possible, at the time of the evaluation, to measure the progress and contribution of this indicator to the achievement of the outcome.

b) Number of EVD dedicated reports finalized for better understanding of population movements and potential transmission routes.

Regarding the second output indicator, it was also affected as described above. According to the Project document, one (1) report every 2 months was targeted.

Given the change of the circumstances due to measures to prevent COVID-19 including long period of lockdown, IOM's strategy was overtaken by unforeseen events due to COVID-19. For instance, The GoR implemented on March 21st, 2020 measures prohibiting unnecessary movements outside the home and between districts and borders, shops and and markets were closed¹⁸. While restrictions have loosened gradually since May 4th, 2020¹⁹, several measures, such as curfew, limitations of gathering, closed schools, closed borders were still in place. Rusizi District was put under additional restrictions, with a longer lockdown than other districts and movement in and out of the district being prohibited until September 10th, 2020²⁰.

However, since the above measures have been lifted, it is still necessary for IOM that EVD and COVID-19 dedicated reports be produced for better understanding of population movements and potential transmission routes.

2.1.2.2. Ministry of Health frontline workers' capacities are strengthened to improve active surveillance at PoEs including provision of incentives.

Given the need of the MoH to strengthen the EVD and COVID-19 preparedness, response, and surveillance measures at the PoEs bordering DRC, Burundi, Uganda and Tanzania, IOM was requested to provide capacity building support to MoH in form of incentives to its specialized frontline workers to ensure continuity of active surveillance including screening migrants crossing the borders. The assessment of the achievement of the output or progress made and the contribution of this output to the outcome were measured by one (1) indicator: *Number of PoEs provided with capacity building through incentives for screening purposes.*

According to the project document, the target was the number of PoEs sites to operate more efficiently through the provision of incentives. Reports and interviews prove that within 35 PoEs covered by providing incentives to 350 Rwandan health professionals who were conducting EVD and COVID-19 screenings at Point of Entries bordering Democratic Republic of Congo, Republic of Burundi, Republic of Uganda, and the United Republic of Tanzania.

The evaluation found that the Provision of incentives, as per agreement with the Donor and the Government, was retroactive. IOM covered screening activities during the period from December 2019 up to April 2020 and therefore ensuring support to both EVD and first COVID-19 measures at PoEs. The GoR ensures monitoring of the incentives component activities and IOM was informed about number of screenings conducted and alert cases reported to district or central authorities. IOM ensured support to 350 health care workers at 35 PoEs that screened approximately 2 million individuals per month, with around 611 EVD and COVID-19 alert cases reported. Active surveillance in the form of screenings at the Point of Entries enables early detection of travelers with suspected

¹⁸ Rwanda, Office of the Prime Minister, Announcement on enhanced COVID-19 Prevention Measures, 21 March 2020, Cabinet Communique of 01 April 2020 and Statement on Cabinet Decisions of 17th April 2020.

¹⁹ Rwanda, Office of the Prime Minister, Statement on Cabinet Resolutions of 30/04/2020.

²⁰ Office of the Prime Minister, Statement on Cabinet Resolutions of 10/09/2020.

symptoms and limited the spread of diseases into the country.

2.2. THROUGH THE PAYMENT OF INCENTIVES TO THE HCWS, THE PROJECT IMPROVED THE SCREENING AT POES TO DETECT SUSPECTED CASES OF EVD AND COVID-19 ANALYSIS OF THE ACHIEVEMENT OF THE OUTCOME

The intended outcome result was *EVD and COVID-19²¹ preparedness and surveillance are enhanced through implementation of data collection and effective prevention and screening activities at identified points of entry (PoEs)*. According to the Project Document in its results matrix, the outcome indicator was *the number of PoEs with effective capacity for EVD screening* and the target was *Four PoEs sites (two with DRC and two with Burundi) reporting regularly on population mobility trends at the borders*.

The evaluation found that 35 PoEs have effective capacity for EVD and COVID-19 screening out of 4 PoEs targeted in the Project Document. This shows that the extent to which the result was achieved is very significant and above the target planned in the Project Document. This achievement represents 875% of target.

At output level, the Project Document set three (3) indicators to measure the progress and contribution to the outcome.

One indicator was related to the *number of PoEs provided with capacity building through incentives for screening purposes* and targeting *number of PoEs sites to operate more efficiently through the provision of incentives*. The evaluation found that the support for screening activities to 350 Health care workers contributed effectively to EVD and COVID-19 preparedness and surveillance through implementation of data collection and effective prevention and screening activities at 35 points of entry (PoEs).

Regarding the other two output indicators, the Project Document set, in the one hand, the indicator related to the *number of population mobility mapping (PMM) dedicated reports* and targeting 1 PMM report as well as, in the other hand, the indicator relating to the *number of EVD and COVID-19 dedicated reports finalized for better understanding of population movements and potential transmission routes* with the target of *one (1) report every 2 months*. The evaluation noted that the targets related to flow monitoring were not achieved due to the significant and lengthy lockdown of Rusizi District affecting both the ability to work and the context as the movement flows were very limited. Even when the lockdown lifted, movement to and from Rusizi District was prohibited until September 10th, 2020²² as explained above. However, in accordance with the movement limitations and COVID-19 national measures, the PMM report covering Rusizi II PoE has been produced and is currently under approval with the Rwandan Ministry of Health

Table 2: Progress towards the intended result (indicator, baseline, target, and progress)

Project Output	Output Indicator	Baseline	Target	Progress	Means of Verification	Achieved
Output 1.1.: Population-mobility related information in Rusizi is available and accessible to	Number of population mobility mapping (PMM) dedicated reports.	0	1 PMM report	0 ²³	Project report	1

²¹ After the modification of the Project to include COVID-19.

²² Rwanda, Office of the Prime Minister, Statement on Cabinet Resolutions of 10/09/2020.

²³ The report is for approval with the Ministry of Health.

national and local authorities and health-care facilities in the selected district at the borders with DRC and Burundi	Number of EVD and COVID-19 dedicated reports finalized for better understanding of population movements and potential transmission routes.	0	1 report every 2 months	0	Project report	N/A
Output 1.2: Ministry of Health frontline workers' capacities are strengthened to improve active surveillance at PoEs through provisions of incentives	Number of PoEs provided with capacity building through incentives for screening purposes		4 PoEs sites operate more efficiently through the provision of incentives	35 PoEs	Project report	875%

3. EFFICIENCY

Assessing efficiency looks at the degree to which project results justify resource injection and whether resources were used as planned to achieve results in an economic and timely way. It includes reviewing the project coordination and management as well as the monitoring and evaluation.

Resource utilization

It must be noted from the outset that this evaluation is not an audit on how monies were expended. This section is concerned with how project resources have been converted into results, and whether the same results could have been achieved with fewer resources.

In carrying out the financial analysis, the evaluation noted that there was an under-spending. According to the Project Financial data as of October 30th, 2020, the total budgeted for the project period was \$ 300,000 against the actual expenditures of \$ USD 251,375 equivalent to a budget consumption of 83.7% and resulting in under-expenditure of \$ 48 625 representing 16.3%. The under-consumption of the budget is also justified by the COVID-19 outbreak travel restrictions and According to IOM Rwanda, funds not spent will be returned to the donor. In our opinion, considering the threat of COVID-19 is still there in Rwanda, IOM should conduct discussions with the donor, depending on the availability of funds, to finance a new project.

The evaluation found that even though the project was not implemented as per work plan and delayed due to the measures taken by the GoR in the prevention and control of COVID-19, the financial resources used contributed to improve the efficiency of 35 PoEs for EVD and COVID-19 screening. The evaluation noted that IOM retroactively covered the provision of incentives for screening activities during the period from December 2019 to April 2020. The GoR ensures monitoring of the incentives component activities and IOM was informed about number of screenings conducted and alert cases reported to district or central authorities. Through this component, IOM ensured support to 350 health care workers at 35 PoEs that screened approximately 2 million individuals per month, with around 611 EVD and COVID-19 alert cases reported.

Considering the achievements of the project and the financial resources injected, the evaluation noted that the project was cost effective. Indeed, comparing the results from a cost-effectiveness analysis of a screening intervention for preventing EVD and COVID-19 to the status quo of no screening activities at PoEs, it is clear that the project costs prevented EVD and COVID-19 cases. The absence of screening at PoEs and the transmission of EVD or COVID-19 in populations would have higher costs in terms of medical treatment. Therefore, investing in surveillance and screening EVD and COVID-19 at PoEs saved costs by comparison to other health components such as medical treatment, equipping health facilities, developing Human Resources for Health, etc.

In Rwanda, the impact of the COVID-19 on public finance is significantly evident in “Health-related spending for prevention, treatment, medical supplies, and virus containment²⁴”. This is why the government of Rwanda adopted national economic policies and strategies to mitigate economic and social consequences of COVID-19 pandemic in “strengthening Health System by increasing access to quality health services through construction, equipping health facilities, developing Human Resources for Health, and modernizing health management systems²⁵”.

Budget was sufficient to cover the activities planned, but according to the interview conducted with RBC, there is still high need to continue supporting both capacity building and population mobility mapping components. Additional funds would ensure sustainability of these interventions.

Coordination

The project was implemented directly by IOM. The latter was responsible for: a) planning and management of activities, including reports and accounts, internal monitoring and evaluation and b) financial management and audit on the resources utilization.

The Monitoring of the project activities was ensured through regular meeting with the involved government institutions at central, namely MoH and RBC, and District level, as well as through meetings between IOM Rwanda and United Nations Children's Fund (UNICEF) Rwanda.

Project Management

The project has been implemented by IOM Rwanda's Programme Support Unit (PSU) together with IOM Rwanda's Migration Health Department (MHD). A Project Officer who was in charge of the day-to-day implementation of the project under the supervision of the Programme Support Coordinator. The project also benefitted from technical assistance from IOM specialist based in the regional Office in Nairobi and in IOM Headquarters in Geneva.

Monitoring and evaluation

The planned activities were monitored on a regular basis to ensure that the project is implemented as planned. However, given the outbreak of COVID-19 and lengthy lockdown of the District of Rusizi, the monitoring and supervisory trips to PoEs were impacted. Therefore, field monitoring of activities was adapted to the measures taken by the Government for the prevention of COVID-19. For instance, instead of supervisory mission, the questionnaire was shared with District Hospitals through RBC for them to fill in and instead of a participatory meeting, an enumerator gathered the information through one-on-one modality. This is why, according to the interviews conducted, it is recommended that joint supervision missions of PoEs involving the Government and its Partners be organized.

The IOM project team, in close collaboration with the GoR and UNICEF, were responsible for monitoring and evaluating the project activities. The IOM project team provided UNICEF Rwanda with

²⁴ UN Rwanda, The socio-economic impact of COVID-19 in Rwanda, June 2020, p.18.

²⁵ Republic of Rwanda, Ministry of Finance and Economic Planning, Understand the 2020/2021 National Budget, A Citizen's Guide, p.8.

updates as well as an Interim Report as per the contract and a final report covering the entire period of implementation of activities (9 months) will be provided in 3 months after the evaluation.

4. GENDER

The One UN in Rwanda has instituted a gender mainstreaming approach to the planning and the implementation of all its programs. Analyzing if the gender consideration was taken into account in the implementation of the project, the evaluation found that even though Project interventions have benefited both male and female as direct or indirect beneficiaries, the project monitoring data collection was not disaggregated by gender.

Collecting and analyzing gender disaggregated data is an important tool to identify quantifiable differences between women and men. So, collecting gender disaggregated data during the monitoring and reporting mechanisms is highly recommended. For use purpose, it is also important to ensure that gender gaps or inequalities identified through performance monitoring and evaluation are shared with decision makers and programmers and that measures are taken to address gaps in ongoing and future programmes.

Due to EVD and COVID-19 outbreak, the gendered nature and human rights perspective must be focused on into managing EVD and COVID-19 and considering disaggregated data by gender during data collection.

5. COHERENCE

The project *“Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda”* was both consistent to the international legal frameworks and policies of the two UN agencies, namely IOM and UNICEF and to national policies and strategies.

Under the lead of the Ministry of Health, through Rwanda Biomedical Centre, IOM and UNICEF participated in the implementation of this project. The Government of Rwanda developed anti-EVD and COVID-19 policies, strategies and guidance including Ebola Virus Disease (EVD) Contingency Plan, 28 May 2018 and Coronavirus Disease 2019, National Preparedness and Response Plan, Mask use in the context of COVID-19, 2019-NOVEL CORONAVIRUS Case Definition-Pre Epidemic Phase, Guidance For Businesses And Employers To Plan And Respond To Coronavirus Disease 2019 (COVID-19), Guidance For Self-Quarantine at Home For COVID-19 Prevention, How To Hand Wash? Etc. The coordination and synergy between all actors were built on these policies, strategies, and guidance.

The project was implemented within the framework of a bigger EVD preparedness and response intervention funded by DFID and implemented by UNICEF Rwanda. IOM closely coordinated the project activities through monthly trilateral meetings with DFID and UNICEF, sharing best practices, results achieved, and challenges encountered during the overall implementation of the intervention. All these actors contributed in one way or another to the EVD and COVID-19 preparedness and surveillance measures through related policies and strategies. Therefore, the coordination and the complementarity of all of them were a factor in the success of the implementation of the project.

The Project interventions are also consistent to other actors’ interventions and are complementary in order to strengthen its chances against EVD and COVID-19 and the Government of Rwanda welcomed the support of development partners

Regarding EVD, Rwanda has had its share of high-level alert since 2018 at its doorstep on the Democratic Republic of Congo side. “Rwanda quickly realized it could only rely on a properly coordinated and multi-sectorial approach²⁶”. IOM ensured that the overall project implementation is

²⁶ WHO, COVID-19 in Rwanda: a country’s response, 20 July 2020.

in line with Rwanda's EVD and COVID-19 national plans. Since August 2018, when the outbreak in DRC was first declared, the Ministry of Health (MoH) set up a National Task Force (NTF) to coordinate efforts in strengthening EVD surveillance and increasing preparedness measures in the country. Furthermore, IOM continued to work collaboratively with the Ministry of Health, Rwanda Biomedical Centre, District leaders, border officials and other stakeholders including other United Nations agencies involved in EVD preparedness and response (with WHO, UNICEF and WFP).

When faced with COVID-19, a national crisis committee of key Ministries involved in the response was nominated and chaired by the Prime Minister. The committee put in place a COVID-19 Joint Task Force (JTF) on March 9th, 2020 to coordinate the implementation of a preparedness and response plan²⁷. This advisory team made of scientists was integrated to the National Joint Task Force (JTF) and development partners chipped in with donations of much needed medical and non-medical equipment and supporting response in various areas.

The Government of Rwanda in collaboration with WHO and other partners, has been implementing public health measures to protect its population against Ebola Virus disease. Vaccination was one of the measures taken to protect health care and frontline workers in the districts at high risk of Ebola. Overall, 2874 health care workers (HCWs) and Frontline Workers from the highest risk districts were vaccinated. The Minister of Health of Rwanda, urged populations, especially cross-border populations, to always "wash hands" as the first measure of EVD protection²⁸. On October 30th, 2019 Japan joined Rwanda to emphasize community engagement as a pillar of Ebola prevention. The event focused on increasing EVD community mobilization and mass media communication and the cooperation from the people of Japan with the aim to strengthen partnership, promote cooperation and coordination for preparedness and readiness for EVD and other Public Health concerns. All concerned stakeholders including the public, local authorities, media houses, civil society, private sector such as local and regional transport companies and hotels to combine efforts to ensure that the disease does not spread to Rwanda.

Between March and September 2020, UN Rwanda has mobilized more than RWF 19.6 Billion to support the Government of Rwanda in the fight against COVID-19. The support provided was both financial and technical and was only possible thanks to the different partners who have been selflessly contributing before Rwanda detected its first case. The pandemic is far from over and there have been additional needs that have come up beyond what was anticipated, further increasing the price tag, and highlighting the gaps in the type of support needed²⁹.

Rwanda's preparedness and response to EVD and COVID-19 pandemic range from strengthening health systems to mitigating socio-economic impact. In collaboration with the UN and development partners, the Government of Rwanda efforts to fight the EVD and COVID-19 pandemic is continuous. In addition to and alongside these interventions and cooperation, the added value of this project is to support national efforts to improve EVD and COVID-19 preparedness and surveillance measures at PoEs by supporting screening activities.

6. IMPACT

When the EVD and COVID-19 outbreak, health care workers at PoEs were not fully prepared to prevent and fight these diseases. More critical was the earlier messages that were sent out that EVD and COVID-19 are incurable and have no medicine.

²⁷ <https://www.afro.who.int/news/covid-19-rwanda-countrys-response>.

²⁸ <https://www.afro.who.int/news/ebola-jj-vaccination-campaign-launched-jointly-rwanda-and-democratic-republic-congo>.

²⁹ <https://www.afro.who.int/news/un-rwanda-frw196-billion-and-counting-fight-against-covid-19-continues>.

Assessing long-term effect produced by this project, whether intended or unintended, positive, or negative, is describing progress made towards the objective of *improving national EVD preparedness and surveillance measures in Rwanda*, the evaluation found that the impact of the project intervention has been the improvement to prevent the spread of EVD and COVID-19 through the support to PoEs screening activities.

Even if the duration of the project was short, only 9 months, the result produced was important in the surveillance and protection of populations crossing the borders. The analysis finds that there was an improvement in the capacities of the 35 PoEs for EVD and COVID-19 screening and through this the project should trigger a change that could have long-term implication: ***contribution to improved knowledge of EVD and COVID-19 preparedness and surveillance***. This was confirmed by the Surveillance data manager at RBC saying that *“the project improved EVD awareness and helped to give alerts of many individuals who may meet the suspected EVD case definition, even though there was not a confirmed case of EVD”*. This statement confirms the content of the activity reports produced by the Project.

7. SUSTAINABILITY

Sustainability presupposes the capacity to endure. It does not only posit the functionality of systems and processes at institutional level but also emphasizes the resilience of the systems and processes. The End of Project Evaluation found good systems in place for project design, planning, reporting and implementation. The evaluation found that the intervention has some measures of sustainability.

One of the legacies of the Project is the hygiene aspect where people have inculcated the habit of washing their hands and temperature measurement. Personal hygiene is now part of people at PoEs.

The national ownership is an important factor that contributes to sustained result. The assessment of the continuation of result from this project interventions and the probability of continued long-term benefits noted the following factors:

➤ ***Existing Policy framework***

One of the factors that may contribute to the sustainability of the results of this project in improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda is the government’s commitment manifested through the adoption of a series of policies and strategies such as Rwanda Vision 2050, 7 Years Government Programme: National Strategy for Transformation (NST1), the Health Sector Policy, Emergency Medical Services Strategic Plan, the Fourth Health Sector Strategic Plan and Ebola Virus Disease (EVD) Contingency Plan and Coronavirus Disease 2019, National Preparedness and Response Plan.

➤ ***Existing institutional framework***

The second factor is institutional. Preparedness and response for EVD is the responsibility of the Ministry of Health, through the Rwanda Biomedical Centre (RBC). According to the Surveillance data manager at RBC, *“Rwanda Biomedical Centre has a Division of Epidemic Surveillance and Response tasked with coordinating with other government institutions and international partners to detect and respond quickly and efficiently and Rwanda is equipped with an Emergency Treatment Centre built in Rugarero Sector, Rubavu district, to screen and treat Ebola in case of an outbreak”*.

It is also important to mention the existence of Standard Operating Procedures for Preparedness and Response to Coronavirus Disease 2019 (COVID-19) outbreak which outlines surveillance teams at central, intermediary, and peripheral levels and provides structured guidance to all personnel at referral hospitals, districts hospitals, health centers, medical clinics, dispensaries, points of entry and community on how to identify suspected COVID-19 cases. The implementation of the project complied with the structured guidance to all personnel at all points of entry capacity for EVD and COVID-19 screening activities.

This institutional framework setting up different operational institutions is a presage of the sustainability of the achievements of the project in preparedness and surveillance of EVD and COVID-19 because they serve as structures coordinating efforts in strengthening surveillance and increasing preparedness measures in the country as well as increasing awareness raising.

III. CONCLUSIONS

Based on the findings described above, the following conclusions can be drawn:

Assessing the relevance, the evaluation found that the Project was aligned to relevant IOM and Rwanda frameworks. The Project interventions formulated in the Project Document were sufficient to lead to the achievement of the objective of the project which aimed at improving national EVD and COVID-19 preparedness and surveillance measures in Rwanda. The Project was also relevant to the needs of the local community members in the Districts bordering the DRC and Burundi and the local authorities, local operators, and health professionals at the points of entry (PoEs) and border officials. Project interventions benefited both men and women although gender disaggregated data are not available in project reports. Therefore, the evaluator recommended that data by gender be collected during the project monitoring and reporting in order to track its impact on men and women, correct gaps at time and inform decision-makers for future projects.

Analyzing the Progress towards achieving the project outcome, the evaluation found that the extent to which the result was achieved is very significant and above the target: 35 PoEs comparing to 4 targeted in the Project Document have effective capacity for EVD and COVID-19 screening.

Assessing efficiency by looking at the degree to which project results justify resource injection, the evaluation found that the project was cost effective and that the same result would not have been achieved with fewer resources. However, there is still high need to continue supporting both capacity building and population mobility mapping components and additional funds would ensure sustainability of these interventions. In the other hand, Project coordination, management and monitoring were partially affected by measures to prevent COVID-19 including lengthy lockdown of the District of Rusizi.

Regarding the gender sensitivity, the evaluation noted that the Project provided equal treatment to male and female beneficiaries. However, the lack of gender-disaggregated data did not help us to analyze the differences, allowing a more accurate understanding of the situation and assess the extent to which project has met its gender-equality objective.

Assessing the coherence, the evaluation found that the project was consistent to the international legal frameworks and policies of IOM and UNICEF as well as to Rwandan policies and strategies. The coordination and synergy between all actors were built on these policies, strategies, and guidance. The Project interventions are also consistent to other actors' interventions and are complementary in order to strengthen the chance against EVD and COVID-19 and the Government of Rwanda welcomed the support of development partners including WHO and Embassies.

Assessing the impact produced by this project, the evaluation found that the project intervention has been the improvement to prevent the spread of EVD and COVID-19. The analysis from interviews and project reports found that the improvement of the capacity of 35 PoEs for EVD and COVID-19 surveillance may produce a change that could have long-term implication: ***improved capacity of EVD and COVID-19 preparedness and surveillance.***

Sustainability presupposing the capacity to endure, according to interviews and project reports, the evaluation found good systems including policy and institutional frameworks in place that may contribute to the sustainability of the project results.

IV. RECOMMENDATIONS

Based on the above evaluation findings, the following key recommendations emerged:

- ***IOM should finalize PMM Report affected by COVID-19 outbreak measures***

Project effectiveness findings show that the population mobility mapping (PMM) Report was not finalized at the time of appraisal. Therefore, the evaluation recommends to IOM, in collaboration with its partners, to finalize and publish the PMM Report in key border locations to inform public health interventions.

- ***IOM and its partners should continue the support to Points of entry structures for EVD and COVID-19 preparedness and surveillance.***

The findings from the analysis of the efficiency of the project prove that the prevention need of COVID-19 at PoEs still exist. Therefore, the evaluation recommends that IOM and partners continue to support the points of entry structures for EVD and COVID-19 preparedness and surveillance. The advantage is that these structures are very familiar and closer to the population from or traveling abroad.

V. LESSONS LEARNED

One lesson learnt from the literature and interviews is:

- **As part of the response against EVD and COVID-19, support to the points of entry structures is necessary to ensure the effectiveness of the response as it limits the transmission of EVD and COVID-19 from or to abroad.**

The project under evaluation aimed to improve national EVD and COVID-19 preparedness and surveillance measures in Rwanda through implementation of data collection and effective prevention and screening activities at points of entry (PoEs). As the findings prove, this project is an initiative alongside other initiatives aimed at preventing EVD and COVID-19. The support to the points of entry structures is necessary to ensure the effectiveness of the response as it limits the transmission of EVD and COVID-19 from or to abroad.

VI. ANNEXES

Annex I. Management Response Matrix

<p>Evaluation title/year: Final Evaluation of the Project “<i>Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda</i>”, October 2020.</p> <p>Person or entity responsible for completing the management follow-up response matrix:</p> <p>The Project Manager and the Project Team.</p> <p>Overall comment on evaluation process: <i>IOM Rwanda appreciates the overall evaluation and recommendations provided by the consultant.</i></p>				
<p>Evaluation recommendation 1: IOM should finalize PMM Report affected by COVID-19 outbreak measures</p> <p>Project effectiveness findings show that the population mobility mapping (PMM) Report was not finalized at the time of appraisal. Therefore, the evaluation recommends to IOM, in collaboration with its partners, to finalize and publish the PMM Report in key border locations to inform public health interventions.</p>				
<p>Recommendation to IOM Rwanda, Chief of Mission</p>			<p>Priority level (1 to 3): 1</p>	
<p>Management response (Accept/Partially Accept/Reject)</p> <p><i>The Management accepts the recommendation. IOM will support the PMM Report.</i></p>				
Key action	Time frame or deadline	Responsible individual or unit(s)	Implementation monitoring	
			Comments or action taken	Status
Conducting PMM	<i>Deadline January 2021</i>	<i>IOM Rwanda</i>		
Finalizing and publishing the PMM Report	<i>Deadline: April 2021</i>	<i>IOM Rwanda</i>		
<p>Evaluation recommendation 2: IOM and its partners should continue the support to Points of entry structures for EVD and COVID-19 preparedness and surveillance</p> <p>The findings from the analysis of the efficiency of the project prove that the prevention need of COVID-19 at PoEs still exist. Therefore, the evaluation recommends that IOM and partners continue to support the points of entry structures for EVD and COVID-19 preparedness and surveillance. The advantage is that these structures are very familiar and closer to the population from or traveling abroad.</p>				
<p>Recommendation to IOM Rwanda, Chief of Mission</p>			<p>Priority level (1 to 3): 1</p>	
<p>Management response (Accept/Partially Accept/Reject)</p> <p>The Management accepts the recommendation. In partnership with the GoR, IOM should support the Points of entry structures for EVD and COVID-19 preparedness and surveillance.</p>				

Key action	Time frame or deadline	Responsible individual or unit(s)	Implementation monitoring	
			Comments or action taken	Status
Designing a project	1 st Quarter 2021	IOM Rwanda/GOR		
Funding and Implementing the Project	<i>Deadline: depending on the funding</i>	IOM Rwanda/GOR		

Annex II. Terms of reference of the evaluation

TERMS OF REFERENCE

CALL FOR APPLICATIONS FOR CONSULTANCY SERVICES FOR FINAL EVALUATION OF THE PROJECT: "IMPROVING NATIONAL EBOLA VIRUS DISEASE PREPAREDNESS AND SURVEILLANCE MEASURES IN RWANDA"

Commissioned by IOM Rwanda, Programme Support Unit

1. Evaluation context

IOM Rwanda is implementing a project entitled "improving national Ebola Virus Disease (EVD) preparedness and surveillance measures in Rwanda. The 9-month' project, implemented between the 1st of February 2020 and the 31st of October 2020, aims to support national efforts to improve EVD preparedness and surveillance measures in the Rusizi District bordering DRC and Burundi. The project intended to be in line with the IOM Health Border and Mobility Management (HBMM) framework, as well as Rwanda's national policies and strategies.

Following the reduction of reported EVD cases and the spreading of the Corona Virus Disease (COVID-19) all over the world including Rwanda, which shifted the needs and priorities at country level, the project has been adapted so that the activities also cover COVID-19. There are significant similarities in measures to prevent and respond to both these virus diseases, such as fever screening, increased hygienic practices, reporting suspected cases to the same toll-free number (114).

IOM has been working in partnership with the GoR through mainly the Ministry of Health and Rwanda Biomedical Centre.

The overall objective of this project is to improve national EVD preparedness and surveillance measures in Rwanda. The expected Outcome and Outputs of this project are:

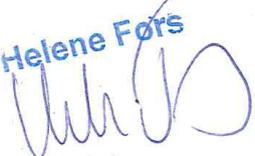
Outcome 1: EVD preparedness and surveillance are enhanced through implementation of data collection and effective prevention and screening activities at identified PoEs

Output 1.1: Population-mobility related information in Rusizi is available and accessible to national and local authorities and health-care facilities in the selected district at the borders with DRC and Burundi.

Output 1.2: Ministry of Health frontline workers' capacities are strengthened to improve active surveillance at PoEs including provision of incentives

2. Scope and Purpose of the Evaluation

This external final evaluation is being conducted for the use by all partners, especially to identify successes, gaps and opportunities for the future implementation of similar projects. The key users of this evaluation will be the IOM Rwanda Country Office, IOM Regional Office in Nairobi, UNICEF in Rwanda, Foreign and Commonwealth Office of the United Kingdom as well as the Government of Rwanda (Ministry of Health, Rwanda Biomedical Center and Rusizi District) and potentially other relevant stakeholders.

Helene Fors


Included in the scope of this external final evaluation are all activities and results, under the entire project implementation period. This evaluation will primarily be conducted as a desk review, with some interviews in Kigali. The evaluation will not include travel to Point of Entries nor to refugee camps.

The evaluation aims to assess the following:

- The extent to which the activity has achieved the results against the set performance indicators.
- How well the project has adapted to the changing circumstances and national needs.
- Challenges and opportunities, best practices and lessons learnt to inform future project development and implementation.

3. Evaluation Questions

The evaluation will use the OECD/DAC criteria of relevance, efficiency, effectiveness, sustainability and impact. Under each criteria, the evaluator will answer the following questions:

1. *Relevance/Appropriateness:*

- To what extent did the project respond to the needs and priorities of the country and target beneficiaries?
- Have gender considerations been properly integrated into the project implementation strategy and planned activities?
- Is the project aligned to relevant regional and global frameworks?
- As designed, were interventions adequate to achieve the project objectives?
- To what extent were local stakeholders and beneficiaries consulted and involved in the implementation of activities, thereby improving ownership, accountability and effectiveness?
- To assess to which extent the donated equipment to UNHCR/MINEMA are suited to local context, existing infrastructure and capacities

2. *Effectiveness/coverage:*

- To what extent has the project achieved desired/planned results? Has it addressed the needs of target beneficiaries?
- What are the major factors influencing the achievement/non achievement of the project's expected outcomes?
- To what extent has the project adapted or was able to adapt to changing external conditions in order to ensure project outcomes?
- To what extent did the assistance reach those affected?
- What are the strengths, weaknesses and lessons learned from implementation of the project?

3. *Efficiency:*

- Has the project been implemented in a timely manner or as per work plan; to what degree were inputs provided or available in time to implement activities from all parties involved?
- Have the available financial and human resources been optimally used?
- Was the project implemented in a cost-effective manner as compared to alternative means of implementation?
- Have the management and decision-making structures been effective to ensure efficient and timely project implementation?

4. *Impact:*

- What are the cumulative effects of the project?
- What is the indirect contribution of the population-mobility related information which was made available under the project?
- What is the impact of the project on collaboration and partnership?

5. Sustainability/connectedness:

- To what extent will project results be sustained by the GoR in Rwanda?
- To what extent has local ownership been incorporated throughout the project cycle and their plan to ensure sustainable results after the project closure
- To what extent are activities linked to longer term recovery efforts in Rwanda

6. Coherence:

- Did the project coordinate with other similar interventions to increase synergies and/or to avoid duplications?

4. Methodology of the evaluation

The consultant should provide a detailed proposed methodology that they intend to use to address the evaluation objectives in addition to the following suggested methods. A variety of evaluation methods will be used, ranging from (1) **Desk reviews** of available documents; (2) **Direct observation** at selected site; (3) **Semi-structured interview** with beneficiaries; (4) **Interview** with project staff; and (5) **Interview** with key informants. During its preparatory phase, the overall structure of the evaluation will be reviewed with a clear analytical framework on key thematic and strategic issues. In addition, key guiding questions will be prepared by the evaluation consultant in coordination with project team.

The evaluation will incorporate gender and human-rights issues, in the entire process and must follow the IOM Data Protection Principles, UNEG norms and standards for evaluations, and relevant ethical guidelines.

5. Deliverables

- A draft evaluation inception report that clearly outlines the evaluation methodology, refined/additional evaluation questions, data collection (including tools) and detailed work plan, inclusive of evaluation matrix (questions and sub questions, indicators and data sources)
- A final inception report, incorporating IOM's comments and agreed upon work plan.
- A draft report of no more than 15 pages and include an executive summary, background and context, methodology, findings, Lessons Learned, recommendations, conclusions.
- A final evaluation report.
- An evaluation brief.

IOM Rwanda will support the evaluation process, reviewing and commenting on the proposed evaluation report design, the draft evaluation report and the recommendations and lessons learnt if necessary.

IOM Rwanda will further assist the evaluator in selecting the beneficiaries to be interviewed, providing all relevant documents and by facilitating access to stakeholders and specific information needed to complete the evaluation. IOM Rwanda will assist in coordinating field research, including the organization of meetings, transportation and logistics. The evaluator reports directly to the IOM office in Rwanda. The evaluators must follow IOM Data Protection Rules and Regulations and take into account the IOM Evaluation Guidelines.

6. Requirements

- Individual or consulting firm
- University degree in a social science, economics, development studies, monitoring and evaluation, and other relevant fields; The educational requirements apply to an individual consultant or the lead evaluator in the case of a consultancy firm.
- 5 years' experience in evaluation of project / programme in the region;
- Experience of evaluation in humanitarian context in the region.
- Knowledge of global health issues, particularly in emergency settings.
- Strong background in empirical research and gathering of data;
- Proven analytical and drafting skills, capable of working under pressure;
- Familiarity with country context of Rwanda;
- The evaluator must have demonstrated excellent analytical, communication and report writing skills, as well as English-language drafting skills.

Other requirements

The evaluator must adhere to the IOM Data Protection Principles (IN/138) and maintain confidentiality.

7. Time frame and Work Plan

The evaluation is expected to be undertaken preferably from Mid-October 2020.

No	Activities	Timeline	
		Week 1	Week 2
1	Preparation		
1.1	Initial Briefing with Evaluator	X	
1.2	Development of Evaluation Framework	X	
1.3	Submission of inception report	X	
1.4	Approval of Evaluation Framework	X	
2	Data Collection (Rwanda)		
2.1	Desk Review of project documents	X	X
2.2	Interview in Rwanda		X
2.3	Data analysis and Report Writing		X
3	Results dissemination (Rwanda)		
3.1	Finalize the report incorporating feedback		X
3.2	Submission of Final Report to IOM		X

8. Submission of application/expression of interest

Interested applicants should submit the following documents:

- the CV of the individual evaluator or in the case of a consultancy firm the CVs of the team leader and key evaluation team members
- the proposal outlining the proposed methodology for the evaluation, proposed sampling frame (if relevant), survey instruments (if relevant), data analysis techniques, quality control measures and timelines.
- availability.
- the detailed budget proposal
- A sample of previous work.

The application is to be delivered by e-mail to XXX or hardcopy.

The application deadline is XXX

Annex III. Evaluation Matrix

Evaluation Criteria	Data collection Methods / Tools	Methods for Data Analysis
Relevance	<ul style="list-style-type: none"> - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis³⁰ - Triangulation
Effectiveness	<ul style="list-style-type: none"> - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis - Triangulation
Efficiency	<ul style="list-style-type: none"> - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis - Triangulation
Impact	<ul style="list-style-type: none"> - Qualitative data analysis - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis
Sustainability	<ul style="list-style-type: none"> - Qualitative data analysis - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis
Lessons learnt	<ul style="list-style-type: none"> - Qualitative data analysis - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis
Recommendations	<ul style="list-style-type: none"> - Qualitative data analysis - Literature review - In-depth interviews 	<ul style="list-style-type: none"> - Content analysis

³⁰ Content analysis is usually used to analyze responses from interviewees.

Annex IV. Evaluation Tools: Questionnaires and Interview Guides

Thank you for the opportunity to meet with you.

*The IOM has commissioned an evaluation of their assistance to the Government of Rwanda through the Project “**Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda**”. The evaluation will serve as a summative exercise aimed at informing the IOM and partners on the Project results.*

All questions and discussions remain confidential, and we will not cite any individuals in our reports. We will require between 30-45 minutes of your time.

I. General questions

1. **Deliverables:** Please describe the nature of your collaboration with the Project “**Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda**”
2. **Relevance:** How is the Project “**Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda**” relevant to your priorities and needs?
3. **Effectiveness:** What are the most significant achievements and changes in policies, structures, systems, and capacities that you feel have emerged from the project?
4. What **evidence** suggests that the IOM’s support has been instrumental in this change?
5. **Efficiency:** What are your views on the coordination of the Project “**Improving National Ebola Virus Disease Preparedness and Surveillance Measures in Rwanda**” and partners, including efforts to improve efficiency in programming, planning, monitoring, and reporting?
6. **Impact:** What is the change of the project in improving the wellbeing of the population in terms their prevention against EVD?
7. **Sustainability:** In what ways has the IOM supported the building of capacity (skills, knowledge, systems, coordination, and knowledge generation) within Rwanda to support long-term sustainability?
8. **Recommendations:** What are 2-3 key recommendations that you have to improve effectiveness and efficiency of the IOM’s support in Rwanda for the next project?

II. Specific questions for stakeholders³¹

Outcome 1: EVD preparedness and surveillance are enhanced through implementation of data collection and effective prevention and screening activities at identified PoEs.

1. How many PoEs have effective capacity for EVD screening?

Output 1: Population-mobility related information at the border with DRC and Burundi in Rusizi are available and accessible to national authorities and health care facilities in the selected districts.

1. How many population mobility mapping (PMM) dedicated reports?
2. How many EVD dedicated reports finalized for better understanding of population movements and potential transmission routes?
3. How many enumerators/ consultants trained (data disaggregated by gender)?
4. How many and where population mobility mapping (PMM) conducted in key border locations to inform public health interventions?
5. How many Conduct flow monitoring meetings conducted at the local level through participatory to acquire full information on mobility pathways and volume?
6. Was information related to preparedness (including staffing, infrastructures, referrals) at border locations through PoEs assessments mapped and updated?

³¹ Questions will be asked to the institution or organization according to the activity in which it participated.

7. Were monthly reports on the population mobility of the Rusizi District at the border with DRC and Burundi drafted and shared?

Contribution to outcome

1. To what extent did the population-mobility related information at the border with DRC and Burundi in Rusizi available and accessible to national authorities and health care facilities in the selected districts contribute to the outcome?
2. What were the lessons learnt?
3. What were the major challenges/what did not work?

Output 2: Ministry of Health frontline workers' capacities are strengthened to improve active surveillance at PoEs through provisions of incentives.

1. How many PoEs provided with capacity building through incentives for screening purposes?
2. How much monetary incentives provided to MoH for capacity building on EVD screening activities at PoEs?
3. How many monitoring support missions with MoH conducted to assess the effectiveness of the screening at the border in terms of procedures applied and human resources capacities?

Contribution to outcome

1. To what extent did the Ministry of Health frontline workers' capacities strengthened to improve active surveillance at PoEs through provisions of incentives contribute to the outcome?
2. What were the lessons learnt?
3. What were the major challenges/what did not work?

Annex V. Desk review list

IOM documents

1. IOM, Improving national EVD Preparedness and Surveillance Measures in Rwanda, project Reports.
2. IOM, IOM Evaluation Guidelines, January 2006.
3. IOM, IOM Evaluation Guidelines, January 2006.
4. IOM, IOM Evaluation Policy, September 2018.
5. IOM, IOM Project Handbook, 2011.
6. IOM, Ebola Virus Disease (EVD) - Regional Emergency, Health Response Plan 2020-2022.
7. IOM, Project Document “Improving national EVD preparedness and surveillance measures in Rwanda.”
8. IOM, Guidance for Addressing Gender in Evaluations, May 2018

External documents

1. The Republic of Rwanda, *Rwanda Vision 2050*.
2. The Republic of Rwanda, *Seven Years Government Programme: National Strategy for Transformation (NST 1), 2017 – 2024*.
3. The Republic of Rwanda, *Ebola Virus Disease (EVD) Contingency Plan*, 28 MAY 2018.
4. The Republic of Rwanda, *Coronavirus Disease 2019, National Preparedness and Response Plan*.
5. United Nations Evaluation Group (UNEG), *Evaluability Assessment of Delivering as One Pilots, Assessment Report on Rwanda*.
6. United Nations Rwanda, *UNDAP 2013-2018*.
7. WHO, *Democratic Republic of Congo: Ebola Virus Disease - External Situation Report 64*, 22 October 2019.

Annex VI. List of stakeholders contacted during the evaluation

Type	Institution/Organization	Location	Type of engagement	Comments
Beneficiary	Rwanda Biomedical Centre	Kigali	Reports Interviews (one man)	
Partner	IOM	Kigali	Reports Interviews (1 woman and one man)	