FA trained volunteers responding to the Jihadist incursion (2022)

External end evaluation Action Plan Program First Aid 2017 – 2021

Integrated Report

Prepared by Key Aid Consulting for Belgian Red Cross-Flanders

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KEY AID CONSULTING

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Abbreviations

AFAM	African First Aid Materials
BFA	Basic First Aid
BRC-FL	Belgian Red Cross-Flanders
CoFA	Commercial First Aid
CRB	Croix-Rouge du Burundi
CVM	Cruz Vermelha de Moçambique
DGD	Directie-Generaal Ontwikkelingssamenwerking
DoH	Department of Health
FA	First Aid
FABL	First Aid Blended Learning
FGD	Focus Group Discussion
HNS	Host National Society
HWSETA	Health and Welfare Sector Education and Training Authority
IFAA	Internal First Aid Attestation
KAC	Key Aid Consulting
KII	Key Informant Interview
PM	Project Manager
PwD	Persons with Disabilities
RRCS	Rwanda Red Cross Society
SARCS	South African Red Cross Society
SOP	Standard Operating Procedure
ToC	Theory of Change
ToT	Training of Trainer
TRCS	Tanzania Red Cross Society
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
ZRCS	Zimbabwe Red Cross Society

I. Action Plan Program First Aid

A cost-effective method to develop self-reliance in low- and middle-income countries is to educate laypeople in First Aid (FA).[1] FA education is especially valuable in contexts where the national health infrastructure is overburdened, and communicable and non-communicable diseases are widespread. Studies in such countries have identified reduced mortality rates in trauma victims in relation to FA education.[2] To this end, the World Health Organization (WHO) has recognized the need to equip laypeople with FA education and recommends this in its emergency medical systems in low- and middle-income countries.[3]

FA education is a priority activity for Red Cross and Red Crescent National Societies worldwide, and the Belgian Red Cross-Flanders (BRC-FL) is no exception. BRC-FL's *Pledge 2015* and *Strategy 2020* were geared towards developing self-reliant communities in which laypeople are empowered to help crisis affected community members. A core area of BRC-FL's interventions is to strengthen national societies' capacity to deliver FA education.

As part of the 2017-2021 Action Plan program, funded by the Belgian federal government (DGD), BRC-Fl supported six national societies' FA response, including the Croix-Rouge du Burundi (CRB), Cruz Vermelha Moçambique (CVM), Rwanda Red Cross Society (RRCS), Tanzania Red Cross (TRCS), South Africa Red Cross Society (SARCS) and Zimbabwe Red Cross Society (ZRCS). As the Action Plan Program ended in December 2021, BRC-FL has commissioned this summative evaluation. The program included both direct training of national society staff and the training of trainers (ToTs) so the national society can continue the program activities once the program has ended. A Theory of Change (ToC), which was adapted for each of the six national societies, included three main pillars.[4] The Action Plan Program FA is part of a larger DGD grant that also includes Water, Sanitation and Hygiene (WASH) activities, which were evaluated separately.[5]

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[1] Laxminarayan, R., *et al.* (2006). Advancement of global health: key messages from the Disease Control Priorities Project. Lancet, 367(9517), 1193-1208.

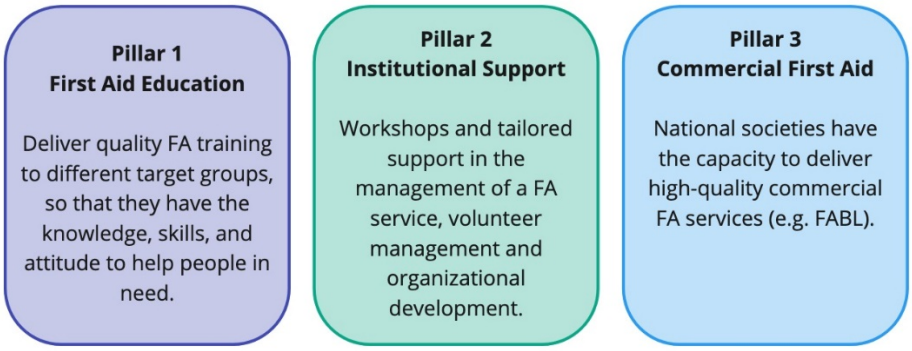
[2] Husum, H.m *et al.* (2003) Rural Prehospital Trauma Systems Improve Trauma Outcome in Low-Income Countries: A Prospective Study from North Iraq and Cambodia. Journal of Trauma 54:1188-1196.

[3] Kobusingye, O., *et al.* (2005). Emergency medical systems in lowand middle-income countries: recommendations for action. Bulletin of the World Health Organization, 626-631.

[4] Indicators for Pillar three were removed for Burundi. As explained in a request to the DGD that given the socio-economic situation in Burundi, there is insufficient demand for commercial FA activities and insufficient capacity to set up the structures and systems required to scale up commercial FA.

[5] A separate evaluation report was commissioned for the Action Plan WASH component.

Figure 1: Action Plan Program's three pillar outputs



The African First Aid Materials (AFAM) was introduced under Pillar 1. The materials were first developed in 2011 and updated in 2017. The AFAM consist of manual and supporting materials, and emanate from an evidence-based FA guideline-based scientific evidence. The AFAM were developed for use in situations where there are limited resources available (for example, FA materials), particularly in vulnerable communities in sub-Saharan Africa. The updated edition includes illustrations that represent both women and men as FA responders. AFAM were developed to guide the training of Red Cross or Red Crescent volunteers and the public in the first level of FA training.[6]

First Aid Blended Learning (FABL) was introduced under Pillar three of the Action Plan program in response to Host National Society's (HNS) limited capacity to deliver face-to-face trainings, which require more financial and staffing resources. The FABL approach combines face-to-face teaching with digital asynchronous learning accessed through the FABL application.[7]

The goal of the FA support was to contribute to improved health and well-being of laypeople by increasing coping mechanisms of community members in emergencies and for basic health. The planned outcome of the program was that laypeople and Red Cross staff and volunteers would have adequate, up-to-date and evidence-based knowledge, skills and attitudes to provide FA to those in need, thereby enhancing community-level resilience and emergency care capacity.

Table 1 below shows the total number of beneficiaries (direct and indirect) that each project country expected to reach, including the corresponding percentage of direct and indirect beneficiaries. Zimbabwe, Burundi and South Africa anticipated the highest beneficiary reach.

Table 1: Proposed beneficiary reach per country program (2017 – 2021)

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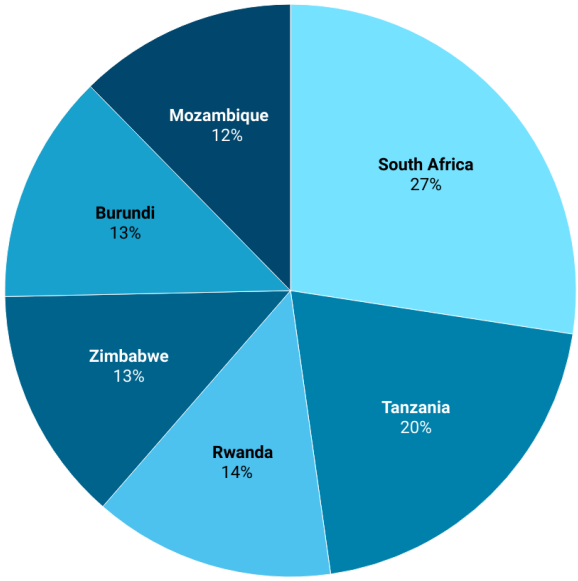
[6] Belgian Red Cross-Flanders, "African First Aid Manual," (2017).
[7] Belgian Red Cross-Flanders, "First Aid Blended Learning two-pager," (2020).

	Total beneficiaries	Direct beneficiaries	Indirect beneficiaries
Burundi[8]	9,930	17%	83%
Mozambique	34,635	6%	94%
Rwanda	10,866	4%	96%
South Africa	74,837	4%	96%
Tanzania	5,301	9%	91%
Zimbabwe	87,096	3%	97%

The total budget for the Action Plan Program FA was EUR 4,550,154.[9] Figure 2 below shows the percentage of the total operational budget per project country for the entire program. The highest operational budget was proposed in South Africa (EUR 1,122,488)[10] followed by Tanzania (EUR 831,804) and Rwanda (EUR 558,664).

Figure 2: Total operational budget per country program (2017 - 2021)



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[8] In Burundi, the program originally envisioned reaching more than 11,000 direct beneficiaries and 66,000 indirect beneficiaries. However, during early implementation of the program, these targets were considered unrealistic and drastically reduced by 85 percent to 1,655 direct beneficiaries and 8,275 indirect beneficiaries. Belgium Red Cross-Flanders, "20200313_V6_Request for adjustments of indicators Burundi," (2020).

[9] Based on a budget revision submitted to the DGD in July 2021.

[10] The budget was proportionally higher in South Africa as the BRC-FL delegation for the SARCS and ZRCS was based in South Africa.

II. Evaluation objectives and scope

The purpose of this evaluation was to assess BRC-FL supported Action Plan Program FA (2017-2021). All countries that were included in the Action Plan Program FA were included in this final evaluation, including Burundi, Rwanda, Tanzania, Mozambique, South Africa, and Zimbabwe.[11]

The evaluation looked at each project countries' performance and progress against their indicators, and examined the tools and documents developed and used to implement the Action Plan Program against the OECD/DAC criteria. The evaluation focused on the implementation of the program as such, and not on the content of the FA materials/trainings.

The evaluation aimed to answer the following evaluation questions:

- Relevance: To what extent were the program activities in line with its stakeholders' needs and priorities?
- Effectiveness: To what extent have the specific objectives (outcomes) of the program been achieved?
- Contribution: What intended and unintended contribution has the program made?
- Efficacy: How have new products and approaches contributed to the efficacy of the FA units?
- Sustainability: What is the probability of maintaining and repeating the benefits of the program in the long term?

For more detail see Annex 1: Evaluation matrix.

III. Methodology overview

The evaluation objectives were met primarily through a qualitative approach, engaging the different stakeholders in the design of the evaluation and analysis of the findings. The evaluation relied on a variety of secondary (both qualitative and quantitative) and primary sources. Findings were triangulated to ensure their validity. The evaluation methodology is summarized in Figure 3 below. For a detailed methodology see Annex 2: Methodology. This integrated report presents the evaluation findings across all six program countries, and it should be read alongside the individual country evaluation report.

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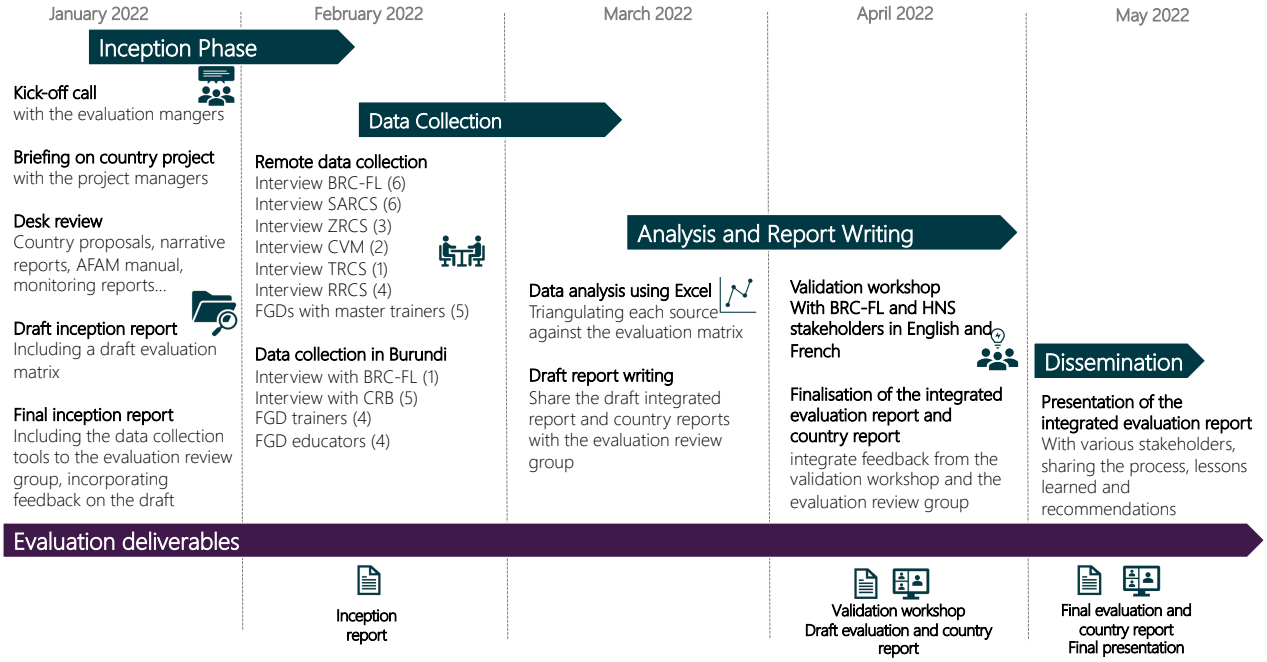
[11] Note that the Action Plan Program included Water, Sanitation and Hygiene (WASH) outcomes and activities in some of the focus countries (i.e., Burundi, Mozambique, Rwanda, and Tanzania). However, these activities will be reviewed under a separate external evaluation. There is no overlap between the FA and WASH activities. As such, the evaluators do not need to draw synergies or engage the WASH evaluation team or stakeholders.

Figure 3: Methodology overview



Regarding evaluation lessons learned, the evaluation proposal had not planned on engaging with master trainers in all six countries. However, during the inception phase, master trainers were included as key stakeholders. Overall, master trainers added value to the evaluation findings and were able to substantiate information shared by other stakeholder groups. Future FA evaluations should include master trainers as a key stakeholder group.

An additional lesson learned from this evaluation was that Zoom was not the preferred means of online communication when interviewing national society stakeholders. To increase evaluation buy-in, national society stakeholders should be offered a choice between Zoom, Teams, Skype and WhatsApp. When meeting with master trainers, WhatsApp was the preferred means of communication.

IV. Evaluation Findings

The section below covers the main findings in the evaluation across all six program countries. The section includes four subsections: IV.1 Alignment of the Action Plan program with stakeholders' priorities, IV.2 The achievement of specific program objectives and outcomes, IV.3 The value add of new products and approaches, IV.4 The contribution of the program activities on stakeholder's lives and IV.5 The sustainability of the program activities.

IV.1. Alignment with stakeholder's priorities

The following section reports on the relevance of the Action Plan program ToC design, Logic Framework and activities *vis-à-vis* the needs and priorities of each national society.

I.1.1. Relevance of the design of the Action Plan program

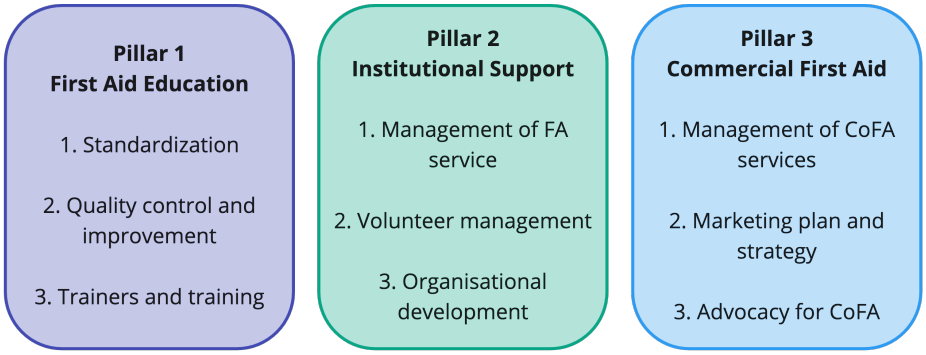
There were two levels of national society maturity, the first was a weak FA unit that required organizational stability (i.e. SARCS and CVM). The second was an institutionally well-established FA unit that required strategic growth and professionalization of its FA services (i.e., ZRCS, TRCS and RRCS). A national approach, which included the national society HQ and respective branch offices, was applied to all program countries, irrespective of their FA unit's respective degree of maturity.

In retrospect, a national approach was considered more relevant to national societies in the latter category, strategic growth and professionalization, which prioritized quality standardization of FA service across branches. A national approach, in turn, allowed these national societies to better position themselves country-wide as a unified FA service provider.

For the former category, organizational stability, BRC-FL stakeholders considered a national approach less relevant because program resources were thinly spread across branches. A possible risk following the program, was that the national society HQ was not sufficiently strong *vis-à-vis* its branch offices, and the FA service will remain fragmented. Overall, the variation between national societies' FA unit capacities at the start of the program was challenging to measure and compare.

The design of the Action Plan program ToC was well aligned with the priorities of each national society. National society stakeholders considered all three pillars relevant to their short- and long-term priorities. The ordering and weighting of each pillar were well aligned with each national society's priorities. For example, ZRCS's FA unit was well established at the start of the program, yet their FA services were mainly centralized at the HQ level. As such, ZRCS's priority was to improve the quality of their FA services and standardize their product across branches (Pillar 1). Comparatively, CVM did not have a functioning FA unit at the start of the program, as such, CVM's priority was to re-establish their FA unit and build their institutional capacity to run the unit (Pillar 2).

Figure 4: The Action Plan Program three pillar outputs



The evaluation found that the initiation, onboarding and success of some activities were aligned with the specific capacities and expertise of the BRC-FL project managers (PM). For example, a BRC-FL PM in Tanzania had strong expertise in cost-sharing and cost-sharing model was therefore implemented. BRC-FL stakeholders felt that there was insufficient sharing of program lessons learned and capacities between program countries. As such, the introduction of '*flying experts*' was considered relevant to regional programs, such as the Action Plan and New Action Plan, to break expertise silos between countries and better improve the FA service of the region.

Master trainers and trainers considered the Basic First Aid (BFA) training relevant to their needs and priorities. Trainers highlighted that the AFAM was particularly relevant to develop the skills and capacity of volunteers and laypeople as it incorporated the use of locally available materials, which can be used when FA kits are not available. Further, master trainers stressed that the content of the manual was relevant since it integrated emergencies common in the community such as hemorrhages, fractures and burns.

The encouragement of women's participation in equal proportion to that of men in the FA training was considered relevant as a cross-cutting measure.[12] Stakeholders mentioned that the 'gender' cross-cutting measure should be expanded in terms of materials and content to include 'diversity and inclusion.' For example, the inclusion of Persons with Disabilities (PwD) as trained volunteers and the inclusion of PWD FA response as part of the training content.

The 'environment' cross-cutting measure was implicitly and explicitly included in the Action Plan Program ToC. Explicitly, the program encouraged national societies to adopt a training approach mindful of the environment (i.e., national societies should aim to print less training manuals or reduce their use of commercial flights). Implicitly, the program trained laypeople, volunteers and staff in FA to reduce the impact of climate-related disasters. While one is not exclusive of the other, BRC-FL stakeholders felt that the implicit component sufficiently addressed the cross-cutting measure of 'environment.' Further, they argued that the

[12] The program strived for a 50/50 percent participation for women and men in FA trainings, and especially for the subsidized trainings, female participation was encouraged. The program aimed to reduce barriers to participation, for instance by organizing decentralized trainings where participants are close to home, and can return daily, rather than being out for days. Belgium Red Cross-Flanders, "AP 17 – 21 Proposal," (2017).

introduction of FABL would reduce the need to print out FA manuals for training and thus address the explicit component.

I.1.2. Relevance of the Logic Framework Activities

Under Pillar 1, the introduction of the AFAM was considered relevant by all national societies, particularly the psychosocial support component and emphasis on the use of locally available materials. The inclusion of national society stakeholders in the AFAM review panel increased buy-in and ownership. Further, the introduction of the AFAM by BRC-FL through a ToT approach was appreciated by national society stakeholders. Considering the high turnover of the national society volunteers across program countries, national societies were enthusiastic about the ToT model, which empowered them to localize their FA training. A limitation of the ToT approach was that it did not include live training sessions led by ToT participants, which would have enabled the participants to practice their newly acquired skills in a more realistic setting, thus boosting their confidence to deliver future FA training.

Activities under Pillar 2, institutional support, were well tailored to the specific needs and priorities of the national societies. For example, BRC-FL supported CRB in the development of a National FA Policy, which included a clear strategy and vision for CRB's commercial and community FA services.[13] The introduction of an operational electronic database in all program countries was considered relevant to mobilize volunteers more efficiently to respond to emergencies and disasters. There is an opportunity for further optimization of the electronic database from Excel-based to a centralized database system.

For all national societies, it was necessary to prioritize FA education (Pillar 1) and institutional support (Pillar 2), which formed the building blocks for CoFA activities (Pillar 3). As most national societies were ready to introduce CoFA activities, the COVID-19 pandemic broke out, which limited the feasibility of Commercial First Aid (CoFA) activities. Yet, despite this roadblock, the program appropriately shifted its activities. For example, a COVID-19 information sheet was shared with FA managers in all program countries, and in Rwanda the information sheet was also shared with all FA trainers. Additional COVID-19 related information was distributed through the FABL application.[14] In South Africa, FA-trained volunteers supported the Department of Health's (DoH) national contact tracing and testing program.

The evaluation found that appropriate phasing of the pillars contributed to the successful onboarding of certain approaches. For example, stakeholders considered that FABL was introduced to SARCS before it was 'ready' for this new approach. As a result, FABL was not onboarded by the national society.

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[13] Croix-Rouge Burundi, "National FA policy" (August 2019).

[14] There was a separate article available with COVID-19 information, and in the beginning of the pandemic the application was also actively used for spreading information on the number of infections through push notifications.

IV.2. Achievement of specific objectives and outcomes

The following section discusses the achievement of the program objectives and outcomes as outlined in the Logic Framework, the contribution of the activities to the quality and effectiveness of each national societies' FA unit, and national societies' improved ability to respond to emergencies and natural disasters.

I.1.1. Achievement of intended outcomes

Overall, the program targets were exceeded in all program countries (as shown in Table 2). Without benchmark figures for the program countries, the direct beneficiary targets, as well as all sub-indicator targets, were significantly underestimated. In Rwanda the direct beneficiary target was overachieved 16-fold and after a revision reducing the targets in Burundi, the program overachieved its target fivefold.

Table 2: Percentage comparison of target vs. actual reached in program countries[15]

	Burundi	Mozambique	Rwanda	South Africa	Tanzania	Zimbabwe
# of direct beneficiaries reached	541%	91%	1631%	104%	461%	120%
# of laypeople with a valid FA certificate	156%	102%	378%	137%	257%	163%
# of volunteers and staff with a valid FA certificate	326%	108%	556%	100%	194%	120%
# of FA trained volunteers registered in the database	108%	100%	438%	103%	487%	84%
# of active FA trainers	129%	83%	588%		120%	100%
# of new clients trained in CoFA		1781%	358%	63%	110%	156%
# of CoFA products sold		61%			563%	162%

In line with the indicator tracking data, BRC-FL consistently rated the effectiveness of their programs as A (very good) or B (good) when self-reporting to the DGD on a yearly basis.[16] The

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[15] Belgium Red Cross-Flanders, "indicator tracker" 2021. Indicators that were not relevant to a specific country are marked in grey.

[16] On a yearly basis, project countries self-reported their performance to the DGD against seven criteria based on the OECD-DAC criteria, which formed part of the country's narrative reports. Scores were reported using a flashlight system from A (very good) to D (serious shortcomings). Indicators included: efficacy, effectiveness,

self-reported effectiveness measure assessed the extent to which the specific objectives (outcomes) were achieved as planned. Table 3 below indicates BRC-FL's scoring under effectiveness for each program year.[17]

Table 3: National societies' self-rating of the effectiveness of their program

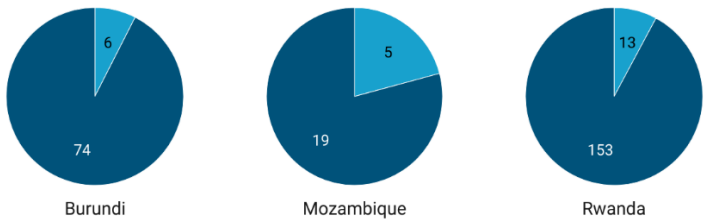
	2017	2018	2019	2020
Burundi	A	B	B	B
Mozambique	B	A	A	A
Rwanda	A	A	A	A
South Africa	A	A	A	B
Tanzania	A	A	A	A
Zimbabwe	A	A	A	A

Each self-report was supported with a qualitative explanation. For example, in 2018 CRB re-evaluated the position and structure of its FA unit *vis-à-vis* the entire organization, which delayed the implementation of Action Plan program activities. In response BRC-FL facilitated a reorganization and prioritization workshop with CRB stakeholders. Following which, the FA unit successfully repositioned itself within CRB, under the Disaster Preparedness Department, with a FA dedicated team in place.[18] For South Africa, the achievement of activities under pillar 3, CoFA, was challenging in 2020 due to the reduced demand for FA trainings given the COVID-19 pandemic. For example, the number of commercial FA trainings in the mine sector dropped by approximately 75 percent.[19]

The program objectives to train volunteers, trainers and master trainers were achieved.

Figure 5 shows the total number of master trainers and trainers educated during the Action Plan Program. Each country achieved varying ratios of master trainers to trainers, with South Africa reaching the smallest ratio of 1:3 and Tanzania reaching the highest ratio of 1:26. An ideal ratio of master trainers to trainers was not identified.

Figure 5: Number of master trainers and trainers in each program country



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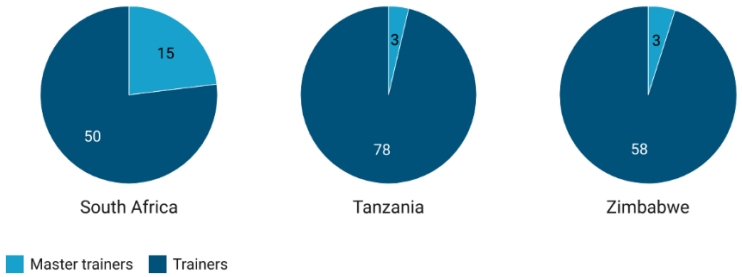
relevance, potential sustainability, Joint Strategic Framework contribution, transversal gender theme, and transversal environment theme. Each of the seven criteria contain several subcategories (12 in total).

[17] The table should not serve as a comparison between program countries as the scoring was self-reported and thus subject to reporting biases. Rather, this table should serve as a comparison within country to evaluate their self-reported year-on-year progress.

[18] BRC-FL Burundi, "Performance measuring system to DGD" (2018).

[19] BRC-FL South Africa, "Performance measuring system to DGD" (2020).



Stakeholders generally felt that the national societies were vulnerable to trainer and master trainer turnover and therefore wanted to maximize the number of trainers. For example, 80 percent of the trainers educated in Free State, South Africa left SARCS for full time employment opportunities.

That said, it is critical to strike a balance of a sufficient number of trainers so that the demand for training can be met, and avoid having too many trainers so that there are enough opportunities for trainers to build their training experience. In Tanzania, master trainers act as quality assurers, supervising trainings on an ad hoc basis. As there are only three master trainers, there was a high demand for them to volunteer time, a challenge as they all have full time jobs. Such a balance would require participatory discussions with the trainers themselves and thorough reflections on turnover rates.

BRC-FL rated their gender performance as very good. For example, in Mozambique, BRC-FL justified their very good score with the fact that the FA unit is gender balanced and that CVM encourages gender balance in volunteer training.[20] In Rwanda, BRC-FL justified their very good score with the introduction of AFAM, which was considered sensitive to the specific needs of women and girls as receivers and givers of FA. For example, the pictures and drawings included women and men, while the previous manual largely portrayed men.[21] Further, the project team explained that they encourage a gender balance in their capacity building activities. [22]

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[20] BRC-FL Mozambique, "Performance measuring system to DGD" (2020).
[21] The gender sensitivity of AFAM was not evaluated during this summative evaluation. The mid-term evaluation does not mention whether the AFAM was considered sufficiently gender sensitive or more gender sensitive than previous FA manuals. The Learning Hub, "First Aid Mid-term Evaluation," (2020).
[22] BRC-FL Rwanda, "Performance measuring system to DGD" (2020).

Table 4: National societies self-rating of the achievement of gender mainstreaming in their program[23]

	2017	2018	2019	2020
Burundi	A	A	A	A
Mozambique	A	A	A	A
Rwanda	B	A	A	A
South Africa	A	A	A	A
Tanzania	A	A	A	A
Zimbabwe	A	A	A	A

Beyond these high self-ratings, however, the program was unable to achieve a 50/50 gender balance (see Table 5 below). BRC-FL stakeholders argued that they have limited capacity to influence national societies' training criteria. BRC-FL stakeholders also mentioned that the timing and length of the training was a barrier to entry for women volunteers that were responsible for childcare and other household tasks. No specific efforts were made by the national societies boost the accessibility of the training for women.

Table 5: Percentage of females reached in the Action Plan Program[24]

	Burundi	Mozambique	Rwanda	South Africa	Tanzania	Zimbabwe
# of direct beneficiaries reached		43%	36%		45%	58%
# of volunteers and staff with a valid FA certificate		44%	36%	74%	47%	58%
# of active trainers	16%	29%	37%		46%	45%

Regarding the environment cross-cutting measure, the Action Plan Program increased communities' self-reliance by imparting FA skills and knowledge. As such, the program has increased communities' abilities to 'bounce back' when hit by sudden emergency. Community resilience is gaining importance given the increased occurrence of extreme climatological events and natural disasters brought by climate change.

I.1.2. Systems to Support the Effectiveness and Quality

The position of the national society HQ *vis-à-vis* the branch offices had a strong influence on the roll-out and effectiveness of CoFA activities. A major challenge faced by national societies (i.e., SARCS, TRCS, and CVM) was that there was a lack of coordination between the FA unit at

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[23] Data on ZRCS performance (2017 -2020) and CVM's performance (2017 – 2019) was not available.

[24] Green cells indicate gender outcomes within 10 points from a gender balance; red cells indicate gender outcomes outside of a 10 point range of gender balance.

the HQ and branch levels. As such, training activities and financial revenue at the branch level were not well monitored at the HQ level.

For example, TRCS's FA unit did not have a centralized accounting system or centralized certificate issuing system in place. This entrenched its lack of coordination and monitoring such that branches often did not declare training activities and issued training certificates that had not passed through the central FA unit at the HQ level.[25] The TRCS program included activities in response, such as the opening of a centralized training bank account,[26] development of training Standard Operating Procedures (SOPs), a centralized certificate issuing system, and the introduction of a CoFA strategy (2021 – 2025). The FA unit incentivized the branches to use the centralized payment and certificate issuing system with non-financial rewards (e.g., high-performing branches were praised during interbranch meetings).

National society stakeholders mentioned that the ToT approach, the AFAM and the volunteer database put in place during the program were fit for purpose, user friendly and contextually relevant. These processes supported the effectiveness and quality of the national society's FA units. In South Africa and Tanzania, the systems and resources provided during the Action Plan Program contributed to the accreditation of some branches with the Health and Welfare Sector Education and Training Authority (HWSETA) and the Internal First Aid Attestation (IFAA), respectively.

The program allowed CRB to position itself as the go-to FA training organization, delivering high quality services, which was recognized through a Memorandum of Understanding between CRB and the Ministry of Transportation[27] and the Ministry of National Education and Scientific Research in the specific program jointly defined *"First aid begins at school."*[28] In Zimbabwe, an SOP was enforced stating that trainers are only paid once they have provided training reports and supporting documentation that meet ZRCS quality standards. This was an effective method to improve the quality of training reports and ensured that trainers shared the documentation in a timely manner.

National society staff and master trainers valued opportunities to share lessons learned and discussed challenges and successes with stakeholders within the organization and across the region. In South Africa, the institutional workshop, which brought together several branches and stakeholders, was considered useful by SARCS stakeholders to engage on lessons learned, best practices, and challenges, specifically around accreditation. Currently, master trainers

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[25] Belgium Red Cross-Flanders, "WoFA committee workshop - final report" (2021).

[26] An HNS does not necessarily need to have separated account to be able to track expenses and income, rather a structured accounting system need to be put in place that allows the HNS to code their income and expenses against specific project codes. A separate bank account comes with associated operational costs.

[27] Memorandum of understanding between the Ministry of Transport, Public Works, Equipment and Regional Planning and the Burundi Red Cross for the promotion of road safety. Bujumbura, 7 April, 2020.

[28] Memorandum of Understanding between the Ministry of National Education and Scientific Research and the Burundi Red Cross. Bujumbura, 22 November, 2021.

across the region engage on a WhatsApp group to share experiences. Overall, there was a high demand among all stakeholder groups, including BRC-FL PMs, to engage in knowledge sharing processes more often to collaboratively problem solve and improve FA services across the region.

I.1.3. Institutional Capacity to Implement FA Activities and Respond to Natural Disasters

Following the Action Plan Program, national societies have increased their institutional capacity to implement FA activities and respond to natural disasters. A FA volunteer database was introduced to national societies, which allowed the FA units to mobilize trained volunteers and maintain a roster of volunteers on standby in case of emergency.[29] In Rwanda, volunteers trained under the Action Plan Program contributed to RRCS's Disaster Management Department to respond quickly and effectively to disasters, including the Nyiragongo volcanic eruption in May 2021. Further, FA-trained volunteers used the psychosocial support component in the AFAM to support victims facing trauma during the annual commemoration of the 1994 Rwanda genocide.

CVM shared their volunteer database with the Disaster Preparedness government service, which led to better coordination and response to emergencies on a national level, such as in response to Tropical Cyclone Idai (2019). In Zimbabwe, ZRCS shared the volunteer database with Zimbabwe's Disaster Risk Management Department of Civil Protection to ensure stronger collaboration and more efficient mobilization of volunteers. The database has since been used to activate volunteers during the general elections (2018), in response to the Bulawayo stadium blast (2018) and during Tropical Cyclone Idai. Lastly, as mentioned above, CRB restructured its FA unit within the organization's Disaster Preparedness Department, which allowed for more effective volunteer mobilization and disaster response.

In Mozambique, stakeholders mentioned that following the program, FA trainers and trained volunteers could easily be deployed to disaster areas before or after a disaster to give quick refreshment trainings to local volunteers as well as administer FA to potential victims right after the disaster or during their resettlement in camps. For example, before Cyclone Eloise made landfall in 2021, an emergency refresher training was given to 20 volunteers in Govuro District, Inhambane Province, to enable the volunteers to provide FA on demand to more than 1,000 people affected by the Cyclone.

Beyond these synergies enjoyed by RRCS, CVM, CRB, and ZRCS, stakeholders mentioned that SARCS and TRCS could benefit from more synergy between their respective FA units and internal Disaster Preparedness units. There is potential to streamline the volunteer databases

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[29] Data protection policies and protocol were not discussed during the evaluation interviews. This is a subject matter that requires discussion and attention. The interoperability of the database between HNS in the region was not discussed. This could be explored to support a regional response.

(i.e., identify how often a volunteer is involved in a response or what trainings a volunteer has received) to ensure that volunteers are activated for emergencies relevant to their experiences. There is a strong perception within national societies that the FA unit is solely a source of revenue and undervalued for their (potential) contribution to disaster response.

In addition to using the volunteer database to mobilize volunteers, the database could also be used to identify potential growth and employment opportunities for volunteers within the organization (e.g., identify actively involved volunteers that are seemingly more committed to the national societies' mandate).

IV.3. The contribution of new products and approaches

The following section discusses the contribution of the FABL approach and the potential to scale the cost-sharing model introduced in Tanzania during the program.

I.1.1. First Aid Blended Learning

The FABL approach was formally introduced as part of the Action Plan program in 2019 in Rwanda, as a pilot and collaboration with Ecobank, and South Africa, and in 2021 in Mozambique.[30] All national societies were excited about the potential and actual contribution of FABL to the sustainability and relevance of their FA unit. These national societies were able to deliver more cost-efficient trainings and offer a more attractive training option for CoFA clients.

The FABL approach includes one day for assessment; most national societies were concerned that this was an insufficient amount of time for trainees to practice, ask questions, and develop the confidence needed to deliver FA. Master trainers in Zimbabwe, however, felt that trainees were as confident following a FABL training as after the equivalent face-to-face course.

In terms of integrating FABL into volunteer training courses, national societies were concerned that digital literacy and mobile data costs could create a barrier of entry for some volunteers.[31] BRC-FL stressed that there is no intention to replace the face-to-face courses with FABL courses, and the appropriateness of FABL will be considered on a case-by-case basis. Further, while mobile data prices in east and southern Africa are relatively high, these prices have dropped drastically since 2018, see Figure 6 below. The FABL app also allows for content to be preloaded when connected to WIFI and accessed offline.[32]

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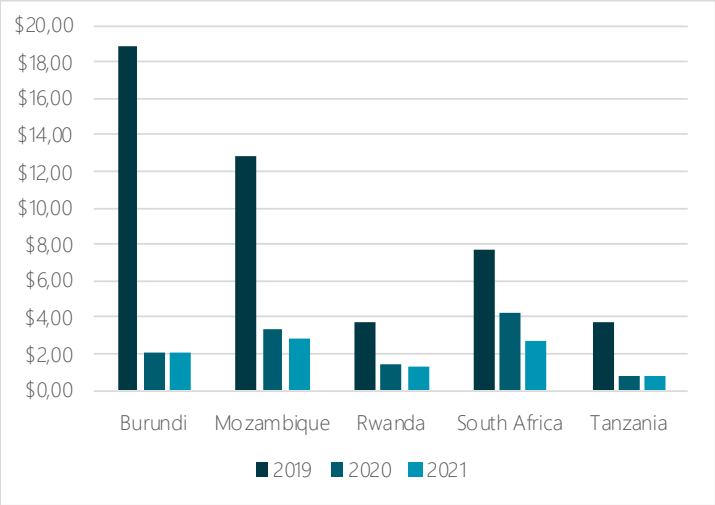
[30] The uptake of FABL was low in South Africa when first introduced in 2019, stakeholders stressed that the SARCS is now well positioned to onboard the approach.

[31] Mobile data prices are relatively high in Mozambique, with 1 GB costing USD 2.79. Mobile data prices dropped by 79% from USD 12.82 for 1 GB in 2019 to USD 2.29 for 1 GB in 2021. Globally, Mozambique is ranked 140 for data prices. Data source available here.

[32] https://play.google.com/store/apps/details?id=com.cube.gdpc.fa&hl=en

Figure 6: Country mobile data prices for 1 GB (2019 – 2021)[33]



Going forward, national societies would require capacity support from BRC-FL on back-end application management and content management (e.g., content translation into local languages) to effectively roll out the FABL approach.

I.1.2. Cost-Sharing Model

During the Action Plan program, BRC-FL supported TRCS in the implementation of a cost-sharing model. In this model, FA participants cover the fees related to their participation, including the participant allowances, the transport of the participants, and, when possible, the costs of some stationery and simulation materials. The venue was either financed by the branch, as opposed to HQ, or a costless alternative was used. Table 6 demonstrates a cost-sharing model for 15 BFA training participants, which reduced the training cost by more than 50 percent.[34]

Table 6: Comparison of a typical BFA training and a cost-sharing BFA training[35]

Item Description	Typical BFA training	Cost-sharing model
Venue	USD 860.00	USD 0.00
Food	USD 193.50	USD 193.50
Trainer's allowance	USD 54.,80	USD 541.80
Transport of trainers	USD 43.00	USD 43.00
Participants allowances	USD 483.75	USD 0.00
Bus fare	USD 77.40	USD 0.00

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[33] Cable, "World Mobile Data Prices", (2021), available here. Due to currency fluctuations in Zimbabwe, the mobile data prices were not available.
[34] BRC-FL Tanzania, "2pager on cost sharing model" (2022).
[35] BRC-FL Tanzania, "2pager on cost sharing model" (2022).

FA equipment transport and FA materials	USD 86.00	USD 86.00
Total	USD 2,285.45	USD 864,.30

In Tanzania, the cost-sharing model increased TRCS's reach and potential sustainability by reducing their dependence on funding and optimizing the use of available resources. TRCS and BRC-FL stakeholders argued that the cost-sharing model encouraged more highly motivated volunteers, who can afford to cover their own costs, to register for the training, which could in turn reduce the turnover of volunteers.[36] While it could be argued that volunteers show a higher willingness to participate in trainings when they self-sponsor, in Zimbabwe, stakeholders noticed that, on the contrary, volunteers showed a higher level of commitment, gratitude, and willingness to 'give back' following a sponsored training. In this context they felt honored to have been selected by a partner organization (i.e., BRC-FL).

In assessing the potential to scale the cost-sharing model to other national society FA units in the region, the evaluation found there was a range of costing models already in place (as showing in Figure 7). Each countries' approach was tailored to their specific context. For example, ZRCS had an excess demand of volunteers interested in and willing to cover the costs of basic FA training. This was especially the case in the urban centers. As such, ZRCS did not feel obliged to support volunteers with a full cover training course and uses a basic cover model.

SARCS, on the other hand, provides a fixed budget to each branch for a training (i.e., the budget to train 20 volunteers in BFA was approximately USD 850) and each branch had the jurisdiction to manage their costs within this budget. There was, however, a high variance on what each branch can offer with this budget. For example, some branches needed to secure training venues, while others have access to free training venues. As such, a fixed budget could create inequalities between branches as they have varying access to resources.

RRCS had a varied pricing approach such that ad hoc trainings requested by community members did not receive any financial support or cover from RRCS and training provided by funded projects, such as the Action Plan Program, offer a full cover support. This suggests that community members were willing to engage in FA training in the absence of per diems. Further, community members could arrange free training spaces and trainers were willing to provide training without compensation. RRCS has, however, received feedback that most trainers need support in transport fees to be able to meet the demand for training in their region.

Comparatively, the socio-economic situation in Mozambique and Burundi has created an expectation and dependency from volunteers that national societies will provide a full cover,

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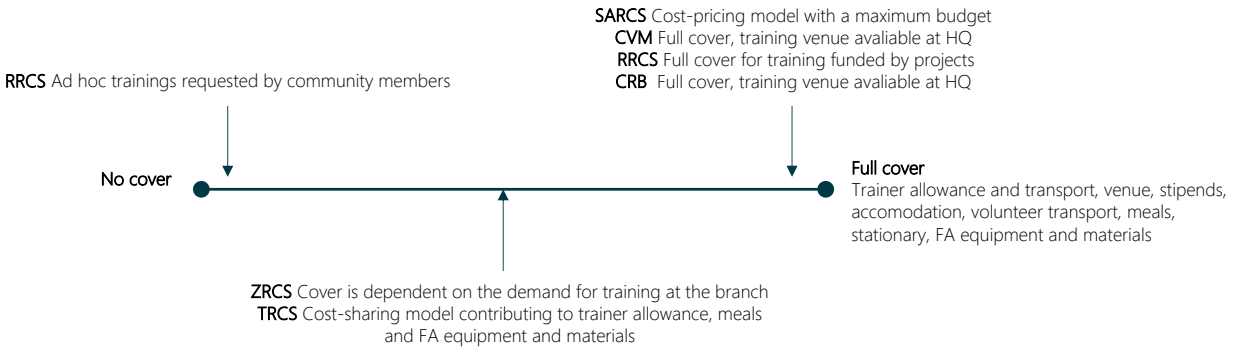
[36] BRC-FL Tanzania, "RKV_Lessons Learned Tanzania," (2020).

which boosted volunteers' interest and willingness to participate. Stakeholders stressed that moving away from this full cover model would require a major shift in mentality.

Figure 7: Cost-Sharing Model



While TRCS's model was contextually appropriate, effective, and clearly outlined, the models used by other national societies were also viable and effective approaches for their contexts. Overall, there is potential to collaboratively develop a regional cost-sharing model that incorporates the merits of each national society's models, while allowing for country-specific adaptions and considerations. One consideration, for example, is the stability and reputation of the national society. The evaluation found that national societies' potential for training cost-sharing increases as the stability and reputation of the national society, and specifically its HQ, improved.

Irrespective of the type of cost-sharing model implemented by a national society, it's imperative that the national society adopts a model and uses it consistently irrespective of the donor or project partner. That way, volunteers' expectations and experiences are not misaligned from one training to another.

Within the cost-sharing model, there was also potential to modify the number of trainers involved in a BFA training. A BFA training in Tanzania, as shown in Table 6 above, includes two trainers and one master trainer (67 percent of the cost). Master trainers join these training as quality supervisors. However, given the demand on master trainers, it would be relevant and cost-efficient to introduce trained quality supervisors, i.e., volunteers who could play a role in ensuring that FA training remains standardized and of high quality. This could be an interim development step from trainer to master trainer.

Figure 8: Volunteer development plan

IV.4. The contribution of FA on stakeholder's lives

Master trainers across all project countries felt confident to deliver FA on demand and to prepare trainers to deliver FA courses. During the field visit in Burundi, master trainers, trainers, and educators expressed their gratitude for the AFAM training and the ToT model introduced

during the program. They explained that the program boosted their self-esteem and that they felt more confident to respond to disasters and save a human life. Trainers and educators mentioned that when following the ToT they were more confident when speaking publicly and to act as role models in their respective communities.

Overall, FA trainers and master trainers showed high levels of commitment to the Red Cross across project countries, such that they have turned down job opportunities that they received since becoming trainers or master trainers. Trainers and master trainers enjoy the social status and prestige that comes with their role within the Red Cross. For example, they are often considered physicians in their respective communities. There is a risk that FA volunteers may provide medical advice beyond the scope of their knowledge and skills, which could put others in danger. It's imperative that FA volunteers acknowledge the limits of their knowledge and skills and understand how to use the referral mechanisms available in their communities.

The reputation of the national society had a strong influence on volunteers' motivation to join the organization and on the national society's turnover rates. ZRCS enjoys an especially strong reputation in Zimbabwe and volunteers primarily join the organization to be a part of the cause and promote their status in their community rather than to secure job opportunities. This was well demonstrated by the formation of volunteer '*action teams*' that meet weekly to practice their FA skills and update their FA knowledge.

'*Action teams*' are groups of volunteers trained in FA that meet regularly to practice their FA skills and share knowledge, experiences, and best practices. These are spontaneous groups formed by the volunteers.

IV.5. HNS Capacity to Sustain Project Activities

National societies felt confident to continue to use the system and tools introduced during the Action Plan Program. However, they felt dependent on BRC-FL to provide financial and material support (i.e., FA training equipment and updating of AFAM materials with evidence-based knowledge). BRC-FL stakeholders anticipated supporting national societies with updated training material in the future and considered this low-effort support.

The ToT approach introduced during the Action Plan program contributed to the sustainability of the national societies' FA units by reducing their dependency on partner organizations to train trainers. The ToT approach has placed the national societies in a positive direction towards localization of their humanitarian response. The ToT approach also enables national societies to compensate for high turnover of volunteers and it provides an opportunity for trainers to develop their facilitation and adult learning skills.

While national societies felt capacitated to train volunteers and trainers, they had limited financial resources to continually replenish their volunteer and trainer quotas considering the

turnover rates. In this regard, a cost-sharing model could contribute to the financial sustainability of the national societies.

To reduce the turnover of trainers and master trainers, TRCS targeted ToT participants with a diploma level of education, medical background, or social anthropologists. These stakeholder groups were anecdotally considered a better fit for training and they presented additional opportunities for advocacy (e.g., teachers in schools could share youth FA knowledge with students on an ad hoc basis or provide youth training as part of the school curriculum).

A major challenge to the financial sustainability of national societies' FA units was that their branches did not declare CoFA training income. Rather, this income was used to cover branch-level operational costs. Another challenge was the dependence of the entire national society on the income generated by the FA unit, which limited reinvestment into the FA unit itself. In reinvesting a proportion of the income into the FA units, for example by boosting marketing or ToT, the units should be able to attract a larger client base, offer a larger volume of CoFA training, and in turn generate a larger turnover.

The informal partnerships forged during the Action Plan Program with each national society's national governments played a vital role in the recognition of Red Cross's CoFA services. During the Action Plan Program, the RRCS successfully engaged with the Ministry of Foreign Affairs and the Rwanda Development Board on their CoFA services and the added value of FA training in the commercial industry. Following this, the Ministry shared RRCS information with companies interested in FA training. CVM recognized that at the national level, there was a great need for quality FA trainings and there was a large interest from government partners in FA trainings, which CVM capitalized on, given their strong partnership with government stakeholders. For example, the state energy company has provided CVM with a contract to train all their staff members. In South Africa, FA-trained volunteers were strong candidates for positions in public hospitals and were hired by the DoH.

V. Conclusion

The Action Plan Program FA achieved its planned outcome to support laypeople, national society staff and volunteers have adequate, up-to-date, and evidence-based knowledge, skills, and attitudes to provide FA to those in need, thereby enhancing community-level resilience and emergency care capacity. As a result of the program, national societies have mobilized FA-trained volunteers to respond to emergencies, citing multiple examples in each program country. The program was particularly valuable given the limited coverage of community health centers and services in the region.

The introduction of contextually appropriate training material and a ToT approach contributed to the localization of humanitarian aid. One avenue to explore is how to bring the training closer to volunteers, which would require a scale up of the ToT model, so that there are more

trainers available across the country. Better structuring of the ToT to include live training opportunities would improve the overall effectiveness of the approach.

Without clear volunteer retention and development policies in place, the sustainability and capacity to scale up may be limited. In every country, FA volunteer training was provided free of charge to the participants. The cost-sharing model raises the question whether participants should cover their own costs or not. As national societies have limited resources to replenish their volunteer and trainer quotas, a cost-sharing model was considered a viable option to better manage and allocate training funding.

VI. Lessons Learned

Lesson learned 1: Institutional capacity should be measured in a more standardized way, using an assessment. That will allow BRC-FL to benchmark the different national societies and identify the types of support needed by each national society to bring them to an even level.

Lesson learned 2: Teachers appear to be good candidates as master trainers and trainers given their profession experience in training, their role in their community, the opportunity to informally influence students by sharing FA knowledge, and their work schedules, which allows for volunteering opportunities.

Lesson learned 3: The success of the project was contingent on the national societies' strategic vision and stability. National societies were vulnerable to staff turnover and leadership that lacks strategic direction.

Lesson learned 4: A cost-sharing model requires a shift in mentality. However, it has the potential to boost the reach and sustainability of national society resources.

Lesson learned 5: Better optimization of the volunteer databases could enable synergies between the Disaster Management Department and the FA Department.

Lesson learned 6: All national societies expressed a strong desire to boost engagement between branches, and similarly with other national societies in the region.

VII. Recommendations

Recommendation 1: Volunteer retention policy

National societies should develop a volunteer retention policy used to identify and harness opportunities for volunteers to grow within the organization. The retention policy should consider the following:

- An adaptation of the volunteer database to identify the types of emergency responses that a volunteer has been involved in and how active a volunteer has been. This information

could be used to identify active volunteers who would be appropriate for further training and development within the organization.

- A clear development plan is shared with volunteers. The plan progresses from a trained volunteer to a volunteer that has been mobilized in a response, concluding with opportunities for master trainers to train in neighboring countries, participate in regional exchanges, or receive additional learning and development.

Figure 9 Extended volunteer development plan

- Identification of the types of community members that are more retainable as volunteers. For example, teachers appear to be strong candidates to become master trainers and trainers.

Recommendation 2: Formation of Peer Exchange Groups

The national society could offer a space for the peer exchange groups to meet on, for example, the first Saturday of each month at the branch offices to share their knowledge and practice their FA skills. This participatory peer engagement should boost volunteers' commitment to the organization as they become part of an active peer network. Volunteers that are actively involved in peer exchange groups should be captured in the volunteer database and targeted for additional development opportunities.

Recommendation 3: Management and optimization of volunteer databases

- National societies should increase the synergies between its Disaster Management unit and FA unit by, for example, using the FA volunteer databases to mobilize volunteers under the Disaster Management unit, or specifically targeting Disaster Management volunteers for FA for First Responders training.
- BRC-FL should prioritize and provide capacity support to national societies on the management of a database *vis-à-vis* data protection regulations. While national societies do not follow the General Data Protection Regulation directive, this should be considered a best practice for the national societies to strive towards.

Recommendation 4: Training Quotas

It is critical to strike a balance between enough trainers (so that the demand for training can be met) and not too many trainers (so that there are enough opportunities for trainers to build their experience). National societies should engage in participatory discussions with their master trainers, trainers, and educators, and reflect on their turnover rates to identify an optimum ratio.

Recommendation 5: Government as a strategic partner

National societies should develop a strategic approach to engage with government departments (e.g., Ministry of Labor, Ministry of Foreign Affairs, Ministry of Health), which have proven to be a key entry point for CoFA services and volunteer training. For national societies

with a strategic approach in place, they should consider broadening the scope of ministries that they engage with.

Recommendation 6: Scaling FABL to volunteer training

- The effects of digitalization on the course accessibility and learning retention needs to be further explored. To maintain its relevance and effectiveness, national societies should retain their capacity to facilitate the delivery of both face-to-face and FABL courses. Choices on the delivery modality should be made based on the characteristics of the target group.
- If volunteers with smart phones have limited access to cellular connection and WIFI within their communities, national societies could invite volunteers to the branch offices to connect to the WIFI network and preload the app content. National societies might also consider covering data expenses during the online training assessment.

Recommendation 7: Gender balance in training

The program should integrate explicit efforts to encourage the participation of women in FA training as volunteers and trainers. These efforts could include:

- Positive discrimination in the selection of participants through, for example, specific outreach to women-led organizations to encourage women's participation
- Organize training at a time suitable for women (e.g., during school hours for mothers)
- Providing childcare facilities for mothers to be able to attend

Recommendation 8: Synergize the ToT and volunteer training calendar

Develop an operations calendar that aligns the ToT program with the volunteer training program, such that new trainers can provide an FA course within two weeks of their training. Further, the FA unit might consider qualifying trainers only after they have successfully completed their first FA course.

VIII. Annex 1: Evaluation matrix

While following the OECD/DAC evaluation criteria, we have suggested a limited number of evaluation questions, as we believe this will make for a more structured evaluation report.

Working questions	Indicator/ how judgement will be formed	Sources of information	Report disaggregation
Relevance: To what extent were the program activities in line with its stakeholders' needs and priorities (i.e., trainers, HNS, BRC-FL and DGD)?			
1.1 To what extent were the trainings relevant to stakeholders' (master trainers, trainers, volunteers) needs and priorities throughout the program (Pillar 1)?	1.1.1 Master trainers/trainers and volunteers considered the BFA training relevant to their needs and priorities (i.e., adjusted during COVID-19, relevant topics, relevant training methods, relevant training materials).	Desk review: BFA manual, lesson plans, training reports and feedback forms. FGDs with master trainers/trainers and volunteers in Burundi	Disaggregation between master trainers, trainers, and volunteers.
	1.1.2 Master trainers and trainers considered the ToT approach relevant to their needs and priorities (e.g., adjusted to the context, relevant topics, relevant teaching methods).	Desk review: lesson plans, training reports and feedback forms FGDs with master trainers/trainers	Disaggregation between master trainers and trainers.
1.2 To what extent was the institutional support provided by BRC-FL relevant to HNS' needs and priorities (Pillar 2)?	1.2.1 The capacity building activities and support within the program were considered relevant to the needs and priorities of the HNS.	Desk review: Quarterly narrative reports, program proposal, JSF framework, HNS strategic plan and FA strategy KIIs with HNS and BRC-FL	Disaggregation between HNS and BRC-FL stakeholders.
1.3 To what extent were the CoFA activities considered relevant to the needs and priorities of HNS (Pillar 3)?	1.3.1 The CoFA related activities and support within the program were considered relevant to the HNS.	Desk review: Quarterly narrative reports, program proposal, training reports and feedback forms KIIs with HNS and BRC-FL	Disaggregation between HNS and BRC-FL stakeholders.

1.4 To what extent was the design of the program activities and ToC aligned with the HNS FA strategy and overall strategy?	1.4.1 The activities within the program were aligned with the organizational priorities and strategy of the HNS.	Desk review: program proposal, yearly reports to DGD, quarterly narrative reports KIIs with HNS and BRC-FL	Disaggregation between HNS and BRC-FL stakeholders.
	1.4.2 The three-pillar program approach was considered relevant to address the needs of stakeholders.	Desk review: program proposal, yearly reports to DGD, quarterly narrative reports KIIs with HNS and BRC-FL	Disaggregation between HNS and BRC-FL stakeholders.
Effectiveness: To what extent have the specific objectives (outcomes) of the program been achieved?			
2.1 To what extent has the program achieved its intended outcomes?	2.1.1 Comparison of achievements against the indicator tracker and ToC.	Desk Review: program proposal, yearly reports to DGD, quarterly narrative reports, indicator tracker, database files	Disaggregation by program country.
	2.1.2 The extent to which cross-cutting measures were implemented as planned (i.e., gender and environment-related measures)?	Desk Review: program proposal, yearly reports to DGD, quarterly narrative reports, indicator tracker, database files KIIs with HNS and BRC-FL	Disaggregation by program country.
2.2 What systems were put in place to support the effectiveness and quality of the FA department?	2.2.1 There is documented evidence of FA department systems in place (i.e., up-to-date knowledge, skills and attitudes system, certificate issuing system, and FA volunteer mobilization system).	Desk Review: program proposal, yearly reports to DGD, quarterly narrative reports, indicator tracker KIIs with HNS and BRC-FL	Disaggregation by program country.
	2.2.2 HNS staff members have the capacity to use and maintain the systems that form part of the FA unit.	KIIs with HNS and BRC-FL	No disaggregation.
	2.3.1 HNS staff members feel that the systems in place are fit for purpose.	KIIs with HNS	No disaggregation.

2.3 To what extend did HNS have increased institutional capacity to implement FA activities and respond to natural disasters?	2.3.1 Trainers and certified staff are equipped and available to deliver FA on demand and in emergencies (preventive activity during festivals, demonstrations, in case of natural disaster…)	Desk review: yearly reports to DGD, quarterly narrative reports, indicator tracker, SOPs, policy documents KIIs with HNS and BRC-FL FGDs with master trainers/trainers	Disaggregation between national society stakeholders, BRC-FL stakeholders, master trainers/trainers.
Efficiency: Could the same have been achieved for less?			
3.1 To what extent have new delivery methods influenced the efficiency of the Action Plan Program?	3.1.1 Qualitative accounts from HNS of the positive and negative intended and unintended effects of the cost-sharing model (actual and hypothetical).	KII with HNS and BRC-FL	Disaggregation by country.
	3.1.2 Stakeholders reported that the FABL contributed to the efficacy of the program (i.e., time and resources).	Desk review: Training feedback forms KIIs with HNS and BRC-FL FGDs with master trainers/trainers	Disaggregation between national society stakeholders, BRC-FL stakeholders, master trainers/trainers.
3.2 Have trainers conducted FA trainings outside of the Action Plan Program?	3.2.1 Trainers have used the FA skills gained through the Action Plan Program to conducted trainings outside of the program.	FGDs with master trainers/trainers	Disaggregation by master trainers and trainers.
Contribution: What intended and unintended contribution has the program made?			
4.1 What contribution has FA training had on the lives of its stakeholders (i.e., master trainers, trainers, and volunteers)?	4.1.1 Stakeholders reported on the positive and/or negative contribution of the training on their lives.	FGDs with master trainers/trainers and volunteers in Burundi	Disaggregation between master trainers/trainers, and volunteers.
	4.1.2 Stakeholders reported that they are confident to provide FA.	FGDs with master trainers/trainers and volunteers in Burundi	Disaggregation between master trainers/trainers, and volunteers.
Sustainability: What is the probability of maintaining and repeating the benefits of the program in the long term?			

5.1 Do HNS have the necessary capacities to continue project activities without donor funding and BRC-FL support?	5.1.1 The HNS have the institutional capacity to independently implement future FA activities.	Desk review: yearly reports to DGD, quarterly narrative reports, indicator tracker, SOPs, policy documents KIIs with HNS and BRC-FL	No disaggregation.
	5.1.2 The HNS have the capacity to scale their activities (i.e., CoFA) to ensure the FA department' financial sustainability.	Desk review: yearly reports to DGD, quarterly narrative reports, indicator tracker, SOPs, policy documents KIIs with HNS and BRC-FL	No disaggregation.
	5.1.3 Through partnership with government stakeholders, HNS were able to increase the interest and uptake of FA as part of government policy.	Desk review: yearly reports to DGD, quarterly narrative reports, indicator tracker KIIs with HNS and BRC-FL	Disaggregation by country.

IX. Annex 2: Methodology

The evaluation objectives were met primarily through a qualitative approach, engaging the different stakeholders in the design of the evaluation and analysis of the findings. The evaluation relied on a variety of secondary (both qualitative and quantitative) and primary sources. Findings were triangulated to ensure their validity.

IX.1. Desk review and inception phase

In-depth briefing: The evaluation started with an in-depth briefing on 17 January 2022 with the evaluation team and the evaluation managers.[37] The agenda topics for the in-depth briefing included an overview of the Action Plan Program, a contextual overview, discussions around primary and secondary data collection, roles and responsibility, and the timeline and admin. The briefing meeting minutes are available here. Next, the evaluation team planned a briefing with the country PMs, during which the PMs presented an overview of each country's program, discussed how to engage with key informants and master trainers, and whether there were any sensitivities that the evaluators need to be aware of. The PM briefing minutes are available here.

Desk review: Following the briefing, Key Aid Consulting (KAC) reviewed the available program documentation provided by the country PMs, which included: Action Plan Program project proposals, quarterly narrative reports, annual donor reports, basic FA manual, lesson plans, training reports, feedback forms, monitoring reports/data from the national society, and the mid-term evaluation report. KAC identified some gaps in the desk review (e.g., documentation related to internal capacity developed such as Standard Operating Procedures developed with BRC-FL) and reached out to the PMs to provide additional documentation. The desk review is an iterative process and will continue during primary data collection.

Inception report: Following the briefings and desk review, KAC produced an inception report, which includes a refined methodology, detailed evaluation questions, an evaluation matrix, a comprehensive sampling strategy and methods to engage stakeholders, data collection tools, a list of stakeholders to be consulted, a finalized timeframe for the evaluation and designated roles and responsibilities. The draft inception report was submitted to the evaluation review group[38] for comments and feedback on 4 February and the final inception report was submitted on 16 February.

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[37] Yousri El Adak (Evaluation Manager), Elke Weyenbergh (Focal Point FA), Alizée Bersan (Country PM Burundi).
[38] The evaluation review group includes the evaluation managers and the country PMs.

IX.2. Primary data collection

Remote semi-structured key informant interviews (KIIs) (22) were conducted for each of the focus countries (approximately five per country) with Host National Society (HNS) staff members, BRC-FI delegates (e.g., country representatives and project managers) and BRC-FI staff based in Belgium (e.g., FA focal points). KIIs were conducted remotely (using Skype, Zoom, and WhatsApp) in English and French. Interviews with CVM were conducted using a Portuguese translator. The duration of the interviews was approximately one hour.
In-country semi-structured KIIs (6) were conducted by KAC's national consultant with the BRC-FL and CRB staff members in Bujumbura and Gitega, Burundi. The in-country KIIs were conducted in-person, while carefully adhering to the COVID-19 social distancing measures, and were conducted in French or Kirundi, depending on the preference of the interviewee. The duration of the interviews will be approximately one hour.

Both remote and in-country key informants were selected using purposive sampling to include individuals who are well positioned to provide valuable information, which was representative of the various operational locations and activities. Some KIIs were conducted using 'paired' interviews with interviewees from the same stakeholder group.

Remote focus group discussions (FGDs) (5) were conducted with master trainers in each of the remote countries to assess the relevance and contribution of the program on the lives of master trainers.

In-country FGDs (8) were conducted by KAC's national consultant with master trainers and trainers (four FGDs) and educators (four FGDs) in Bujumbura and Gitega, Burundi (each FGD group included three to six stakeholders). These two locations were selected as they share a diversity of stakeholder groups (i.e., master trainers, trainers, and educators). In-country FGDs carefully adhere to the COVID-19 prevention measures and were conducted in French and Kirundi, depending on the preference of the group. The discussions lasted approximately 45 minutes.

IX.3. Data analysis and final report

Quantitative and qualitative data have been analyzed using Excel. Qualitative data was coded using a codebook that reflected the evaluation matrix. The analysis was done iteratively to be able to adjust the data collection tools and explore some of the trends more in depth.

Once the data analysis was complete, the consultants produced a draft integrated evaluation report (30 pages), which included the key findings, lessons learned and high-level recommendations across all six focus countries. KAC also produce draft country-specific reports (three to five pages per country) for each of the focus countries, which included country-specific findings, lessons learned and recommendations.

Country validation workshops and an integrated report validation workshop were conducted during which KAC presented the evaluation findings and engaged with the workshop stakeholders in a participatory manner to identify actionable recommendations.

The final integrated evaluation report and country-specific reports integrated feedback on the draft report and discussions during the validation workshop.

IX.1. Evaluation lessons learned

Regarding evaluation lessons learned, the evaluation proposal had not planned on engaging with master trainers in all six countries. However, during the inception phase, master trainers were included as key stakeholders. Overall, master trainers added substantial value to the evaluation findings and were able to substantiate information shared by other stakeholder groups. Future FA evaluation should include master trainers as a key stakeholder group. An additional lesson learned from this evaluation was that Zoom was not the preferred means of online communication when interviewing national society stakeholders. To increase evaluation buy-in, HNS stakeholders should be offered a choice between Zoom, Teams, Skype, and WhatsApp. When meeting with master trainers, WhatsApp was the preferred means of communication.

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