END OF PROGRAMME EVALUATION:
COMMUNITY RESILIENCE PROGRAMME (COMREP II)

FINAL REPORT

Submitted by:

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BOCA	Branch Capacity Assessment
CDF	Community Development Facilitators
CLTS	Community Led Total Sanitation
COMREP	Community Resilience Program
DM	Disaster Management
DODMA	Department of Disaster Management affairs
DRC	Danish Red Cross
eCBHFA	Evidence-based Community-Based Health and First Aid
ECD	Early Childhood Development
FGD	Focus Group Discussions
FRC	Finnish Red Cross
HIV	Human Immune Virus
IFRC	International Federation of Red Cross and Red Crescent Society
IRC	Icelandic Red Cross
ItRC	Italian Red Cross
MACOHA	Malawi Council for the Handicapped
MRCS	Malawi Red Cross Society
MTR	Midterm Evaluation
MWK	Malawi Kwacha
NSD	National Society Development
ODK	Open Data Kit
PASSA	Participatory Approach for Safe Shelter Awareness
PGI	Protection Gender and Inclusion
PMER	Program Monitoring Evaluation and Reporting
PNS	Partner National Society
PWD	Persons with Disabilities
RCRC	Red Cros and Red Crescent Movement
STD	Sexual Transmitted Disease
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation and Hygiene

Executive summary

This is the report for final evaluation of the Community Resilience Program (COMREP II) in Malawi. The evaluation assessed relevance, effectiveness, efficiency, impact, and sustainability of the program in reducing risk and building resilience and determined the extent to which the program successfully addressed the identified challenges and empowered the most vulnerable, including Children, Youth, and Women.

Relevance: The priority needs identified by the project and corroborated through focus group discussions during this evaluation were health, disempowerment, disaster risks, water, sanitation, and hygiene. To measure the extent the project strategies and actions were relevant in responding to the community needs, a composite average of outcomes of actions in each component of COMREP II was developed. For example, from the composite outcomes of actions in health, the project addressed 74% of targeted needs in the impact areas. The health interventions were designed with the aim of disease prevention, treatment through referrals and rehabilitation of persons with disabilities. The outreach clinics offered nutrition screening services, vaccination, contraceptive methods to women and youth. Other services supported by the program in health include disability assessment and referral to enable People with Disabilities (PWD) access medication and assistive devices.

In disaster management, the project addressed 79% of the targeted needs in disaster management with actions that: created awareness of the risks; ensured the communities are prepared for disaster risk; ensured communities received early warning and ensured that communities can implement climate change adaptation measures to improve their lives.

The project addressed 72% of targeted needs in WASH of the communities in the impact areas. The National Society utilized Community-Led-Total Sanitation (CLTS) strategy to address the problem of open defecation in the impact areas. This evaluation observed that households in the impact areas had latrines made from locally available material. The latrines had covers to prevent bad odour and flies from getting in. In addition, the project dislodged latrines in schools which was much cheaper than building new one. The WASH component of COMREP II also addressed scarcity of clean water by drilling and rehabilitating boreholes in the impact areas. Lack of clean and safe drinking water was the cause of cases of diarrhoea and cholera in the impact areas. The total number of boreholes drilled or rehabilitated by the project were fifty-one. Lastly, in menstrual health, the program constructed menstrual health friendly latrines in schools to encourage girls to continue attending schools while on periods. The toilets had changing rooms with menstrual hygiene management facilities for disposing used pad.

In addressing disempowerment, the financial support for education for boys and girls was appropriate while the IGAs for out of school youth did not work well because the businesses could not enjoy the economies of scale given the small capital investment. 100% of the targeted needs of girls and boys in education were addressed through financial support for education. The project supported a total of 900 girls and boys across the three districts with school fees and learning materials. For girls who had to walk long distance to school, the project offered safe boarding services around the school which included money for rent and upkeep.

In each district, there were 21 youth clubs of both in-school and out of school youths. In Mwanza 10 out of school youth clubs are actively engaged in income generating activities while in Mangochi and Chikwawa they were 5 and 10 respectively. Out of school youth clubs were engaged in various activities including beekeeping, crop farming, poultry rearing and piggery. However, the study noted that IGAs by youth clubs were not generating enough income and were struggling to repay both principal amount and interest on the start-up capital they received. The in-school youth were engaged in life skills sessions, tree planting, and hygiene and sanitation promotion.

In National Society Development, the program supported the development of policies and guidelines to provide guidance, consistency, accountability, efficiency, and clarity on how MRC should operate to better serve those in need. COMREP II supported the development of strategic policies including Human Resource, Procurement, Youth, Volunteer Management, Programs development, Prevention of Sexual Exploitation and Abuse, Community Engagement and Accountability. Policies have been disseminated to all staff through their focal points. In addition, COMREP I supported Branch Organizational Capacity Assessment (BOCA) which improved branch capacities in planning and reporting, financial management, volunteer management and resource mobilization.

Effectiveness: Overall, the project achieved all planned outcomes in Health, Disaster Management, Empowerment, WASH and National Society Development. The project was effectively implemented due to the existence of internal and external factors explained hereunder.

The internal factors of success in the implementation of COMREP II is attributable to the technical and financial support offered in the program by the consortium members. Danish Red Cross (DRC) as the lead, coordinated the design, implementation and monitoring of the program. In addition, DRC's Global Supply Chain Coordinator ensured timely delivery of quality inputs in response to COMREP II response to compounding crisis such as cholera outbreaks, tropical storm Freddy and COVID-19 pandemic.

The Finnish Red Cross offered technical assistance in health while Icelandic Red Cross provided technical support in Protection and Gender Inclusion (PGI). The International Federation of Red Cross and Red Crescent Societies (IFRC) supported successful implementation of the WASH actions in COMREP II.

External factors of success in the implementation of COMREP II include the collaboration between the National Society and community committees that worked closely with the volunteers in delivering trainings, distribution of inputs (e.g chlorine-during compounding crisis), awareness creation sessions in WASH, health, disaster management and empowerment.

Efficiency: The implementation of the program in a consortium eliminated the costs associated with staffing and the burden of reporting by the National Society since one report produced sufficed and was shared with all consortium members.

There were areas that needed more resources for example in WASH, more latrines needed to have been built in school with menstrual hygiene management facilities to encourage girls to attend school during their periods. Further, the distances to and from the boreholes which were drilled or rehabilitated have not met the government recommended distance of 500meters(maximum) from the households. Currently, water points are 700 meters from households and therefore there was need for more resources for more boreholes or reticulation of water to households in the impact areas[1]. In empowerment, the project needed to have supported youth clubs to scale-up income generating activities by putting in more resources as seed money. In addition, there was need for more resources to purchase sewing machines for the remaining mother's groups for all mothers' groups to be making quality reusable pads. In disaster risk reduction, more resources were needed in the dissemination of early warning messages through radio sessions in stations which are popular in Malawi.

Impact: Overall, 62% of the children under five who suffered diarrhoea two weeks before the survey received ORS compared to 31.7% at baseline. Majority (79.0%) of the children who received ORS to treat diarrhoea were in Chikwawa compared Mwanza (59.0%) and Mangochi (39.0%). The use of ORS for treatment of diarrhoea is dependent on its availability in the health facilities in the impact areas. The variation in the proportion of children receiving ORS to treat diarrhoea across districts was because of variability in supply of ORS in health facilities in impact areas.

On average, 15.0% of the children form the three districts under COMREP II were fed on a balanced diet containing 4-6 food groups compared to 10.3% at baseline. This was because of the existence of parents' committees at the CBCCs who mobilized food stuff for children and training in nutrition offered to the caretakers through the program.

There is increase in the use contraceptives across the three targeted districts. The proportion of female beneficiaries in Chikwawa using any method to delay or avoid pregnancy rose from 73.2% at midterm to 82% at endline. Mwanza also recorded a rise in the proportion of female beneficiaries using any method to delay pregnancy from 68.6% at midterm to 82% at endline. Its only Mangochi that reported a decline in the use of methods of avoiding pregnancy from 67.5% to 59% at endline. The decline could be explained by religious opposition to the use of contraceptives on two grounds: that any practice that prevent pregnancy is infanticide.

Overall, 96% of the beneficiary households self-reported owning latrines while those observed by enumerators during survey were 94%. Both self-reporting and observed latrines were higher compared to 43.5% who owned latrines at baseline. In Mangochi, 98% of the beneficiary households reported owning latrines while observation by enumerators revealed they were 95%. In Mwanza and Chikwawa those self-reporting was 97% and 92% while those observed were 94% and 92% respectively.

There was an increase in the proportion of the beneficiaries who felt prepared for disasters in Chikwawa from 50.3% at midterm to 60% at endline. In addition, there was an increase in the proportion of the beneficiaries who felt prepared for disasters in Mwanza from 38.7% at midterm to 50% at endline Mangochi recorded a decline in the proportion of beneficiaries who felt prepared for disaster from 52.2% at midterm to 39% at endline. This could be because of inadequate

[1] KII with water officers in Mwanza, Mangochi and Chikwawa

awareness of climate change related risks or importance of being prepared if disaster events still happen anyway. The proportion of beneficiaries who feel safer due to early warnings in Chikwawa Increased from 37.1% at midterm to 95% at endline.

Recommendations: Here is a pen-picture of the recommendations based on findings of the study.

- **Health:** Caregivers and teachers in schools needs to be trained in Psychosocial support to enable them give necessary support to children who experience threats by disasters and conflict at home. Lack of psychosocial support to children who experience threats and conflicts can lead to unhealthy to destructive outcomes such as low self-esteem, health issues, self-harm, and even suicide. Psychosocial support should also be extended to girls who have been rescued from early marriages to prevent relapse.

  To dignify the beneficiaries during the health outreaches in hard-to-reach areas, MRCS should consider providing tents to improve privacy for beneficiaries seeking services from outreach clinics. There is need to put handwashing facilities with soap and water around latrines at the outreach clinics.

- **Empowerment**: Malawi Red Cross Society should put appropriate progress monitoring mechanism for children receiving financial support for education. The mechanism should not violate the rights of children in any way but should involve discussions with parents, guardians, and teachers on ways to support the learners both at home and school to improve their performance. There is also need for continuous scrutiny of the list of pupils benefiting from education support each time schools make requisitions. By doing so, the National Society shall ensure no child is removed from the list or replaced by others perceived to be deserving and are performing better than those selected to benefit from the program.

  In the next phase of COMREP, there is need to link the village savings groups of the youths to micro-finance institutions to be able to access additional credit for business development. MRCS should strengthen VSLA mechanism by training youths on the VSLA methodology, co-guarantee system and thrift to make them ready for linkages with microfinance institutions for greater funding opportunities.

- **Disaster management** In COMREP II, early warning messages were disseminated through chiefs, PASSA members and volunteers in the impact areas. The project provided solar power radios for beneficiaries in high-risk areas to be able to access meteorological forecast. Malawi Red Cross should consider the use of SMS services and radio sessions in passing Early Warning messages targeting impact areas and other areas which are vulnerable to climate change related disaster risks.

  The program should work with both in-school and out of school youths in collaboration with the village civil protection committees responsible for environmental protection in raising tree seedlings to be planted in the community at risk of strong winds.

- **WASH:** For sustainability of Open Defecation Free status, there needs to be follow-ups and monitoring of the hotspots. MRCS volunteers and health committees from the impact areas should continuously monitor the hotspots for sustainability of the ODF status.

  MRCS to consider reticulation of water from the boreholes to areas closer to households in the impact areas**.** This shall reduce distances covered to and from the drilled and rehabilitated boreholes and households with less travel times to waterpoints progressively collects more water that is used for hygiene in the household.

1 Introduction

Community Resilience Program (COMREP II) was implemented by Malawi Red Cross Society with technical and financial support from members of Community Resilience Consortium namely: Danish Red Cross (DRC), Finnish Red Cross (FRC), Icelandic Red Cross (IceRC), Italian Red Cross (ITRC) and the International Federation of the Red Cross Red Crescent (IFRC).

The actions of COMREP II aimed to reduce risk and build resilience by addressing health, WASH, and disaster management through an integrated community-based approach. Further, the project was to empower the most vulnerable including women, children, and young people, through youth engagement and education. It was to support the organizational development of Malawi Red Cross Society and its volunteers to be able to serve those in need.

Disaster preparedness: Malawi is highly vulnerable to effects of climate change including increased frequency of prolonged dry spell, floods as well as unpredictable seasons of very high temperatures. Climate change impacts human health, livelihoods, food security, water resources and ecosystem.
A review of the program documents revealed that the three districts have the same risk profiles with varied intensity and damaging effects. This calls for the need to contextualise early warning systems for the three districts to minimize the damaging effects of disasters on vulnerable communities.

Empowerment: Education wise, many children in Malawi enrol in primary school but just over half (58.5%) complete the first four years of school[2]. The transition rate from primary to secondary remained low after the first phase of the implementation of the Community Resilience program. School attendance is prioritised by communities, but financial constraints prevent parents from keeping students, particularly female students in school. It was imperative to determine the extent of which the program's financial grant to support students in school impacted the tendency of girls to drop out of school and get married.

Health: The contributions of COMREP II towards the achievements in health at national level have been clearly documented particularly from the southern districts where the actions were implemented. In health, Malawi is on-track to achieve the 2030 sustainable development goal of 25 deaths per 1,000 live births for under-five mortality[3]. Currently, the under-five mortality rate is at 41.9 deaths per 1000 live births[4]. The vertical transmission of HIV from mother to child has reduced by 90%[5] while stunting levels can be seen according to maternal education and wealth levels; stunting ranges from 30 percent among children whose mothers have a secondary education or higher to 43 percent among those whose mothers have no education.[6] Undernutrition in children remains a persistent public health and development challenge in Malawi.

In family planning, the contraceptive prevalence rate among women aged 15-49 using any contraceptive method is 49%[7] and birth rate is at 4.2%[8] while in terms of gender rights, the decision making on sexual reproductive health and reproductive rights among women is 45%[9]. Other important indicator to be determined by this evaluation is the proportion of the women 15-49 using modern contraceptives thanks to the information they received from the program.

Malawi is among the top 20 countries with the highest malaria prevalence and mortality rates – in 2021, it accounted for 1.7% of global cases, and 1.2% of global malaria deaths[10]. Given the aforementioned, the findings of this evaluation confirmed the proportion of children under-5 who sleep under treated mosquito nets to prevent malaria due to the support by the program.

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[2] Midterm review report.
[3] MALAWI HEALTH, POPULATION, AND NUTRITION FACT SHEET (usaid.gov)
[4] https://data.unicef.org/country/mwi/
[5] Malawi | UNAIDS
[6] https://2017-2020.usaid.gov/sites/default/files/documents/1864/Malawi-Nutrition-Profile-Mar2018-508.pdf
[7] https://www.unfpa.org/data/world-population/MW
[8] MALAWI HEALTH, POPULATION, AND NUTRITION FACT SHEET (usaid.gov)
[9] https://www.unfpa.org/data/world-population/MW
[10] https://www.severemalaria.org/countries/malawi

Water, Sanitation and Hygiene: In 2020, about 69% of Malawians benefits from basic water access and 26% had access to basic sanitation[11]. Hand washing with soap was very low at just 10% escalating the incidence of waterborne diseases. An estimated 7% of under 5 deaths was caused by waterborne diseases such as diarrhoea constituting it as the highest killer of children in Malawi[12]. 45% of traditional water systems in Malawi were reported to be non-functional and in the rural areas 37% of the households spent 30 mins to obtain drinking water[13] Additionally, 7% practice open defecation and adequate WASH facilities in schools are lacking[14]. These factors combined increase vulnerability and risk of disease outbreaks. This study assessed the extent to which the concerns in WASH among the targeted population in southern districts of Malawi were addressed. The water, sanitation, and hygiene concerns which the project sought to address were scarcity of water, open defecation, and menstrual health among schoolgirls.

National Society Development: This study has documented proportion of the action points which emanated from BOCA that have been successfully implemented; the proportion of the beneficiaries who know how to use established complaint and feedback mechanisms in the community; the proportion of MRC staff who are knowledgeable about the new formulated polices including Community Engagement Policy among others.

In measuring the overall achievement of the program, the study has assessed the performance on the indicators one after another against what was planned. The results have been analysed and documented on each of the actions under the five components namely: health, WASH, Disaster management, empowerment, and National Society Development. Lastly, this study has vividly documented how the compounding crisis such as the tropical storms and disease outbreaks affected the implementation of the program and the way it was responsive to emerging needs of the beneficiaries during the crisis.

Purpose of the assignment

The main purpose of the study was to assess the relevance, effectiveness, efficiency, impact, and sustainability of the program in reducing risk and building resilience and to determine the extent to which the program has successfully addressed the identified challenges and empowered the most vulnerable, including Children, Youth, and Women.
Specifically, the study:

- Evaluated the extent to which the program has achieved its stated goals and objectives; the extent to which the program strengthened MRCS capacity to respond to humanitarian needs with sustainable results; the extent to which the program addressed immediate needs while also addressing systemic problems that creates vulnerability.
- Assessed the impact of the program on the target beneficiaries in terms of improved health, WASH practices, disaster preparedness, empowerment, and community resilience.
- Identified lessons learned and best practices for replication or scaling up.
- Provides actionable recommendations for future similar project/program design and implementation.

[11] https://www.unicef.org/malawi/media/4981/file/UNICEF%20Malawi%20Annual%20Report%202020.pdf
[12] Ibid page 23
[13] Ibid page 23
[14] COMREP II program e document

2 METHODOLOGY AND APPROACH

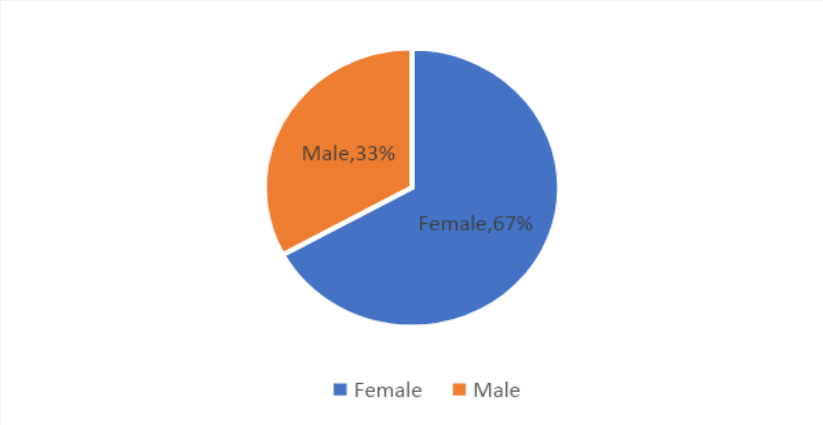
The study utilized mixed method of data gathering including survey, literature review, focus group discussions, observation and case studies as explained in the section below. The use of mixed method balances out the limitation of each method, provides stronger evidence and higher level of confidence in the findings and gives more granular results than each individual method.

Survey

Sex of the respondents

The survey constituted the primary means of collecting quantitative information on the key indicators cutting across all components of the program. The study sampled 1,204 beneficiaries of the program across the three districts targeted. Of the beneficiaries surveyed, 67% were female while 33% were male. The variance in the representation of female and male in the survey was because more girls than boys, as well as women than men were empowered by the program to increase their resilience to vulnerabilities in the impact areas.

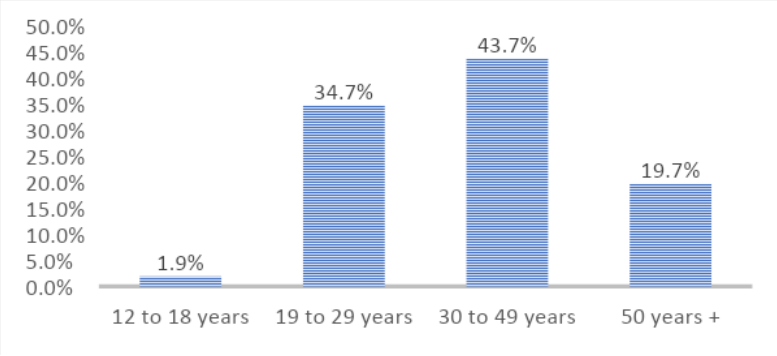
Figure 1 Sex of the respondents



Age of the respondents

Majority (78.4%) of the beneficiaries sampled were in the ages between 18- 49 years while those who were 50 years and above were 19.7% and the rest were 1.9%. Those sampled had knowledge and experience of the program which enabled them to provide adequate and appropriate information for this evaluation.

Figure 2 Age of the respondents



Level of education of household head

Majority (82.2%) of beneficiary household heads from the three districts had no schooling or had obtained primary education while those who had completed junior and senior secondary were 16.9%. Only 0.8% of the household heads sampled had obtained tertiary education. The low levels of education in beneficiary households created the demand for

capacity building which was largely the nature of Community Resilience Program (COMREP II). The table below shows the education level of beneficiary household heads by district.

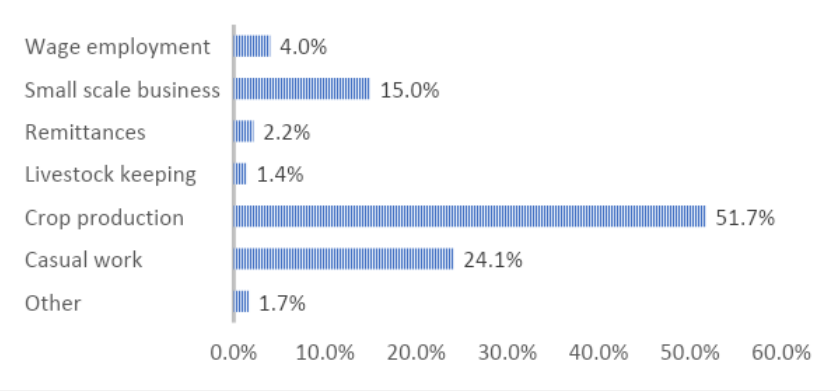
Table 1 Level of education of household head

Level of education	Chikwawa	Mangochi	Mwanza	Grand Total
Never had any formal education	28.5%	12.6%	8.0%	16.5%
Primary level or below	51.4%	71.7%	74.5%	65.7%
Completed junior secondary	11.8%	11.2%	10.9%	11.3%
Completed secondary	7.9%	3.1%	6.1%	5.6%
Completed some tertiary	0.5%	1.4%	0.5%	0.8%
Grand Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Main source of income of beneficiary households

Slightly over half (51.7%) of the beneficiaries sampled are crop farmers while 24.1% and 15.0% were casual workers and petty traders respectively. Further, 4.0% were in wage employment while 2.2% and 1.4% dependent on remittances and livestock keeping respectively.

Figure 3 Main source of income in beneficiary households



Beneficiaries with disability

Majority (93%) of the beneficiaries sampled had no disabilities while 7%have disability. COMREP II worked with people with disabilities since they have lower rates of economic and labour market participation putting a bigger welfare burden on households which increases their vulnerability to shocks. The table below shows proportion of PWDs who participated in the evaluation study by district.

Table 2 Proportion of respondents in the survey with disabilities

Proportion of respondent with Disability			
Distribution	**No disability**	**Disability**	**Grand Total**
Chikwawa	98%	2%	100%
Mangochi	90%	10%	100%
Mwanza	90%	10%	100%
Total	**93%**	**7%**	**100%**

Literature review

The study reviewed relevant secondary materials, including:

- COMREP II program document
- Mid-term evaluation report
- COMREP II bi-annual report 2023
- Annual report 2022
- Annual report 2021
- Annual report 2020
- Sustainability evaluation report
- Indicator tracking matrix/Indicator Tracking Table
- Program M&E plan
- Program implementation plan
- Predesigned survey questionnaire

Focus Group Discussions

A total of 24 Focus Group Discussions (FGDs) were conducted from the impact areas in the three districts targeted. FGDs and small group meetings were useful in gauging the views of beneficiaries of the project on various aspects of implementation as well as their perceptions regarding the progress and impact of the program. Discussions were held with following groups in each district:

- Civil Protection Committee
- Health Committees
- Development Committees
- Mother's groups
- Child Protection Committees
- Members of PASSA
- NS volunteers (eCBHFA and youth volunteers)
- Select beneficiaries (women, men, youth, boys and girls)

Key informant interviews

The study carried out interviews with persons strategically placed to possess vital perspectives on content and implementation of the project. The key informants who were interviewed include:

- Delegate(s) from: DRC, FRC, ICeRC, ITRC,
- District coordinator and project officers
- Community Development Facilitators
- Youth leaders
- District Social Welfare Officer
- District Environmental Health Officer
- Senior Inspector for Primary Education
- Chief Education Officer
- District Water Officer
- District Rehabilitation Officer, Malawi Council for the Handicapped (MACOHA)
- District Relief and Rehabilitation Officer
- Department of Disaster Management affairs (DODMA)

Observation

Boreholes: The study observed and confirmed the existence of the boreholes fitted with handpumps with permanent washing basins a few meters on the side. The boreholes had apron slabs and well-designed drainages that allowed spillage to flow into a covered pit. In addition, the boreholes were protected with permanent perimeter fences that kept away livestock.

Latrines: There existed latrines around beneficiary households which were built from locally available materials. The latrines had grass walls and covers to prevent bad odour and flies from coming into the latrine. In schools, there were

toilets for girls accommodating menstrual hygiene management needs. The latrines also had comfort-height toilets to enable access for girls with disability.

Disaster mitigation measures: All the beneficiary houses sampled in this evaluation from the impact areas had a disaster mitigation measure. Roofs in the impact areas were tied to prevent destruction of the houses by strong winds. There were small channels around households to stop stagnation and prevent breeding of mosquitoes that spread malaria. The beneficiaries developed disaster risk reduction plans and contingencies with specific actions to be taken to prevent damaging effects of disasters events in their communities.

Health: Though the study was conducted during the day, it was observed that households had mosquito nets over children's beds in beneficiary households. Further, the outreach clinics were conducted in hard-to-reach areas from where the following services were offered to the beneficiaries: growth monitoring, vaccination, and contraceptive methods.

The project committees had gender balance and each committee in the impact areas had a slot for persons with disabilities, though the slot was not filled in most of the project committees. However, it was also observed that development committees lacked gender balance. The development committees in the three districts were composed of only and males.

Casestudies

The study documented case studies which are thick descriptions of changes in the life of the beneficiaries resulting from the actions of the project. The cases provide a description of the project, including successes, lessons learned from beneficiaries, volunteer, and staff testimonials.

Data management and analysis

The data collected were both quantitative and qualitative, and as such, was collated and verified for inferences, judgments and conclusions made to be as accurate as possible. To ensure a high validity, the study applied triangulation for data validation. Data was collected using ODK/KoBo and downloaded in Excel for analysis.

Data from focus group discussions and key informant interviews were largely qualitative. Analysis and interpretation were constructed through content analysis to interpret meaning from the text data and arrive at an inference emanating from the findings.

Limitation of the study

Loss of meaning in translation: FGDs were to be done with the help of translators and there was risk of loss of meaning in translation which could lead to wrong interpretation of the questions by discussants. The effects of misinterpretation of the questions include irrelevant response and too much time spent probing to obtain relevant information from discussants. Focus group discussions were conducted by experienced moderators using local language to enable discussants to understand and provided relevant responses. The moderators underwent a rigorous recruitment process of MRCS to ensure quality data was collected.

Timing of the study: The study was conducted during the day and the team lost the chance to observe whether children under five in beneficiary households sleep under treated mosquito nets. Though, it was observed that there were nets over areas where children sleep in beneficiary households.

3. KEY FINDINGS

This section of the report provides answers to the key questions specified in the terms of reference under relevance, effectiveness, efficiency, impact, and sustainability of the program in a logical sequence. In addition, it presents lessons learnt and recommendations based on the findings of this study.

RELEVANCE

The priority needs identified by the project and corroborated through focus group discussions during this evaluation were health, disempowerment, climate related disaster risks, water, sanitation, and hygiene. The needs were addressed through various strategies as explained in the following sections. But, first, the extent to which the project strategies and activities were relevant in this evaluation was derived from a composite average of the outcomes of actions designed by the project to address the needs in each component namely: Health, DM, WASH, and Empowerment. In addition, this evaluation captured beneficiary voices to echo the extent to which the program was relevant to their needs.

Health: From the composite average of the outcomes of the actions in health, the project addressed 74% of targeted needs in health in the impact areas. The evaluation sought the sentiments of beneficiaries to establish whether the project helped address their health needs and they indicated that:

"We know the benefits of sleeping under mosquito nets, especially for children under 5. Sleeping under mosquito nets have helped reduces cases of Malaria in this community. We also learnt importance of birth control, vaccination of children women giving birth in health facilities, control of diarrhea in children under 5"*-FGD Chapananga- Chikwawa*

"The program has taught us the six food groups and we try to prepare balanced meals for our children every single day so they do not suffer malnutrition. Though, due to economic difficulties some of us cannot afford foods from all the six classes all the times. We also have knowledge on prevention of cholera including adding chlorineto water to make it safe for drinking. In addition, the program drilled boreholes to address scarcity of water and improve hygiene in our households"- *FGD JEKETE Mangochi*

"This project brought us everything. From the project we learnt the use of soap or ash in handwashing to prevent cholera, use of mosquito nets, signs and symptoms of malaria, prevention of HIV, and birth control methods. When children suffer diarrhea in the community, we give them ORS which is sometimes available from the health facility here in the community. People with disabilities were assessed and those who required medical attention were referred to health facilities nearby while others who needed assistive devices received them with the help of Malawi Council of the Handicapped" *- FGD-Thambala- Mwanza*

The National Society employed Community Based Health and First Aid (eCBHFA) approach to address cases of malaria, malnutrition, and HIV. Through this approach the volunteers provided health education on malaria management to the communities with the support of community health committees. The volunteers confirmed the availability of treated mosquito nets in beneficiary households and encouraged the beneficiaries to clear bushes and stagnant waters around their households to prevent malaria. In addition, the volunteers disseminated key messages on malaria including signs and symptoms and helped refer cases of malaria to the nearby health facilities.

Nutrition was addressed through outreach clinics which were set-up in hard-to-reach areas to monitor the growth of children. Active cases of malnutrition were referred to nearest health facilities through health surveillance assistants. In addition, the outreach clinics also offered vaccination services and contraceptive methods to women and youth. The youth who sought contraceptive methods from outreach clinics were referred to a facility nearest to them which offered youth friendly services.

On prevention and treatment of HIV, the volunteers conducted health education through drama and community meetings with the youth, women, and persons with disabilities in the community.

The program worked closely with the Malawi Council for the Handicapped (MACOH) in creating disability awareness and conducting disability assessments to inform the kind of assistive devices or healthcare services required by persons with disabilities from the impact areas. In addition, there were ramps to improve access to waterpoints and latrines in schools. The latrines also had headrails to facilitate transfer from the wheelchair to the toilet seat plus handwashing facilities lowered to the level of the wheelchair.

Picture 1 Latrines for girls in a primary school in Mwanza

Disaster Management: The project addressed 79% of the needs targeted in disaster management with actions that: created awareness of the risks; ensured the community are prepared for disaster risk; ensured the community received early warning and that, they realised improvement in their living conditions due to implementation of climate change adaptation measures. This evaluation sought the sentiments of the beneficiaries on whether the project helped manage disaster risks in the impact areas and they indicated that:

"Our community is prone to storms, floods, fall armyworm and drought. We have received trainings from the program and we are prepared to take action against the risks. For strong winds/tropical cyclones we tie and lay logs on our roofs; for floods we move to higher grounds; for fall armyworm we work with agricultural extension officers to help control their spread and damage to crops; for drought we diversify livelihoods. We have contingency plans which also spells-out the same actions against the hazards in our community"-*FGD-all districts.*

In disaster risk management, the National Society utilized Participatory Approach for Safe Shelter Awareness (PASSA) to enable the communities build shelters based on risk profile of the impact areas. The volunteers and PASSA members worked with the communities in the development of the contingency plans which profiled hazards in the impact areas and actions to be taken before, during and after disaster events. In addition, PASSA members and volunteers disseminated early warning messages in community meetings, door-to-door and whistle blowing. Other actions in disaster management undertaken by beneficiaries in the impact areas include planting of trees around households to act as windbreaks. For armyworms, the beneficiaries work closely with the agricultural extension officers to control their spread and damage to crops. The three districts had comparable risk profiles. However, the intensity and level of vulnerability to the hazard differ across the districts. All the three districts are at risk of strong winds, floods/heavy rains, army warms and drought.

Water, sanitation, and hygiene: The project addressed 72% of the targeted WASH needs of the communities in the impact areas. This evaluation sought the sentiments of beneficiaries on the extent to which the project was relevant to their needs in WASH and they indicated the following:

"All households in this community have toilets and no body practice open defecation in our community. We have access to water from boreholes which were rehabilitated by the project. The boreholes have improved access to clean water for domestic use. Secondly, majority of people in our community are aware of menstruation and girls from this community

obtain reusable pads from Mother's group in our community which enable them to attend school on their periods"- *FGD Chikwawa*

"Women and girls from this community walk very short distances to collect water since Malawi Red Cross Society rehabilitated the borehole in our school. The pupils also obtain clean and safe drinking water from the borehole and we have very few cases of absenteeism due to diarrhoea" – *Headteacher- Mtendere primary school* -Mangochi

"From my school, absenteeism among girls due to menstruation has reduced tremendously. The mother's group work to produce reusable pads which are sold to the girls at MKW400 a pair which is quite cheaper than pads sold from the shops around. In the school we have latrines built by Malawi Red Cross which is equipped with menstrual health management facilities. The girls can change their pads from the latrine, dispose the use pads, clean themselves and wear a clean pad and attend class without others knowing they are in periods"- Headteacher – *Sanjika Full primary school-Mwanza*

The National Society utilized Community-Led-Total Sanitation (CLTS) strategy to address the problem of open defecation in the impact areas. The volunteers and community members from the impact areas took a transect walk in the communities to identify open defecation hotspots which triggered the communities to take actions and stop open defecation. This evaluation observed that households in the impact areas had latrines made from locally available material. The latrines had covers to prevent bad odour and flies from getting in. The picture below shows a latrine built with locally made bricks and with the pit-hole covered.

Picture 2 Toilet with a cover in beneficiary household in Chikwawa

In addition, the project desludged / harvested latrines in schools which was much cheaper than building new one. The WASH component of COMREP II also addressed scarcity of clean water by drilling and rehabilitating boreholes in the impact areas. Lack of clean and safe drinking water was the cause of cases of diarrhoea and cholera in the impact areas. The total number of boreholes drilled or rehabilitated by the project were fifty-one.

In menstrual health, the program constructed menstrual health friendly latrines in schools to encourage girls to continue attending schools while on periods. The toilets had changing rooms with menstrual hygiene management facilities for disposing used pad. In addition, the program trained mothers groups who were engaged in the production of reusable sanitary towels to increase access and affordability of the pads to girls and women in the impact areas. The prices of the pads varied from district to the next. For example, a pair of pads retailed for MWK 400 in Mwanza while in Chikwawa and Mangochi they were sold for MWK 1000 per pair.

Empowerment: From the composite average, 100% of the targeted needs of the girls and boys in education were met. However, the needs of out of school youth which was designed to be addressed by income generating activities were hardly met. This was because they started small businesses which do not enjoy economies of scale hence are generating very small income.

"We divided the money amongst ourselves, and each member was to do business and return the money with interest. The problem was that no viable business can be started with MWK 10,000. Even if one buys piglets, how would he afford to buy feeds to enable them(piglets) mature fast to fetch good prices in the market?"-I- Youth leader Mangochi

We started Village Savings and Loans with the money we obtained from COMREP II, but no one has been able to repay the loan since everyone is struggling in the businesses we started- youth leader-Mwanza

"There are a lot of viable business youth can start. I was taken for an exchange visit in Kenya and the youth club I visited is operating a cash wash thanks to the support of Kenya Red Cross. They keep accounts and are ready to be linked to a microfinance company to enable them access more credit for business expansion. Here, the amount is too small to start any viable business"- Youth leader Chikwawa.

The project supported a total of 900 girls and boys across the three districts with school fees and learning materials. For girls who had to walk long distance to school, the project offered safe boarding services around the school which included money for rent and upkeep.

The program supported both in schools and out of school youth clubs. In each district, there were 21 youth club of both in-school and out of school youths. In Mwanza 10 out of school youth clubs are actively engaged in income generating activities while in Mangochi they were 5 and Chikwawa had 10. Members of out of school youth clubs were engaged in various activities including beekeeping, village savings and loans, crop farming, poultry rearing and piggery. The in-school youth were engaged in life skills sessions, tree planting, hygiene and sanitation promotion.

At this evaluation, an average of 5,828 children were taken care of by caregivers at the Community based Child Care centres every month across the three districts. Through the project, the caregivers were trained in Early Childhood Development (ECD) to help children develop and learn new routines and support their transition to school.

National Society Development: It addressed inadequate capacity of the National Society to serve those in need. COMREP II supported the development of strategic policies including Human Resource, Procurement, Youth, Volunteer Management, Programs, Prevention of Sexual Exploitation and Abuse, Community Engagement and Accountability. All the policies have been disseminated to all staff through the focal points. For example, the Human Resource policy has been shared to all staff through the intranet- MRCS 360 while procurement policy which has since brought order in the procurement of goods and services by MRCS was disseminated to staff by procurement focal point. Further, the youth policy was disseminated through the annual general meetings, though the youth engagement strategy is yet to be reviewed. Volunteer management policy was reviewed and disseminated during induction and orientation of newly recruited volunteers while the program policy was disseminated to senior management and is yet to be devolved to the branches. Lastly, the Community Engagement and Accountability policy was disseminated through program implementation and establishment of feedback mechanisms while Prevention of Sexual Exploitation and Abuse Policy was disseminated to all staff through the PGI focal person in management coordination meetings.

The Branch Organizational Capacity Assessment (BOCA) identified key action points to improve branch capacities in planning and reporting, financial management, volunteer management and resource mobilization. At this evaluation, branches were able to develop annual plans and produce quality reports to the headquarters. In financial management, the district accountants were trained to follow procurement standards and at the moments the internal auditor can visit branches for an audit of the use of finances and take actions to correct audit queries.

The volunteer management policy has improved inclusivity and diversity in membership and at the moment there is gender balance in volunteer recruitment and inclusion of persons with disabilities. A total of 15,000 volunteers have been recruited and all have been issued with membership card.

In resource mobilization, COMREP II paid rent of which 50% was allocated to the headquarter and the remain half is retained by the branch. The branches also developed business plans and were provided seed grants to rollout the plans. Initially, the branches obtained MWK 2 million each for rolling out their business plans, but at evaluation they received MWK 4 million each for the implementation of their business plans which varied from one district to the next. For example, Chikwawa branch is implementing agribusiness business plan through sale of farm produce, Mwanza is implementing a business plan in apiary while Mangochi has a bakery. The volunteers have enrolled in the village savings and loans group to access credit for personal and business development.

It is also important to note that, Community Resilience program was aligned to the RCRC movement agenda for renewal and new ways of working. This was evident from the delivery of COMREP II through a consortium that not only provided finances, but also technical assistance in their areas of expertise. The delivery of the program in a consortium reduced

the pressure on the National Society in reporting to each PNS. For example, one annual or bi-annual report to show progress and accountability was shared with all the PNSs in the consortium. Different from when the National Society has to report to PNSs working in silos.

Further, Community Resilience Program II was aligned to the Malawi Red Cross Societies strategy of building safer and more resilient communities through comprehensive disaster management and increasing access to health services and encouraging healthy behaviour[15] through actions in health, disaster management, WASH, empowerment and national society development.

Relevance of results achieved: The results achieved in COMREP II continues to be relevant since beneficiaries shall continue to utilize the knowledge and tangible benefits they discerned from disaster management, health, WASH, and empowerment. For example, the beneficiaries shall continue to access safe and clean water from drilled and rehabilitated boreholes. Social Services Department created disability awareness and trained clubs of persons with disabilities in leadership and community involvement to ensure continuous inclusion of PWDs in village development committees. Malawi Council for the Handicapped (MACOH) which has been working closely with MRCS in the project will continue to offer disability assessments services for PWDs to obtain assistive devices or medical care.
The caregivers in Community Based Child Care Centres (CBCCs) were trained in Early Childhood Development and shall continue to offer their services to children from the impact areas to enable them transition to schools. In addition, it is anticipated that caregivers shall ensure nutrition security of children from the impact areas by continuing production of nutritious foods.

Women and girls from the impact areas will continue to access reusable pads for menstrual hygiene management. In addition, through the outreach clinics women continue to access contraceptive methods, vaccination services for children under 5 while the youth will continue to obtain youth friendly services.

EFFECTIVENESS

Overall, the program achieved all the of the planned outcomes. The project achieved all planned outcomes in Health, Disaster Management, Empowerment, WASH and National Society Development (NSD). The table below summarizes the program performance across all the key indicators.

Table 3 Program achievement of planned results

Indicator	Baseline	MTR Indicator value	End of Project actuals	Target	Overall achievement
O1.1: % of HHs who have received health information from eCBHFA volunteers within the past 3 months	-	69%	80%	95%	100%
# of new blood donors recruited through MRCS			108	600	
O1.3: Number of volunteers trained in first Aid by the First Aid Volunteer ToTs	-	0	765	777	

[15] Malawi Red Cross Society Strategic plan 2020-2024

O1.4: Average # of people reached with health information through community mobilisation events supported by the program at a quartely level	-	46937	73513	73819	
O2.1: # of boreholes drilled or rehabilitated	-		51	52	100%
# of students with access to improved sanitation facilities in schools	-	3960	21139	23340	
# of girls and women accessing improved MHM products and services	-	1113	8906	5700	
% of households who own and use latrines	-	69%		100%	
O3.1 % of households that adopted the energy saving stoves	-	0	16%	25% (7731)	Overachieved
O3.2: # of early warning team members who are mobilized and equipped for action	-	0	273	200	
O3.3: # of better houses constructed as a result of recommendations from PASSA	-	0	4556	730	
O4.1: # of vulnerable children who receive education support	-	900	900 and 394 remaining	900	Overachieved
O4.2: # of people trained in child protection	-	811	1009	811	
O4.3: Monthly average of children attending Community Based Child Care	-	7976	3928	5025	
O4.4: Monthly average # of youth attending Red Cross in-school and out-of-school youth clubs	-	1879	1640	720	
O 4.5: % of cases concluded by the social mobilisation committee	-	0		101	

O4.5: # of operational decisions made based on community feedback	-	0	11	15	
O5.1: # of MRCS volunteers from the target districts registered in volunteer database	-	0	6435	777	100%
O5.2: # of policies/SOPs formulated and disseminated to MRCS staff and volunteers	-	0	5	7	
O5.3: # of national level youth activities conducted	-	0	18	22	
O5.4: % of actions emanating from conducted BOCA received follow ups on a quarterly basis	-	0	100%	100%	

Factors of success: The success in the implementation of COMREP II can be attributed to the technical and financial support offered in the program by the consortium members. Danish Red Cross as a lead ensured the consortium members received all progress reports of the program. The DRC's Global Supply Chain Coordinator ensured timely delivery of quality inputs in response to COMREP II actions against compounding crisis such as cholera outbreaks, tropical storm Freddy and COVID-19 pandemic. The Finnish Red Cross offered technical assistance in health while Icelandic Red Cross provided technical support in Protection and Gender Inclusion (PGI). The Federation supported the successful implementation of the WASH actions in COMREP II.

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There was adequate technical staff from MRCS who supported the implementation of the COMREP II actions. The project recruited a community health expert who worked closely with PMER, DM, health, WASH, Community Development Facilitators (CDF) and volunteers to deliver planned actions of the program.

External factors of success in the implementation of COMREP II include the collaboration between the National Society and the community committees who worked closely with the volunteers in the delivering trainings, distribution of inputs (e.g chlorine in the compound crisis), awareness creation sessions in WASH, health, disaster management and empowerment.

Various government ministries offered technical expertise in various components of program. For example, experts from the ministry of water offered technical support in reviewing of drilling reports, geological surveys, test pumping for yields, water quality testing during rehabilitation and drilling of boreholes. The health surveillance assistants offered various services to the community from outreach clinics including vaccination of children, growth monitoring, administration of contraceptive methods to women and referrals for young people to receive youth friendly services.

EFFICIENCY

There was high level of efficiency in the utilization of financial resource; procurement of project inputs and adequate technical expertise in the implementation of COMREP II. The program had budget revisions to ensure availability of adequate financial resources for the implementation of prioritized actions. It therefore meant that, the program had an evolving budget and actions of the project were implemented with the money at hand as DRC and consortium members continued to mobilize funds.

The procurement policy developed under COMREP II streamlined processes and procedures for requisition of program inputs. The streamlined procedures saved time, resources and improved the overall efficiency of the procurement process.

There were continuous audits of COMREP II accounts at branch levels by internal auditor to ensure that financial information was represented fairly and accurately. The audits also ensured that financial statements were prepared in accordance with the accounting standards of MRCS.

The human resources in COMREP II were adequate and the staff had the required technical expertise to deliver the project. The project recruited a Community Health Expert who worked closely with PMER, DM, Health, WASH, Community Development Facilitators (CDF) and volunteers to deliver planned actions of the program. In addition, there was technical support available from the consortium members which was valuable for the implement of all actions in the five components of COMREP II program.

Cost effectiveness of the program: The implementation of the program in a consortium eliminated costs associated with staffing, which would have been the case if it was implemented in silos. For example, the accountant of the program efficiently handled workload which would have otherwise been assigned to four more accountants given the number of members of the consortium.
The burden of reporting on the National Society was reduced since a report produced, be it bi-annual or annual was shared with all consortium members.

COMREP II was an integrated project which utilized the expertise from the department of Health, Disaster Management, WASH, Empowerment and National Society Development in the implementation of actions. If it was implemented differently with each component as a stand-alone program, it would have required more staffing which would have increased the administrative costs of the program.

Areas that needed more resources: In WASH, more latrines needed to have been built in school with menstrual hygiene management facilities to encourage girls to attend school during their periods. Further, the distances to and from the boreholes which were drilled or rehabilitated have not met the government recommended distance of 500 meters from the households. Currently, water points are 700 meters from households and therefore there was need for more resources for more boreholes or reticulation of water to around households in the impact areas[16]. In Health, the program needed to have continued to support the government efforts in establishing more health posts. This would be done to enable communities in hard-to-reach areas to access primary healthcare services.

In empowerment, the project needed to have supported youth clubs to scale-up income generating activities by putting in more resources as seed money. Further, more resources should have been allocated in empowerment to address economic, social and cultural aspects which hinder girls from accessing education. In addition, there was need for more resources to purchase sewing machines for the remaining mother's groups in order for all mothers' groups to be making quality reusable pads.
In disaster risk reduction, more resources were needed in the dissemination of early warning messages through radio sessions in stations that are popular in Malawi.

IMPACTS

Health

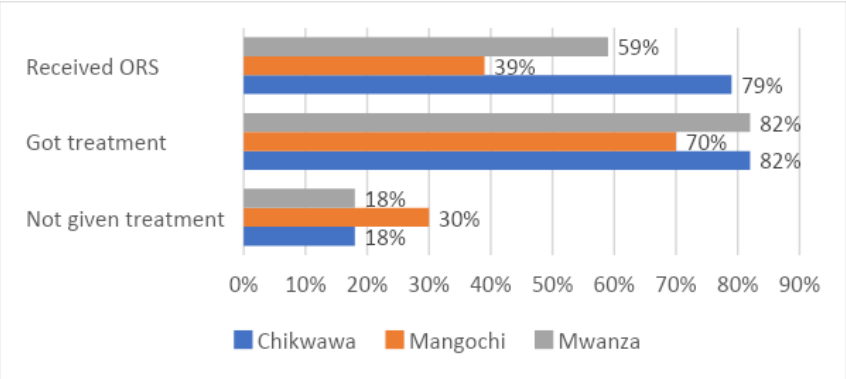
The impact of the project actions on the key indicators is summarized in **annex 1.** The table compares baseline, midterm and endline values to show change. This section compares baseline or midterm results with the those obtained at this evaluation on the project indicators to showcase changes that have occurred due to COMREP II actions. The following sections describes changes obtained by the project on the key indicators one after another.

Children who received ORS to treat diarrhoea

[16] KII with water officers in Mwanza, Mangochi and Chikwawa

Overall, 62% of the children under five who suffered diarrhoea two weeks before the survey received ORS compared to 31.7% at baseline. Majority (79.0%) of the children who received ORS to treat diarrhoea were in Chikwawa compared Mwanza (59.0%) and Mangochi (39.0%). The data suggests that there is still demand for health information and services to improve health of children under five in the three districts targeted.

Figure 4 proportion of children who receive ORS to treat diarrhoea



Caretakers who feed U5 with 4-6 food groups

Children need a healthy balanced diet containing foods from at least 4-6 food groups so they get a wide range of nutrients to help them stay healthy. On average, 15.0% of the children form the three districts under COMREP II were fed on a balanced diet containing 4-6 food groups compared to 10.3% at baseline. Data from Chikwawa paints a grim picture as none of the children under 5 obtained balanced diet of 4-6 food groups at this evaluation compared to 4.4% at midterm. The decline was also noted in Mangochi from 11.9% at midterm to 10.0% at endline. The decline in the proportion of children fed on 4-6 food groups could be attributed to the dry spell which led to below average crop production in the two districts. Only Mwanza recorded an increase in the number of children who were fed on a balance diet of 4-6 food group from 11.1% to 32.0% at endline.

Table 4 Proportion of caretakers who fed U5 with 4-6 food groups

	Number of food groups consumed by 6-59 months Children												
District	1		2		3		4		5		6		4-6 food groups
Chikwawa	62	35%	66	38%	48	27%		0%		0%		0%	0%
Mangochi	56	19%	152	53%	51	18%	24	8%		0%	6	2%	10%
Mwanza	23	10%	66	30%	63	28%	56	25%	15	7%		0%	32%
Average	141	20%	284	41%	162	24%	80	12%	15	2%	6	1%	15%

Women aged 15-49 years report using modern contraceptives.

An impressive 86% of the female beneficiaries from COMREP II impact areas indicated they are using modern contraceptives compared to 45% at baseline. However, beneficiaries from the impact areas are still using any method to delay pregnancy including counting safe days. The study established that, slightly over seven in ten (74%) female beneficiaries from COMREP II impact areas in the three districts targeted are using any method to delay or avoid getting pregnant. The proportion of female beneficiaries in Chikwawa using any method to delay or avoid pregnancy rose from 73.2% at midterm to 82% at endline. Mwanza also recorded a rise in the proportion of female beneficiaries using any method to delay pregnancy from 68.6% at midterm to 82% at endline. Its only Mangochi that reported a decline in the use of methods of avoiding pregnancy from 67.5% to 59% at endline. The decline could be explained by religious opposition to the use of contraceptives on two grounds: that nay practice that prevent pregnancy is infanticide and the lager the number of Muslims the grater their power.

Table 5 Proportion of women aged 15-49 report using modern contraceptive.

Are you currently doing something or using any method to delay or avoid getting pregnant / child spacing?									
Row Labels	No		Yes		Grand Total	Removed from analysis	Remaining	Using modern contraceptives	%
Chikwawa	39	18%	173	82%	212	2	210	185	88%
Mangochi	99	41%	143	59%	242	5	237	177	75%
Mwanza	36	18%	169	82%	205	2	203	197	97%
Grand Total	**174**	**26%**	**485**	**74%**	**659**	**9**	**650**	**559**	**86%**

Children U5 sleeping under mosquito net last night.

Many (79%) children in beneficiary households in Chikwawa slept under a mosquito net at night before the survey compared to 49.6% at midterm. The proportion of children sleeping under mosquito net in Mwanza increased from 47.6% at midterm to 75.0% at endline. In Mangochi, there was slight decline in the proportion of children who slept under a mosquito net from 70.9% to 70%. The reason for the decline is due to the residual spray program that Global fund through World Vision is implementing along the lakeshore districts including Mangochi in the fight against Malaria. This reduced or eliminated the purpose of sleeping under the mosquito net.

Table 6 Children U5 sleeping under mosquito net.

Proportion of under-five children that slept under a mosquito net							
Districts	**Don't know**	**%**	**No**	**%**	**Yes**	**%**	**Grand Total**
Chikwawa		0%	33	21%	123	79%	156
Mangochi	2	1%	59	29%	144	70%	205
Mwanza	1	1%	34	25%	103	75%	138
Grand Total	**3**	**1%**	**126**	**25%**	**370**	**74%**	**499**

Youth aged 15-24 years knowledgeable about HIV/AIDs

Spreading knowledge and awareness about HIV /AIDS is one of the key strategies utilized in COMREP II to prevent and control the spread of HIV/AIDs among the youths in the impact areas. Above six in ten (67%) youths sampled in the survey are knowledgeable about HIV/AID in the three districts targeted compared to 42.2% at baseline. Chikwawa and Mangochi had similar proportions (65%) of youths who were knowledgeable about HIV/AIDS while in Mwanza they were 69%.

Table 7 Youth aged 15-24 years knowledgeable about HIV/AIDs

Proportion of youths (15-24 years) knowledgeable about HIV/AIDS					
Districts	HIV knowledgeable		Not knowledgeable		Grand Total
Chikwawa	50	65%	27	35%	77
Mangochi	53	65%	28	35%	81
Mwanza	66	69%	30	31%	96
Average	169	67%	85	33%	254

WASH

Households who own and use latrines.

Proper sanitation facilities like the latrines promote health because they allow people to dispose of their waste appropriately, preventing contamination of their environment and reducing risk to themselves and their neighbours. Overall, 96% of the beneficiary households self-reported owning latrines while those observed by enumerators during survey were 94%. Both self-reporting and observed were higher compared to 43.5% who owned latrines at baseline. In Mangochi, 98% of the beneficiary households reported owning latrines while observation by enumerators revealed they were 95%. In Mwanza and Chikwawa those self-reporting was 97% and 92% while those observed were 94% and 92% respectively.

Table 8 Proportion of households with latrine (Self reporting)

Households with latrine (self-reported)					
Districts	**No toilet facility, field, bush**		**Households with latrine**		**Total Households**
Chikwawa	33	8%	374	92%	407
Mangochi	8	2%	413	98%	421
Mwanza	12	3%	364	97%	376
Grand Total	**53**	**4%**	**1151**	**96%**	**1204**

Households with handwashing facilities with soap and water

35% of beneficiary households had handwashing facilities with soap and water compared to 20% at baseline. A spot check by enumerators during survey data collection established that, 23% of beneficiary households had handwashing facilities with water and soap while 43% had the facilities without water and soap. In some cases, the beneficiary households did not have handwashing facilities while in others, the facilities had water but no soap.

Table 9 Proportion of households with handwashing facilities with soap and water

Proportion of households with hand washing facility with soap and water (self-reported)							
Districts	**No hand washing facility**		**Has hand washing facility**		**Water and soap**		**Grand Total**
Chikwawa	255	63%	152	37%	57	14%	407
Mangochi	236	56%	185	44%	90	21%	421
Mwanza	290	77%	86	23%	61	16%	376
Grand Total	**781**	**65%**	**423**	**35%**	**208**	**17%**	**1204**

Households with access to safe drinking water within 30 min

Households with travel times greater than 30 minutes have been shown to collect progressively less water. Limited water availability may also reduce the amount of water that is used for hygiene in the household. Majority (74%) of beneficiary households in the three districts targeted had access to safe drinking water less than 30minutes way from their households compared to 57.3% at baseline. while 26% spent more than 30mins to access safe drinking water.

Table 10 Households with access to safe drinking water within 30 minutes

% of HH with access to safe drinking water within 30 min													
	More than 30 minutes								**Less than 30 mins**				
Districts	**1 to 2 hours**		**2 to 4 hours**		**30 mins to 1 hour**		**4 to 6 hours**		**Less than 30 mins**		**Water on premises**		**Grand Total**
Chikwawa	28	7%		0%	58	14%		0%	243	60%	78	19%	407
Mangochi	31	7%	4	1%	93	22%		0%	252	60%	41	10%	421
Mwanza	17	5%	11	3%	74	20%	2	1%	213	57%	59	16%	376
Grand Total	**76**	**6%**	**15**	**1%**	**225**	**19%**	**2**	**0%**	**708**	**59%**	**178**	**15%**	**1204**

Girls or women feeling embarrassed about their menstruation.

Several reasons were cited by women and girls for missing social events, school or work during their periods. In Chikwawa 45% of the female beneficiaries sampled indicated that they were embarrassed that others would know they were on their periods while in Mangochi and Mwanza they were 23% and 1% respectively. Further, 13% of women and girls in Chikwawa reported that they would miss school, social events or work because of no items available for menstrual hygiene while in Mangochi and Mwanza they were 27% and 1% respectively. In addition, 10% of women and girls in Mangochi reported that they would miss school, social events or work because of menstrual cramps while in Chikwawa and Mwanza they were 4% and 5% respectively. This could be because of religious reasons since Mangochi is predominantly Muslim and women in periods as considered unclean to attend social or religious events.

Table 11 proportion of girls and women feeling embarrassed about their periods.

Percentage of girls or women who report missing social activities, school or work as a result of 1) feeling embarrassed about their menstruation, 2) not having MHM materials and 3) lacking appropriate latrine facilities at school									
District	**Embarrassed that others would know I was menstruating**		**No materials available for menstrual hygiene**		**Menstrual cramps / headache / feeling unwell due to menstruation**		**Other**		
Chikwawa	59	45%	17	13%	5	4%	0	0%	130
Mangochi	24	23%	28	27%	10	10%	2	2%	104
Mwanza	1	1%	2	1%	7	5%	0	0%	142
Grand Total	84	22%	47	13%	22	6%	2	1%	376

Disaster management

People who feel prepared for disasters

Less than half (49.5%) of the beneficiaries sampled indicated that, they feel prepared for disasters while 50.5% are not prepared. There was an increase in the proportion of the beneficiaries who felt prepared for disasters in Chikwawa from 50.3% at midterm to 60% at endline. In addition, there was an increase in the proportion of the beneficiaries who felt prepared for disasters in Mwanza from 38.7% at midterm to 50% at endline. Mangochi recorded a decline in the proportion of beneficiaries who felt prepared for disaster from 52.2% at midterm to 39% at endline. This could be because of lack of awareness of climate change related risks or importance of being prepared if the disaster still happens anyway.

Table 12 Proportion of people who feel prepared for disaster.

Proportion of households that felt prepared for the disasters that occur in the community					
Districts	**Not prepared**		**Prepared**		**Grand Total**
Chikwawa	161	40%	246	60%	407
Mangochi	258	61%	163	39%	421
Mwanza	189	50%	187	50%	376
Grand Total	**608**	**50.5%**	**596**	**49.5%**	**1204**

People who feel safer from having access to Early Warnings

Over eight in ten (88%) beneficiaries reported that, early warning system make them feel safer in their communities while 12% do not. The proportion of beneficiaries who feel safer due to early warnings in Chikwawa Increased from 37.1% at midterm to 95% at endline. Similarly, in Mwanza 85% of the beneficiaries sampled feel they are safer when they access early warnings compared to 19.1% at midterm. In addition, in Mangochi, 80% of the beneficiaries feel safer after receiving early warning systems compared to 33.1% at midterm.

Table 13 people who feel safer from having access to early warnings

Does the alert system or early warning system make you feel safer?										
Districts	**Don't know**		**No**		**Yes - somewhat**		**Yes - very much**		**Grand Total**	
Chikwawa	3	2%	6	3%	31	17%	142	78%	182	100%
Mangochi	3	3%	17	17%	25	25%	56	55%	101	100%
Mwanza	1	1%	20	14%	54	39%	64	46%	139	100%
Grand Total	**7**	**2%**	**43**	**10%**	**110**	**26%**	**262**	**62%**	**422**	**100%**

People demonstrating awareness and knowledge on climate change impacts

Only 27% of the beneficiaries from the three districts under review demonstrated awareness and knowledge about climate change while the rest (73%) did not. This indicates a decline in the knowledge an awareness on the impact of climate change from midterm evaluation. In Chikwawa there was a decline in awareness and knowledge about the impact of climate change from 96.6% to 19 % at endline. Similarly, in Magochi there was a decline in awareness and knowledge about impact of climate change from 93.4% to 33% at endline. In addition, in Mwanza there was a decline in awareness and knowledge about impact of climate change from 91.3% to 30% at endline. The decline was as a result of change of change in the definition of climate change adapted by the program. Unlike at midterm, at endline the respondent had to mention at least three impact of climate change and at least dismiss three misconceptions about climate change for one to qualify as knowledgeable on climate change.

Table 14 Proportion of people demonstrating awareness and knowledge on climate change impact

Proportion of people demonstrating awareness and knowledge on climate change impacts					
Districts	**Knowledgeable about Climate Change**		**Not knowledgeable about Climate Change**		**Grand Total**
Chikwawa	76	19%	331	81%	407
Mangochi	139	33%	282	67%	421
Mwanza	114	30%	262	70%	376
Grand Total	**329**	**27%**	**875**	**73%**	**1204**

Empowerment

Vulnerable children still in school/completed school

Over half (54%) of the children who received education support graduated at the end of the project while 44% are still in school and 3% dropped out of school. Many (76%) children graduated from Mwanza compared to 52% and 33% from Chikwawa and Mangochi respectively. The reasons for drop out include early marriage, lack of interest, expulsion from school, social and economic situation of parents/guardians.

Table 15 Proportion of vulnerable children still in school

	Project	Project %	Mangochi	%	Mwanza	%	Chikwawa	%
Graduated	483	54%	98	33%	228	76%	157	52%
Dropped out	23	3%	12	4%	0	0%	11	4%
Still in school	394	44%	190	63%	72	24%	132	44%
	900	100%	300	100%	300	100%	300	100%

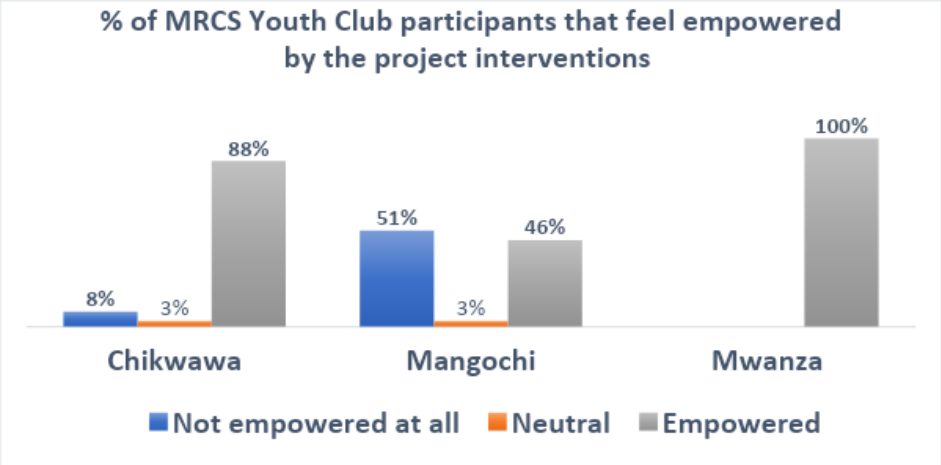
Communities with active and well-functioning CBCCs

All the Community-Based Child Care Centres were active and well-functioning by the time of this evaluation. From the CBCCs, the children obtained early childhood education which is a requisite for transition to school. COMREP II provided Early Childhood education training to caretakers at the Community-Based Child Care centres. The reason for success with the CBCCs under COMREP II was because the project recruited over ten members of the parents' committees who mobilized children to attend the CBCCs as well food stuff for the centres. In addition, the committees maintained the building as well as good working conditions for the caretakers.

MRCS Youth Club participants that feel empowered by the project interventions

All the youth club participants in Mwanza felt empowered by the project interventions while in Chikwawa and Mangochi they were 88% and 46% respectively. The youth clubs obtained training in income generating activities such as crop farming, apiary, briquetting, fish farming and village savings and loans. The youth groups received a grant support of MWK 100,000 as a start-up for their income generating activities. In addition, they obtained training in sexual and reproductive health and rights, had health talks with the health surveillance assistants on HIV/STD, and were able to access modern contraceptives including condoms from youth friendly health clinics. The possible reasons why youth club members in Mangochi don't feel empowered is because many of those who started small business were struggling to repay back the loan/money with the interest since they do not earn adequate income from the business they started.

Table 16 Proportion who feels empowered by the project



National Society development

People who know how to use established complaint & feedback mechanisms in the community

Nearly nine in ten (88%) of beneficiaries sampled know how to use established complaint and feedback mechanisms in the community. The feedback mechanism COMREP II put in place was the suggestion box which were placed in the community and anyone from the impact areas who had feedback would drop it in the boxes anonymously.

Table 17 People who know how to use established feedback mechanism

% of people who know how to use established complaint & feedback mechanisms in the community						
District	**Female**		**Male**		**Total**	
Chikwawa	224	55%	141	35%	365	90%
Mangochi	264	63%	104	25%	368	87%
Mwanza	235	63%	97	26%	332	88%
Grand Total	**723**	**60%**	**342**	**28%**	1065	**88%**

MRCS staff knowledgeable about the new formulated policies

COMREP II supported the development of strategic policies including Human Resource, Procurement, Youth, Volunteer Management, Programs, Prevention of Sexual Exploitation and Abuse, Community Engagement and Accountability. All the policies have been disseminated to all staff through the focal points. For example, the Human Resource policy has been shared to all staff through the intranet, MRCS 360, while procurement policy which has since brought order in the procurement of goods and services by MRCS was disseminated to staff by procurement focal point. Further, the youth policy was disseminated through the annual general meetings, but the youth engagement strategy is yet to be reviewed. Volunteer management policy was reviewed and disseminated during induction and orientation of newly recruited volunteers while the program policy was disseminated to senior management and is yet to be devolved to the branches. Lastly, the Community Engagement and Accountability policy was disseminated through program implementation and establishment of feedback mechanisms while Prevention of Sexual Exploitation and Abuse Policy was disseminated to all staff through the PGI focal person in management coordination meetings.

Action points emanating from BOCA successfully completed.

The Branch Organizational Capacity Assessment (BOCA) identified key action points to improve branch capacities in planning and reporting, financial management, volunteer management and resource mobilization. At this evaluation, branches were able to develop annual plans and produce reports to the headquarters. In financial management, the district accountants were trained to follow procurement standards and at the moments the internal auditor can visit branches for an audit of the use of finances and take actions to correct audit queries. The volunteer management policy has improved inclusivity and diversity in membership and now there is gender balance in volunteer recruitment and inclusion of persons with disabilities. A total of 15,000 volunteers have been recruited and all have been issued with membership card.

In resource mobilization, COMREP II paid rent of which 50% was allocated to the headquarter and the remain half is retained by the branch. The branches also developed business plans and were provided seed grants to rollout the plans. Initially, the branches obtained MWK 2 million each for rolling out their business plans, but at evaluation they received MWK 4 million each for the implementation of their business plans which varied from one district to the next. For example, Chikwawa branch is implementing agribusiness business plan through sale of farm produce, Mwanza is implementing a business plan in apiary while Mangochi has a bakery. The volunteers have enrolled in the village savings and loans group to access credit for personal and business development.

Unintended outcomes result of the project.

In health, the project worked closely with the Ministry of Health to provide youth friendly services and create demand for sexual and reproductive health service by the youth. The youth friendly services are hardly in use in all the health facilities sampled during the study. The effect of the underutilization of the youth friendly services at the facilities has been the increase in use of emergency contraceptive pills by girls in the impact areas.

"The girls in our community are shy and they cannot go to the youth friendly facilities to obtain sexual reproductive health services from the youth friendly clinic. They fear anyone can see them and report them to their families and it is a shame and serious embarrassment to the girls and boys when such matters are reported to the parents. In many cases, the boys and girls who are in relationship prefer to use emergency pills which is readily available in the villages with some youths. Before or after sex, the girls go to take the pills in the night from young people who stock them from other agencies working in the area."-Youth FGD -Mwanza.

The concept of outreach clinic has been adopted by Ministry of health which have opened eight additional outreach clinics in Mangochi district than the 15 which were planned and supported under COMREP II. In addition, the Ministry continues to offer primary healthcare services through the outreach clinics in hard-to-reach areas for nearly four months without the support (Fuel support) from MRCS.

In National Society development, over 15,000 volunteers were recruited under COMREP II. The volunteers are instrumental in the implementation of actions by MRCS in serving those in need. The volunteers under COMREP II have started mobilizing financial resources among themselves through the VSLA concept. The VSLA shall enable volunteers to save money and access credit for business and personal development.

In empowerment, mothers' group were not trained in maintenance of the sewing machines they obtained from the project. The groups have started sewing clothes for people in the community to generate capital for maintaining the sewing machines should there be breakdown. The mother groups have also put aside money to support needy children in their community with school fee and learning materials. In Mangochi, the mother groups are offering educational financial support to 5 boys, and 11 girls from a local primary school in the impact area of Mangochi district.
In Mwanza there were cases where schoolgirls who benefited from the financial support were forced to drop out of schools due to poor performance. Their chances were given to other deserving girls who had better academic performance and came from vulnerable households in the community.

In disaster management, the communities were provided with bamboo seedlings to plant to around their households to act as windbreakers and protect the houses from damage by strong winds. The species could not survive in impact areas and nearly all the seedlings provided to beneficiary withered away.

SUSTAINABILITY

The COMREP II was implemented using community-based approaches which promoted the use of community owned resources and knowledge in addressing their needs. The project enhanced the existing knowledge in the community to be better prepared for disasters, maintain hygiene and good sanitation, empower the community, prevent diseases, and become resilient to shocks.

The project worked with the existing structures in the communities and built the capacity of the members of the structures to deliver on their roles. These structures including Health committees; Development Committees; Child Protection Committees; Members of PASSA; volunteers (eCBHFA and youth volunteers) who shall remain in the community and continue their roles in providing much needed services in health, child protection, disaster management and development even after the close of the project.

The project created linkages that shall continue to serve PWDs, women, children and youth even after the project ends. The linkages which the project created include those with Malawi Council of the Handicapped who shall continue to conduct disability assessments and recommend appropriate assistive devices and medical services to PWDs. Further, the youth have been linked to youth friendly clinics to enable them to obtain sexual reproductive health services and have control of their future. However, more needs to be done to address the stigma around use of sexual reproductive health services from the facilities by young people in the community.

The project also worked with extension workers in water, forestry and health who will remain in the communities to continue providing technical services to the community even after the project closes.
The water committees have been trained and equipped with knowledge in water point management as well as with technical skills in maintenance of drilled and rehabilitated boreholes. This shall ensure the community continue to access safe and clean water to prevent waterborne diseases.

The COMREP II ensured institutional sustainability of the National Society by improving MRCS's management capacity through development of various policies including Human Resource, Procurement, Youth, Volunteer Management, Programs, Prevention of Sexual Exploitation and Abuse, Community Engagement and Accountability which have been disseminated to staff.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

The beneficiaries of COMREP II have been engaged in various actions including selection of beneficiaries for education support; trainings; progress monitoring and implementation of the project actions. For example, in WASH the beneficiaries participated in the identification of open defecation hotspots in their communities, trainings in hygiene and sanitation, building of latrines and handwashing facilities. Further, in health, the beneficiaries on open days supported by COMREP II in collaboration with the Ministry of Health, trainings in use of modern contraceptive methods, malaria prevention and HIV/AID awareness while girls and boys obtained life skills training.

In empowerment, the beneficiaries participated in income generating activities including farming, beekeeping, crop farming, and piggery. Children (girls and boys) from beneficiary households obtained education support to attend schools and reduce school dropout rates in Malawi.

In disaster management, beneficiaries through the PASSA members, were engaged in building safer shelters, tree planting as well as in improving in their living condition by implementing climate change adaptation measures such as use of improved cookstoves.

4. CASE STUDIES

The study documented two case studies which are descriptions of changes in the life of the beneficiaries resulting from the actions of the project.

Safe shelters

In the face of the devastating Cyclone Anna that wreaked havoc in January 2022, the resilient spirit of villagers in Chapananga, stood strong against the storm's rage. Cyclones in Chikwawa, particularly Cyclone Anna, posed significant threats to the community's shelters. This alarming reality prompted the implementation of the Participatory Approach for Safe Shelter Awareness (PASSA) program by COMREP to enhance shelter resilience and mitigate disaster impacts.

In Chapananga, houses were demolished, leaving most families destitute. Following the catastrophe, a PASSA Facilitators approached families, inviting them to join the PASSA group in their area.

The community embraced the opportunity and actively participated in 8 series of PASSA meetings. The sessions taught the communities innovative ways to enhance their shelters and protect their families.

With newfound knowledge and determination, members of the community in Chapananga utilized locally available resources to reconstruct their houses. In addition, they are planting trees, though with difficulty of obtaining tree seedlings.

Picture 3 A house in Chapananga village reinforced with logs and rope

When Cyclone Freddy struck in 2023, houses in the communities in Chapananga, stood firm against the raging winds and heavy rains. The story of the communities in Chapananga becomes a testimony of the effectiveness of the lessons they learnt from the PASSA group.

Production of reusable pads

This evaluation visited Mtendere Full Primary School in Mangochi district. The school host a mother's group that has been instrumental in production of reusable pads for schoolgirls and women in the community. The mother's group at the school has done one round of production and sold most of the stock of pad they produced. The group repairs clothes for community members to raise more revenue and at this evaluation the group had MWK 75,000 in savings.

The mothers group encourage girls to attend school and are supporting five boys and eleven girls with school fees and learning materials.

The group still has enough stock of materials for production of reusable pads for girls in-school and women in the community.

Picture 4 Mothers group producing reusable pads at Mtendere full primary school

Community outreaches

In health, COMREP II supported health surveillance assistant from the ministry of health in Mwanza to take services to the communities in hard-to-reach areas such as Tambani and Kalanga. The health assistants and volunteers worked hand in hand to with the health assistance in providing hygiene training and in growth monitoring. They also taught beneficiaries on prevention of malaria while the health assistants provided immunization services to children under 5. In addition, at the outreach clinics mothers were also provided with various options of modern contraceptives as well as health talks on prevention of sexual transmitted diseases and HIV.

"These services we are provide to women, girls and youth in with the support from Malawi Red Cross Society are very important and we are looking forward to any further support to enable us reach other Locations"- Senior Environmental Health officer- Mwanza.

Picture 5 MUAC measurements for children under5 for malnutrition screening

5. LESSONS LEARNT.

Integrated approach

The integrated approach worked well since it was adaptive to contexts. COMREP II integrated WASH, health, disaster management, empowerment, and National Society Development. The strategies and tools utilized in the approach are the same ones that were used to prevent the spread of cholera outbreak, COVID-19 and damaging effects of tropical storms (Anna and Freddy). COMREP II supported emergency response through the procurement and distribution of chlorine, hygiene promotions, built treatment centres with tarpaulins and equipped them with beds.

Invasive species

The project introduced bamboo trees in an ecosystem in which it would have been an invasive species which would have caused ecosystem degradation and fragmentation. To provide appropriate tree seedling for the impact areas ecosystem, the volunteers worked with in-school and out of school youth clubs in collaboration with the Village Civil Protection Committee to raise tree seedlings which were distributed to the community members.

Tying of roofs

The tropical storm Feddy did not affect houses in the impact areas compared to other parts of the three districts which were on the trajectory of the storm thanks to the innovation of tying roofs with binding wires or ropes which was promoted by PASSA members.

New ways of working and agender for renewal

COMREP II was consistent with the RCRC movement's movement agender for renewal and new ways of working. The delivery of the program in a consortium reduced the pressure on the National Society in reporting to each PNSs. For example, one annual or bi-annual report to show progress and accountability was shared with all the PNSs in the consortium.

Linkages and referrals

Through linkages beneficiaries particularly those with disabilities were able to access medical care and assistive devices prescribed after a thorough assessment. In addition, many beneficiaries obtained quality services in Sexual and Reproductive Health, vaccination for children and treatment for server cases of malnutrition among children under 5 through referrals to nearby health facilities.

Rolling budgets and prioritization of actions

Danish Red Cross being the lead agency in the implementation of COMREP II had the role of mobilization of financial resources from the consortium members to fund actions in the implementation plan. To ensure successful implementation of COMREP II, Danish Red Cross supported MRCS in prioritization of actions in the implementation plan, particularly when the funds received from the consortium members was less for the budgeted actions

6. RECOMMENDATIONS

Health: Caregivers and teachers in schools needs to be trained in Psychosocial support to enable them to support children who experienced threats by disasters and conflict at home. Lack of psychosocial support to children who experience threats and conflicts can lead to unhealthy to destructive outcomes such as low self-esteem, health issues, self-harm, and even suicide. Psychosocial support should also be extended to girls who have been rescued from early marriages to prevent relapse.

Malawi Red Cross should continue creating awareness on Sexual Reproductive Health and Rights in the communities to reduce/eliminate fear and shame associated with the use of contraceptive methods by youth in the community. Its only when the shame is eliminated that young people shall use the youth friendly services provided at health facilities in the impact areas. It is therefore imperative for Malawi Red Cross and Partners to design a social behaviour change model to guide specific actions to be taken at various stages on the social behaviour change ladders. In addition, there is need for radio sessions on Sexual Reproductive Health and Rights on popular radio station to disseminate information of SRHR.

To dignify the beneficiaries during the health outreaches in hard-to-reach areas, MRCS should consider providing tents to improve privacy for beneficiaries seeking services from the clinics. There is need to put handwashing facilities with soap and water around latrines at the outreach clinics.

Malawi Red Cross Society should continue creating awareness on the use of modern contraceptives to demystify the myths around their use. One of the myths around use of modern contraceptives particularly the daily pills is that it damages the uterus and is a potential cause of infertility in women.

Empowerment: Malawi Red Cross Society should put appropriate progress monitoring mechanism for children receiving financial support for education. The mechanism should not violate the rights of children in any way but should involve discussions with parents, guardians and teachers on ways to support the learners both at home and school to improve their performance. There is also need for continuous scrutiny of the list of pupils benefiting from education support each time schools make requisitions. By doing so, the National Society shall ensure no child is removed from the list or replaced by others perceived to be deserving and are performing better than those selected to benefit from the program.

The youth in the project were engaged in small income generating activities which were not transformative. This could be attributed to the small size of the grants the project offered the beneficiaries as start-up capital. In future programming, the youth should be engaged in income generating activities at scale, to be able to generate enough income to enhance their resilience to both economic and climate related shocks. In addition, there should be value addition on products from all the value chains the youth will be engaging in for the final products to attract competitive price in the market.

Malawi Red Cross Society needs to allocate more resources for purchase of sewing machine to facilitated production of quality and affordable reusable pad. The current model on the sewing machines where mother groups which received the machines are expected to raise enough money from sales of reusable pads to buy sewing for the next group did not work well. In addition, there is need to harmonize the prices of reusable pads to ensure that they are affordable to vulnerable girls and women from the impact areas.

In the next phase of COMREP, there is need to link the village savings groups of the youths to micro-finance institutions to enable them to access more credit for business development. MRCS should strengthen VSLA mechanism by training youths on the VSLA methodology, co-guarantee system and thrift to make them ready for linkages with microfinance institutions for greater funding opportunities.

Disaster management In COMREP II, early warning messages were disseminated through chiefs, PASSA members and volunteers in the impact areas. The project provided solar power radios for beneficiaries in high-risk areas to be able to access meteorological forecast. Malawi Red Cross should consider the use of SMS services and radio sessions in passing Early Warning messages targeting impact areas and other areas which are vulnerable to climate change related disaster events.

The program should work with both in-school and out of school youths in collaboration with the village civil protection committees responsible for environmental protection in raising tree seedlings to be planted in the community at risk of strong winds.

Exchange visits among teams implementing community resilience program should continue to facilitate cross learning on implementation of project actions. It's through such visits that challenges in implementation are shared and solutions to address them found.

WASH: For sustainability of Open Defecation Free status, there needs to be follow-ups and monitoring of the hotspots. MRCS volunteers and health committees from the impact areas should continuously monitor the hotspots for sustainability of the ODF status.

MRCS to consider reticulation of water from the boreholes to areas closer to households in the impact areas**.** This shall reduce distances covered to and from the drilled and rehabilitated boreholes and households with less travel times to waterpoints progressively collects more water that is used for hygiene in the household.

7. ANNEX 1

		Baseline	MTR Indicator value	EoP Actual	Targets (EoP)
Overall Objective: Deprived communities in target districts in Malawi are empowered and resilient					
Immediate Objective: Through increased capacity of MRCS and empowerment of children, youth and women the resilience of target communities in Mangochi, Mwanza and Chikwawa is strengthened by integrated community health, WASH and DM intervention	**IO1: HEALTH:** % of children U5 with diarrhoea in the previous 2 weeks who received ORT/ORS	43%	44%	62%	75%
	IO2: HEALTH: % of caretakers who feed their U5 children with 4-6 food groups	10.3%	9%	15%	25%
	IO3: HEALTH: % of women aged 15-49 years report using modern contraceptives	45%	69%	86%	80%
	IO4: HEALTH: % of children U5 sleeping under mosquito net last night	80%	54%	74%	95%
	IO5: HEALTH: % youth aged 15-24 years knowledgeable about HIV prevention disaggregated by gender	42.2% current	New indicator - N/A	67%	95%
	IO6: WASH: % of households who own and use latrines	43.5%	74%	94%	100%
	IO7: WASH: % of households with hand washing facilities with soap and water	20.0%	44%	23%	100%
	IO8: WASH: % of HH with access to safe drinking water within 30 min	57.3%	61%	74%	75%
	IO9: WASH: Percentage of girls or women who report missing social activities, school or work as a result of 1) feeling embarrassed about their menstruation, 2) not having MHM materials and 3) lacking appropriate latrine facilities at school	new indicator - N/A	34%	35%	10%
	IO10: DM % of people who feel prepared for disasters	new indicator - N/A	47%	50%	60%
	IO11: DM % of people who feel more safe from having access to Early Warnings	new indicator - N/A	30%	88%	60%
	IO12: DM % of people demonstrating awareness and knowledge on climate change impacts	new indicator - N/A	94%	27%	100%

	IO13: DM % of people experiencing improvements in their living condition due to implemented climate change adaptation meassures	new indicator - N/A	77%		95%
	IO14: Empowerment % of vulnerable children receiving education support who are still in school or have completed school by the end of the project	0%	100%		100%
	IO15: Empowerment: % of communities with active and well functioning CBCCs	N/A	N/A		100%
	IO16: Empowerment: % of MRCS Youth Club participants that feel empowered by the project interventions	0	N/A	73%	75%
	IO17: Empowerment: # of cases or issues raised by community members or groups with local authorities	0	N/A		480
	IO18: NSD: % of people who know how to use established complaint & feedback mechanisms in the community	48%	N/A	88%	95%
	IO19: NSD: % of MRCS staff knowleageable about the NEW formulated policies	New indicator - N/A	New indicator - N/A		100%
	IO20: NSD: % of action points emenating from BOCA successfully completed	0%	N/A		40%
Output 1: Health - Target Communities have Increased access to health services and health information	O1.1: % of HHs who have received health information from eCBHFA volunteers within the past 3 months	-	69%	73%	95%
	O1.2: # of new blood donors recruited through MRCS	-	New indicator - N/A		1200
	O1.3: Number of volunteers trained in first Aid by the First Aid Volunteer ToTs	-	New indicator - N/A		300
	O1.4: Average # of people reached with health information through community mobilisation events supported by the program at a quartely level	-	46937		46137
Output 2: WASH - Target	O2.1: # of boreholes drilled or rehabilitated	-	2		52

communities have increased access to safe drinking water, improved sanitation facilities and hygiene promotion information	O.2.2. # of students with access to improved sanitation facilities in schools	-	3960		23340
	O2.3: # of girls and women accessing improved MHM products and services	-	1113		6315
	O2.4: % of HHs who have received WASH information from eCBHFA volunteers within the past 3 months	-	69%	83%	95%
Output 3: Disaster Management - Target communities are provided with appropriate climate-informed knowledge, tools and skills to prepare for, mitigate, take early action and respond to disasters	O3.1 % of households that adopted the energy saving stoves	-	New indicator - N/A	17%	25%
	O3.2: # of early warning team members who are mobilized and equipped for action	-	0		200
	O3.3: # of better houses constructed as a result of recommendations from PASSA	-	New indicator - N/A		1510
Output 4: Empowerment - Children, Youth and women in target communities are empowered to be forefront actors in their communities	O4.1: # of vulnerable children who receive education support	-	900		900
	O4.2: # of people trained in child protection	-	811		811
	O4.3: Monthly average of children attending Community Based Child Care	-	7976		5025
	O4.4: Monthly average # of youth attending Red Cross in-school and out-of-school youth clubs	-	1879		2880
	O 4.5: % of cases concluded by the social mobilisation committee	-	N/A		403
	O4.5: # of operational decisions made based on community feedback	-	New indicator - N/A		30
Output 5: NSD - The capacity of MRCS to build resilient communities is strengthened	O5.1: # of MRCS volunteers from the target districts registered in volunteer database	-	0		15000
	O5.2: # of policies/SOPs formulated and disseminated to MRCS staff and volunteers	-	New indicator - N/A		7

	O5.3: # of national level youth activities conducted	-	0		20
	O5.4: % of actions emanating from conducted BOCA received follow ups on a quartely basis	-	N/A		100%

8. TOOLS

Tool A: FGD guide for Child Protection committees

FINAL EVALUATION OF COMREPII **FGD GUIDE**	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview…….** **Start time: ……. End time…….**	
Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ How often do you hear about cases of teenage pregnancy and early marriages in your community? Did the program address the problems of teenage pregnancy and early marriages? ✓ How well did the program integrate with and build on your capacity and knowledge as a community in child protection?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results in child protection from the program? What changes can be attributed to the program (positive, negative, expected and unexpected)?

Effectiveness	✓ To what extent have beneficiaries, benefited from the project activities and outputs? ✓ How did the project adapt to your changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Has the project changed the lives of the beneficiaries in any meaningful way? ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Did you receive the assistance at the required time? ✓ Were all inputs delivered on time? For example, were training timely?
Sustainability	✓ What challenges do you face in the protection and safe guarding of children? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool B: FGD checklist (Mothers Groups)

FINAL EVALUATION OF COMREPII **FGD GUIDE**	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview……** **Start time: ……. End time……**	
Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	

Evaluation criteria	Key questions
Relevance	✓ How has the situation of girls in this community changed in relation to menstruation due to this program? Did the program address the menstrual needs of the girls in this community? ✓ What support did you receive to help you address the menstrual needs of girls in this community?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results in menstrual health management from the program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to your changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Were all inputs your required for production of menstrual pads delivered on time? ✓ Were inputs of acceptable quality?
Sustainability	✓ What challenges do you face in menstrual health management? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool C: FGD (Health Committees)

FINAL EVALUATION OF COMREPII FGD GUIDE	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview……** **Start time: ……. End time……**	
Meeting area:	

Name of group/committee	
Names of Moderator/facilitator	
Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ What health problems are of concern in this community? ✓ In what ways did the program help address health problems people face in this community?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results in prevention of malaria/cholera/HIV from this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to beneficiaries changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Were all inputs your required for prevention of malaria/cholera/ HIV delivered on time? ✓ Did the inputs meet your expectation in terms of quality?
Sustainability	✓ What challenges do you face in prevention of malaria/cholera/HIV? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool D: FGD checklist for PASSA

FINAL EVALUATION OF COMREPII

FGD GUIDE

Interviewer's introduction

Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information

will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview?

1= Yes

2=No

Interviewer……. Date of Interview…….

Start time: ……. End time……..

Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	

Evaluation criteria	**Key questions**
Relevance	✓ What are the disaster risks in this community? ✓ Did the project help manage disaster risks in this community?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results in disaster management from this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to beneficiaries changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Which inputs for disaster management did you receive? Were all inputs your required in disaster management delivered on time? ✓ Did the inputs meet your expectation in terms of quality? For example, were the tree species provided appropriate for this area?
Sustainability	✓ What challenges do you face in disaster management? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool E: FGD check list for Development committees

FINAL EVALUATION OF COMREPII

FGD GUIDE	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview……** **Start time: ……. End time……**	
Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ What are the empowerment concerns for girls, boys and persons with disabilities in this community? ✓ Did the project help address empowerment concerns for girls, boys and persons with disabilities in the community? Please explain how?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results in empowerment from this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to beneficiaries changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Which inputs did you obtain to support empowerment of girls, boys and persons with disabilities? Were all inputs delivered on time?
Sustainability	✓ What challenges do you face in empowering girls, boys, women and persons with disabilities? ✓ In what ways do you think these challenges can be addressed?

	✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool F: FGD Checklist for volunteers

FINAL EVALUATION OF COMREPII **FGD GUIDE**	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview……** **Start time: ……. End time……**	
Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ Which trainings have you received since you started assisting beneficiaries in COMREPII program? ✓ How have the trainings helped with the implementation of the project actions?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results from the actions/activities of this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to beneficiaries changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?

Efficiency	✓ Which inputs did you obtain to support the actions/activities of this program? Were all inputs delivered on time?
Sustainability	✓ What challenges do you face in supporting the implementation of the actions of this program? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool I: FGD Checklist for Youth

FINAL EVALUATION OF COMREPII

FGD GUIDE

Interviewer's introduction

Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview?

1= Yes

2=No

Interviewer……. Date of Interview……..

Start time: ……. End time……..

Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ What are the problems faced by young people in this community? ✓ Did the program address the problems faced by young people in this community? How?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results from the actions/activities to address problems faced by young people

	from this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to beneficiaries changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Which inputs did you obtain to support the actions to address problems faced by young people? Were all inputs delivered on time?
Sustainability	✓ What challenges do you face in addressing problems facing young people in this community? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool J: FGD Checklist for women

FINAL EVALUATION OF COMREPII

FGD GUIDE

Interviewer's introduction

Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview?

1= Yes

2=No

Interviewer…… Date of Interview……

Start time: ……. End time……

Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	
Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ What are the problems faced by women in this community?

	✓ Did the program address the problems faced by women in this community? How?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results from the actions/activities to address problems faced by women from this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to beneficiaries changing needs? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Which inputs did you obtain to support the actions to address problems faced by women? Were all inputs delivered on time?
Sustainability	✓ What challenges do you face in addressing problems facing women in this community? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Tool K: FGD Checklist boys and girls

FINAL EVALUATION OF COMREPII **FGD GUIDE**	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and community members who benefited from the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward discussants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview……** **Start time: ……. End time……**	
Meeting area:	
Name of group/committee	
Names of Moderator/facilitator	

Names of participants	
Evaluation criteria	**Key questions**
Relevance	✓ What are the problems faced by girls and boys in this community? ✓ Did the program address the problems faced by girls and boys in this community? How?
Impact	✓ Have you realized the need for the project to date? I mean are you able to identify any benefits from the interventions that you would specifically attribute to this project? ✓ Have you realized/seen any changes/results from the actions/activities to address problems faced boys and girls from this program? What changes can be attributed to the program (positive, negative, expected and unexpected)?
Effectiveness	✓ How did the project adapt to changing needs of boys and girls? For example, during the tropical storms, Cholera outbreaks, and COVID-19 pandemic. ✓ Are there any exceptional experiences among project beneficiaries that should be highlighted?
Efficiency	✓ Which inputs did you obtain to support the actions to address problems faced by women? Were all inputs delivered on time?
Sustainability	✓ What challenges do you face in addressing problems facing boys and girls in this community? ✓ In what ways do you think these challenges can be addressed? ✓ Which roles will you continue to play to ensure beneficiaries continue discerning the benefits of this project after exit of Red Cross?

Below are the tools for key informant interviews that shall be conducted during the evaluation of Community Resilience Program phase II.

Tools A: *Key informant (IFRC, and PNSs)*

FINAL EVALUATION OF COMREPII

KII GUIDE (IFRC and PNSs)

Interviewer's introduction

Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi.

All information will be kept confidential. Participation in the study is voluntary and we do not reward informants in anyway. Do you agree to proceed with the interview?

1= Yes

2=No

Interviewer……. Date of Interview…… **Start time: ……. End time……**	
Name of the informant	
Names of interviewer	
Evaluation Criteria	**Key questions**
Relevance	✓ Were the inputs and strategies identified, appropriate, and adequate to achieve the results? ✓ Was the project relevant to the identified needs?
Effectiveness	✓ How effective were the strategies and tools used in the implementation of the project? ✓ How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved?
Efficiency	✓ What factors contributed to implementation efficiency? ✓ How efficient were the management and accountability structures of the project? ✓ How was the coordination amongst members of the consortium? What was the responsibility of each consortium members? How cost-effective was the coordination? What was the budget of the program? How much was raised? ✓ How was communication amongst members of the consortium?
Impacts	✓ To what extent did the project achieve its overall objectives? ✓ To what extent were the results (impacts, outcomes, and outputs) achieved?
Sustainability	✓ What mechanisms have been put in place to ensure the continuation of project activities beyond the funding period? ✓ Has the project empowered the community to take ownership and maintain the practices and initiatives?

Tool B: Key informant National Society (MRCS staff)

FINAL EVALUATION OF COMREPII

KII GUIDE (MRCS staff)

Interviewer's introduction

Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and all staff in the program have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward informants in anyway. Do you agree to proceed with the interview?

1= Yes

2=No

Interviewer……. Date of Interview…….. **Start time: ……. End time……..**	
Name of the informant	
Names of interviewer	
Evaluation Criteria	**Key questions**
Relevance	✓ To what extent was the project strategy and activities implemented relevant in responding to the needs and priorities of targeted groups including people with disabilities, youth, children, especially girls, and women? ✓ What results did the program achieve? ✓ To what extent do achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs and priorities of targeted groups including with disabilities, youth, children, especially girls, and women?
Effectiveness	✓ What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes, and outputs? & How? ✓ How effective has the program been in responding to the needs of the beneficiaries, and what results were achieved?
Efficiency	✓ Were the project's financial resources adequate and efficiently utilized in relation to achieved outcomes? ✓ Were the project's human resources adequate and effective in achieving the planned outcomes? ✓ Were the project's material resources adequate and appropriate in relation to achieved outcomes? ✓ Were there any areas where resources could have been allocated more efficiently?
Impacts	✓ What positive changes or improvements have occurred because of the project on the targeted beneficiaries and the community as a whole? ✓ How has the project contributed to enhancing community resilience in terms of improved health, WASH practices, and disaster management? ✓ Are there any unintended or negative consequences resulting from the project?
Sustainability	✓ What mechanisms have been put in place to ensure the continuation of project activities beyond the funding period? ✓ Has the project empowered the community to take ownership and maintain the practices and initiatives? ✓ How effective were the exit strategies, and approaches to phase out assistance provided by the project including contributing factors and constraints? ✓ How were capacities strengthened at the community and organizational levels (including contributing factors and constraints)? Describe the main lessons that have emerged/ What are the key lessons learnt? ✓ How does the project contribute to the sustainability of the National Society as an organisation, and to their services and programme? What measures have been put in place to ensure

	financial sustainability? What measures have been put in place to ensure institutional sustainability? ✓ What roles do the stakeholders and partner organizations have in achieving sustainability? ✓ What are the recommendations for similar support in future?
Health	✓ How many Communities Based Children Centres were set up in this district? ✓ How many are active and well-functioning?
WASH	✓
Disaster Management	✓ How many issues have been raised by the community member to this local Authority touching on empowerment and matters climate change? ✓
Empowerment	✓ How many of your clubs are still active? ✓ How many youth clubs participated in this project? ✓ How many have active income generating project thanks to the support by this project? ✓ How many of your clubs are still active? ✓
National Society Development	✓ What are the new policies which were formulated due to the actions supported by this project? ✓ How many of the staff member know about the policies? ✓ How many action points emanated from the Branch Organizational Capacity Assessment? ✓ How many of the action points have successfully been completed or implemented?
organizational Learning and best practices	✓ What strategies were employed in the implementation of COMREPII program? Which ones worked best? Which ones did not? ✓ Are there any lessons learnt and good practices which can be deduced from the project?
partnerships, stakeholder management and Integration	✓ What were the respective responsibilities and contributions of PNS, implementing partner and other local partners? ✓ To what extent was capacity building of the local partners done and what were their positive and negative effects?
Community engagement and accountability	✓ To what extent did beneficiaries understand the program? ✓ How were the beneficiaries were involved in the project decision making? What has been the community contribution to the interventions? ✓ What do the beneficiaries feel is the effect of the project on their lives in the short term and in the long run? What are the strategies used for beneficiary communication and complaints mechanism? ✓ What were the preferred means of communicating complaints to the National society?
Protection, gender and Inclusion	✓ Did COMREP II actions address the different needs of beneficiaries in a consistent manner? For example, did COMREP II consider the different needs of women, men, girls and boys, different social and ethnic groups as well as disability issues throughout the project cycle?

	✓ How did COMREPII actions ensure dignity, Access, safety, and participation of men, women, elderly, and persons with disabilities in WASH, Health, DM and Empowerment?

Tool C: KIIs with local partners

FINAL EVALUATION OF COMREPII KII GUIDE (LOCAL PARTNERS)	
Interviewer's introduction Hello, my name is _____. We are conducting an evaluation for Community Resilience Program Phase II. I need your co-operation to ensure the success of our study. I hope that you will be kind enough to spare some time to answer some questions. This study is being conducted in Chikwawa, Mwanza and Mangochi and key staff from partners organizations have equal opportunity to be included in the study. All information will be kept confidential. Participation in the study is voluntary and we do not reward informants in anyway. Do you agree to proceed with the interview? 1= Yes 2=No **Interviewer……. Date of Interview……** **Start time: ……. End time……**	
Name of the informant	
Names of interviewer	
Evaluation criteria	**Evaluation questions**
Relevance	✓ How were you or your organization involved in COMREP II program? What was your role in the program? ✓ Did the program address priority need of the beneficiaries? ✓ Who were they targeting? How were those who benefited from the program selected?
Effectiveness	✓ How effective has the project been in responding to the needs of the beneficiaries? ✓ What results were achieved?
Efficiency	✓ How did your role in the project contribute to successful implementation of the program
Impact	✓ What changes can be attributed to the program (positive, negative, expected and unexpected)?
Sustainability	✓ What should be done or what will you do to ensure that beneficiaries continue to enjoy the benefits from the program?

Tool G: Observational checklist

Indicators	Response
Do the following infrastructure exist?	
A. Woodlots	1=Yes 2=No
B. Community based child care centres	1=Yes 2=No
C. Outreach and health clinics	1=Yes 2=No

D. Handwashing facilities	1=Yes 2=No
E. School WASH facilities	1=Yes 2=No
Is there gender balance in formation of program committees?	1=Yes 2=No
Are the IEC materials used to provide information on activities of the program translated in language(s) which could be easily understood by youth, men, women and marginalized groups in the communities targeted?	1=Yes 2=No
Do the material used in the program have logos of PNSs and Ns	1=Yes 2=No
Does the household have mosquitoes net	1=Yes 2=No
Is there latrine around the household?	1=Yes 2=No
Is there a handwashing facility around the latrine?	1=Yes 2=No
Does the latrine have a cover?	1=Yes 2=No
Are there disaster mitigation measure in the household?	1=Yes 2=No
Are there menstrual health Management facilities in the schools?	1=Yes 2=No
Are the sewing machines available with mother's groups?	1=Yes 2=No
Which disaster management actions have been taken by households?	1=Yes 2=No