

**IFRC**

**DG ECHO-IFRC pilot  
Programmatic Partnership  
Final Evaluation**

**Evaluation Report**

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## Acronyms and abbreviations

AI	Artificial Intelligence
BDRCS	Bangladesh Red Crescent Society
BGD	Bangladesh
BFA	Burkina Faso
BFRC	Burkinabè Red Cross Society
CBS	Community-Based Surveillance
CEA	Community Engagement and Accountability
CHF	Swiss Franc
CRE	Ecuadorian Red Cross
CREPD	Reference Centre for Disaster Preparedness
CRH	Honduran Red Cross
CSL	Climate Smart Livelihoods
CSPO	Climate Smart Programmes and Operations
CVA	Cash and Voucher Assistance
DG ECHO	Directorate-General of European Civil Protection and Humanitarian Aid Operations
ECHO	European Civil Protection and Humanitarian Aid Operations
DRC	The Democratic Republic of the Congo
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ECU	Ecuador
EUNS	European Union National Red Cross Societies
EMT	Evaluation Management Team
EPPR	Epidemic and Pandemic Preparedness and Response
ET	Evaluation Team
EWS	Early Warning System
GC	Global Component
GRC	Guatemalan Red Cross
GTM	Guatemala
GTPP	Global Thematic Programmatic Partnership
HIP	Humanitarian Implementation Plan
HND	Honduras
INGOs	International non-governmental organisations
IFRC	International Federation of the Red Cross and Red Crescent Societies
KI & KII	Key Informant and Key Informant Interview
KYR	Kyrgyzstan
LBN	Lebanon
LEUNS	Lead EU National Societies
LRC	Lebanese Red Cross
MDG	Madagascar
MENA	Middle East and North Africa
MoU	Memorandum of Understanding
MRC	Malagasy Red Cross
MTR	Mid-Term Review

NEAT+	Nexus Environmental Assessment Tool
NGO	Non-Governmental Organisations
NS/NSs	Country National Society/National Societies
NWOW	New Way of Working
OCHA	Office for the Coordination of Humanitarian Affairs
ONS	Operating National Society
PER	Preparedness for Effective Response
PGI	Protection, Gender and Inclusion
PNS	Partner National Society/Partner National Societies
PPP	Pilot Programmatic Partnership
PSEA	Prevention of Sexual Exploitation and Abuse
RCDRC	Red Cross of the Democratic Republic of Congo
RCRC	Red Cross and Red Crescent
RCSK	Red Crescent Society of Kyrgyzstan
SSD	South Sudan
SSRC	South Sudan Red Cross
TA	Technical Assistance
ToC	Theory of Change
ToR	Terms of Reference
UGA	Uganda
URCS	Uganda Red Cross Society
USAID	United States Agency for International Development
UN	United Nations
WASH	Water, Sanitation and Hygiene
YEM	Yemen
YRCS	Yemen Red Crescent Society

## Executive Summary

The Pilot Programmatic Partnership (PPP) between the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the Directorate-General of European Civil Protection and Humanitarian Aid Operations (DG ECHO) was a highly innovative programme implemented over three years with a global geographical scope that included twenty-five (25) National Societies (NS) across Africa, Asia Pacific, MENA, Europe and the Americas. These 25 National Red Cross Red Crescent Societies were partnered with thirteen (13) European Union National Societies (EUNS) in addition to country/cluster/regional delegations of the IFRC<sup>1</sup>.

The programme aimed to strengthen the auxiliary roles and operational capacities of NSs through five thematic Pillars—*Disaster preparedness and response, Epidemic and pandemic preparedness and response, People on the move, Cash and voucher assistance, and Community engagement and accountability*—underpinned by cross-cutting work on *Anticipatory action, Climate-smart programming, Environmental sustainability, Legal frameworks and Digital transformation*.

This final evaluation of the PPP built on previous reviews and evaluations of the Partnership and sought to assess the overall performance of the programme, its progress towards the objectives it had been set, its contributions to localisation efforts at country level, and the degree of systems change at local, national, regional and global levels. The evaluation also examined the fitness-for-purpose of the Partnership and coordination aspects of the programme, partners' efforts to ensure sustainability of gains from and smooth transition out of the PPP, and the extent to which the PPP contributed to changes in how humanitarian response is coordinated and delivered across the IFRC network.

The evaluation was conducted remotely from June-September 2025 and covered 12 (50%) of the PPP contexts with a view to providing as wide a representation as possible of the integration of the various Pillars and cross cutting themes across the regions. The evaluation methodology was a mixed methods approach comprising a comprehensive literature review, seventy-five (75) key informant interviews with stakeholders at all levels of the PPP<sup>2</sup>, and the development of 12 country case studies. Artificial Intelligence tools were used to considerable effect (e.g., data organisation, coding and synthesis) and then checked for accuracy.

Due to constraints linked to the fully remote nature of the evaluation, the evaluation scope did not seek to capture the perspectives of affected people and communities nor to provide a detailed assessment of the humanitarian outcomes of the PPP across the contexts evaluated.

## Key findings

### 1. Contribution and limits of the Global Component

The Global Component provided significant value where the technical knowledge and expertise it offered matched a clearly identified demand at country (NS and EUNS) level, and where there were also national or regional 'champions' who were able to drive the adoption and adaptation of respective tools and guidance. When these conditions existed, the input and contribution of the Component supported enduring changes in policy, standards and systems. Examples include the development and national integration of Anticipatory action in Bangladesh and the mainstreaming of Environmental sustainability in the Americas. These and further examples shared in the report illustrate the potential of integrated, multi-pillar longer term support to drive institutional transformation within NSs and, by extension, national systems.

However, the ambition of fully embedding the Global Component and the PPP model of working into "business as usual" across the IFRC network was only partially met due to various factors. In many contexts, the support that the Component offered was perceived as an additional technical layer as opposed to the backbone of an integrated programmatic approach. In some contexts, the expertise offered by the Component did not align with NS or indeed EUNS priorities at country level. In addition, network-wide communication about the purpose and added value of the Global Component as a fundamental part of the PPP was often limited or delayed. To partners in some contexts, the Component

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<sup>1</sup> More information on this programme, its partners and its reach in 25 countries can be found at: <https://www.ifrc.org/get-involved/partner-us/multilaterals-and-international-financial-institutions/programmatic>

<sup>2</sup> HQ staff in IFRC, DG ECHO and EUNS, Global Component file holders, ECHO Technical Assistants, NS management and operations staff, EUNS staff in country, and representatives of country local authorities.

was seen as being parallel to existing structures, resulting in administrative burden and missed opportunities for synergy.

Lastly, constraints at country level and limited dedicated resources to support uptake and integration from the regional level contributed to a reduced ability to incorporate the Component.

Overall, the **Global Component was found to have demonstrated the potential of centrally provided thematic expertise and tools to accelerate systems change** but at the same time also highlighted the need **across the IFRC network for clearer demand-driven design, stronger regional support roles, and better integration into national plans and NS led processes.**

## **2. Stakeholder engagement and membership coordination**

Both the configuration of the roles and responsibilities of each of the partners of the PPP (DG ECHO, EUNS HQ and country level, the IFRC Secretariat and file holders, and the NS), as well as the challenge of establishing appropriate working modalities generated both innovative practices on one hand and significant stress points on the other. Overall, the IFRC's convening role was found to have been strengthened: the PPP provided an opportunity to manage one of DG ECHO's largest grants on a global scale, to expand the IFRC's thematic capacities and to reinforce its normative function, especially in areas such as disaster law and recognition by national authorities of the auxiliary role of the National Societies. Many NSs at country level became more visible and influential in national coordination spaces and with government counterparts, bolstering their profile as "partners of choice."

However, the roles, responsibilities and working modalities intended to be used across levels were found to be only partially fit for purpose. In the contexts where NS leadership was strong and the partners aligned behind nationally defined priorities, coordination arrangements worked relatively well, while in contexts where the roles and mandates of respective partners were unclear or contested, the PPP model became cumbersome and fragmented. While the EUNS did add technical depth, their divergent administrative and financial systems - and occasional competitive behaviour - undermined coherence and created a heavy transactional burden for implementing National Societies. In turn the IFRC's added value was perceived by partners as high at strategic and normative levels, but more limited at country level, especially where regional structures were under-resourced and/or bypassed by direct communication between headquarters and field actors.

The PPP did significantly advance NS engagement as auxiliary actors to external stakeholders; many NSs leveraged PPP support to gain formal recognition in laws, policies and sector frameworks, to assume co-lead roles with government in disaster management and health, and to participate more centrally in national planning processes. This was a major contribution to localisation and systems change, even if internal coordination challenges within the IFRC network sometimes diluted the overall coherence of the PPP model.

## **3. Locally led approaches and alignment with localisation ambitions**

The PPP both conveyed and operationalised a strong commitment to localisation. A core performance benchmark—that at least 70 percent of programme funds should be managed and implemented by NSs—was met or exceeded in most of the contexts (such as South Sudan, Lebanon, Ecuador), demonstrating that many NSs can manage significant budgets within demanding donor compliance frameworks.

Many of the NSs used the PPP as an opportunity to institutionalise strategies, policies and operational systems that had previously been underdeveloped or fragmented in part due to the difficulty of securing funding for capacity building and institutional development, often processes with mid/long term horizons not covered in usual by project-based funding. This was the case particularly in areas such as climate and environment, community engagement and accountability (CEA), cash and voucher assistance (CVA), epidemic and pandemic preparedness, and digital transformation. As a result, multi-hazard contingency planning, anticipatory action triggers, community-based surveillance (CBS) and integrated risk management frameworks became more embedded in organisational practice for these NSs, helping them move from project-cycle based responses towards more predictable, systematised preparedness and response.

At community level, various mechanisms—feedback channels, participatory assessments and community-led targeting and planning—helped to ensure that interventions were more locally relevant and responsive, and that they strengthened trust and legitimacy between communities and National

Societies. In fragile and conflict-affected settings, where state legitimacy and/or presence was weak, this trust was found to be especially important.

Nevertheless, the evaluation found that localisation *in theory* was not always matched by localisation *in practice*. The NSs were found to have often lacked full decision-making autonomy over the allocation and use of resources, with key approvals retained by their partners. Complex and fragmented compliance systems required by EUNSS absorbed NS staff time and constraining the flexibility of the National Societies. In parallel, participation at community-level, while strengthened in many settings, remained uneven in terms of depth and level of influence. In some contexts, communities were consulted but not consistently engaged in co-decision on priorities and resource allocation.

In relation to the ambitions of DG ECHO for localisation as set out in its guidelines, there was convergence with the PPP as it channelled predictable, multi-year funding to local actors and in many cases formalised their roles in national systems. However, design issues, and compliance and residual control by some partners meant that the PPP did not fully realise the equitable NS partnership or inclusive participation aspirations intended.

#### **4. Programme delivery, systems fitness and sustainability**

On balance, the PPP demonstrated that many NSs have the institutional maturity and technical capability to deliver large-scale, multi-year programming when adequately resourced. Many NSs expanded operational readiness (warehouses, emergency operations centres, digital cash systems, early warning/early action mechanisms), strengthened internal management and governance systems, and, in some cases, integrated PPP-funded functions into core structures and budgets, signalling a deliberate move from “project add-ons” to institutional transformation.

However, the overall fitness-for-purpose of systems across the PPP was mixed. At country level, weaknesses in risk management, financial control and human resources created bottlenecks in some NS processes, necessitating further investment and support. At EUNS and IFRC levels, systemic challenges proved more significant as they limited the efficiency and localisation potential of the PPP. These challenges were primarily: the lack of harmonised administrative and reporting systems, slow contracting and approval processes, often inconsistent guidance, under-resourced regional structures, and centralised decision-making processes. The complexity and novelty of the PPP architecture often translated into delays, duplication and a high administrative workload, particularly for those NSs who had to reconcile different partner EUNS requirements.

Despite a later than intended start, sustainability planning did gain momentum over time. Stocktaking workshops and regional processes promoted the inclusion of sustainability and transition thinking in Year 3 plans, encouraging NSs to align PPP investments with longer-term transformation or National Society Development plans. Many NSs took steps to integrate PPP-established roles, systems and facilities into core structures and sought to diversify funding streams. However, the three-year timeframe was widely judged as insufficient to fully embed changes, and the initial optimism of the IFRC that the PPP or similar funding would be extended contributed to a delayed and uneven transition planning.

The transition back to competitive Humanitarian Implementation Plans (HIPs) marked a significant regression from the programmatic logic of the PPP. In several contexts, the end of PPP funding led to termination of staff contracts, withdrawal of assets and a re-emergence of fragmented, project-centred approaches and internal competition between partners. Where EUNSS and NSs proactively integrated PPP approaches into bilateral programmes, elements of the PPP model were preserved; where this did not occur, gains in coordination and systems thinking proved more vulnerable. This experience underlines that sustainable localisation requires just as much a continuity of structures and collaboration models continuity of funding.

#### **5. Impact and transformational change**

The PPP contributed to significant changes in systems, processes and approaches within the IFRC network, particularly at national and local levels. Many NSs strengthened their auxiliary role and institutional positioning, deepened engagement with government and sector coordination mechanisms, and improved their capacity to lead multi-sectoral, risk-informed programming. Response times were reduced in various settings through better preparedness, pre-positioning and digital tools, and cross-cutting issues such as climate and environment, cash, and CEA, became more structurally embedded in NS policies and practice.

For the IFRC Secretariat, the PPP simultaneously advanced and stress-tested its programmatic ambitions. It strengthened donor relations, expanded global technical capacity and drove reforms in grant management and internal frameworks. At the same time, the PPP exposed enduring challenges around clarity of the role of the IFRC, around decentralisation, and on internal coordination and the limits of system interoperability. The PPP can be said to have served as both a milestone and a mirror, highlighting how far the Secretariat and network have moved towards locally led, programmatic funding models at the same time showing how much further systemic reform is required to fully align structures and behaviours with localisation principles. Lessons from the PPP are already being applied in initiatives such as the Global Thematic Programmatic Partnership (GTPP), where there is a greater focus on streamlined compliance, clearer governance and institutional capacity strengthening.

## Summary conclusions

1. **Proof of concept for programmatic, locally led funding.** The PPP validated that multi-year, programmatic funding channelled primarily through a NS can drive substantial institutional and systems change when accompanied by appropriate support and aligned with national priorities.
2. **Structural misalignment between ambition and operating model.** The programme's localisation and integration ambitions were undercut by a complex architecture, competing mandates, fragmented EUNS systems and an ambiguous IFRC operational role, which collectively constrained NS autonomy and efficiency.
3. **Transformational change is context dependent.** The PPP generated transformational outcomes where there was a clear national demand, capacity and leadership, and where partners coordinated around NS-led strategies. In other contexts, it remained largely transient, resulting in incremental rather than systemic change.
4. **Sustainability requires early, system-wide planning.** Gains were strongest where NSs and partners integrated PPP investments into institutional frameworks and prepared for transition early. Short timeframes, reliance on external project funding and lack of a coherent transition strategy across the network limited the durability of outcomes elsewhere.
5. **Internal reform is as critical as external localisation.** Advancing localisation and systems change requires the IFRC Secretariat and EUNs to reform their own systems, behaviours and power relations. The PPP underlined that internal fragmentation and bureaucracy can undermine localisation even where funding and rhetoric are aligned.
6. **Monitoring frameworks must match the scale of ambition.** The absence of an overarching results framework and outcome-level indicators constrained the ability to demonstrate and learn from impact. Future partnerships of this scale need integrated M&E systems capable of capturing systemic change across multiple countries and stakeholders.

In overall conclusion, the evaluation finds that the PPP meaningfully advanced localisation, NS leadership and systems change, particularly in countries where PPP assets were closely aligned with local demand. The model could have been better integrated across the network had some design issues been more systematically addressed, and partnership arrangements and procedures better harmonised.

## Recommendations

The evaluation proposes six overarching recommendations for future programmatic partnerships and IFRC network-wide funding models:

1. **Clarify and institutionalise governance and operating models to align ambition with operational reality.**  
Future iterations of multi-level, multi-stakeholder and likely multi-annual programmes should formalise a clearer governance framework that defines roles, decision-making authority, and accountability at global, regional, and national levels. This framework should prioritise subsidiarity and practical alignment mechanisms.
2. **Strengthen IFRC network-wide coordination through a resourced and clearly mandated membership framework.**

Future multi-country, multi-level, and multi-stakeholder programmes should consolidate membership coordination under a single, well-defined framework that delineates the respective roles of the IFRC, EUNS, and country NSs in a transparent manner where all partners understand the purpose and can contribute to defining the processes.

**3. Expand National Society autonomy and further embed community participation into decision-making processes.**

Future PPP-type programming should strengthen the alignment between theory and practice by granting NSs greater authority over financial and strategic decisions within their nationally defined frameworks.

**4. Refine future partnership models to fully operationalise localisation aspirations.** Future PPP-type programmes should translate localisation policy into practice through a simplified, equitable partnership architecture that empowers NSs as primary decision-makers and fund managers.

**5. Reconfigure IFRC's operational role to enable a unified, streamlined, and localisation-consistent delivery model.**

In the appropriate context, IFRC should consolidate its global strategic strengths—conceptual leadership, thematic guidance, and financial oversight. This requires the creation of a single, harmonised framework for all partners from the outset, replacing fragmented EUNS and Secretariat requirements, and working with the donor to explore how to accommodate reporting requirement while minimising divergent instructions for the network partners.

**6. Institutionalise sustainability planning and transition frameworks from the outset to safeguard and scale programme gains.**

Similar programmes should embed sustainability and exit planning as core design features rather than end-phase activities, establishing clear transition benchmarks and accountability for each of the four sustainability axes—policy institutionalisation, government integration, community ownership, and financial readiness—within the first year of implementation. Programming phasing should account for long-term financing instruments, such as pooled or multi-year funds, supporting NS efforts to achieve predictable income and financial autonomy

# 1. Introduction

## 1.1. Background

The Pilot Programmatic Partnership (PPP) between the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the Directorate-General of European Civil Protection and Humanitarian Aid Operations (DG ECHO) was a highly innovative programme implemented over three years with a global geographical scope that included twenty-five (25) National Societies (NS) across Africa, Asia Pacific, MENA, Europe and the Americas. These 25 National Red Cross Red Crescent Societies were partnered with thirteen (13) European Union National Societies (EUNS) in addition to country/cluster/regional delegations of the IFRC<sup>3</sup>.

The geographical scope of the PPP extended to 25 countries across five regions as follows:

- **Africa:** Burkina Faso, Cameroon, Chad, the Democratic Republic of the Congo (DRC), Congo Brazzaville (from Year 2), Eswatini, Madagascar, Mali, Niger, Somalia, South Sudan, Uganda and Zambia<sup>4</sup>.
- **Américas:** Ecuador, El Salvador, Guatemala, Honduras and Panamá<sup>5</sup>.
- **Asia-Pacific:** Bangladesh and Cambodia (year one only)<sup>6</sup>.
- **Europe:** Kyrgyzstan and Tajikistan<sup>7</sup>.
- **Middle East and North Africa:** Lebanon, Palestine, and Yemen<sup>8</sup>.

The PPP involved the NSs of the 25 countries listed above - covering all five IFRC regions - with the 13 EUNSS working in a support role in the countries/regions, in addition to IFRC stakeholders at global, regional, and country levels. In terms of partnerships, DG ECHO has its primary office in Brussels and Technical Advisors (TA) in a majority of the 25 countries (some TA covered from a regional office, while others covered multiple countries from one country office).

The PPP was designed to make a concrete and large-scale contribution to the ambitions expressed in DG ECHO's Disaster Preparedness guidance<sup>9</sup> and complement the objective of '*supporting preparedness interventions to strengthen the capacity of in-country preparedness and response systems to act as locally and early as possible, by ensuring integration with sub-national and sub-regional disaster risk management systems.*'

The PPP was officially launched on 1 April 2022 and was intended to run until 31 March 2025 with a budget of EUR 205M. A six-month inception phase involving ten NSs took place prior to formal programme launch, from September 2021-March 2022, to test the concept and begin to assess the needed coordination and cooperation arrangements. A Mid-Term Review (MTR)<sup>10</sup> was conducted in 2024 covering the period 1 April 2022 to 31 March 2024.

A three-month no-cost extension was granted by DG ECHO to extend the programme completion date to 30 June 2025, with a four-month reporting period of July-October 2025. All of PPP's activities are founded on the IFRC Strategy 2030, and the strategic priorities and targets are highlighted in IFRC's Plan and Budget 2021-2025<sup>11</sup>, as agreed with DG ECHO, to ensure a strategic approach to programming.

The overall programmatic objective of the PPP was to ensure communities and individuals are taking action to anticipate, prepare for, and respond to and recover from humanitarian and health crises. Central to the PPP was its Theory of Change (ToC) that focused on five Pillars aiming to enable the strengthening of NS' auxiliary role and operational capacity. The five pillars were:

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3 More information on this programme, its partners and its reach in 25 countries can be found at: <https://www.ifrc.org/get-involved/partner-us/multilaterals-and-international-financial-institutions/programmatic>

4 DRC, Niger, Somalia, Uganda were included in the MTR

5 Ecuador and Panamá were included in the MTR.

6 Bangladesh was included in the MTR.

7 Kyrgyzstan was included in the MTR.

8 Yemen was included in the MTR.

9 [https://ec.europa.eu/echo/files/policies/sectoral/dg\\_echo\\_guidance\\_note\\_-\\_disaster\\_preparedness\\_en.pdf](https://ec.europa.eu/echo/files/policies/sectoral/dg_echo_guidance_note_-_disaster_preparedness_en.pdf)

10 <https://www.ifrc.org/media/54452>

11 <https://www.ifrc.org/sites/default/files/Plan-and-Budget-promo-doc-FINAL.pdf>

- Pillar 1: **Disaster preparedness and response**: Communities, NSs and disaster risk management (DRM) institutions are prepared to effectively anticipate, respond, and recover from the impact of evolving and multiple shocks and hazards.
- Pillar 2: **Epidemic and pandemic preparedness and response**: Communities, NSs and other key stakeholders, are better prepared to prevent, detect, and respond to epidemics.
- Pillar 3: **Supporting people on the move**: Displaced persons and migrants in vulnerable situations have access to humanitarian assistance and protection in a safe, accountable, and participatory manner.
- Pillar 4: **Cash and voucher assistance (CVA)**: People affected by crises and disasters have their basic needs met through multi-purpose cash assistance that is timely and adequate.
- Pillar 5: **Risk communication, community engagement, and accountability**: People and communities, vulnerable to, and affected by humanitarian and public health crises, are able to actively participate in decisions affecting them.

In addition, the PPP framework included *five cross-cutting areas*: **Anticipatory Action, Climate-smart programming, Environmental sustainability, Legal frameworks, and Digital transformation**, and sought to have an impact on broader humanitarian sector objectives through a concerted focus on:

- *Localisation of aid*: centred on NS' priorities, needs, and capacities.
- *Coordination*: demonstrating cohesive structures, mechanisms and processes whereby IFRC network-wide action can be a catalyst and create sustainable linkages with other actors.
- *Accountability*: creating fit-for-purpose standards for planning, monitoring, and reporting – which institutionalises transparency, a result-based approach and shared responsibility, complementarity of roles
- *Nexus approach*: constituting the backbone of preparedness and resilience by creating synergies and common goals across short-term emergency response programme and longer-term development actions.

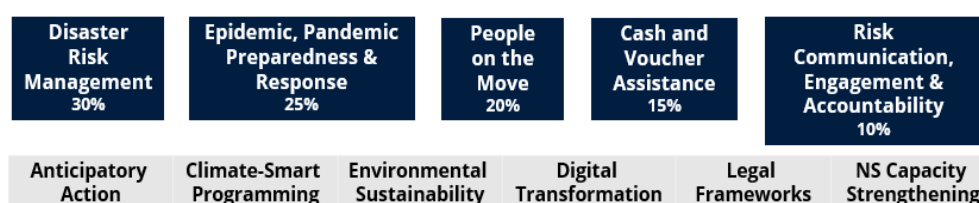
The non-programmatic PPP objectives were manifold:

- To deliver on the localisation commitments of the Grand Bargain<sup>12</sup>.
- To match field realities of protracted crises with longer term predictable funding, facilitating actions and processes with greater impact; and the necessary time.
- To leverage the global IFRC network capacities and unique access to people and communities.
- To contribute to the ambitions of the European Union (EU) to become the biggest donor for international aid in the world and towards IFRC Strategy 2030.
- To increase efficiencies through economies of scale i.e. not a collection of projects.
- To support implementation of the IFRC network-wide Way of Working (NWOW), through a concrete joint initiative of the IFRC, EUNS with DG ECHO Certification and NSs of countries of implementation.

## 1.2. The Global Component

The PPP also incorporated the **Global Component (GC)**, in order to further strengthen the quality, efficiency and effectiveness of the actions being implemented in the 25 countries and to seek alignment among countries on a technical level.

### The Programme - showing the Global Component and the cross-cutting issues



The GC is grounded on existing IFRC thematic/sectoral strategies, approaches and tools, and technical resources across the five Pillars of action and the cross-cutting issues. It also reflects IFRC efforts to ensure an integrated and systemic approach to reinforcing local action by its members, which requires

<sup>12</sup> <https://interagencystandingcommittee.org/grand-bargain>

NSs to be strong institutions, well placed in their domestic environment and with ability to deliver and partner with others. Through a multi-pronged approach, the GC also facilitates tailored and contextual integration of the cross-cutting issues mentioned above and highlighted in the PPP ToC (Anticipatory action, Climate smart programming, Environmental sustainability, Legal frameworks, NS capacity strengthening and Digital transformation: and at the end of Year one PGI was also included).

At the close of the PPP in July 2025, an evaluation team (ET) was commissioned to undertake the work outlined in the Terms of Reference (ToR) contained in Annex 1. The ET comprised two external consultants (one team leader/one team member); and one IFRC data management expert.

## 2. Evaluation purpose and objectives

### 2.1. Purpose

This final evaluation aimed to assess the overall performance of the PPP; evaluate the achievement of intended programme objectives; and identify lessons learned and best practices to inform sustainability in its approach, both at field and global level. Additionally, the evaluation sought to examine the working modalities within the partnership and assessed any changes influenced or delivered. Insights from previous reviews have been integrated when pertinent.

### 2.2. Evaluation objectives and key inquiry lines

The overarching objectives of the evaluation were to consider:

1. How the PPP delivered on the objectives it set out to achieve.
2. What were the successes of the PPP that could be institutionalised for future programming and partnerships at all levels of the IFRC Network.
3. From the perspective of key stakeholders (country NS, EUNS, ECHO, IFRC, national entities), whether the PPP enabled the strengthening of NS’ auxiliary role and both its operational and organisational capacities.

The following specific themes and questions served to guide the evaluation and were drawn from those listed in the ToR and refined and validated during the inception phase:

Table 1: Evaluation themes and questions

Evaluation themes and questions
<p><b>Stakeholder Engagement</b></p> <ol style="list-style-type: none"> <li>1. Were roles, responsibilities and working modalities at the different levels of the PPP fit for purpose? How have these roles prepared for the transition and eventual closure of the programme?</li> <li>2. What good practices and challenges in membership coordination have emerged from this programme? What lessons may be learned for the future?</li> <li>3. How has the PPP contributed to the engagement with external stakeholders including government and non-government actors, and in line with NS’ auxiliary role (and efforts to strengthen systems at different levels)?</li> </ol>
<p><b>Programming with a Locally Led Approach</b></p> <ol style="list-style-type: none"> <li>4. How well did the programme continue to align with the needs, priorities, and leadership of the Host National Societies and the communities they served?</li> <li>5. To what extent were the programme objectives and activities aligned with DG ECHO’s localisation ambitions and relevant policies?</li> <li>6. What progress can be observed in advancing locally led humanitarian action and strengthening of leadership and institutional capacities of the country NS?</li> <li>7. What steps have been taken to sustain these gains beyond the programme’s end?</li> </ol>

### **Programme Delivery and Sustainability**

8. Were NS and their partners' systems fit for purpose in supporting the implementation of the PPP?
9. How has the IFRC Secretariat changed its modalities of working (process, procedures, etc) in view of the PPP?
10. To what extent have exit strategies and sustainability plans been developed and effectively implemented in all participating countries and IFRC Secretariat building on what was learned from the PPP?
11. How well-equipped now are the NS and their local partners to build on the technical, operational, and financial support received through the PPP?

### **Impact and Transformational Change**

12. To what extent did the PPP contribute to changes in systems, processes, and approaches that shaped how the IFRC network's humanitarian response is coordinated, planned, and delivered at local, national, and regional levels?
13. To what extent was the Global Component fully integrated into the PPP and what challenges were faced?

Additionally, the evaluation sought to draw on insights and evidence from work conducted across the five programmatic Pillars to assess linkages to overall programme objectives and the broader localisation and systems change efforts.

In view of the global nature of this programme in a membership organisation, it was not possible to fully include the voices of all stakeholders in this evaluation, nor to measure the humanitarian outcome from the perspective of the affected population, given that the evaluation is both 100% remote and time limited.

A representative sample of 12 PPP countries (50% of the total and including 8 that featured in the MTR) and stakeholders (IFRC, NS and field partners, EUNS, ECHO) at different levels were selected based on defined criteria that considered programmatic coverage, operational diversity, and thematic relevance. The global component of the PPP was also included, represented by a group composed of Steering Committee members, IFRC Management and Thematic Leads, to complement and build upon findings from previous exercises such as the MTR and the Future of PPP assessments.

The primary audience for the evaluation is the IFRC network and DG ECHO. This final evaluation report will inform decision makers on future operating modalities and implementation opportunities.

## **3. Evaluation method**

The evaluation used a mixed methods approach combining a literature review, semi-structured interview and case study development (see 3.1. below) supported by an Artificial Intelligence (AI) powered research approach (see 3.2 below).

The purpose of the desktop study was to obtain background and contextual information for this evaluation and support the development of the 12 country case studies (Volume I<sup>13</sup>). The evaluation bibliography can be found at Annex 2.

A relevance-based sampling approach was used to identify key informants (KIs) with knowledge/insights into strategy implementation and data monitoring processes. KIs were selected according to three categories: Country (e.g. all PPP partners on the ground in the selected contexts), Strategic/Operational (e.g. Regional/thematic file holders), and Global (e.g. IFRC and ECHO management, members of PPP Steering Committee). A total of 75 KIs were interviewed for the evaluation. The sample size was considered comprehensive for evaluation purposes.

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<sup>13</sup> Case studies run to 80 pages and are therefore contained in a separate volume to this report rather than an annex.

Semi-structured interviews were used as the primary data-gathering approach. Key informant Interviews (KIIs) were conducted virtually by Teams in English, French or Spanish and auto transcribed. Transcriptions were converted into WORD documents and uploaded to AirTable for analysis. The interview question sheets (per stakeholder category) are contained in Annex 3.

### 3.1. Case study development

The evaluation adopted a *descriptive* case study format<sup>14</sup>. Twelve (12) country cases were selected to represent a sufficient sample size for rigorous qualitative cross-case comparison<sup>15</sup>. The approach allowed for depth (sufficient richness); breadth (variation across multiple contexts); and comparability (enough cases for identifying consistent patterns and/or contrasting findings)<sup>16</sup>. See Table 2 below.

Table 2: Country case studies

Case country	Range	LEUNS	Support EUNS
BGD - Bangladesh	Asia-Pacific	German RC	Swedish RC, Danish RC
BFA - Burkina Faso	Africa	Belgium RC	Luxembourg RC, Spanish RC
DRC - Democratic Republic of Congo	Africa	French RC	Luxembourg RC, Spanish RC
SSD - South Sudan	Africa	Danish RC	Netherlands RC
UGA - Uganda	Africa	Netherlands RC	Austrian RC, Belgium RC
MDG - Madagascar	Africa	German RC	French RC, Luxembourg RC
ECU - Ecuador	Andean	Spanish RC	German RC, Italian RC
GTM - Guatemala	Central Americas	Spanish RC	German RC
HND - Honduras	Central Americas	Spanish RC	German RC, Italian RC
LBN - Lebanon	MENA	German RC	Norwegian RC
YEM - Yemen	MENA	Danish RC	Norwegian RC, German RC
KYR - Kyrgyzstan	EUR	IFRC (previously GRC)	Italian RC

Each case study was organised according to the four evaluation themes: Stakeholder Engagement; Programming with a Locally Led Approach; Programme Delivery and Sustainability; and Impact and Transformational Change. This ensured consistency across the multiple cases and provided a framework for the cross-case analysis. Before each case study finalisation, each case was submitted to

14 They primarily describe what has happened or is happening, and why, and help illustrate the strengths and limitations of a particular initiative. See: [World Bank. \(undated\). Case Study evaluations. Washington, D.C.](#)

15 The sampling approach is detailed in the Inception Report.

16 Source: Robert K. Yin. (2014). Case Study Research Design and Methods (5th ed.). Thousand Oaks, CA: Sage.

an in-country PPP focal point for checking and validation<sup>17</sup>. A cross-case comparison (Volume I p.70) was produced as a means of contributing to the main findings, analysis and report write-up.

### 3.2. Application of NotebookLM and AirTable CoPilot

The evaluation used NotebookLM, an AI-powered research assistant<sup>18</sup>, in conjunction with AirTable, a cloud-based data management platform<sup>19</sup> (from here on referred to as the 'data tool') to support the analysis and synthesis of the country-level documentary data sets (country reports covering Years 1-3) and corresponding information obtained through key informant interviews.

The data tool ensured the evaluation adopted a robust, transparent, and scalable workflow that strengthened the methodological rigour of the evaluation approach, particularly given its remote nature, multi-country scope and data magnitude. The tool also enabled the ET to triangulate AI-supported analysis with evidence from KIs and additional documentation, thus ensuring the final findings and analysis are well-grounded and of utility to users.

NotebookLM was employed to conduct structured analysis of each selected country report as a key supporting feature of the evaluation literature review; the ET uploaded documents (relevant to each country), and posed targeted prompts (see Annex 4) aligned to the themes of the four evaluation inquiry lines: (i) stakeholder engagement; (ii) Programming with locally led approach; (iii) Programme delivery and sustainability; and (iv) effectiveness and transformational change. This enabled efficient extraction of relevant information, pattern identification, and thematic synthesis across a large volume of unstructured textual data.

The insights generated from NotebookLM were further processed and systemised using AirTable<sup>20</sup>. This approach enhanced version control and facilitated ET collaboration. Each country's insights after being synthesised and revised to ensure coherence and comparison across the case studies, was developed into a descriptive case study following a standard template leading to the contents of Volume I.

### 3.3. Risks, limitations, and mitigation measures

An initial risk limitation analysis highlighted several risks to securing the evaluation objectives. However, the ET did not experience any major issue with the exception of Issue 4<sup>21</sup> as it proved complicated to identify and/or enter in communication with representatives of national authorities (only in 2 of the 12 country contexts did such a KI take place). The ET considers that this does not significantly impact the evaluation's findings.

## 4. Findings

This section of the report presents the main evidence and findings arising from the evaluation. Findings were based on analysis of multiple sources identified in the Evaluation Matrix (see Inception Report). The approach to analysis and triangulation was a process of corroboration between the various data sources – literature, key informant view/perceptions) and case studies, supported by expert opinion.

For ease of reading, the findings follow the sequence of questions in Table 1 above, except that the PPP Global Component is presented first to set the context and provide background for the rest of the analysis.

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17 To ensure each case was factual, reliable, accurate, representative of PPP outcomes and partner contributions.

18 NotebookLM is an AI-powered research assistant developed by Google, designed to augment knowledge management by enabling users to interact with their own documents through natural language queries. The tool leverages Google's Gemini models to provide grounded, citation-supported responses based strictly on user-provided content.

19 AirTable is a cloud-based collaborative platform that combines the functionality of a spreadsheet with the power of a relational database

20 AirTable combines the functionality of a traditional spreadsheet with the power of a relational database and served to organise, manage, and store extracted qualitative data, link findings across documents and evaluation themes, and support coding and tagging aligned to the evaluation matrix.

21 Issue 4: "National Authority KIs may be unavailable, unwilling or unable to talk with the ET".

## 4.1. The Global Component: Pillars and cross-cutting issues

The Global Component was a distinct aspect of the PPP relating to the global, functional and technical responsibilities of the IFRC. The Global Component was intended to support both the PPP countries and by extension the entire IFRC network through the provision of guidelines, tools, and other methods. To ensure impact at scale, the IFRC intended the Global Component to leverage the collective expertise, experience and assets of the IFRC network that were defined as key drivers of success in the Theory of Change. The Global Component of the PPP aimed at increasing coherence across regions and fostering collaboration among National Societies by promoting learning, innovation, and knowledge exchange and contributing to the drive for stronger preparedness, response, and recovery. Global file holders were tasked with leading the development and use of tools and policies, ensure coherence across contexts and provide technical support when required and requested.

With specific reference to the PPP, the role of the Global Component was to facilitate the tailored and contextual integration of the five Pillars of action (1. Disaster Risk Management, 2. Epidemic/Pandemic Preparedness and Response, 3. People on the Move, 4. Cash and Voucher Assistance, and 5. Community Engagement and Accountability) and the cross-cutting issues highlighted in the PPP's Theory of Change (Anticipatory action, Climate smart programming, Environmental sustainability, Legal Frameworks and Digital transformation) so as to ensure that the PPP was only not aligned with but actually contributed to the IFRC Plan and Budget flagships and targets.

The availability of global resources did not guarantee use, but where National Societies chose to embrace them, results were transformative.

In practice, however, the extent to which this occurred varied significantly across the respective cross-cutting issues, Pillars, countries, and structures. Illustrative examples are provided below and expanded upon throughout the entire Findings section to repeatedly demonstrate the inter-connectivity of the Global Component and its influence and reach throughout and across the programme.

### 4.1.1 Anticipatory Action

Anticipatory Action provides one of the strongest examples of the Global Component's potential to generate network-wide impact while also embedding change at the country level. Globally, the Component funded a competency-based learning framework and developed an e-learning course that reached a wide audience, alongside regional face-to-face training. These resources created a shared foundation across NSs, strengthening technical alignment on anticipatory approaches.

The case of *Bangladesh* is one of the strongest illustrations of how global investment can translate into transformational local outcomes. The PPP supported a feasibility study and pilot testing of early actions for heatwaves. This global-to-local linkage was considered a 'game changer', with the government of Bangladesh subsequently recognising heatwaves as a climate-induced hazard and committing to developing a national Early Action Protocol. This demonstrated a direct, traceable line from the global thematic push to tangible policy change at national level. In this example integration was not only achieved, but was demonstrably impactful, showing the potential of the Global Component when global priorities intersect with local needs and government agendas.

### 4.1.2 Climate Smart Programming

The PPP made substantial contributions to strengthening climate-smart programming within the IFRC network. Early efforts focused on building foundational awareness and capacity through learning plans, webinars, and regional workshops that equipped National Societies with the skills to lead climate risk assessments and integrate sustainability considerations into their operations. This momentum was reinforced by an expansion of IFRC's own technical capacity, including the recruitment of specialised global staff, which enabled more consistent and technically grounded support across regions.

Regional trainings on the Climate Smart Programmes and Operations (CSPO) and Climate Smart Livelihoods (CSL) tools helped National Societies deepen their understanding of climate-smart

methodologies, while the launch of the Climate Action Journey<sup>22</sup> marked a major step toward systematising scalable, locally led climate action. Co-developed training materials and joint facilitation with the IFRC Climate Reference Centre ensured cross-sectoral collaboration and consistency in technical quality. Climate risk assessments conducted across a wide range of contexts directly informed programme design and contributed to new donor-funded initiatives. The rollout of specialised CSL training and the application of CSPO methodologies in diverse settings strengthened community-level adaptation and shaped broader livelihood and resilience programming.

#### 4.1.3 Environmental Sustainability

Environmental sustainability was another notable area of successful integration. At the global level, the component developed an Environmental Policy Toolkit, Green Logistics Guide, translated a Green Response Quick Guide, and promoted environmental screening tools such as the Nexus Environmental Assessment Tool (NEAT+)<sup>23</sup>. These tools became a common reference point across multiple regions. The Global Component supported the dissemination of the Preparedness for Effective Response (PER) approach, resourced dedicated staff, and ensured cross-cutting links with cash approaches and health. Importantly, it integrated climate and environmental considerations into PER tools, modernising what was already a widely adopted approach.

Integration was particularly effective in the *Americas*, where the regional Reference Centre for Disaster Preparedness (CREPD)<sup>24</sup> acted as a champion. In Honduras, Panama, and El Salvador, environmental sustainability was embedded into the PER process, with NEAT+ piloted successfully. This regional championing created a spillover effect, demonstrating how the Global Component could reach beyond PPP countries.

In *Africa* one example of a strong link between global inputs and national innovation is that of Uganda: exposure to the environmental sustainability theme informed the NS's development of a 'Go Green' policy, its exploration of carbon markets as a financing mechanism, and introduction of the Global faecal sludge management initiative<sup>25</sup>. This is significant because it shows integration beyond technical guidance—including exploring innovative financial planning that could enhance long-term sustainability.

#### 4.1.4 Legal Frameworks

The Legal Frameworks component is another example of where resources at global level were successfully assimilated at the local level. Globally, a Massive Open Online Course on Disaster Law<sup>26</sup> was designed and produced along with a policy template and a practical guide for National Societies.

Unlike other themes, a large proportion of funds for Legal Frameworks were transferred to the regional level, which allowed for more tailored country support – a strategy that yielded concrete results. In *Kyrgyzstan*, PPP support helped finalise bylaws necessary to operationalise an International Disaster Law previously adopted but not yet functional. In *Panama*, the Global Component contributed to the passage of a new Red Cross law, strengthening the auxiliary role of the National Society. Similarly, in *Ecuador* and *Honduras*, progress was made toward stronger recognition of their auxiliary roles. This suggests that integration was most successful when resources were decentralised and regional structures had both funding and authority to contextualise global products for national application.

#### 4.1.5 Digital Transformation

Globally, the Component conducted Digital Maturity Assessments in multiple countries, including *Honduras*, *Burkina Faso*, and *Yemen*. These assessments provided tailored roadmaps for digital development. The impact in some contexts was significant, suggesting that global assessments coupled

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22 Launched at the Kenya workshop in March 2024, the Climate Action Journey is now implemented in over 40 National Societies with support from 6 donors. Creating opportunities for cross sectoral collaboration for development and field testing of training materials.

23 <https://reliefweb.int/report/world/nexus-environmental-assessment-tool-neat-enesfr>

24 The general objective of CREPD is to assist the components of the Red Cross and Red Crescent Movement in strengthening the capacities of NSs in disaster preparedness, through the development of methodologies, tools, learning techniques and harmonization processes, considering the expertise and best practices of the National Societies themselves, and under the coordination of the Federation's Regional Office for America.

25 The Global faecal sludge management initiative was led by the Austrian RC. It combined global technical work (with global component budget) that started in the PPP inception phase and continued for 3.5 years, with field level testing in Uganda in a refugee context (under Uganda country plan). The project was the single biggest budget line in the global component and which the IFRC sub-granted to the Austrian RC thus representing a good example of IFRC and EU-NS collaboration at global level.

26 <https://disasterlaw.ifrc.org/training>

with technical follow-up can drive systemic change. In other contexts, however, digital transformation remained aspirational, with assessments conducted but limited follow-up made due to limited available resources or expertise. As with other themes, success often depended less on the existence of global tools and more on local will, capacity, and leadership.

#### 4.1.6 Pillar 1 - Disaster Risk Management

Pillar 1 represented both the largest investment area and the clearest expression of DG ECHO's localisation and resilience-building ambitions within the PPP. The overarching aim was to strengthen disaster preparedness and risk reduction capacities NSs, while embedding early warning, anticipatory action, and community-led resilience into national systems. Through the integration of the PER approach, risk mapping, and contingency planning, NSs across Africa, Asia-Pacific, and MENA improved their operational readiness and ability to lead coordinated responses.

Evidence from across regions shows that the PPP's DRM interventions achieved substantial progress in institutional capacity, community preparedness, and risk governance. The global learning products developed under Pillar 1—standardized training packages, online learning modules, and DRM toolkits—strengthened coherence across regions and facilitated replication. As an illustrative example of EUNS support provided through Pillar 1, the [German Red Cross](#) engaged in training, technical accompaniment, and knowledge exchange related to Forecast-based Financing (FbF) and Anticipatory Action that allowed NSs to institutionalise pre-emptive response frameworks.

The integration of CVA (see Pillar 4 below) and anticipatory financing mechanisms under Pillar 1 added a critical dimension of flexibility and dignity to humanitarian response. Crisis modifier funds were deployed in several countries, including [South Sudan](#) and [Uganda](#), enabling immediate action in response to floods and disease outbreaks without disrupting longer-term resilience activities. This flexibility allowed NSs to demonstrate agility, reinforcing community trust and visibility within national response systems.

At the **community level**, the PPP deepened resilience through inclusive disaster risk reduction (DRR) initiatives. Thousands of volunteers were trained in first aid, early warning systems, and community-based disaster preparedness. The formation of community disaster management committees (CDMCs) and local emergency response teams ensured that preparedness was locally owned. Institutionally, the PPP's investment in DRM catalysed **significant systems strengthening within NSs**. Many developed or updated Standard Operating Procedures (SOPs) for emergency operations, introduced digital information management tools, and improved coordination with government disaster agencies.

While some NSs struggled to operationalise anticipatory mechanisms due to weak forecasting capacities or delays in national policy adoption, the PPP demonstrated that multi-year, programmatic investment in DRM yields measurable gains in preparedness, coordination, and local leadership. It shifted NSs from being primarily responders to recognised actors in **national disaster risk governance**, directly influencing policies, such as South Sudan's National Disaster Management Law and Bangladesh's recognition of heatwaves as a climate-induced hazard.

#### 4.1.7 Pillar 2 – Epidemic and Pandemic Preparedness and Response

Pillar 2 of the PPP focused on strengthening the capacity of NSs to prepare for, detect, and respond to epidemics and pandemics in coordination with national health authorities and humanitarian partners. The Pillar reflected DG ECHO's emphasis on health system resilience and the IFRC network's commitment to building sustainable public health preparedness as a core humanitarian function.

Across regions, the PPP transformed epidemic preparedness from a reactive, project-based activity into an **integrated, system-wide capacity**. It enabled NSs to build operational readiness for health emergencies, institutionalise community-based surveillance, and formalise collaboration with Ministries of Health. As an example of EUNS support under Pillar 2, the Danish Red Cross offered consistent guidance on epidemic control, health communication, and infection prevention. This guidance was adapted for use across multiple contexts and was grounded in existing IFRC tools.

Importantly, the PPP's multi-year structure allowed NSs to invest in **institutional systems**, rather than short-term outbreak projects. Several NSs developed national epidemic contingency plans, SOPs for rapid response, and logistics frameworks for pre-positioning personal protective equipment (PPE) and

hygiene kits. The [Lebanese Red Cross](#), for instance, established a dedicated Emergency Operations Centre and a medical logistics warehouse under PPP funding, ensuring continuous readiness for future health emergencies.

The PPP also supported **capacity transfer and professionalisation** within NSs. Technical training for staff and volunteers was formalised through standardised curricula on epidemic response, community health, and psychosocial support. In [South Sudan](#), a cadre of over 3,000 trained health volunteers was established, strengthening national surge capacity and integrating local actors into state-led response coordination mechanisms. However, many NSs struggled to maintain health preparedness capacities once PPP funding concluded, particularly where donor diversification was limited. Integration of epidemic preparedness into broader national health strategies was uneven, and in fragile or conflict contexts, continuity of trained personnel was a major risk.

Despite these challenges, Pillar 2 succeeded in **embedding epidemic preparedness into the institutional 'DNA' of many NSs**. It created the structures, human resources, and community linkages necessary for sustained health emergency response. By connecting community-based surveillance with national systems, and by equipping NSs with both technical and strategic tools, the PPP advanced DG ECHO's localisation and resilience agenda in one of the most operationally complex areas of humanitarian action.

#### 4.1.8 Pillar 3 - People on the Move

Pillar 3 addressed one of the IFRC network's most complex humanitarian challenges: protecting and assisting **migrants, displaced people, and host communities** affected by crises, conflict, and climate change. The pillar aimed to strengthen NSs capacity to provide principled, needs-based assistance along migration routes and within countries of origin, transit, and destination—while promoting social inclusion, protection, and safe access to services.

Across regions, the PPP elevated migration and displacement from a set of fragmented interventions to a **strategic, institutional priority**. It allowed NSs to develop coherent migration strategies, establish referral mechanisms, and integrate protection and inclusion within broader preparedness and response frameworks. The pillar also provided predictable, multi-year funding that enabled NSs to move from ad-hoc emergency support to programmatic service delivery—something rarely possible under traditional short-term grants.

The PPP enabled NSs to scale up **humanitarian service points**, mobile health units, and psychosocial support (PSS) for people on the move. mobile clinics and community health volunteers trained under the PPP. The predictability of PPP funding was critical: it allowed NSs to retain skilled staff, build trust with authorities, and ensure continuity of services along volatile migration routes. Pillar 3 also institutionalised **Protection, Gender, and Inclusion** (PGI) principles within migration programming. With technical guidance from the [Spanish](#) and [Danish Red Cross](#), NSs developed safeguarding frameworks and standard operating procedures for identifying and referring vulnerable groups—women, children, survivors of violence, and people with disabilities. The PPP's common framework also promoted coherence between humanitarian assistance, social inclusion, and disaster preparedness—recognising that migration vulnerabilities are often driven by the same shocks targeted under Pillar 1 (DRM) and Pillar 2 (Health).

Despite strong progress, structural challenges persisted. Many NSs still faced restrictive policy environments or limited access to migrants in detention and transit zones. Administrative fragmentation among EUNS created procedural complexity for implementing partners, sometimes slowing response or diverting attention from community engagement. Moreover, sustaining migration services after PPP funding proved difficult in contexts where alternative donor support was limited and where migration remained politically sensitive.

Nevertheless, the PPP built durable institutional and community assets. It professionalised migration programming across regions, expanded humanitarian access, and improved protection outcomes for vulnerable populations. Perhaps most importantly, it shifted the Network's narrative: migration is now seen less as an emergency trend to be managed and more as a long-term humanitarian reality requiring predictable, locally led systems of care.

#### 4.1.9 Pillar 4 - Cash and Voucher Assistance

The Cash and Voucher Assistance pillar stood out as one of the strongest examples of how a globally coordinated approach could generate tangible, locally owned outcomes across multiple NS. At its core, the CVA workstream aimed to mainstream cash readiness as an integral part of humanitarian programming rather than an ad hoc response modality. The Global Component financed the development and roll-out of IFRC's Cash in Emergencies Toolkit and supported regional training initiatives that strengthened staff competencies in cash feasibility assessments, market monitoring, and post-distribution analysis. It also advanced the integration of cash programming into broader preparedness and response frameworks, ensuring coherence with disaster management, livelihoods, and anticipatory action.

From a network-wide perspective, the CVA pillar significantly strengthened the IFRC's global technical coherence. Through the Global Component, regions could access common training materials, templates, and surge expertise, reduce fragmentation, and promote interoperability. This standardisation not only improved programmatic quality but also laid the groundwork for the Cash Hub's integration into country-level programming. The creation of shared tools and platforms, such as data management systems and pre-agreed financial service provider frameworks, reduced start-up time in emergencies and enabled NSs to act faster and more independently—a cornerstone of the localisation agenda.

In summary, the CVA pillar achieved what the PPP as a whole aspired to: turning a global investment into local capability. It built a foundation of technical excellence, digital readiness, and institutional autonomy that strengthened both the operational and strategic positioning of National Societies. More than just a technical achievement, it was a structural step toward a more localised, evidence-based humanitarian system where NS were not only ready to deliver cash assistance, but also to shape related policies and partnerships.

The Global Component successfully generated global public goods, facilitated communities of practice, and was a driver of change in specific contexts.

#### 4.1.10 Pillar 5 - Community Engagement and Accountability

Community Engagement and Accountability was elevated by the Global Component from a cross-cutting issue to a Pillar with guaranteed funding. This shift enabled the updating and translation of the Red Cross Red Crescent Movement Guide to CEA and associated toolkit, the update, creation and delivery of training packages, including those focused on community feedback and targeted at branch staff and volunteers, and the development of a community of practice which saw the delivery of peer learning sessions and operational guidelines and case studies. It also enabled CEA to be strengthened within other pillars including developing specific tools and training on CEA within CVA, PER and community early warning systems. Finally, the focus at the global level also facilitated that launch of two new initiatives aimed at supporting NS to adopt and track the institutionalisation of CEA within their organisation, including the CEA Ambassadors mentoring process and an annual global monitoring process and dashboard.

At the national level, NSs reported that CEA was becoming increasingly institutionalised through the development and adoption of formal policies and strategies<sup>27</sup>. However, a knowledgeable source informed the ET that only one NS had fully institutionalised CEA, although many others had nonetheless made significant, long-term improvements. In contexts where technical expertise was lacking either within the NS or the EUNS, CEA remained superficial, limited to suggestion boxes or feedback forms rather than systematic engagement. A mid-way CEA analysis by technical leads supported by KIIs also identified a number of key challenges with Pillar 5 that included NS not receiving the technical support and guidance they needed to institutionalise CEA; a fight for resources, rather than a focus on collaboration, meaning that IFRC support was often viewed with 'suspicion' at country level rather than incorporated into country plans; IFRC's limited influence at country; and the Pillar 5 budgets including many activities that were not related to CEA.

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<sup>27</sup> According to the latest country reports 22 NSs now have a CEA strategy, plan or policy in place.

#### 4.1.11 Global Component in practice

In the Americas, the environmental sustainability theme shows the power of a regional ‘amplifier’. The Global Component produced the toolkit and guidance; a regional reference centre then partnered with NSs in *Honduras*, *Panama*, and *El Salvador* to embed that content into PER processes and to pilot NEAT+. The ripple effects in *Panama*, *Ecuador*, and *Honduras*—new legislation, auxiliary role recognition—suggest that legal preparedness can be a shared foundation for many other themes when resourced and accompanied appropriately, either from technical leads at country level or from the IFRC global leads.

*Kyrgyzstan* demonstrates the value of pairing global legal resources with regionalised support and national follow-through. The move from ‘law on the books to bylaws in force’ is often the limiting step in disaster governance. The Global Component helped make international disaster law functional and thereby help facilitate future emergency operations.

The PPP’s CVA investments were designed to ensure that NSs could not only implement cash programming effectively but also own the systems and knowledge underpinning them. In countries such as *Lebanon*, *Honduras*, and *Bangladesh*, NSs used PPP support to establish digital beneficiary management systems, create cash SOPs, and conduct national-level cash readiness self-assessments. These tools enhanced traceability, accountability, and compliance—key factors in meeting donor standards and strengthening public confidence.

The Global Component’s CVA work also achieved policy-level outcomes. By equipping NSs with credible data and evidence on the effectiveness of cash modalities, it strengthened their engagement with national coordination platforms and donors. In several contexts, NSs became active contributors to inter-agency cash working groups, enhancing their influence in setting standards and leading joint responses. This marked a notable shift from implementer to convenor, reflecting both institutional maturity and donor trust.

In *Madagascar* and *Bangladesh*, the integration of climate-smart DRR—such as flood-resistant infrastructure, mangrove reforestation, and anticipatory heatwave planning—directly protected livelihoods and reduced vulnerability. These community structures not only enhanced safety but also created platforms for sustained local governance and accountability. In *South Sudan*, *Uganda*, and *Burkina Faso*, NSs developed multi-hazard contingency plans, pre-positioned emergency stocks, and created volunteer rapid response teams that reduced mobilization time from weeks to days.

In *Lebanon*, DRM investments led to the establishment of national coordination protocols with the Ministry of Interior and Municipalities, aligning Red Cross preparedness mechanisms with civil protection systems. Across the Americas (*El Salvador*, *Honduras*, and *Ecuador*), Climate-Smart DRR actions strengthened climate-resilient livelihoods through improving traditional infrastructure, climate-smart coffee production, innovative agroforestry and sustainable agricultural practices adapted to drought- and flood-prone areas.

Under the PPP, NSs such as those in *South Sudan*, *Uganda*, and *Burkina Faso* trained thousands of volunteers in epidemic control, community-based surveillance, and risk communication, forming community-level first lines of defence. In *Uganda*, the NS supported the government’s Ebola preparedness framework by integrating volunteers into official surveillance and contact-tracing systems. In *Burkina Faso*, epidemic readiness became institutionalised within branch structures through the development of a permanent Epidemic Preparedness and Response (EPR) unit, supported by digital data collection and reporting tools.

The PPP also helped NSs adopt a **multi-hazard, integrated approach**—linking health preparedness with climate-related and conflict risks. For example, in *Honduras* and *Bangladesh*, epidemic readiness was combined with WASH and vector control activities, while in *Madagascar*, cholera and cyclone preparedness were planned together through a single community resilience framework. This integration reduced duplication, improved coordination across sectors, and supported a shift from vertical (disease-specific) response to comprehensive public health preparedness.

In several countries, NSs took leadership roles in national migration task forces, aligning humanitarian and governmental responses. In *Ecuador* and *Honduras*, NSs co-chaired working groups with UNHCR and IOM, enhancing the complementarity of services and reinforcing their auxiliary status. In *Central*

*Asia*, Red Crescent branches strengthened coordination with border authorities to deliver health and protection support to returning migrants, combining humanitarian assistance with advocacy for humane treatment.

The *Burkinabè Red Cross* and *South Sudan Red Cross* integrated PGI into volunteer training, while the *Honduran Red Cross* established a national protection policy modelled on Movement standards but adapted to local realities. These developments represented a shift from protection as an add-on to protection as a **core operational standard**.

These cases are illustrative rather than exhaustive, but they clarify a constant: where integration of cross cutting themes and Pillars occurred, it often produced changes in standards, systems, or policy that outlasted project cycles, and the Global Component was most consequential when it enabled such structural shifts: the contributions of the Global Component did extend beyond the 25 PPP countries and aimed to benefit the entire IFRC network and influence global humanitarian policy.

A selective engagement created a disconnect between the global push for thematic integration and in-country implementation priorities.

From the *perspective of the IFRC Secretariat*, the Global Component was considered “incredibly important,” providing the necessary resources to advance global priorities such as Anticipatory Action. These themes were essential for positioning the IFRC as a global convener and for influencing the wider humanitarian sector.

Thematic outputs such as e-learning modules for Anticipatory Action, feasibility studies on Anticipatory Action and assessments of Disaster Law introduced critical areas the NSs might not have prioritised or budgeted for. It also facilitated the creation of dedicated global staff positions, such as the Global Lead for Anticipatory Action, who developed standardised guidance and training packages accessed by over 1,000 practitioners.

The result is not a single project win but a pattern of adoption across multiple countries, with knock-on effects beyond the PPP cohort.

The decentralisation of the Legal Frameworks funds to regional colleagues ensured direct support for NS implementation and reinforced an integrated global team approach. These outputs were designed for long-term use, signalling the IFRC’s commitment to institutionalising global learning.

#### 4.1.12 Limits and challenges

Success often hinged on whether the NS already possessed both the interest and the capacity to absorb global inputs, and whether the lead EUNS had the technical expertise to support them. Where these conditions were absent, the inclusion of the GC cross-cutting themes was limited to symbolic or superficial activities.

Moreover, inclusion was frequently perceived differently by different partners: from the perspective of the Global Leads, the Global Component was essential for producing tools and setting standards, while regional and country actors often saw it as distant, confusing, or irrelevant to immediate programme realities. This perception was compounded by a log frame that siloed themes and left little room in standard planning templates for cross-cutting budgets, thus reducing early ownership by those charged with implementation on the ground, and contributing at times to a misalignment between the global vision of integrated themes and the operational drivers required for planning, budgeting, and reporting. However, and in fair mitigation, the evaluation notes that the pillar approach was adopted to suit ECHO’s vertical “results” framing and a requirement to follow the ESsingle form format (and thus align as best as possible with ECHO’s results logic).

In addition, IFRC Regional Offices - usually the integrators of global guidance with local realities - reported feeling sidelined, lacking both mandate and resources to facilitate and support the local adoption of global themes. In practice, inclusion often depended on ad hoc relationships and personal initiative, rather than on a designed system that ensured global assets meet country demand at the right time in the programme cycle. This asymmetry explains why some regions acted as champions while others experienced the Global Component as distant or opaque. This said, and as highlighted earlier, the funding of regional capacity had a positive effect - and regions with the biggest number of countries (Africa and Americas) benefited considerably from additional capacity.

At the country level, the disproportionate time spent on compliance and financial control was also a limiting factor for the consideration and inclusion of global themes: country teams, already shouldering heavy administrative burdens, had little time to engage with thematic communities of practice or to absorb guidance that did not come with earmarked budgets and clear deliverables. The absence of a common digital workspace for grant management and budgeting increased transaction costs and slowed feedback loops, reducing the practical value of global technical advice as it was often delivered 'out of sync' with local planning windows.

Without funded regional technical roles to accompany adoption and monitor quality, Global Leads sometimes found themselves adapting to country plans rather than shaping them from the outset. This said, and again in fair mitigation, while IFRC regional teams did cover all areas that the PPP envisaged, they did not always have the additional capacity to closely follow PPP countries to ensure an accelerated adoption of newly developed guidance and tools. The evaluation notes that the trickling down of frameworks and guidance takes time in such a large network, and the PPP was an opportunity to accelerate this often-challenging process.

The **EUNS' engagement with the Global Component** was uneven and often contingent on their pre-existing priorities and operational strategies. In contexts where global themes aligned with EUNS mandates, integration was more successful. For example, the *German* and *Swedish Red Cross* aligned their technical support on CEA leveraging CEA's status as a standalone. Similarly, some EUNS embraced environmental sustainability themes in anticipation of evolving donor requirements, incorporating them into future proposals.

Power dynamics within the country consortium models added a final layer of difficulties. In several settings, the themes that were prioritised at country level mirrored the technical strengths and preferences of the lead EUNS, not necessarily the priorities of global themes or the longer-term institutional needs of the NS. Where the particular EUNS lacked expertise in a cross-cutting area such as Climate, implementation defaulted to superficial activities rather than institutionalisation. The result was uneven integration across the portfolio and a perception among some regional and country actors that the Global Component was "separate and unclear," even when its products were being used.

Moreover, many EUNS approached the Global Component selectively, prioritising core programmatic priorities such as epidemic preparedness over cross-cutting themes. In *Bangladesh*, for instance, the lead EUNS rarely requested regional technical support for global themes, focusing instead on health related interventions. Knowledge gaps further constrained integration, as some EUNS lacked a thorough understanding of specialised methodologies, such as Community-Based Surveillance (CBS), leading to deviations from intended activities. Language barriers also limited participation in global coordination forums, while entrenched "*business as usual*" practices meant that some EUNS continued to operate within traditional bilateral frameworks rather than embracing the PPP's collaborative ethos. These factors collectively undermined the depth and consistency of global theme integration at the country level.

## 4.2. Stakeholder engagement

This section of the report considers levels of Stakeholder Engagement and addresses the following evaluation questions:

- Were roles, responsibilities and working modalities at the different levels of the PPP fit for purpose?
- What good practices and challenges in membership coordination have emerged from this programme?
- How has the PPP contributed to the engagement with external stakeholders including government and non-government actors, and in line with NS' auxiliary role?

### 4.2.1 Roles, responsibilities and working modalities at the different levels of the PPP

For context purposes this section opens with a brief description of the PPP governance and management structure<sup>28</sup> and their various roles and responsibilities<sup>29</sup>.

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28 See further: Governance and Management structure of the PPP. Undated.

29 See further: PPP Delivery Model, Roles and Responsibilities and Financial Flows. May 2021.

At the global level, two bodies guided the PPP: an **External Steering Group and an Internal Steering Group**. The **Internal Steering Group** comprised of representatives from the IFRC, the EU and country NSs. **ECHO was part of the External Steering Group**. The External Steering Group met yearly, and the Steering Group met every two-months to set strategic direction and sustain high-level dialogue on the PPP. They were supported by a Global Grant Management Team (see below).

At the country level, a **Country Advisory Group**—composed of the country NS, the lead EUNS (as convener), the IFRC HoD, the ECHO TA, and, when relevant, government representatives—was established to steer country-level PPP priorities. A **Country Operational Coordination Group**—co-facilitated by the country NS and the lead EUNS, with the IFRC and involved EUNSs—was created to align these priorities with operations.

A **Global Grant Management Team** (a Grant Coordinator supported by PMER, finance, and administration) ensured grant compliance, implementation tracking, and reporting. Implementation was further supported by five thematic groups that provided analysis and technical expertise. **Regional Operational Coordination Forums**—bringing together the regional grant coordinator, deputy regional director, PRD/PMER/Finance/HDCC, lead EUNSs, country NS, IFRC strategic coordinators (which functioned as programme managers at cluster level<sup>30</sup>), and the IFRC HoD—issued guidance, shared learning, resolved challenges, and ensured accountability.

**The PPP’s governance and management structure highlighted the ongoing challenge of balancing strategic programme stewardship with operational delivery across the network’s multi-layered architecture.** The IFRC’s role as overall grant holder was designed to be one of strategic coordination and compliance oversight, ensuring cohesion among partners and alignment with DG ECHO requirements. Conceptually, this approach reflected the PPP’s vision of a partnership-driven, programmatic model in which the IFRC would act as facilitator rather than manager or implementer. In practice, however, the role at times proved difficult to operationalise consistently. In several contexts, particularly where EUNS held implementation lead, the IFRC’s added value was less clear: at times perceived to be detached from operational issues, at other times overreaching into day-to-day management to fill perceived gaps.

While EUNS leadership in specific programmatic pillars brought valuable technical depth it also complicated role boundaries. While their proximity to implementation allowed for greater contextual responsiveness, it sometimes blurred accountability when coordination mechanisms were weak or when EUNS engaged directly with donors and bypassed the IFRC or regional structures. **This dual dynamic of the IFRC oscillating between convener and ad hoc manager, and EUNS between partner and**

The intent was fit for purpose; the implementation suffered from insufficiently defined boundaries and communication protocols, especially early on when the programme needed a steady hand to translate design into practice.

**de facto lead generated inefficiencies and occasional duplication.** Parallel communication lines, including those running directly between EUNS and ECHO KIs at both HQ and TA levels struggling to see the IFRC’s value beyond a financial channelling function. The structure’s effectiveness functioned best where roles were clearly defined and mutually respected and faltered where these boundaries were contested or inconsistently applied.

**The effectiveness of the PPP’s partnership model depended heavily on the ability of all actors—EUNS, IFRC, and NSs—to coordinate their administrative and financial systems;** however, this proved a persistent operational weakness. The requirement for EUNS to retain their own compliance procedures, audit standards, and reporting formats (often at the behest of donors), resulted in a lack of harmonisation that placed a disproportionate burden on the National Societies. What should have been a coherent, unified partnership structure often devolved into parallel systems, which NSs described as a “true nightmare of double work” when having to reconcile documentation requirements across multiple partners.

**A more faithfully applied IFRC stewardship role could have mitigated these inconsistencies;** however, the Secretariat’s limited authority to enforce harmonisation meant that coordination relied largely on voluntary

30 Africa only.

alignment among partners—an area where motivation among EUNS was understandably limited. It is important to note that this lack of enthusiasm did not stem from resistance or unwillingness to cooperate, but rather from pragmatic constraints: in the main, EUNS were obliged to meet the donors complex and often rigid compliance obligations for which they were concerned not to deviate from, and which left little flexibility to adapt administrative systems for the sake of uniformity. Moreover, country-level attempts to standardise procedures—such as those undertaken in Honduras—failed to gain traction without strong HQ backing from the respective EUNS (at country-level there was a LEUNS and up to 2 other EUNS each providing specific support and thus having different requirements—a lack of harmonisation within country consortia that had a negative impact on the country NS). This highlighted a ‘structural gap’ related to the PPP’s roles, responsibilities and working modalities: while the IFRC carried the mandate for overall coherence, the EUNS retained operational and administrative autonomy that was rarely bridged by formal alignment mechanisms.

**The consequences of this structural gap extended beyond inefficiency.** The administrative complexity drained NS time and resources and led to diverting attention from programme delivery and community engagement. It also risked undermining the PPP’s localisation ambition, as NSs spent more effort meeting divergent partner requirements than exercising leadership over programmatic decisions. Where EUNS proactively coordinated among themselves and with the IFRC—aligning templates, timelines, and standards—efficiency gains and smoother delivery followed. Madagascar, Ecuador and Lebanon are examples of this alignment. However, such cases were the exception rather than the norm.

#### 4.2.2 Good practices and challenges in membership coordination

The PPP offered good practice lessons on both the potential and the limits of coordination within a complex network partnership. The IFRC’s position as overall grant holder enabled it to exercise strategic convening power and, in several instances, successfully align actors around shared goals. Its negotiation of significant waivers from DG ECHO, which reduced reporting burdens and permitted the use of internal tools, simplified compliance and demonstrated the Federation’s influence at the institutional level. The IFRC also led on key global cross-cutting themes such as Legal Frameworks and Anticipatory Action, producing tangible outputs such as draft DM laws and standardised training materials that benefitted the network as a whole. In certain regions e.g. Central Asia, the IFRC displayed adaptability by stepping into a leadership role following an EUNS withdrawal, thereby recentring the country NS and ensuring continuity in both compliance and delivery.

Another clear good practice element was the way in which EUNS brought highly professionalised technical and operational strengths to the PPP. Under the PPP’s global set up, the IFRC Secretariat established a **distributed leadership model** in which specific EUNS assumed technical leadership for key thematic areas. This arrangement was designed to leverage the comparative strengths of EUNS with established global expertise while ensuring coherence across the IFRC network. The GRC, for example, was a designated EUNS lead for Anticipatory Action and Epidemic and Pandemic Preparedness and Response (EPPR); with the Swedish Red Cross taking the lead on CEA and PGI, standardising community feedback mechanisms and safeguarding frameworks across regions<sup>31</sup>. Their mandates were not operational in the sense of direct field delivery but strategic and technical — aimed at generating, testing, and disseminating tools, guidance, and standards across the network. Both were meant to work under IFRC coordination, contributing to the PPP’s “global-to-local” model by ensuring thematic consistency, knowledge transfer, and capacity strengthening at regional and national levels.

Both GRC and DRC effectively demonstrated that delegated thematic leadership in particular contexts to capable EUNS can add significant technical depth and global learning value. Their expertise enhanced standardisation, capacity development, and the credibility of the IFRC network with DG ECHO and external actors. However, the evaluation established that thematic leadership by EUNS works best when paired with clearly defined mandates, harmonised coordination structures, and stronger integration within IFRC’s overall strategic framework.

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<sup>31</sup> In addition, the Spanish Red Cross provided leadership on CVA, supporting the development of cash delivery systems and digital beneficiary management tools. The Finnish Red Cross advanced Climate Smart Programming, integrating environmental and climate considerations into disaster preparedness tools such as PER. The British Red Cross contributed to Legal Frameworks and Disaster Law, helping formalise NS’ auxiliary roles through policy and legislative reform. The Belgian Red Cross, though not leading a technical pillar, played a key “accompanier” role in localisation and capacity strengthening, promoting equitable partnerships and reduced delegate dependency.

Another good practice element was the shared funding envelope that encouraged EUNS to coordinate more closely than in typical bilateral settings, fostering a greater degree of collective planning and inclusivity in decision-making.

However, membership coordination successes were at times counterbalanced by the persistent coordination and communication ambiguities identified in 4.2.1 above along with persistent structural and behavioural challenges. As noted earlier attempts to harmonise administrative and financial systems at country level routinely failed because EUNS headquarters were often unable to authorise deviations from their established procedures<sup>32</sup>. Power imbalances also occasionally undermined the localisation intent of the PPP: EUNS ‘micromanagement,’ for example, in oversight of volunteer payments, was frequently cited as undermining local leadership and trust. Additionally, the Pillar-based approach often led to siloed working arrangements, constraining cross-sectoral integration and weakening the “One Programme” ethos envisioned by the PPP.

For country NSs, the PPP offered both an opportunity and a challenge for membership coordination. In contexts where NSs had strong leadership, they developed Country Steering Groups, adopted unified work plans, and assumed leading roles in national humanitarian platforms. However, not all NSs were equally positioned to benefit. Capacity gaps, high staff turnover, and entrenched departmental silos often limited their ability to coordinate effectively across multiple technical areas.

Analytically, the PPP revealed both the promise and fragility of collective action within the network. When roles are clear, technical responsibilities are complementary, and resources are aligned behind NS leadership, the type of model can yield strong results in both localisation and efficiency. Conversely, when coordination is constrained by structural ambiguities, compliance fragmentation, and a lack of genuine country NS empowerment, particularly in relation to decision-making, the collective architecture risks becoming an administrative burden rather than an enabling framework.

### Post PPP reflections

While it was beyond the scope of the evaluation to investigate reasons behind the termination of this type of ECHO funding modality, insights obtained from PPP KIs indicate fatigue with ‘administrating’ complex, multi-faceted programmes, a recognition of the need (or preference) for simpler, more flexible funding models moving forward, and the realisation that 3-years is often not long enough to secure significant change.

Consequently, and without a shared envelope or harmonised coordination framework, EUNS largely reverted to bilateral arrangements, and the IFRC’s convening function weakened further. Only in some regions—such as the Americas—did elements of collective planning for ECHO funding persist, sustained through existing coordination habits rather than formal mechanisms. This regression underscores a critical lesson: while the PPP’s architecture was cumbersome, it provided a degree of cohesion and shared purpose that the network has struggled to replicate since. The challenge ahead lies in retaining the benefits of programmatic coordination and predictable resourcing without reintroducing the complexity that hindered its efficiency.

#### 4.2.3 Contribution of the PPP to the engagement with external stakeholders, including government and non-government actors, and alignment with NS’ auxiliary role

The PPP demonstrated clear and measurable added value in advancing the engagement of NSs with external stakeholders, particularly governments, UN agencies, and non-governmental actors, while simultaneously reinforcing their auxiliary role and strengthening national systems across multiple levels. By design, the PPP sought to localise humanitarian action and position NSs not as peripheral implementers but as central actors in policy dialogue, coordination mechanisms, and operational decision-making. In doing so, the programme provided both the institutional legitimacy and predictable resourcing that NSs needed to consolidate their standing as credible national partners. The result was a marked shift in how many NSs were perceived and engaged by governments and

Crucially, the PPP’s multi-year timeframe allowed NS to think beyond project cycles, integrate new thematic areas, and consolidate their role as national humanitarian leaders.

<sup>32</sup> This reflected not resistance but systemic constraint: EUNS remained accountable to their donor compliance frameworks, limiting flexibility for field-level harmonisation.

humanitarian actors, moving toward a model of a more nationally determined and localised system of humanitarian coordination<sup>33</sup>.

The evidence across countries confirms this trajectory of this structural shift enabled by the PPP. The PPP allowed NSs to formalise partnerships with ministries and government agencies, embedding their roles within national legal and policy frameworks. In *South Sudan*, the NS's leadership in drafting the national disaster management law represented a landmark achievement, securing government endorsement of its auxiliary role, ensuring that the law reflected local capacities, and securing better access to affected populations. In *Bangladesh*, direct engagement with the ministries responsible for disaster relief and health led to tangible policy revisions and the development of new collaborative initiatives with the authorities. In *Uganda*, co-chairing national coordination platforms alongside government and UN agencies elevated the NS to a leadership position within disaster risk management and Anticipatory Action systems. These examples illustrate the enabling aspect of the PPP to help deepen institutional relationships, thus enabling NSs not only to deliver operational results but to help shape the governance and legislative environments within which humanitarian response in their contexts takes place.

Comparable advances across the Americas, Africa, Central Asia, and the Middle East reinforce the transformational impact of the PPP. In *Honduras, Ecuador, Burkina Faso, Kyrgyzstan, and Yemen* the NSs used PPP support to gain direct recognition as indispensable partners in disaster response, health programming, and legal reform. In *Honduras* and *Ecuador*, engagement moved beyond programmatic collaboration to structural inclusion within national disaster management systems. In *Burkina Faso* and *Kyrgyzstan*, NSs became preferred technical partners of ministries and international actors alike, with the Kyrgyz Red Crescent assuming leadership of the national Cash Working Group - an unprecedented position for a local humanitarian organisation. The Yemen Red Crescent Society's success in achieving a formal MoU on disaster management after years of limited progress demonstrates how the PPP's multi-year, flexible funding model enabled policy shifts as much as operational delivery.

**Collectively, these achievements help illustrate how the PPP contributed to the betterment of national humanitarian ecosystems, with NSs moving from being implementers of humanitarian services to also being co-authors of national strategies. The result was NSs being better positioned to not only deliver services to their target communities and affected populations, but also having a pivotal voice in determining national approaches and strategies to supporting those same populations imbued with the values and principles of the network.**

The PPP also expanded the scope and depth of NS engagement with non-governmental and multilateral stakeholders, positioning them as central conveners within their respective national humanitarian systems. In the *DRC*, the NS became a valued partner (through its role in thematic clusters) in addressing protection, health, and food security issues, aligning its work with national and UN-coordinated frameworks. In *Yemen*, the NS's expertise in flood mitigation was highlighted by OCHA as a best-practice model—recognition that elevated its credibility with both donors and peer agencies. **Such developments illustrate the PPP's multiplier effect: by enhancing technical capacity, visibility, and legitimacy, it positioned NSs as 'partners of choice' in the wider humanitarian ecosystem, and helping advance localisation in practice.**

In terms of determining the PPP's transformational impact, the above illustrates that one of its most profound successes was how it enabled NSs to transition from being primarily operational implementers to also being recognised policy actors (and in some cases system leaders)—a shift that better positioned NSs to proactively respond to the needs of their target communities and affected populations. The programme's emphasis on institutional partnerships, legal integration, and cross-sectoral collaboration produced durable changes that extend beyond the lifespan of the PPP and are key lessons to be taken forward in the development of new localisation models and approaches.

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33 The PPP enabled NSs to develop and formalise partnerships with Ministries of Health, disaster management agencies, and civil protection systems, and to integrate into national strategies and legal frameworks.

### 4.3. Programming with a locally led approach

This section of the report considers the PPP aspiration for a locally led approach to programming and addresses the following evaluation questions:

- How well did the programme continue to align with the needs, priorities, and leadership of the Host National Societies and the communities they served?
- To what extent were the programme objectives and activities aligned with DG ECHO's localisation ambitions and relevant policies?
- What progress can be observed in advancing locally led humanitarian action and strengthening of leadership and institutional capacities of country NS?
- What steps have been taken to sustain these gains beyond the programme's end?

#### 4.3.1 Alignment with the needs, priorities, and leadership of the country National Societies and the communities they served.

For NSs, the PPP represented a substantial evolution in both ownership and strategic alignment, serving as a practical test of how localisation principles could be translated into institutional and community-level outcomes to better serve affected communities. The programme provided an unprecedented opportunity for NSs to align external funding with their own national strategies, pursue long-standing (often neglected) priorities, and demonstrate local leadership in action and at scale.

NSs through the PPP were able to pursue long-standing ambitions that had previously struggled to attract donor investment. The Honduran Red Cross, for example, channelled PPP resources into underfunded but strategically important areas such as climate change, environmental protection, and CEA. These efforts filled chronic funding gaps left by short-term, project-based cycles and enabled the NS to define a more comprehensive, nationally owned humanitarian portfolio.

The development of a new national Protection policy, adapted from global Movement frameworks but tailored to *Honduras's* socio-political realities, showcased how the PPP could act as a vehicle for institutional innovation—linking global standards to context-specific practice. Similarly, in *South Sudan*, the NS expanded its operational footprint into migration and community preparedness, broadening its humanitarian relevance while also providing new pathways for volunteer training and local resilience-building. These shifts demonstrate that, when adequately resourced and empowered, NSs could leverage the PPP to drive strategic transformation rather than simply absorb donor mandates.

The PPP was shown to have contributed to building trust between communities and their National Societies across the different contexts, essential for a solid humanitarian response.

The Kyrgyz Red Crescent's assertion that "we were not paying, but we were ordering the music" succinctly captures this shift in power dynamics to empowered decision-makers. Even though funding flowed through intermediary partners, NSs in the vast majority of cases were able to define programmatic direction, which led to an evidenced rebalancing of authority within the partnership. The Lebanese Red Cross exemplified this approach by embedding the PPP within its unified national programming model, thus ensuring full coherence with its long-term strategic plan, and safeguarding the NS's autonomy over priorities while still aligning external contributions within a broader vision. These

examples demonstrate that where NSs possessed strong leadership, strategic clarity, and technical ability, the PPP provided not just resources, but a legitimacy to take positions as credible humanitarian actors within national systems.

However, these successes and gains were not universal, and the PPP exposed the unevenness of NS leadership across contexts. Not all NSs were equally positioned to harness the programme's potential. In *Yemen*, internal divisions and competing priorities within the NS constrained its ability to present a unified focus, undermining alignment with both national and community needs. In *Guatemala*, external political transitions disrupted government partnerships and delayed critical initiatives such as disaster preparedness accreditation and Early Warning System (EWS) installations. These examples highlight a key analytical point: while the PPP could facilitate the opening of institutional doors, sustained alignment required a stable operating environment and coherent NS leadership.

For communities, the PPP's strongest results often occurred where participatory mechanisms were both functional and consequential. In *Bangladesh*, 'participatory' design following community feedback was integral from the outset: a national toll-free hotline and regular community consultations provided feedback loops that directly influenced programme adjustments. These systems gave communities a meaningful voice, with evidence showing that feedback led to tangible redesigns of implementation strategies, for example, in Honduras, when communities rejected planned sanitation interventions, resulting in the country NS redirecting resources to reflect local preferences. This responsiveness demonstrated a maturity of practice often missed in past network humanitarian programming and helped to reinforce the accountability and trust underpinning NS-community relations.

*Ecuador's* decentralisation of funds to provincial branches exemplified best practice in aligning decision-making power with those closest to affected populations. By shortening the chain between community voice and budget allocation, the approach reduced bureaucratic lag and allowed for faster, more contextually attuned responses. The inclusion of a crisis modifier mechanism further strengthened local responsiveness, enabling rapid reallocation of funds to address emergent needs such as floods or epidemics without derailing long-term programming. These mechanisms collectively transformed communities from passive beneficiaries into active participants in programmatic governance, thereby operationalising the localisation agenda at the grassroots level.

However, these gains were not uniform. In contexts where internal silos persisted or NSs retained a project-by-project mindset, community engagement tended to be more procedural than transformative. Weak information management systems or hierarchical decision-making often meant that community input was collected but not meaningfully integrated into planning. Moreover, the PPP revealed an enduring tension between community-led adaptation and donor-driven rigidity. For example, it was reported that in *Ecuador*, NS requests to adapt programming to escalating violence went unheeded due to donor inflexibility.

**While these examples are rare, they underscore a structural contradiction within the localisation agenda: empowerment at the community and NS levels is only sustainable when accompanied by reciprocal flexibility at the donor and partner levels.**

In several African and Americas contexts, the strengthening of branch structures under the PPP translated into more direct and sustained relationships with local authorities, enhancing both operational legitimacy and government trust. The Honduran Red Cross' certification under international accountability standards, for instance, not only bolstered community confidence but also increased its credibility with donors and government ministries. The cumulative effect was to elevate NSs as 'partners of choice' at both national and local levels, capable of bridging community needs with policy frameworks.

The findings of this section underscore a crucial lesson: localisation is not an end state but a negotiated process that depends on both institutional readiness and systemic flexibility. Where NSs had the vision, governance, and capacity to assert leadership, and where communities were given platforms for genuine participation, the PPP significantly contributed to securing a level of transformational impact that is evidenced-based and attributable. Where these enabling conditions were absent, the potential for transformation remained partial.

#### 4.3.2 Alignment of PPP objectives and activities with DG ECHO's localisation ambitions and relevant policies

DG ECHO's localisation policy framework emphasises five interconnected ambitions: recognition and strengthening of local actors' capacities; equitable partnerships as a preferred delivery mode; multi-year and flexible funding that reinforces institutional resilience; full participation of local/national actors across the humanitarian response cycle; and facilitation of access to localised financing models. Against this framework, the PPP demonstrated substantial thematic and structural alignment with DG ECHO's localisation objectives, particularly in its relation to devolved funding, institutional responsibility, and promoting visibility of National Societies.

**Thematically, the PPP's set-up aligned closely to DG ECHO's policy priorities and offered a tangible vehicle for their operationalisation.** Its focus on DRM, Climate Smart Programming and environment, Anticipatory Action, CEA, and PGI directly mirrored DG ECHO's thematic agenda. These pillars collectively advanced localisation's central tenets: building institutional preparedness, embedding

risk reduction in national systems, and linking humanitarian and development action. In practice, the PPP provided NSs with both resources and legitimacy to integrate these global priorities into national strategies. For example, *Bangladesh*'s early action work on heatwaves and Uganda's leadership in F-b-F reflected the anticipatory, resilience-based approach DG ECHO sought to promote.

**From a grant management perspective, the PPP exceeded DG ECHO's localisation benchmarks.** The decision to channel an estimated 70% (in some cases more) of total funds directly to NSs far surpassed DG ECHO's 25% localisation benchmark. This demonstrated trust in local implementation capacity and advanced ECHO's principle of fair resource distribution. The equitable application of indirect cost rates across all partners further embodied the commitment to partnership equitability. This not only addressed a long-standing disjuncture in the network's funding relationships (in which NSs do not receive all the required funding) but also set a precedent for how future programmatic grants could appropriately fund country NSs for their core costs.

**At the operational level, the PPP's annual planning process provided an effective channel for maintaining ECHO's strategic influence.** While the overall programme's initial top-down design limited co-creation during inception—contradicting DG ECHO's guidance that local actors should shape programmes from the outset—the iterative planning cycles that followed enabled adaptation and alignment with evolving priorities. Moreover, the broad scope of the PPP, reflecting Strategy 2030 priorities common to the entire IFRC network, as well as the flexibility given to NSs to choose 3 of the 5 pillars provided space to reflect contextual priorities from the start, enabling NSs to plan within the broad frame from the first year. Annual planning reviews allowed DG ECHO TAs to contribute to country-level direction, ensuring that NS programming reflected emerging risks, thematic priorities, and regional strategies. This process helped keep the PPP contextually relevant and donor-aligned, even if at times it came at the cost of some local autonomy.

**The PPP also operationalised ECHO's ambition to integrate national actors across the humanitarian response cycle**—from preparedness and analysis to implementation and policy influence. NSs led or co-chaired national coordination platforms, engaged directly in disaster management legislation, and assumed policy advisory roles within government ministries (health, disaster risk management, and social protection). These activities demonstrated ECHO's vision of local actors not merely as implementers but as co-shapers of the humanitarian agenda. The South Sudan Red Cross drafting a national disaster management law, and the Ugandan Red Cross co-chairing the national Cash Working Group and Forecast-based Action platform, are clear examples of the PPP turning localisation into institutionalised practice. Such achievements aligned fully with DG ECHO's stated objective of embedding local actors within formal governance and coordination frameworks.

However, **the PPP's implementation also exposed important process-related contradictions.** In early programme conception its top-down design based on matching global DG-ECHO and IFRC network priorities limited meaningful participation of NSs, constraining the degree to which they could contribute to programme co-creation (however, in fairness, when the programme was designed, NSs were not yet selected). While annual planning allowed course correction, it could not fully compensate for the lack of initial ownership opportunity. Moreover, in some contexts, donor-driven adjustments risked overriding local priorities. In *Uganda*, for example, ECHO reportedly redirected programme focus toward high-risk areas of its own strategic interest, undermining the principle of locally led prioritisation. Though this was an isolated case, it illustrates a broader structural tension between localisation as empowerment and localisation as controlled delegation and raises the issue of 'who controls the agenda'.

**The grant's coordination and compliance modalities** (see Section 4.2.1) also revealed misalignments with ECHO's vision of equitable, trust-based partnerships. The persistence of fragmented administrative and reporting systems across EUNS placed heavy burdens on NSs. This complexity contradicts ECHO's call for partnership models that reduce risk transfer to local actors and foster shared accountability. In some cases, ECHO staff themselves noted that EUNS retained significant operational and financial control, effectively relegating NS to subcontractor roles. Similarly, the IFRC's role as overall grant holder, though strategically well positioned to embody ECHO's programmatic and pooled funding vision, was hampered by operational ambiguity and KI reported under-resourced regional support.

Despite the above limitations, **the PPP established precedents that aligned closely with DG ECHO's evolving funding modality.** It demonstrated that large-scale, multi-year, programmatic funding can

strengthen institutional capacity, improve coordination, and deliver measurable localisation outcomes when designed with equitable cost structures and predictable disbursement mechanisms. The PPP's scale, resource flow model, and emphasis on institutional empowerment directly supported ECHO's shift toward programmatic partnerships, providing a 'template' for how future funding streams might be structured.

**Importantly, the PPP's coordination architecture brought country NS significantly closer to the donor than in traditional humanitarian setups.** Through joint planning, visibility in national strategy discussions, and regular contact facilitated by IFRC and EUNS partners, many NSs gained exposure and recognition as credible interlocutors in ECHO's humanitarian dialogue (although there were noted exceptions). While this proximity did not always translate into direct contractual relationships, it nonetheless advanced one of ECHO's key ambitions: to enable local actors to engage more substantively and transparently with donors. **The PPP also provided exposure of the country NS to the donor through presentations and workshops.** There was also a strong commitment to include country NSs in the global coordination through participation in the Steering Committee, through sharing of updates via regional coordination forums, and through emails that followed the lines of communication through the LEUNS and IFRC (as per agreed processes in the respective regions).

In summarising the degree of alignment of PPP objectives and activities with DG ECHO's localisation ambitions and relevant policies, the PPP exemplified and tested the operational realities of ECHO's localisation vision. Thematically, it was highly aligned. Its pillars mirrored ECHO priorities, and its outcomes substantively advanced local institutional empowerment (in this case NSs). From a grant perspective, the PPP often exceeded expectations, particularly in resource flow, equitable cost-sharing, and programmatic flexibility. However, in process terms, it highlighted the challenges of localisation at scale: co-creation deficits, compliance fragmentation, and variable role clarity among partners. Overall, the PPP proved that ECHO's localisation ambitions can be operationalised through multi-actor, programmatic models (and vice versa), but only if governance, accountability, and harmonisation mechanisms evolve to match the ambition of equitable partnership in both form and function.

### 4.3.3 Progress in advancing locally led humanitarian action and strengthening of leadership and institutional capacities of NS

#### 4.3.3.1 Progress in advancing locally led humanitarian action

The PPP represented a significant step in localising humanitarian action across the network. It put country NSs "in the driving seat," shifting them from implementers of externally designed projects to active leaders within national systems, and while not all contexts achieved this equally, the PPP created real opportunities for country NSs to assert their leadership, shape priorities, and integrate humanitarian programming into broader national and community frameworks.

From a leadership and strategic perspective, the PPP provided the resources, legitimacy, and stability necessary for NSs to strengthen their auxiliary roles with governments and position themselves as credible humanitarian actors<sup>34</sup>. By giving NSs predictable, multi-year funding and greater control over programmatic direction, the PPP fostered country NS ownership over decision-making and strategic alignment. In *Kyrgyzstan* and *Lebanon* for example, NSs embedded PPP activities directly into their national strategic plans. This institutional integration marked a clear departure from short-term, donor-driven programming and signalled a behavioural shift toward long-term planning, risk management, and strategic leadership that illustrate how advancing locally led humanitarian action is done in practice.

At the community level, the PPP reinforced localisation through participatory approaches and meaningful engagement. Many NSs created community disaster response committees, facilitated vulnerability and capacity assessments, and supported micro-projects that reflected local priorities. In the *DRC*, for example, community-led initiatives on sanitation and waste management demonstrated that communities were active partners, not passive recipients of aid. The PPP's approach to decentralised decision-making (as illustrated by the Ecuadorian NS' branch-level fund management)

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<sup>34</sup> Examples include: the Yemen Red Crescent's success in signing a long-pending MoU on disaster management is a strong example of how the PPP provided the backing required to formalise national roles. Similarly, in *South Sudan*, the PPP enabled the NS to lead in drafting national disaster management legislation, effectively embedding humanitarian leadership in national policy processes, and thus making a meaningful contribution to locally led humanitarian action.

ensured that community feedback had a direct influence on programme implementation and resource allocation.

The PPP's funding modality (specifically the flexible crisis modifier mechanism) further demonstrates how the approach effectively and efficiently supported locally led action. By enabling NSs to respond rapidly to emerging crises such as floods or epidemics without derailing ongoing programming, the programme allowed them to act with speed and autonomy. This capacity to pivot responsively deepened community trust and reinforced NS credibility as first responders embedded within local systems. Country NSs reported that these processes built a stronger social contract between their organisations and the communities they serve.

The combination of participatory planning, flexible response tools, and sustained engagement generated higher levels of public confidence in their NSs. In this regard, the PPP advanced locally led humanitarian action not just by transferring resources, but by changing behaviours and perceptions, and embedding country NSs as trusted national actors with the legitimacy, agility, capacity, and systems needed to respond to local needs in real time.

Importantly, the PPP linked institutional strengthening to community empowerment in ways that reinforced the legitimacy of NSs as locally embedded humanitarian actors. Many NSs used the programme to deepen their engagement with communities, facilitating disaster response committees, conducting vulnerability and capacity assessments, and supporting micro-projects designed by communities themselves. This bottom-up engagement solidified NS credibility, as communities increasingly viewed them not as external service providers but as trusted, accountable partners.

#### **4.3.3.2 Strengthening of leadership and institutional capacities of country National Societies**

One of the PPP's most durable contributions to localisation lies in how it strengthened the leadership and institutional capacities of country National Societies. Beyond programmatic delivery, it supported the organisational needs for sustained national leadership in humanitarian action through a combination of structural investment, skills development, and systems reform.

**Capacity strengthening under the PPP was comprehensive and multi-dimensional.** The programme supported extensive staff and volunteer training across multiple domains, including emergency response, epidemic control, health promotion, and risk communication. This investment in human capital was complemented by structural enhancements: the establishment of permanent technical positions such as information management officers, heads of community engagement, and environmental focal points. These additions not only increased in-house expertise but also professionalised the institutional architecture of country NSs, allowing them to operate with greater technical independence and credibility.

Other illustrative significant examples of note include the PPP's investment in digital transformation enabling country NSs to achieve greater efficiency in reporting, accountability, and decision-making—improvements that directly addressed long-standing bottlenecks in transparency and responsiveness (such as in the case of the Honduras Red Cross)<sup>35</sup>. The result was not only more efficient programme delivery but also improved evidence-based decision-making and stronger accountability to both communities and donors. The PPP through the Global Component also strengthened country NS leadership in key thematic areas. The Anticipatory Action Pillar, for example, supported NSs in developing EAPs, positioning them at the forefront of national early warning systems. Similarly, the Legal Frameworks initiative helped NSs reinforce their auxiliary status and ensured that international actors complemented rather than supplanted national coordination.

Both the IFRC's and EUNS roles in enabling these outcomes needs to be acknowledged. In addition to its support to country NSs through the Global Component for capacity strengthening as per the example above, the IFRC as the overall PPP grant holder made the case for sustained investment in NS capacity.

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<sup>35</sup> Where the PPP-supported transformation included standardising data collection across the NS's territorial network using digital survey tools (notably forms on Kobo Toolbox). For the first time, the NS was able to collect disaggregated data on beneficiaries — including disability status, vulnerability criteria, and context (e.g. flood impact, displacement) — quickly and reliably. This enabled better-informed programming, faster response, and more credible reporting. Source: [https://www.ifrc.org/sites/default/files/2025-08/HE%20Transformación%20Digital\\_Eng.pdf](https://www.ifrc.org/sites/default/files/2025-08/HE%20Transformación%20Digital_Eng.pdf)

This arguably influenced DG ECHO's subsequent creation of dedicated funding streams for National Society Institutional Capacity Strengthening, an important policy direction traceable in part to IFRC's representation of PPP outcomes to DG ECHO. EUNS also contributed substantially to localisation and institutional strengthening through the thematic pillar approach in which EUNS were assigned as both country-level lead (and support) pillars that brought technical depth and consistency to implementation. Both these approaches exemplify how international partners can support local leadership without overshadowing it.

#### 4.3.4 Preparation for the transition and eventual closure of the PPP and steps taken to sustain gains beyond the programme's end

Originally conceived as a pilot to demonstrate the viability of multi-year, programmatic funding, the PPP was not designed as a time-bound project with a defined exit strategy. Its conceptual framing—as a scalable funding modality to be expanded rather than closed revealed key transition success along with some limitations and gaps across the network partners.

##### 4.3.4.1 Strategic and operational preparedness for transition

The IFRC's role in preparing for closure was shaped by its initial assumption that the PPP would evolve into a permanent modality. Efforts were therefore focused on demonstrating success and institutional value to DG ECHO rather than on developing an exit strategy. When it became apparent that the pilot would not continue in its existing form, collective efforts were made to prepare for the transition and eventual closure of the PPP, as well as to take steps to sustain gains beyond the programme's end. And to be fair, these efforts—albeit not conceived in the original programme cycle—were strategic and comprehensive. This is evidenced through the various DG ECHO - IFRC Programmatic Partnership Workshops that took place in which 'grant closure and transition commitments' were undertaken to help 'assure an effective grant closure while continuously exploring transition of the PPP legacy into regular programming'<sup>36</sup>.

Taking the Asia-Pacific PPP stocktaking workshop record as an illustrative example of how the IFRC approached the transition/sustainability requirement, transition/closure preparation discussions commenced in 2023, highlighting the need to secure strategic alignment and programme sustainability (emphasising the mainstreaming of CEA/PGI/PMER, showcasing HD initiatives, and scaling up activities). Exit sustainability considerations covered staff retention, anticipatory planning, and community involvement. In terms of sustaining institutional development gains, the workshop participants prioritized financial reporting, volunteer engagement, and harmonizing requirements; and in the broader context, a need to focus on financial sustainability, governance improvements, and country NS positioning.

Parallel and complementary efforts were also undertaken by EUNS partners to ensure continuity. The *Netherlands Red Cross* in Uganda for example led structured exit workshops with national and local stakeholders, aligning on sustainability plans and integrating PPP methodologies into country NS procedures; and the Danish Red Cross in South Sudan coordinated partner engagement for future Humanitarian Implementation Plan (HIP) submissions, ensuring that collaboration persisted despite the shift in funding modality. These examples of forward planning however contrasted with some other contexts where the PPP's conclusion to some KIs felt abrupt and uncoordinated, leaving country NSs uncertain about future support and funding continuity.

The NSs generally demonstrated the most robust and proactive preparations for the transition and eventual closure of the PPP, reflecting their long-term presence and inherent interest in sustainable outcomes.

<sup>36</sup> With the added ambition to finalize comprehensive country acceleration plans guided by multiple good practice transition and exit strategy principles. Africa DG ECHO - IFRC Programmatic Partnership Workshop - 19–21 November 2024 Johannesburg, South Africa.

#### 4.3.4.2 Sustaining institutional and programmatic gains at the country level

At the country NS level, sustainability efforts focused on cementing programmatic gains as well as institutionalisation and policy integration. Several NSs successfully absorbed PPP-created positions—such as information managers and environmental specialists into their core structures. Burkina Faso and Kyrgyzstan stand out for converting PPP-funded technical roles into permanent functions, ensuring retention of institutional capacity to continue delivering effective programming. Other NSs (LRC and Ecuadorian Red Cross), embedded PPP thematic areas (e.g. DRM, health, and climate adaptation/environment) into their national strategic plans, aligning them with broader organisational visions such as the “One Programme” approach.

Workshops and stocktakes across regions (Africa 2024, MENA 2023, Asia-Pacific 2023) consistently highlighted that sustainability was strongest where PPP-supported functions were integrated into NS systems rather than treated as standalone projects. In several countries, this institutionalisation extended to policy frameworks—such as PGI, CEA, and safeguarding policies—becoming mandatory in staff training and recruitment, thereby embedding accountability and protection principles into organisational culture.

A notable sustainability factor was community ownership. In multiple contexts, PPP-supported committees, such as the local Disaster Management Committees in *Kyrgyzstan* and the water-user groups in *South Sudan*, transitioned into self-sustaining local governance structures. These groups maintained and financed infrastructure, thus preserving local capacity as external funding ceased. In this way, the PPP demonstrably illustrated how it was able to link institutional strengthening with community empowerment, thus helping anchor gains at both structural and community grassroots levels.

#### Post-PPP shift back to Humanitarian Implementation Plans

Among the EUNS, the preparation for transition and closure of the PPP ranged from proactive institutionalisation of PPP working modalities to a reversion to pre-PPP ‘business as usual’. For example, the German Red Cross, as a lead EUNS in Bangladesh, and the Netherlands Red Cross in Uganda were central to discussing exit and sustainability plans at both national headquarters and local branch levels, including holding transparent workshops with external stakeholders such as local government and health offices. They also focused on ensuring that evidence and learnings from the PPP were translated into formal policies and procedures within the Bangladesh Red Crescent Society and the Ugandan Red Cross respectively, such as developing a framework for community-based surveillance and updating logistics manuals.

Similarly, the Danish Red Cross, as dialogue lead with ECHO in South Sudan, continued to spearhead discussions for future HIP applications, engaging all in-country partners and demonstrating a continuation of the collaborative approach fostered by the PPP. Some EUNS explicitly planned for the continuity of successful PPP elements in their own ongoing bilateral projects. The German Red Cross, for instance, indicated that its Pillar 1 (DRR) activities would be sustained through ongoing bilateral projects, citing a new ECHO HIP grant in Lebanon that was entirely built on what was achieved on the Pillar 1 in the PPP country action<sup>37</sup>. The integration of the PPP's successes into other funding streams, such as a Swiss Red Cross health programme and a Swedish Red Cross resilience programme further exemplifies this adaptive approach.

However, the shift from PPP to competitive annual HIPs was felt to be poorly coordinated, fuelling internal competition and resulting in reduced collective funding from ECHO. In some cases, EUNS ended staff contracts and withdrew assets immediately post-closure, leaving country NSs unable to maintain essential activities or infrastructure. In others, some EUNS successfully repurposed PPP methodologies within new HIP projects and preserving elements of joint planning and accountability frameworks, albeit at a smaller scale.

This shift however highlighted the absence of a cohesive transition strategy across the network, weakening the collective sustainability of the PPP model. The transition from the PPP to competitive

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<sup>37</sup> The GRC as consortium lead for the subsequent HIP funding, used the harmonization matrix for aligning requirements between EUNS, ensuring that the ambition of localization can be carried forward from the PPP.

annual HIPs represented a regression from a programmatic to a project-based funding environment. The earlier collaborative architecture enabled by the PPP—where IFRC, EUNS, and country NS worked under a unified framework—was replaced by fragmented competition for individual HIP allocations. This backward shift reintroduced inefficiencies the PPP had sought to overcome, including duplication, parallel reporting lines, and reduced coherence across the network’s engagement with ECHO.

The PPP’s closure and subsequent reversion to HIPs offers critical lessons for future programmatic transitions and sustaining gains. In short:

- Future programmatic partnerships must embed transition milestones from the outset.
- Programmatic models need flexible pathways for continuity.
- Network unity is an essential sustainability factor—a more fragmented approach simply makes it harder for the IFRC to deliver on its coordination mandate.

Where proactive planning, institutionalisation, and local ownership occurred, the result was stronger, more autonomous NSs. Where coordination fractured, those gains proved harder to sustain. The overarching lesson is clear: sustainable localisation requires continuity of structure as much as continuity of funding.

#### 4.4. Programme delivery and sustainability

This section of the report considers levels of programme delivery and sustainability and addresses the following evaluation questions:

- Were NS and their partners’ systems fit for purpose in supporting the implementation of the PPP?
- How has the IFRC Secretariat changed its modalities of working (process, procedures, etc) in view of the PPP?
- To what extent have exit strategies and sustainability plans been developed and effectively implemented in all participating countries and IFRC Secretariat building on what was learned from the PPP?
- How well-equipped now are the NS and their local partners to build on the technical, operational, and financial support received through the PPP?

##### 4.4.1 Analysing the NS and their partners’ systems ability to support the implementation of the PPP

**The PPP’s financial and programmatic targets confirmed that country NS were capable of delivering at scale.** The benchmark that 70% of total programme funding should be managed and implemented by country NS was met or exceeded in most countries: South Sudan surpassed 70%, Lebanon achieved between 75–80%, and Ecuador reached 89%. This demonstrated how the PPP contributed to country certain NS’ institutional maturity, financial accountability, and readiness to handle large budgets within donor compliance frameworks, but not all. Here, it is important to acknowledge that while many country NS managed a large part of the allocated country budgets, there were also noted difficulties stemming from their risk management practices and partially weak financial procedures. This also illustrates that devolving resources to national actors is more robust when accompanied by appropriate partner support aimed at enhancing efficiency and ownership.

Beyond financial management, most country NSs displayed growing competence in programme management, planning, and strategic integration. The PPP was used strategically to fund long-standing institutional priorities that had historically struggled to attract donor attention, such as climate adaptation, CEA, and digital transformation. However, as stated previously, structural inefficiencies, particularly the lack of harmonised administrative, financial, and reporting systems among the EUNS, created a drag on programme delivery. Country NS were often required to manage multiple bank accounts, adhere to divergent procurement procedures, and submit several sets of financial documentation to satisfy different partners’ requirements resulting in programmatic duplication and delays. Despite managing the bulk of the funds, country NS often lacked genuine decision-making authority related to programming decisions, with some partners retaining control over even minor approvals, and which ultimately limited the potential efficiency gains of the programmatic model.

Internal challenges within country NS compounded these external pressures and weighed negatively on programme delivery. High staff turnover, particularly among trained volunteers and technical staff, eroded institutional memory and capacity to deliver efficient and effective services. Some country NS were still developing the systems and the culture required to manage multi-partner, multi-year programmes. Where institutional capacity and leadership were strong, delivery quality was consistently high: where systems were weaker or leadership transitions occurred, programme momentum slowed.

#### **4.4.1.1 Partner programme delivery support to outcomes and systems fitness for purpose**

The EUNS played a central role in programme delivery, both as occasional country-level technical leads and as conduits for DG ECHO funding. The pillar-based model—assigning technical leadership to EUNS in specific contexts according to comparative added value proved conceptually sound and effective in technical delivery. It ensured that each country could access specialised expertise, standardised training materials, and global good practices.

**Where EUNS adopted an ‘accompanier’ model, focusing on capacity transfer rather than direct implementation, localisation outcomes were significantly stronger.** This was particularly evident in contexts where EUNS worked collaboratively with country NS under unified planning and reporting frameworks. In such cases, programme delivery was efficient, technically robust, and closely aligned with both local needs and DG ECHO’s localisation ambitions.

Nevertheless, and as stated earlier in the report, **EUNS’ systems were not fully harmonised or consistently aligned with the PPP’s collaborative intent.** Each partner retained its own administrative, financial, and compliance systems, forcing country NS to reconcile different templates, reporting cycles, and accountability frameworks. The underlying issue was structural rather than attitudinal: EUNS were bound by their own donor obligations, which limited flexibility to adopt unified procedures. This fragmentation introduced inefficiencies, undermined timeliness, and caused repeated delays in fund transfers<sup>38</sup>. While understandable from a compliance standpoint<sup>39</sup>, these practices reduced country NS autonomy and slowed delivery.

The **IFRC’s systems** were designed to provide strategic coherence and compliance oversight rather than direct operational management. In several instances, this worked as intended: IFRC successfully negotiated waivers from DG ECHO that simplified reporting, provided global thematic guidance (e.g., Anticipatory Action, Legal Frameworks, Digital Transformation), and convened cross-regional exchanges. However, implementation realities revealed limitations. The IFRC’s secretariat and regional offices were often under-resourced and lacked clarity in operational mandates (staff in key regions, particularly Africa, were forced to assume multiple roles, leading to reported bottlenecks in decision-making and delayed disbursements).

Communication inefficiencies exacerbated these challenges. Parallel reporting lines, inconsistent engagement between headquarters and regions, and the bypassing of regional offices created confusion, duplication, and delays. Furthermore, the Global Component was often perceived as disconnected from field implementation, reducing its potential to directly reinforce programmatic delivery. The combined effect was a structure that was conceptually aligned but operationally overburdened, limiting the IFRC’s ability to ensure system-wide efficiency.

#### **4.4.1.2 Country NS’ systems fitness for purpose**

In many cases, the PPP accelerated the modernisation of country NS operational systems. Investments in digital feedback tools, CVA platforms, community feedback mechanisms, and impact-based forecasting tools markedly improved accountability and data-driven decision-making. These digital reforms created real-time visibility into programme implementation, reducing the lag between community feedback, decision-making, and corrective action.

Institutionally, the PPP prompted many country NS to upgrade their financial, audit, and procurement procedures to meet DG ECHO standards. This alignment improved overall governance and compliance maturity, positioning them as credible actors for future direct funding. For example, the Honduran and

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38 As previously highlighted, in some cases, EUNS’ risk aversion translated into operational micromanagement, such as requiring multi-layered approvals or retaining control over volunteer payments.

39 This has to be seen in the broader picture of ECHO donor compliance requirements with EUNS carrying all financial risk.

South Sudan NSs developed or revised financial manuals and SOPs as a direct result of PPP requirements, which subsequently became institutional norms.

However, the transition from traditional project-based management to multi-year programmatic management tested these systems. Many country NS' internal coordination mechanisms (particularly between finance, logistics, and programme departments) were still evolving and sometimes lacked the agility needed for large, multi-partner initiatives. Limited internal capacity, combined with administrative overload from fragmented EUNS processes, often left country NS overstretched. The result was occasional delays in procurement, slower activity roll-out, and difficulties in reconciling expenditures under multiple donor templates—all which weighed negatively on programme delivery.

Nonetheless, most country NSs emerged from the PPP with more robust governance, improved audit readiness, enhanced digital infrastructure, and greater familiarity with donor compliance frameworks. These institutional gains created a foundation for long-term sustainability and improved preparedness for future programmatic or direct-funding opportunities.

Overall, the network's systems were broadly capable of delivering complex, multi-country programming, but that capacity was unevenly distributed and operationally constrained. Country NS systems proved adaptable and increasingly fit-for-purpose but were still undermined by inefficiencies—fragmented partner systems and own structural/system limitations. The main lesson is that while the PPP confirmed that country NS and their partners *can* deliver at scale, achieving full fitness for purpose requires structural alignment across all the network's actors.

#### 4.4.2 Adaptation of working modalities of the IFRC Secretariat (process, procedures, etc) in view of the PPP

Conceived as a multi-country, multi-year funding mechanism with DG ECHO, the PPP aimed to demonstrate the IFRC network's capacity for large-scale, locally led humanitarian action. This ambition required the IFRC Secretariat to transition from traditional operational roles toward a more strategic, facilitative function.

The PPP represented a fundamental shift in the IFRC Secretariat's role from primary support towards the country NS to strategic convener and grant manager. This realignment was consistent with the IFRC's "Agenda for Renewal" and *Strategy 2030*, which envisioned the IFRC Secretariat as a facilitator of collaboration rather than an operational actor. This marked a significant departure from its traditional focus on project facilitation and emergency response coordination. The Secretariat's role became one of strategic stewardship: setting collective standards, ensuring compliance, and facilitating technical coherence across a diverse network of actors.

The Secretariat's primary responsibility under the PPP was to manage one of ECHO's largest funding agreements, with a global reach; a significant departure from its previous limited engagement with ECHO at geographical level. This strengthened trust between DG ECHO and the IFRC and positioned the Secretariat as a credible partner capable of managing complex programmatic funding on behalf of its network. This allowed the IFRC to reposition itself as a direct interlocutor with ECHO, leading to new funding opportunities and invitations to participate in strategic consultations for future Humanitarian Implementation Plans.

Internally, the PPP prompted the IFRC to reflect on its grant management systems and develop a new internal framework that separates operational management from strategic oversight, aiming to address inefficiencies observed during the PPP and ensure clearer accountability lines in future programmatic partnerships. Dedicated technical capacity was also established within the Secretariat, particularly in thematic areas. The IFRC also sought to strengthen coordination mechanisms, such as the Regional Operational Coordination Forum and weekly IFRC-EUNS meetings at the global level. These platforms were intended to clarify expectations, resolve operational bottlenecks, and foster a more integrated approach to programme delivery. The decentralisation of global funds to regional colleagues under the Legal Frameworks pillar also aimed to empower regional structures and ensure that resources were available for NS-led activities. However, these aspirations did not always work as intended.

Despite these strategic and procedural developments, a recurring challenge was the ambiguity of the IFRC's operational role at the country and regional level. While the Secretariat aimed to focus on coordination and compliance, it frequently found itself pulled into direct operational roles due to capacity gaps among partners or unclear mandates at regional level. This oscillation between hands-off facilitator

and hands-on implementer created confusion both internally and externally, leading DG ECHO representatives in some contexts to question the IFRC's distinct added value beyond its financial channelling function.

Administrative inefficiencies within the IFRC's internal systems also hindered progress. Contract setup and approval processes were slow, with templates subject to repeated revisions, delaying agreements and frustrating partners. Communication gaps created duplication and confusion, particularly regarding donor engagement responsibilities. Regional offices reported difficulty adapting to the Secretariat's new working model, citing limited staffing, unclear mandates, inconsistent guidance from headquarters, and a lack of Global Component understanding. As a result, while the PPP advanced important procedural reforms, these were not always matched by sufficient decentralised capacity to implement them effectively.

Importantly for the Secretariat, the PPP can be seen as a key element (even a catalyst) in the IFRC Secretariat's current organisational transformation (the Renewal<sup>40</sup>). It enabled the institution to operationalise its vision of being a facilitator of collaboration and step-back from being a direct implementer. The experience revealed that while the Secretariat possessed strong convening legitimacy, its internal systems were not initially equipped for the demands of multi-country, programmatic management.

The PPP also exposed enduring structural weaknesses: centralised decision-making, underinvestment in regional capacities, and fragmented communication channels. Positively however, the Secretariat's willingness to integrate these lessons into the GTPP (and other global programming concepts) demonstrates learning in action: the emerging models—linking NS-led planning with global technical expertise and predictable funding—is a clear evolution toward a more agile, demand-driven, and decentralised IFRC Secretariat that adheres to the principles of localisation<sup>41</sup>.

#### 4.4.3 Development and effectiveness of exit strategies and sustainability plans in all participating countries and IFRC Secretariat building on what was learned from the PPP

##### 4.4.3.1 Early steps toward sustainability planning

Sustainability planning was first formally introduced during Year 2 stocktaking workshops. The *Africa PPP Stocktake (2023)* explicitly recommended the inclusion of “solid and agreeable NSD-related support and investment in the Year 3 plan and budget” and emphasized “scalability, sustainability planning, and bolstering the growth and resilience of National Societies.” Participating NSs were encouraged to align PPP activities with longer-term transformation or NSD plans, linking investment in staff, volunteer systems, and accountability mechanisms to national strategies. These early measures show that the concept of sustainability was institutionally acknowledged, integrated into PPP planning processes, and internalised as a shared responsibility.

Similarly, the *Asia-Pacific and Europe Stocktaking Workshop (2023)* dedicated specific sessions to “collectively design the sustainability and transition towards the end of Year 3 and beyond the current PPP funding period.” Discussions focused on staff retention, anticipatory planning, and integrating PPP activities into broader NS financial and governance systems. The workshop also highlighted that sustainability required embedding community accountability and volunteer engagement into programme design, thus linking sustainability not only to finance but also to institutional practice.

In the *MENA regional meeting (2023)*, sustainability was treated as a standing agenda point. Sessions highlighted the importance of strategic alignment, institutionalisation, and country-specific planning in ensuring the sustainability of the programme beyond its initial funding period; and the need for specific country dialogues focused on creating sustainability transition plans to help tailor the programme's sustainability approach to the unique context and challenges faced in each country.

These early efforts show that the PPP actively promoted mainstreaming sustainability as an organising principle of programmatic design, even if the tools and capacities to operationalise it were still emerging.

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40 [Renewal](#)

41 The GTPP country plans are aligned with each NSs existing Unified Plan. Through the GTPP the NS is not buying the expertise of regional and global teams, but rather covering the costs of specialised technical expertise where it is needed for the capacity enhancement, institutional resilience or coordination ambitions of the NS. In this way, the technical support needs are reflected in the country-level budgets. These adjustments signal a shift toward more demand-driven and integrated modalities, informed by the PPP's successes and shortcomings. National Society Unified Plans reflect the priorities of the host NS and the support provided by the IFRC and other National Societies. They provide context, objectives, and funding requirements.

#### 4.4.3.2 Advancements in late 2024

By late 2024, the PPP's sustainability agenda evolved into a more structured transition planning process. The *Africa DG ECHO–IFRC Programmatic Partnership Workshop* (November 2024) for example documented the development of “comprehensive exit and transition strategies” for each country. These included detailed closure procedures, staff retention measures, and handover plans to governments and community systems. Countries were required to submit “acceleration and close-out plans” by December 2024, followed by in-country debriefs. Many teams began integrating sustainability measures such as volunteer engagement and warehouse pre-positioning into national systems.

The same workshop noted that teams were working on sustainability elements and capitalizing on achievements, with active donor engagement to position the IFRC network for future funding cycles. Staff retention and financial continuity, however, remained risks, as many NSs faced uncertainty about funding post-March 2025. Several participants called for no-cost extensions and additional guidance to manage residual funds and preserve institutional gains.

#### 4.4.3.3 IFRC Secretariat's role in building on learning

At the Secretariat level, sustainability was approached through systems learning and procedural reform. The PPP required the IFRC to adapt its internal grant management and coordination mechanisms, separating operational support from strategic oversight. Lessons learned from the PPP's administrative inefficiencies informed innovative approaches emphasising demand-driven technical support and the integration of specialised expertise into country budgets. The Secretariat also emphasised the continuation of global learning through the Way of Working (WoW) framework, which builds directly on the “New Ways of Working” approach.

At the Secretariat level, the PPP prompted meaningful institutional adaptation—streamlining procedures, investing in thematic capacities, and informing future programmatic approaches such as the GTPP (see footnote 41). Institutionally, this shift is being carried forward into other global programmatic thinking which translates PPP lessons into more demand-driven support models.

#### 4.4.3.4 Effectiveness and gaps at country level

Despite best attempts at structured transition planning, the effectiveness of sustainability and exit strategies varied across contexts (see Annex 5 for details of the country case examples). However, high-level insights reveal the following:

- *Countries with strong NSD foundations* were better able to integrate PPP investments into their institutional systems, demonstrating continuity through e.g. volunteer management, partnerships with local authorities, and financial diversification.
- *Weaker or conflict-affected contexts* reported challenges maintaining staff and continuing operations without PPP funding.
- *Regional coordination gaps* persisted. The transition process exposed differences in how regions understood their roles in supporting closure and sustainability planning. For example, the PPP workshop/stock taking sessions were not systematically or consistently held across the regions.

As highlighted in sections above, across the network, sustainability and exit strategies under the PPP progressed from conceptual discussions in 2022–2023 to concrete planning and implementation by 2024–2025. NSs demonstrated increasing ownership of their sustainability agendas, aligning PPP gains with national transformation plans and developing operational exit measures. However, the depth of implementation was uneven, constrained by short timelines, limited financial continuity, and internal administrative bottlenecks.

While for many NSs full sustainability of PPP outcomes will depend on continued funding and coordination, the programme succeeded in embedding a culture of forward planning, transition thinking, and local ownership that redefines how the IFRC and its partners approach multi-year humanitarian funding. In this regard, the Secretariat's sustainability strategy was less about preserving specific PPP structures and more about institutionalizing new ways of working.

#### 4.4.4 Capacity of the NS and their local partners to build on the technical, operational, and financial support received through the PPP

The capacity and ability of NSs (and to a lesser extent their local partners) to build on the technical, operational, and financial support received through the PPP is detailed in Section 4.4.3 and other commentary on transition and exit preparations and will not be repeated here. Nonetheless, it is worth reinforcing that the PPP was able to help drive significant advances in the technical capacity, operational readiness, and to a degree, financial autonomy of NSs.

The most durable gains appear where new systems have been institutionalised within the NS and their local structures, creating a lasting foundation for future humanitarian action. This has resulted in stronger national-level frameworks and more empowered local actors who are capable of faster, more autonomous responses. One of the clearest areas of improvement lies in technical capacities and institutional frameworks. Several NS used the PPP as a springboard to formalise strategies, policies, and specialised roles that had previously been absent or underdeveloped (see previous sections and case studies). Operational capacity also improved, with several NSs acquiring skills, teams, and assets that drastically reduced response times.

It should be noted, however, that this enhanced preparedness remains fragile as progress in financial autonomy has been less extensive. While technical and operational gains provide a solid foundation, the long-term ability of most NS, EUNS and the IFRC to build on the support from the PPP is fundamentally challenged by a continued reliance on external, project-based funding, which threatens the sustainability of the very structures and personnel the programme helped to build. Importantly, **the learning and outcomes from the PPP show that longer term predictable funding provides more impactful support for local actors in terms of institutional strengthening, rather than focusing only on immediate thematic capacities.**

### 4.5 Impact and transformational change

This section of the report considers the impact and transformational change of the PPP and addresses the following evaluation question:

- To what extent did the PPP contribute to changes in systems, processes, and approaches that shaped how the IFRC network's humanitarian response is coordinated, planned, and delivered at local, national, and regional levels?

The extent to which the Global Component was fully integrated into the PPP and what challenges were faced is addressed in Section 4.1.

#### 4.5.1 PPP's contribution to changes in systems, processes, and approaches that have shaped the IFRC network's humanitarian response

The PPP was conceived to go beyond being purely a funding mechanism to be a driver for transforming how the RCRC network coordinates, plans, and delivers humanitarian response. The ambition was to strengthen localisation, empower country NSs, and reconfigure relationships between the IFRC Secretariat, the EUNS and NSs towards fostering a more integrated, predictable, and adaptive system.

The evidence suggests that the PPP did succeed in producing a level of systemic change, especially at the local and national levels, while the extent of transformation at the regional and global levels was more limited. The most direct beneficiaries of the PPP's transformative drive were the NSs and the communities they served. This section aims to highlight the most transformative changes/impact the PPP had on those institutions and groups, as well as providing brief commentary on the Secretariat's role in helping shape those changes<sup>42</sup>.

##### Impact on National Societies

The PPP significantly advanced NS leadership and coordination capacities. Many NSs became partners of choice, both for governments and international actors, and this development not only elevated NS profiles but confirmed and institutionalised their auxiliary role within national systems. In addition, NS planning processes had the space to mature - multi-hazard contingency plans, early action protocols, and strategic development frameworks integrated themes such as climate change and environment,

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<sup>42</sup> The contribution made by EUNS already highlighted elsewhere in the report.

CEA, and PGI. Policy frameworks on community engagement, gender, and safeguarding were also integrated permanently, helping to embed systemic improvements in ethics and accountability.

The PPP strengthened the leadership and institutional positioning of NSs in ways that went beyond capacity-strengthening. It provided the space and resources for NSs to lead multi-sectoral planning processes and align with government systems. Operationally, the PPP drove significant advances in efficiency and agility. Establishing emergency operations centres, strategic warehouses, and digital cash and feedback systems shortened response times from weeks to hours. The PPP supported NSs to integrate DM frameworks into national legislation; and helped promote them into taking on national coordination roles with government and UN counterparts. In many contexts, NSs formalised internal policies on community engagement, protection, and safeguarding—turning ad hoc ethical commitments into standard operating procedures.

Through the creation of community disaster management committees, community response teams, and local disaster risk management councils, the programme allowed communities to identify, prioritise, and respond to risks. Increased use of CVA allowed for dignified, flexible responses to emerging needs without undermining longer-term programming. NS volunteers were trained in essential skills such as first aid, WASH, and DRR, while being equipped with early warning systems and protective gear. Across the PPP countries, community feedback mechanisms such as hotlines, WhatsApp<sup>43</sup> lines, and suggestion boxes contributed to the NSs institutionalising accountability, shifting communities from passive recipients to active decision-makers—a shift that resulted in the humanitarian response becoming more participatory, timely, and embedded in local contexts and thus having a transformational impact on communities (see below).

### **Impact and change on communities**

While it was not in the evaluation remit to engage with communities or determine programme impact, it is nonetheless helpful to provide some level of indication as to the change the PPP had on communities and their levels of resilience<sup>44</sup>. Across its three-year implementation, the PPP was able to reshape how communities participate in, influence, and benefit from humanitarian action. Placing NSs at the centre of decision-making and resourcing created an opportunity for communities to move from passive beneficiaries to active partners in preparedness, response, and resilience-building. This was achieved through the PPP's investment in community systems rather than stand-alone projects. By resourcing NSs to embed local DM committees, community response teams, and early-warning mechanisms, it institutionalised community-level preparedness and empowered communities to be part of the solution rather than traditional recipients of humanitarian aid.

The PPP's emphasis on community feedback and accountability also marked a progressive shift in how humanitarian programming was shaped by the communities themselves. National Societies introduced or strengthened feedback channels enabling community members to influence priorities and correct course during implementation: another major community impact was the expansion of skills, livelihoods, and local innovation—all contributors to building higher levels of resilience. Through the PPP, volunteers and community members received training in first aid, WASH, epidemic control, and risk communication; further illustrating how the PPP's capacity-building investments translated directly into locally owned solutions and enhanced community resilience.

Of significance was the enhancement of trust and legitimacy between communities and National Societies. For the most part, NSs were able to provide a consistent presence, transparent communication, and visible responsiveness which all improved perceptions of NSs as accountable, community-centred institutions. This growing trust, frequently cited in regional workshops, proved critical in fragile and conflict-affected contexts, where communities had limited faith in government or international agencies.

**For the IFRC Secretariat**, the PPP reshaped its position and role in global coordination. On the positive side, it allowed the Secretariat to renew its relationship with ECHO, by managing one of the donor's largest grants. This shift gave the IFRC convening power and credibility, securing direct funding for

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<sup>43</sup> A social media, instant messaging (IM), and Voice over IP (VoIP) service.

<sup>44</sup> This section does not attempt to provide any level of detail or specific examples but rather is aimed at illustrating the meta-impact the PPP had on communities. It is important to qualify that analysis is drawn from formal PPP reports and KIIs, not from affected populations and communities.

emergencies and a place in strategic donor consultations. The Secretariat increased dedicated global capacities in cross-cutting themes, which developed standardised training and policy tools for use across the network. IFRC legal framework initiatives clarified the roles of NSs in disaster laws, ensuring national authorities recognised the NS's auxiliary function and protecting space for local leadership. However, the PPP's global design at times created confusion and undermined buy-in at the outset. Communication was often undermined by parallel channels bypassing IFRC regional structures, and in contexts where implementation was highly localised, the IFRC was perceived to add little at a strategic national level. These shortcomings highlighted the Secretariat's struggle to balance strategic leadership with operational influence and its under-resourcing at the regional level.

### **Attribution: to what extent was the change driven by the PPP?**

While many of the outcomes align with long-standing RCRC network community-based principles, the scale, structure, and systemic integration achieved under the PPP can be directly attributed to its design. The PPP's multi-year, multi-country architecture created the predictability and scope necessary for NSs to plan strategically and institutionalise reforms, conditions that are rarely possible under traditional project funding. In this sense, the PPP can be said to have amplified existing localisation and community-based efforts by embedding them into national frameworks, operational systems, and donor partnerships. While the transformations that took place at the local level cannot solely be attributed to the PPP<sup>45</sup>, it is clear that without it, progress toward system-wide institutionalisation would have been slower, more fragmented, and less visible. Its transformational value lies in the shift from isolated community projects to structured, nationally led systems of preparedness, accountability, and coordination.

## **5. Conclusion**

Where its assets aligned with local demand and where regional or national champions drove adoption the PPP made real and, in several cases, transformational contributions to country-level impact. Anticipatory Action in *Bangladesh*, Environmental mainstreaming and diffusion in the Americas, Legal operationalisation in *Kyrgyzstan*, Digital consolidation in *Honduras*, and institutional CEA in *Guatemala* are examples that demonstrate that integration can produce enduring changes in policy, standards, and systems.

However, the ambition of “full integration” of the PPP model - that is, to embed this way of working across the network partners into delivery at country level - remained mostly unmet across contexts, due to structural features of programme design, communication gaps, resource patterns, and consortium dynamics. Only in contexts where there is alignment with local demand and the presence of ‘champions’ could the model and the elements of the Global Component become the backbone of network-wide transformation as opposed to a parallel track.

**5.1** The **roles, responsibilities, and working modalities** at the different levels of the PPP were partially fit for purpose: there was a significant divergence between the ambitious intentions of the PPP and the practical realities of its implementation. The fitness for purpose was contingent on context: strongest where NS leadership was assertive and partners aligned behind nationally set priorities, weakest where ambiguity of roles and fragmented administrative procedures were persistent. (Leading to Recommendation 1.)

**5.2** **Membership coordination under the PPP** produced both promising models and revealing challenges. The IFRC demonstrated its convening potential, but this was at times hampered due to unclear roles and insufficient resourcing. The EUNS contributed valuable expertise but undermined collective goals through fragmented systems, approaches and competitive practices. Country NSs showed that with support and ownership, they could drive coordination, institutionalise functions, and enhance national influence, though they remained burdened by structural inefficiencies. (Leading to Recommendation 2.)

The PPP decisively advanced external engagement by **strengthening the auxiliary role of NSs** and integrating their contributions into broader governance and coordination mechanisms. **Its legacy lies in how it enabled NSs to secure institutional recognition, influence national policy, and expand**

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<sup>45</sup> The number of variables would make this extremely challenging to prove.

**their profile as credible humanitarian leaders/actors, while also demonstrating the potential of multi-year, programmatic partnerships to drive systemic change.**

**5.3** The PPP's alignment with the needs, priorities, and leadership of NS and the communities they served presents a complex and mixed picture. While the PPP's core intent was a profound commitment to localisation, evidenced by increased visibility and enhanced capacities of the NS and the empowerment of communities to drive certain interventions, its implementation was frequently constrained by systemic and operational realities. The NSs often demonstrated a strong capacity to leverage the PPP's resources in order to advance their own strategic goals and respond to community needs, particularly where strong leadership existed. Community engagement mechanisms, such as feedback systems and participatory assessments, contributed to interventions being locally relevant. However, the NS's ability to truly lead and align was challenged by a lack of full autonomy over financial decision-making, and, in some cases, weak participation at community level. (Leading to Recommendation 3.)

**5.4** The PPP did advance DG ECHO's **localisation policy** to a significant extent, as its objectives and financing model strongly matched DG ECHO's ambitions for direct, predictable, and equitable funding to local actors, reinforcement of their auxiliary role, and expansion of their leadership in national systems. Nevertheless, design flaws, administrative burdens, and residual control by international partners constrained full alignment with DG ECHO's vision of principled, equitable partnerships and inclusive participation throughout the programme cycle. (Leading to Recommendation 4.)

The PPP made observable progress in **advancing locally led humanitarian action and strengthening the leadership and institutional capacities of NS**, who demonstrated enhanced visibility, empowered decision-making, robust institutional and volunteer capacity growth, increased financial autonomy, and substantial influence on national policies and systems. They proved their ability to lead complex programming, engage communities effectively, and respond to diverse crises, often becoming recognised as "partners of choice."

**5.5** A number of sources highlighted a crucial divergence: while the IFRC's strategic and global value (concept, global thematic guidance, grant management) was considered generally high, its operational and country-level value was often perceived as low (undermined by the design). KIs also noted a level of administrative friction, with the complexity of the PPP often blamed on delays for release of funding tranches and renewed yearly Agreements, and the lack of a single, unified set of requirements for all partners from the start. This bureaucratic load was seen by NSs as a major hindrance to locally led action and resulted in a localisation contradiction. Some IFRC staff acknowledged that the global design and the channelling of funds through EUNS contradicted the stated goal of localisation, potentially "instrumentalising" the NS for delivery while maintaining resource control elsewhere, but at the same time reiterated the fact that a global programme also needed to be steered and the requirements from the DG ECHO meant that it was the EUNS that were responsible for taking the financial risk in the funding chain. (Leading to Recommendation 5.)

Across participating countries, the PPP enabled progress in **embedding sustainability into policy, systems, and community structures**. Exit strategies generally focused on four axes: institutionalisation of policies within National Societies, integration with government systems, community ownership, and logistical or financial readiness. PPP gains varied across the network. Many NS took the most decisive steps - institutionalising functions, embedding policies, empowering communities, and securing financial independence. For the NS, sustainability efforts were both pragmatic and ambitious. Several NSs absorbed PPP-supported roles and functions into their core structures to ensure continuity, reflecting not just the retention of expertise but a strategic commitment to long-term institutional strengthening.

**5.6** However, case studies consistently highlight a set of **considerable challenges that threaten the long-term viability of gains**. Political instability, armed conflict, high turnover of trained personnel, and systemic funding shortages within national government bodies create a fragile foundation for sustainability. The IFRC's presumption that the PPP would be continued beyond the initial three years resulted in delayed exit planning and fragmented transitions, although valuable lessons were extracted for future programming: the IFRC Secretariat used the PPP as a learning platform to shape new funding models, refine grant management, and develop global tools, though its transition was weakened by fragmentation and poor coordination. At EUNS level, the post PPP transition varied, with some continuing PPP approaches within bilateral programmes but the majority reverting to traditional, less

collaborative models, arguably undermining the gains made and impacting the collaborative ethos of the PPP. (Leading to Recommendation 6.)

**5.7** The **fitness for purpose of the EUNS and IFRC's systems in supporting the PPP's implementation** was variable and complex. Many of the NS, as the ultimate implementers, demonstrated capacity and largely successful leverage of the PPP to strengthen their leadership, financial management, technical systems, and community engagement. Their systems, when unhindered, proved largely fit for the purpose of driving localised humanitarian action. However, the efficacy of the entire partnership was hampered by systemic challenges emanating from the EUNS and the IFRC systems and behaviour. On one side, the EUNS' disparate administrative, financial, and reporting systems created a bureaucratic burden for the NS that often undermined the localisation principles the PPP aimed to promote, while a widespread reluctance to delegate full financial and operational control to the NS limited the latter's autonomy. The IFRC, despite its crucial strategic and normative role, struggled with an ambiguous operational mandate, a top-down programme design, and internal systemic inefficiencies that led to communication gaps and inconsistent support. (Supporting Recommendation 1.)

**5.8** The PPP forced the IFRC Secretariat to rethink and, in some areas, reconfigure its **ways of working**. It strengthened donor relations, strengthened global technical capacity, and spurred reforms in grant management and coordination. Yet it also exposed structural weaknesses: role ambiguity, bureaucratic inefficiencies, uneven consultation with field actors, and persistent disharmony among EUNS. The PPP was both a milestone and a mirror, highlighting how far the Secretariat had come in adapting to programmatic, locally led funding, and how much further it still needs to go. The experience underscores that while the IFRC can transform its modalities strategically, full alignment with the principles of localisation and efficiency requires systemic reform, consistent resourcing, and a more balanced distribution of power within the IFRC network. (Supporting Recommendations 2 and 6)

In final conclusion, the PPP contributed to **changes in systems, processes, and approaches** that shaped the IFRC network's humanitarian response coordination, planning, and delivery, particularly at the national and local levels. It served as a powerful driver for empowering NS, bolstering their operational, technical, and financial capacities, and strengthening their auxiliary roles within national humanitarian architectures. The PPP notably enhanced NS-led planning, community engagement, and the adoption of flexible, data-driven delivery mechanisms. However, this transformative potential was constrained by the PPP's initial top-down design, the IFRC Secretariat's sometimes ambiguous operational role and coordination gaps at the regional level, and, most critically, the pervasive lack of harmonised administrative procedures among EUNS. The PPP, therefore, represents a crucial advance towards a more locally led and integrated humanitarian response, offering invaluable lessons on the persistent need for systemic harmonisation and genuine empowerment across all tiers of the IFRC network.

## 6. Lessons Learned

Lessons learned from the information reviewed and the KIIs conducted in the course of this evaluation cross reference lessons still of relevance from the MTR<sup>46</sup>, the various regional workshops conducted across the PPP's implementation and the PPP Lessons Learned report<sup>47</sup> conducted in 2024.

### 6.1 Programme design and model

The perception by many stakeholders – NS, EUNS, ECHO TAs and IFRC across the contexts - interviewed for this evaluation that the genesis of the PPP was solely in Geneva and Brussels was widespread. However, EUNSs were strongly involved in the design phase, involving weekly calls both for the programmatic element (to design the pillars, the logframe, the Global Component) and the modalities (roles and responsibilities, commitments for financial flows etc.); and as noted earlier, NSs

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46 <https://www.ifrc.org/media/54452>

47 [ifrcorg.sharepoint.com/sites/EMT/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2FEMT%2FShared Documents%2FHOMe%2FBackground Documents%2FPPP\\_Lessons Learned Review\\_Catherine\\_South%2Epdf&parent=%2Fsites%2FEMT%2FShared Documents%2FHOMe%2FBackground Documents](https://ifrcorg.sharepoint.com/sites/EMT/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FEMT%2FShared%20Documents%2FHOMe%2FBackground%20Documents%2FPPP_Lessons_Learned_Review_Catherine_South%2Epdf&parent=%2Fsites%2FEMT%2FShared%20Documents%2FHOMe%2FBackground%20Documents)

were not involved in the design phase as the choice of countries was part of the negotiation of the programme.

It is clear that a global, multiyear programme with considerable funds and expectations must have a steer and ultimately be accountable via common denominator indicators, log frames and frameworks. In addition, the question of understanding and managing the demands and requirements of a donor providing such a substantial amount of funding committed over three years requires time to work out both prior and during implementation. In the case of the PPP, DG ECHO's strict compliance processes contributed to fragmentation and misalignment between the need for harmonisation at country level and the requirement of the EUNS in terms of donor reporting. Thus, the ambition was high on all sides. Striking the balance between designing, operationalising and maintaining coherence of such a programme across regions with ensuring that it is genuinely co-created and in line with the (N)WOW merits continual reflection and consultation at all levels.

## **6.2 Role of IFRC**

While in PPP documents there is a clear separation between roles and responsibilities of the EUNS and IFRC, with EUNS managing delivery at country level and IFRC providing strategic coordination and technical support, at country level in particular this was not always evident, understood or followed by the partners, some of whom adopted or maintained a posture of seeing partners as competition.

A clarification in the Country Annexes of the role of IFRC Heads of Country/Country Cluster Offices responsible for strategic coordination would have helped address this. In addition, given the importance of ensuring monitoring and quality programming at regional level as well as acting as convener and mediator when required, a dedicated role of a global Coordinator to cover monitoring and quality aspects could have helped to mitigate risks.<sup>48</sup>

## **6.3 Role of EUNS**

In parallel, the roles and responsibilities of the EUNS differed between countries and depended to a large extent on their already existing ways of working; and the results were mixed in terms of the integration of the purpose of the PPP as a funding vehicle to primarily support the country NS rather than the EUNS and the IFRC Secretariat. One way of addressing this is to ensure that all Country Agreements and/or Annexes provide for a Country Coordination mechanism that is led by the country NS to align functions and harmonise working practices. This would go a long way to achieving complementarity across EUNS (both Lead and partner) standard roles and functions and enable a "PPP approach" (applicable to any similar programming) where the country NS is central to delivery.

This is not to minimise advances at country level, where the PPP did provide some examples of the co-creation of joint working modalities and processes and provided good practices of working together as a RCRC network, through multi-level coordination mechanisms, shared reporting formats, joint efforts to align financial mechanisms and shared PSSR. This has been done despite the different approaches and interests of each EUNS and NS and despite the lack of experience of working together on this scale. For several contexts the PPP was an opportunity to trial new ways of working together, and for all partners to move beyond existing ways of working to engage with these new modalities. The PPP certainly encouraged flexibility, trust-building, and equitable partnerships within the network, and generated opportunities for peer-to-peer exchanges including theme-based workshops and lessons learned exercises as well as NS with similar contexts, which could be developed into permanent regional peer networks.

## **6.4 Role and recognition of centrality of country NS**

At the country level the PPP significantly contributed to helping National Societies establish or strengthen coordination channels with key stakeholders (government and community) at country level, while also reinforcing their institutional capacities. This has enabled stronger leadership from the NS at branch level, elevated their country-wide recognition and coordination capacities and placed them in a better position to improve and adapt their emergency services at the local level, thereby increasing

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<sup>48</sup> Initially the concept was that the five thematic working groups would provide programmatic oversight (all under the lead of IFRC global thematic leads).

acceptance by the communities. Within the PPP existing tools including the CVA toolbox, the PER approach, the Enhanced Vulnerability Capacity Assessment and Anticipatory Action have been used and adapted to facilitate the implementation of these initiatives, and this was felt especially in contexts where country capacities were (and remain) limited. NS who were able to invest in preparedness (training, warehousing, early warning systems) were able to respond faster and more effectively. When the conditions were right, the PPP's integrated, programmatic approach supported cross sectoral coordination better than isolated project models.

There are multiple examples of localisation in the actions implemented by NS through the PPP: community-led mechanisms for selecting people to be assisted with CVA used in Africa, the implementation of the PER approach to strengthen branches in the Americas and climate and hygiene campaigns developed in Europe. Contingency plans were emphasised as central tools for resource mobilisation, operational decision-making, and triggering anticipatory actions. Across the contexts volunteers were central to assessing risks, leading first aid, conducting needs assessments and ensuring community feedback mechanisms. However, the evaluation has shown that such experiences and the impact they have had at the local level are not always showcased (less examples to draw on from certain contexts or certain Pillars).

## 6.5 Sustainability

Sustainability must be embedded from the programme's inception, going beyond mere activities and exit strategies. The PPP highlighted that a three-year timeframe is often too short for deep-rooted mindset shifts and sustainable impact. Future programmes need longer durations and explicit strategies for institutionalising gains, including dedicated resource mobilisation components for NSs, and collective commitment to maintaining collaborative modalities beyond the funding cycle.

The stock taking workshop for Africa (Senegal 2023) highlighted the importance of regularly reassessing the PPP's Theory of Change at country level "to ensure we're on track to deliver transformational and long-lasting change". The Lessons Learned evaluation recommends to "Set up a learning forum to share experience across all multi-year partnerships and inform future models" and both of these lessons remain valid at the end of the PPP.

Advances in digital transformation have been impactful in the contexts where the capacities were there to work on them, and investing in robust information management systems is crucial. Digital solutions that ensure interoperability between partners' systems are needed to enhance efficiency, reduce workload, and prevent loss of institutional memory when staff leave.

## 6.6 Monitoring PPP impact and humanitarian outcome

The evaluation scope acknowledged that given the global scale of the programme and the diverse membership involved, it would not be feasible to capture the perspectives of all stakeholders or to assess humanitarian outcomes from the viewpoint of affected communities—particularly as the evaluation was conducted entirely remotely and time limited. Even if the ET had been mandated to measure impact or humanitarian outcomes, doing so would have been extremely challenging<sup>49</sup> as the PPP lacked an overarching monitoring and evaluation framework capable of aggregating results across countries, and interim reporting largely focusing on outputs rather than outcomes, leaving limited evidence at the level required for a robust impact assessment.

# 7. Recommendations

This section details the key recommendations (and sub-recommendations) arising from the Findings (4) and other sections of the report in order of appearance. The recommendations include a rationale, priority rating, suggested timeframe and responsible person/unit i.e. the entity that has the responsibility for ensuring the recommendation is enacted. These will need to be finalised in discussions with relevant IFRC individuals. Following accepted practice, all recommendations leave room for fine-tuning in terms of final wording and the implementation approach to be adopted by implementers and users.

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<sup>49</sup> A limitation identified in the Inception Report.

No.	Recommendation	Rationale	Action
<b>Roles, responsibilities, and working modalities</b>			
1	<p><b>Clarify and institutionalise governance and operating models to align ambition with operational reality.</b></p> <p><i>Conclusion references 5.1 and 5.7.</i></p>	<p>Future iterations of multi-level, multi-stakeholder and likely multi-annual programmes should formalise a clearer governance framework that defines roles, decision-making authority, and accountability at global, regional, and national levels. This framework should prioritise subsidiarity—ensuring that NSs lead within their contexts while partners align support behind nationally defined strategies. Practical alignment mechanisms (e.g., standard partnership agreements, joint work-planning templates, and streamlined administrative procedures) should replace ad hoc arrangements.</p>	Priority: Important.
2	<p><b>Strengthen IFRC network-wide coordination through a resourced and clearly mandated membership framework.</b></p> <p><i>Conclusion reference 5.2.</i></p>	<p>Future multi-country, multi-level, and multi-stakeholder programmes should consolidate membership coordination under a single, well-defined framework that delineates the respective roles of the IFRC, EUNS, and country NSs in a transparent manner where all partners understand the purpose and can contribute to defining the processes. The IFRC’s convening function must be matched with adequate authority and resources to facilitate joint planning, shared systems, and accountability for collective results.</p> <p>A structured resourcing model, common performance indicators, and periodic joint reviews to assess progress and flag challenges would promote coherence, trust, and collective impact across the membership.</p>	Priority: Critical
<b>Alignment with the needs, priorities, and leadership of NS</b>			
3	<p><b>Expand National Society autonomy and further embed community participation into decision-making processes.</b></p> <p><i>Conclusion reference 5.3.</i></p>	<p>Future PPP-type programming should strengthen the alignment between intent and practice by granting NSs greater authority over financial and strategic decisions within their nationally defined frameworks. This includes developing delegated budgeting mechanisms, simplified approval processes, and flexible funding windows that enable rapid, context-driven action.</p> <p>In addition, localisation must extend beyond institutional leadership to community level: feedback systems and participatory assessments should evolve into co-decision platforms, where affected communities help prioritise interventions and resources. Enhanced NS autonomy and structured community participation will ensure that future programme commitments to localisation translates into sustained ownership and more relevant outcomes.</p>	Priority: Important
<b>Driving the localisation agenda</b>			
4	<p><b>Refine future partnership models to fully operationalise localisation aspirations.</b></p>	<p>Future PPP-type programmes should translate localisation policy into practice through a simplified, equitable partnership architecture that empowers NSs as primary decision-makers and fund managers. This requires streamlining administrative and</p>	Priority: Critical

No.	Recommendation	Rationale	Action
	<b>Conclusion reference 5.4.</b>	compliance procedures, embedding flexible funding modalities that prioritise direct financing to NSs, and establishing joint accountability frameworks. Partners should shift from a supervisory to an enabling role, providing technical accompaniment and capacity investment rather than control.	
<b>5</b>	<b>Reconfigure IFRC's operational role to enable a unified, streamlined, and localisation-consistent delivery model.</b>  <b>Conclusion reference 5.5.</b>	In the appropriate context, IFRC should consolidate its global strategic strengths—conceptual leadership, thematic guidance, and financial oversight. This requires the creation of a single, harmonised framework for all PPP partners from the outset, replacing fragmented EUNS and Secretariat requirements, and working with the donor to explore how to accommodate reporting requirement while minimising divergent instructions for the network partners. Streamlining grant management, standardising reporting, and digitising approval processes would reduce transaction costs and empower NSs to act with greater autonomy.	Priority: Critical. Aligns with the renewal agenda.
<b>Sustainability and exit strategies</b>			
<b>6</b>	<b>Institutionalise sustainability planning and transition frameworks from the outset to safeguard and scale programme gains.</b>  <b>Conclusion reference 5.6.</b>	<p>Successor programmes should embed sustainability and exit planning as core design features rather than end-phase activities. This could include establishing clear transition benchmarks and accountability for each of the four sustainability axes—policy institutionalisation, government integration, community ownership, and financial readiness—within the first year of implementation.</p> <p>The IFRC should develop a standardised sustainability and transition framework, applied across all partners, which mandates early planning for capacity absorption, continuity of staff, and financial diversification. Programming phasing should account for long-term financing instruments, such as pooled or multi-year funds, supporting NS efforts to achieve predictable income and financial autonomy. EUNS and other partner National Societies should align any bilateral programming with these frameworks to preserve collaborative models and avoid regression to fragmented approaches.</p>	Priority: Important.

## 8. Looking forward

Future partnerships must ensure all involved NSs are actively included in the programme's design, decision-making, and budget allocation from the very outset, rather than being presented with an already decided format which risks not being fully adapted to local contexts or priorities, or the sense by NS of feeling that they were just recipients of donor agendas rather than co-creators of programmes and instruments. Improving accountability to the communities by ensuring inclusive and transparent participation throughout the project cycle means designing with clear goals and indicators, involving communities and National Societies in decision-making, using local structures, integrating feedback, and prioritising protection, gender, and inclusion at every stage.

As underlined in the conclusions, three years (of PPP) is short for institutionalising gains. Nonetheless having dedicated resource mobilisation components for NSs and fomenting a collective commitment to maintaining collaborative modalities beyond the funding cycle could go a long way in this and should be

part of planning and proposal submitted to potential donors looking at capitalising on this unique global (and local) network.

To improve fitness-for-purpose across all levels, future programmes or IFRC network-wide funding models should introduce a single, harmonised set of administrative, financial, and reporting systems applicable to all partners. This framework should prioritise simplification, interoperability, and proportionality, reducing the bureaucratic burden on implementing NSs.

The IFRC should clarify its operational mandate by separating its strategic and normative functions from field-level roles, ensuring that coordination, compliance, and grant management processes enable rather than constrain local action. EUNS partners should commit to delegated financial and operational authority for NSs, supported by risk-sharing mechanisms and capacity-strengthening plans rather than seeking or imposing control measures.

The IFRC Secretariat did capture lessons and apply them to successor programmes and global tools, even if it fell short of orchestrating a cohesive transition across the network. The IFRC is advocating for continued or increased engagement and ownership at IFRC regional and country level recognising their vital, yet often underfunded, contribution to the PPP's success. Lessons from the PPP, particularly regarding the need to separate operational project management from strategic grant management, are actively being applied to develop a new internal grant management framework within the IFRC.

Despite the final scenario being different than expected as DG ECHO did not renew the PPP, the IFRC Secretariat took significant steps to capture lessons learned and inform future programmatic approaches. Recognising that the PPP would not continue as originally envisaged, the IFRC had to pivot strategically to preserve momentum through the GTPP with DG ECHO. Lessons from the PPP directly informed the GTPP's design: streamlined compliance mechanisms, clarified governance roles, and a focus on institutional capacity strengthening in preparedness, health, and epidemic response.

This evolution was seen as a practical means to sustain some of the PPP's gains while addressing some of its operational shortcomings, particularly fragmentation and inconsistent accountability structures. Although a stand-alone programme as opposed to a continuation of the PPP, the GTPP translates the PPP's experience into a more focused, thematically driven partnership that retains the programmatic spirit but with a simplified coordination model. The shift marked a contraction in scope and resources, with fewer countries covered and a narrower thematic focus, but also reflected pragmatic necessity following DG ECHO's strategic recalibration.

### **Programming in the context of the IFRC Renewal agenda**

At the time of writing the humanitarian and aid sector, alongside the United Nations, is experiencing a reset as both availability and amount of international funding constricts their capacity to operate while changes in priorities at the geopolitical level globally see many countries questioning the need of such assistance at all. The IFRC and its network is equally impacted and has responded by boosting its agenda for Renewal<sup>50</sup>, of which the three core themes (health, migration and climate) were predominant in the PPP.

"IFRC Renewal 2025 is a strategic reorientation aimed at making the IFRC Secretariat more local, agile, and impactful in response to today's complex humanitarian challenges and an increasingly challenging financial situation". There are strong opportunities to advance localisation through 'working as one', building capacity at all levels, strengthening community ownership, improving coordination, accessing diverse funding sources, advocating for auxiliary roles with Governments, and leveraging global and regional agreements like the Seville 2.0 Agreement<sup>51</sup>.

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<sup>50</sup> [Renewal](#)

<sup>51</sup> [Seville Agreement 2.0 | IFRC](#)

## Annex 1: Terms of Reference

### DG ECHO- IFRC pilot

### Programmatic Partnership

### Terms of Reference for Final Evaluation

#### 1. Summary

**Purpose:** This final evaluation aims to assess the overall performance of the Programmatic Partnership, including the achievement of its intended objectives; the impact on stakeholders' capacities, cost- and operational efficiency, collaboration, and systems change; and the resulting humanitarian outcomes for the communities served. It will also identify lessons learned and good practices to inform the sustainability of the programme approach. Additionally, the evaluation will examine the partnership's working modalities and assess any changes it has brought about or achieved.

**Target audience:** IFRC network and DG ECHO

**Commissioners:** This evaluation is being commissioned by the PPP Steering Committee

**Reports to:** Oversight of this evaluation will be provided by the Evaluation Management Team consisting of staff from regional and Geneva levels of the IFRC Secretariat (Strategic Planning Department, National Society Development and Operations Coordination, Strategic Partnerships and Resource Mobilization Department) and the Red Cross EU Office.

**Timeframe:** 45 working days from June to August 2025

**Location:** This evaluation will be primarily conducted remotely. Field missions may be considered where essential and feasible taking into account cost-effectiveness, environmental considerations, and the added value of in-person engagement.

#### 2. Background

The [Pilot Programmatic Partnership \(PPP\)](#) is a highly innovative programme with a duration of 3 years and a global geographical scope, which includes a reach of 24 countries across Africa, Asia Pacific, Europe and the Americas for implementation, 13 EU NS supporting partners and IFRC country/cluster/regional delegations, and an overall global aspect.

All of PPP's activities are founded on the IFRC Strategy 2030, and the strategic priorities and targets are highlighted in IFRC's Plan and Budget 2021-2025, as agreed with DG ECHO so as to pursue a strategic approach.

The overall objective of the PPP is to ensure communities and individuals are taking action to anticipate, prepare for and respond to and recover from humanitarian and health crises. Central to the PPP is also a [Theory of Change](#) focusing on five pillars that enable the strengthening of National Societies' auxiliary role and operational capacity. The five pillars are:

- Disaster preparedness and response
- Epidemic and pandemic preparedness and response
- Supporting people on the move
- Cash and voucher assistance
- Risk communication, community engagement and accountability

Beyond the programmatic objective, the PPP objectives were manyfold:

- to deliver on the localization commitments of the Grand Bargain;
- to match field realities of protracted crisis with longer term predictable funding, facilitating actions and processes with greater impact;
- to leverage the global IFRC network capacities and unique access to people and communities;

- to contribute to the ambitions of the EU as the biggest donor for international aid in the world and towards IFRC Strategy 2030.
- to increase efficiencies through economies of scale (i.e. not a collection of projects);
- to support implementation of the New Way of Working (NWOW), joint initiative of the IFRC, EUNS with DG ECHO Certification and NS of countries of implementation.

This final evaluation will integrate insights from previous reviews and seek adaptive measures, where applicable, for the integration of the PPP into regular programming to ensure a smooth transition and exit strategy for the programme.

### 3. Evaluation purpose and scope

**Purpose:** This final evaluation aims to assess the overall performance of the Programmatic Partnership, evaluate the achievement of intended programme objectives; and identify lessons learned and best practices to inform sustainability in its approach. Additionally, the evaluation will examine the working modalities within the partnership and assess any changes influenced or delivered.

**Scope:** In view of the global nature of this programme in a membership organization, it will not be possible to include the voices of all stakeholders in this evaluation. A representative sample of PPP countries and stakeholders at different levels will be selected, with the specific criteria for selection to be defined by the consultant, taking into account programmatic coverage, operational diversity, and thematic relevance. This approach will complement and build upon findings from previous exercises such as the Mid-Term Review and the Future of PPP assessments. Additionally, the evaluation will draw on insights and evidence from work conducted across the five programmatic pillars to assess linkages to overall programme objectives and the broader localization and systems change efforts.

### 4. Evaluation questions

The evaluation questions below further expand on the areas of inquiry looked into during the Mid-Term Review. These evaluation questions may be further developed once the evaluation team is on board.

#### Stakeholder Engagement

- Were roles, responsibilities and working modalities at the different levels of the PPP fit for purpose? How have these roles prepared for the transition and eventual closure of the programme?
- What good practices and challenges in membership coordination have emerged from this programme? What lessons may be learned for the future?
- How has the PPP contributed to the engagement with external stakeholders including government and non-government actors, and in line with NS' auxiliary role (and efforts to strengthen systems at different levels)?

#### Programming with a Locally Led Approach

- How well did the programme continue to align with the needs, priorities, and leadership of the Host National Societies and the communities they served?
- To what extent were the programme objectives and activities aligned with DG ECHO's localisation ambitions and relevant policies?
- What progress can be observed in advancing locally led humanitarian action and strengthening of leadership and institutional capacities of country NS?
- What steps have been taken to sustain these gains beyond the programme's end?

#### Programme Delivery and Sustainability

- Were institutions' systems fit for purpose in supporting the implementation of the PPP?
- How has IFRC Secretariat changed its modalities of working (process, procedures, etc) in view of the PPP?
- To what extent have exit strategies and sustainability plans been developed and effectively implemented in all participating countries and IFRC Secretariat building on what was learned from the PPP?

- How well-equipped now are the institutions to maintain and build on the technical, operational, and financial support received through the PPP?

#### Impact and Transformational Change

- To what extent did the PPP contribute to changes in systems, processes, and approaches that shaped how humanitarian response is coordinated, planned, and delivered at local, national, and regional levels?
- To what extent has the PPP contributed to transformational changes in the humanitarian system, including through holistic and integrated programming across the five programmatic pillars?
- How has the PPP impacted the efficiency, timeliness, and scale of humanitarian response — including collaboration, innovation, and the enabling environment (e.g., legal frameworks, domestic preparedness)?

### 5. Evaluation methodology

The consultant will carry out this evaluation through a series of approaches, including:

1. Secondary data analysis of PPP material (global/regional/country reports including the MTR, financial reports, monitoring and evaluation materials/data, videos, stories, briefs, etc).
2. Initial debrief with a sample of key stakeholders prior to the inception report.
3. Key informant interviews with relevant key stakeholders in PPP from the IFRC network and external stakeholders including DG ECHO at the global/regional/country level.
  - a. Where appropriate, KIIs may include in-country engagement with stakeholders through field visits or onsite consultations, with the modality (remote or in-person) to be determined based on relevance, cost-efficiency, and context.

As the programme comprises 24 countries, an appropriate sampling approach will be developed by evaluators to ensure representativeness across geographic, programmatic, and contextual dimensions. While the inclusion of all countries is encouraged where feasible, the final scope will depend on methodological robustness, data availability and other resources.

The consultant will present its preliminary findings to all relevant stakeholders of the PPP programme, along with a final presentation at the end of the evaluation.

An Evaluation Management Team (EMT) will also be set up to manage and support. It will comprise a EMT of staff from regional and Geneva levels of the IFRC Secretariat (Strategic Planning Department, National Society Development and Operations Coordination, Strategic Partnerships and Resource Mobilization Department) and the European Union Red Cross Office. The EMT will support the review process as required. It will be responsible for supporting and overseeing the evaluation process up to the finalisation of the final evaluation report.

#### 1. Deliverables (or outputs)

**Inception report** – The inception report will iterate the parameters and the workplan to operationalise and direct each aspect of this final evaluation and data collection plan, including the tools and methods to be employed. It is expected that this inception report will not be longer than 4,000 words.

The inception report will elaborate on these terms of reference by:

- Agreeing on specific evaluation questions
- Describing how this evaluation and data collection will be carried out
- Refining and specifying the expectations
- Detailing the methodology
- Drafting data collection tools (interview guides, guidance for the FGDs, etc)
- Clarifying roles and responsibilities of the team
- Outlining the timeframe and activities for the evaluation

The inception report should outline the report's structure to be submitted by the consultant and include the consultant's expectations as to what extent the purpose of the evaluation can be achieved.

**Debriefings/feedback to management at all levels** - The team will present its preliminary findings to relevant stakeholders before leaving the country, as well as to the respective stakeholders of the PPP in a participatory onsite/virtual meeting (*See proposed Evaluation Timeframe below*). This will allow all relevant levels to make any pertinent comments and/or to make any corrections or additions to the findings, as required before the finalization of the report.

**Draft report** – A draft report, identifying key findings, lessons learned and recommendations for the current and future PPP, will be submitted after the data collection/analysis period.

**Final report** – The final report will contain a short executive summary (no more than 1,000 words) and a main body of the report (expected to be no more than 10,000 words) covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions, lessons learned, and recommendations. Recommendations should be specific, feasible, and evidence based. It will contain appropriate appendices, including a copy of the ToR, cited resources or bibliography, a list of those interviewed, and any other relevant materials. Meeting notes of the workshops, and identified actions planned, should be part of the final report. The final report will be submitted one week after the receipt of comments on the draft report and will have to be validated by the PPP Steering Committee and will then be posted on the [IFRC Evaluation and Research Databank](#)

**2. Proposed Evaluation Timeframe**

Time Schedule	Activities	Deliverables
10 days	<ol style="list-style-type: none"> <li>1. Desktop study: review intervention documentation, and related primary/secondary resources for the evaluation.</li> <li>2. Initial virtual debriefings from key stakeholders.</li> <li>3. Development of a detailed inception report, or data collection/analysis plan and schedule, draft methodology, and data collection tools.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inception report, data collection/analysis plan and schedule, draft methodology, and data collection tools.</li> </ol>
20 days	<ol style="list-style-type: none"> <li>1. Preparation and pilot of data collection tools.</li> <li>2. Data collection</li> </ol>	<ol style="list-style-type: none"> <li>1. Piloted data collection instruments.</li> <li>2. Data collection</li> </ol>
2 days	Findings sessions with relevant stakeholders in country, at the Regional Office and for Geneva.	Findings sessions to be carried out for PPP stakeholders
5 days	Prepare a draft evaluation report.	Draft version of the evaluation report.
5 days	Revise and submit the final evaluation report.	Final draft of the evaluation report.
3 days	Virtual presentations on overall evaluation to DG ECHO, PPP Steering Committee and relevant PPP stakeholders (3 time zones)	5 Virtual presentations
45 days	Total Working Days for Consultant(s)	

**3. Evaluation quality and ethical standards**

Evaluator/s should adhere to the evaluation standards and specific, applicable processes outlined in the [IFRC Framework for Evaluation](#). The IFRC Evaluation Standards are:

1. Utility: Evaluations must be useful and used.
2. Feasibility: Evaluations must be realistic, diplomatic, and managed in a sensible, cost-effective manner.

3. **Ethics & Legality:** Evaluations must be conducted ethically and legally, with particular regard for the welfare of those involved in and affected by the evaluation.
4. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
5. **Transparency:** Evaluations should be conducted openly and transparently.
6. **Accuracy:** Evaluations should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. **Participation:** When feasible and appropriate, stakeholders should be consulted and meaningfully involved in the evaluation process.
8. **Accountability:** Evaluations should be conducted upholding accountability standards by adequately documenting the evaluation process and products, aligning evaluation practice with an equity approach, and with development of recommendations that are detailed and actionable

The evaluation is also expected to respect the Fundamental Principles, Code of Conduct, and Principles and Rules of the International Red Cross and Red Crescent Movement. It also complements and is consistent with other critical IFRC Secretariat and network policies, commitments, principles, and guidelines, the Agenda for Renewal and Strategy 2030.

#### 4. Evaluator/s profile

It is expected that this final evaluation will be carried out by consultant/s who have the following qualifications:

- Seven to 10 years' experience working in monitoring and evaluation.
- Familiar with and/or experience with the International Red Cross and Red Crescent Movement and familiarity with relevant DG ECHO policies.
- Led and proven experience working with large data collection exercises.
- Expertise with remote and onsite tools conducting key informant interviews, focus group discussions, and large group meetings. Experience in using AI tools is required.
- Proven success in working with senior-level management and field staff to identify strategic findings and lessons learned.
- Sound experience in data consolidation, analysis and presentation. Ability to prepare well-written reports in English in a timely manner.
- PhD qualification in a relevant field of study or a Masters with an equivalent combination of education and relevant work experience.
- Good team player and familiarity with working with people from different cultures/contexts.

#### 5. Application procedures

The IFRC will approach suitable candidates to submit their application material by **Monday, 2 June 2025**. Application materials should include:

1. Curricula Vitae (CV).
2. Cover letter, clearly summarising experience as it pertains to this assignment, daily rate, and three professional references.
3. A brief description of the firm or institution (for applicants other than individual contractors).
4. At least one example of an evaluation report similar to that described in this ToR.

## Annex 2: Bibliography

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Roles and responsibilities: PPP delivery and coordination. (n.d.).

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## Annex 3: Interview questions

Questions to be tailored to key informants and country contexts. KIs will be asked to select questions to which they have the most information to share.

### Consent protocol and accompanying script for KII

The following statement will be made to the informant by way of an introduction to the subject matter:

“Thank you for making time for this interview. The information collected in the interview will be used as evidence for the final evaluation of the IFRC-DG ECHO’s Pilot Partnership Programme (PPP). The evaluation is for learning purposes, to help understand which aspects of the PPP can be considered successful and which less so, and to help assess where improvement could be made for similar partnerships in the future.”

“Your participation in the interview is entirely voluntary. You can choose not to answer questions or to suspend the interview at any moment. What you say to us may be used in our evaluation report but will not be directly associated with you nor revealed or disseminated outside of the report.”

“Everything you say will remain anonymous and your name will not appear in our evaluation report.

“The interview should take about 45 minutes to one hour.”

“Do you have any questions before we continue?”

“Before we start, we need your permission. Do you consent to participate in this interview: Y/N?”

“We will transcribe the interview. Do we have your consent to do so: Y/N?”

### Interview sheet – Country level stakeholders

	Evaluation theme/main inquiry line	Interview Notes
	<b>Stakeholder Engagement</b>	
1.1	What were your roles and responsibilities in the PPP?	
1.2	Did the working modalities established under the PPP work as planned, and are they still being used?	
1.3	How have these roles prepared for the transition and eventual closure of the programme? Give examples	
2.1	What successes and challenges did you experience at the level of membership coordination?	
2.2	With hindsight, is there anything that could have been done differently?	
3.1	What differences have you experienced in your working relationship with external stakeholders (authorities, ECHO) since the PPP started?	
3.2	In what way is the host NS' role perceived or understood differently than before the PPP?	
	<b>Programming with a Locally Led Approach</b>	
4.1	To what extent did the PPP generate changes in the programming, decision-making and priorities of the host NS?	

4.2	To what extent did the various partner roles, responsibilities and working modalities [discussed earlier] contribute to 'programming with a locally led approach' and putting the country NS at the centre of the PPP?	
5.1	To what extent did the PPP align with DG ECHO's localisation policies and guidance?	
5.2	How successful was the implementation of the localisation component of the PPP in your context?	
6.1	Do you perceive positive or negative changes in the country NS' ability to lead humanitarian action in your context?	
6.2	[Optional] Do you believe the PPP has led to more effective/efficient locally led humanitarian action?	
7.1	Which, if any, aspects of the PPP are in your 2025/2026 planning?	
7.2	What is the likelihood of non-programmatic elements, such as safeguarding, risk management etc., being accounted for in 2025/2026 planning?	
<b>Programme Delivery and Sustainability</b>		
8.1	Were the established partner working modalities conducive to supporting efficient and effective programming, and are any still being used in your context?	
9.1	How influential/important were the cross-cutting themes in supporting the PPP?	
9.2	Which ones had the most impact on programming in your context and why?	
10.1	Describe the PPP exit strategy in your context.	
11.2	Do you believe the PPP led to more effective/efficient programme delivery that is sustainable?	
<b>Effectiveness and Transformational Change</b>		
12.1	Do you feel that the PPP has led to the country NS having a stronger outward facing profile toward relevant in-country actors as well as an enhanced reputation for humanitarian response capacity?	
12.2	How effective has the PPP been in contributing to the shaping of humanitarian response at relevant national levels?  Consider where possible communities and affected populations.	

### Interview sheet – Global level stakeholders

	Evaluation theme/main inquiry line	Interview Notes
	Stakeholder Engagement	

1.1	What were your roles and responsibilities in the PPP? How have these roles prepared for the transition and eventual closure of the programme? Give examples	
<b>Programming with a Locally Led Approach</b>		
5	To what extent did the PPP meet DG ECHO's localisation aspirations and IFRC's desire to accelerate local action in humanitarian and health crises?	
5.2	How successful was the implementation of the localisation component of the PPP?	
<b>Programme Delivery and Sustainability</b>		
10.1	Did the PPP account for an effective exit strategy or other type of sustainable service delivery transition process?	
11.1	How would you rate from 1 (lower) to 10 (higher) the Memberships' ability to capitalise on the support provided via the PPP, and why?	
<b>Effectiveness and Transformational Change</b>		
12.1	Do you feel that the PPP has led to country NSs having a stronger outward facing profile toward relevant in-country actors as well as an enhanced reputation for humanitarian response capacity?	
12.2	How effective has the PPP been in contributing to the <u>shaping</u> of humanitarian response at relevant <u>regional and national</u> levels?	
13.1	Was the Global Component well integrated into the PPP? What challenges were faced?	

### Interview sheet – Strategic/operational level stakeholders

	Evaluation theme/main inquiry line	Interview Notes
<b>Stakeholder Engagement</b>		
1.1	What were your roles and responsibilities in the PPP? How have these roles prepared for the transition and eventual closure of the programme? Give examples	
1.2	Did the working modalities established under the PPP work as planned, and are they still being used?	
2.1	What successes and challenges did you experience at the level of membership coordination?	
3.2	In what way is the host NS' role perceived or understood differently than before the PPP?	
<b>Programming with a Locally Led Approach</b>		

4.1	To what extent did the PPP generate changes in the programming, decision-making and priorities of the host NS?	
5.1	To what extent did the PPP meet DG ECHO's localisation aspirations and IFRC's desire to accelerate local action in humanitarian and health crises?	
5.2	How successful was the implementation of the localisation component of the PPP in your context(s)	
<b>Programme Delivery and Sustainability</b>		
8.1	Have there been new procedures, processes and/or working modalities introduced in order to implement the PPP?  If so, which ones are still in place?	
10.1	Describe the PPP exit strategy.	
11.1	How would you rate from 1 (lower) to 10 (higher) the Memberships' ability to capitalise on the support provided via the PPP, and why?	
<b>Effectiveness and Transformational Change</b>		
12.1	Do you feel that the PPP has led to country NSs having a stronger outward facing profile toward relevant in-country actors as well as an enhanced reputation for humanitarian response capacity?	
12.2	How effective has the PPP been in contributing to the <u>shaping</u> of humanitarian response at relevant <u>regional and national</u> levels?	
13.1	Was the Global Component well integrated into the PPP?  What challenges were faced?	

## Annex 4: AI data tool prompts

### **PROMPT 1**

Can you write a balanced case study of the full contents of the provided document that also highlights some of the limitations challenges, using the questions in said document as subheading:

**NOTE:** First prompt used on ChatGPT for gain an insight on what type of response it would provide. This prompt was heavily refined see **PROMPT 2** and was tested on

CoPilot - 7/10

Chat GPT - 5/10

Gemini - 8/10

Perplexity - 5/10

### **PROMPT 2**

Produce a balanced case study (i.e. highlighting strengths, limitations, successes and challenges) that is professional and analytical, drawing only on the information in the uploaded file.

At the beginning, include a short country context chapter of ~300–350 words that is relevant to the case study.

Use the following headings for chapters.

1. Stakeholder Engagement
2. Programming with a Locally Led Approach
3. Programme Delivery and Sustainability
4. Effectiveness and Transformational Change

Ensure all four core chapters are **~800 words each**.

Add a Conclusions and lessons learned chapter of ~300–350 words.

Produce one chapter at a time.

**PROBLEM:** The AI we settled on “**Gemini**” didn’t produce the ‘Conclusions and lessons learned chapter of ~300–350 words’.

**REASON:** “**Produce one chapter at a time**” this instruction made Gemini focus on the 4 chapters. After each chapter, it needed human input for it to continue to the next chapter.

### **PROMPT 3**

Produce a balanced case study (i.e. highlighting strengths, limitations, successes and challenges) that is professional and analytical, drawing only on the information in the uploaded file.

At the beginning, include a short country context chapter of ~150-200 words that is relevant to the case study.

Use the following headings for chapters.

1. Stakeholder Engagement
2. Programming with a Locally Led Approach
3. Programme Delivery and Sustainability
4. Effectiveness and Transformational Change

Ensure all four core chapters are ~**1000 words each**.

Add a Conclusions and lessons learned chapter of ~300–350 words.

**WHY THIS PROMPT WORKS:**

**1. Clear and Structured**

It explicitly defines what to produce (a balanced case study) and its tone (professional, analytical).

Provides a specific structure with clear chapter headings and approximate word counts which reduces ambiguity.

**2. Balanced and Objective Focus**

Requests **both strengths and weaknesses** (strengths, limitations, successes, challenges) ensuring the output isn't one-sided.

This balance supports a **more credible and useful output**.

**3. Data Integrity**

States to **draw only from the uploaded file**, preventing the inclusion of assumptions or unrelated sources and insuring less probability of hallucination.

**4. Word count Guidance on Depth and Scope** ensures **adequate depth without drifting off topic**.

## Annex 5: National Society sustainability measures

### 1. *Bangladesh Red Crescent Society (BDRCS)* – (see Volume I for the full case study).

In *Bangladesh*, the PPP made notable headway in aligning BDRCS structures with national systems, with the most significant achievement being the integration of the CBS mechanism into the national surveillance framework through a Memorandum of Understanding (MoU) with the Institute of Epidemiology, Disease Control and Research. This step represents one of the clearest examples of institutionalisation across all participating countries, effectively anchoring the CBS as a national tool beyond the PPP's lifespan.

The BDRCS also embedded operational sustainability through policies such as a green response strategy and anti-harassment guidelines, alongside developing procurement manuals and emergency stockpiles. These steps directly strengthened its capacity as an agile humanitarian partner. However, the sustainability of local governance mechanisms—particularly the Ward Disaster Management Committees—was undermined by political instability as some structures were dissolved in 2024, demonstrates the fragility of gains rooted in local institutions when the political context is unstable. Furthermore, delays in digitising and synchronising CBS data with national health systems show a gap between strategic ambition and technical execution.

Overall, Bangladesh presents a strong example of institutional embedding, but political volatility remains a profound barrier to long-term sustainability.

### 2. *Burkinabè Red Cross Society (BFRC)*

In *Burkina Faso*, sustainability centred on institutionalising cross-cutting policies—CEA, Prevention of Sexual Exploitation and Abuse (PSEA), and Protection, Gender and Inclusion (PGI)—within the BFRC. These frameworks, supported by staff and volunteer training laid a solid foundation for ethical and community-centred operations into the future. The CBS system was also formally linked to the national health system, ensuring its continuation beyond the PPP, while investment in warehouse and health centre infrastructure provided tangible, enduring assets.

The retention of skilled staff and volunteers however remains especially fragile in a context of instability, where turnover can rapidly undermine institutional memory and technical continuity. Similarly, the sustainability of income-generating measures, such as the commercialisation of organic fertiliser, remains contingent on the creation of stable markets, which are difficult to guarantee in a fragile economy. While the NS has developed a comprehensive sustainability framework, its implementation is constrained by broader economic and political realities.

### 3. *Red Cross of the Democratic Republic of Congo (RCDRC)*

The RCDRC pursued a multidimensional sustainability plan combining localisation, policy institutionalisation, and community empowerment. A key success has been embedding Community-Based Early Warning Systems into the South Kivu provincial emergency plan, formally linking community resilience with provincial governance. Similarly, the institutionalisation of CEA standards into the NS's strategy underscores a commitment to embedding accountability into future programming.

On the logistical front, the pre-positioning of emergency stocks and the design of modular, locally produced metal shelters represent innovative, sustainable measures that reduce dependence on external supply chains. Farmer Field Schools further reinforced sustainability by fostering climate-smart agricultural skills within communities.

Nevertheless, sustainability in the DRC remains deeply challenged by high staff turnover, chronic insecurity, and under-resourced provincial systems. Even where systems are integrated into provincial plans, their long-term viability depends on political and financial commitments that may not materialise. The ambition of sustainable community and environmental initiatives thus risks being undermined by structural fragility.

### 4. *Ecuadorian Red Cross (CRE)*

The CREs approach emphasised institutionalisation of knowledge and tools. The CBS system was formally incorporated into the national health framework, while community training was embedded through CRE's continuing education platform, allowing for replication after the programme's conclusion.

The development of a CEA policy with implementation guidance for all 24 branches and the production of standardised entrepreneurship and cash transfer guides are strong examples of institutional tools designed for long-term use.

Challenges stem largely from the external environment: political turnover disrupts partnerships with government counterparts, while staff and volunteer retention requires continuous retraining. Digital innovations—such as e-learning—remain underutilised in rural areas with weak internet connectivity, raising questions about inclusivity in sustainability. In Ecuador, institutionalisation is strong, but sustainability risks being unevenly distributed across geographic and demographic groups.

### **5. Guatemalan Red Cross (GRC)**

The GRC embedded sustainability primarily through national integration and policy frameworks. The CBS was formally linked with the Ministry of Health's systems, while coordination with CONRED led to the development of a unified alert protocol, a strong step towards ensuring consistency in risk management nationally. Community ownership was cultivated through micro-projects led by communities themselves, which enhanced local relevance and commitment.

Implementation gaps emerged around the accreditation of local response teams, which lagged and delayed full integration into national systems. Similarly, CVA mechanisms faced difficulties due to inflation and fluctuating prices, which limited their viability as a sustainable approach. Guatemala's case shows that while exit strategies were well designed, their effectiveness was at times constrained by both bureaucratic delays and economic instability.

### **6. Honduran Red Cross (CRH)**

In Honduras, sustainability has been pursued through institutional frameworks and community empowerment. By participating in the national cash working group and formalising agreements with financial service providers, the CRH significantly enhanced the long-term viability of CVA as a response mechanism. Legal harmonisation was also supported through dissemination of national humanitarian law, creating a more enabling environment for international assistance.

Community ownership was advanced through participatory local planning processes. However, operational weaknesses persist, particularly in remote areas where health committees lack infrastructure and resources to provide reliable services. Furthermore, inconsistent application of protection protocols reveals gaps between policy design and sustainable implementation in practice. Honduras illustrates how strong institutional frameworks can be undermined by systemic capacity gaps at the community levels.

### **7. Red Crescent Society of Kyrgyzstan (RCSK)**

The RCSK has one of the clearest and most structured sustainability strategies, centred on transforming Local Disaster Management Committees into permanent Primary Organizations under the RCSK. This structural evolution ensures lasting presence and dialogue with authorities. Sustainability was also embedded through integrating Epidemic and Pandemic Preparedness and Response into annual training for National Disaster Response Teams and signing a two-year agreement with a bank for future cash distribution.

The chief risk lies in resource continuity: without dedicated financing, the permanent committees may struggle to function effectively, and institutionalised training risks being deprioritised over time. The Kyrgyz case shows that while sustainability planning has been highly strategic, its endurance will depend on continued investment.

### **8. Lebanese Red Cross (LRC)**

In *Lebanon*, sustainability efforts were effectively institutionalised, with the LRC updating its Epidemic and Pandemic Preparedness Plan, creating Infection Prevention and Control guidelines, and revising SOPs for emergency response. CEA practices were also systematically assessed to inform a forthcoming policy. Integration of Community Emergency Response Teams with local authorities represents a meaningful attempt at embedding sustainability within local governance.

However, the LRC itself acknowledged that greater institutional sustainability is still required, and Lebanon's economic collapse and volatile security context cast serious doubt over the long-term viability of these initiatives.

### **9. Malagasy Red Cross (MRC)**

The MRC's strategy combined institutional policy development, logistical readiness, and community integration. The alignment of Communal Disaster Risk Committees with national strategies ensured formal continuity, while the construction of regional warehouses and agreements with banks for CVA created tangible assets and mechanisms for long-term response.

Sustainability, however, was weakened by human resource gaps, particularly when turnover of focal points delayed critical strategies such as CEA. The shortage of qualified volunteers further limited the reach of sustainability initiatives. The Malagasy experience underscores how institutional progress can be highly dependent on individual staff and volunteers, rendering it vulnerable to attrition.

### **10. South Sudan Red Cross (SSRC)**

The SSRC achieved notable progress in embedding its role within national frameworks, co-leading the development of a National Disaster Management Law and participating in the Boma Health Initiative strategy. These steps cement its auxiliary role and align its work with national planning. Operational sustainability was also promoted through emergency Water, Sanitation and Hygiene (WASH) pre-positioning and a Training of Trainers model for hygiene promotion.

However, implementation has been slowed by political instability, particularly the delayed adoption of the Disaster Management Law. The sustainability of infrastructure such as solar-powered water yards remains contingent on ongoing technical and financial support, which is not guaranteed. Additionally, weaknesses in data management constrain the scaling of digital CVA mechanisms.

### **11. Uganda Red Cross Society (URCS)**

The URCS advanced sustainability through both institutional policy and innovative financing. The revision of its legal framework and advocacy around the National Disaster Bill embedded long-term alignment with national governance. A Digital Transformation Roadmap, coupled with training of IT staff, promoted the independent sustainability of new systems. Warehouses provided logistical longevity, while a "Going Green" Policy opened pathways for carbon market financing, positioning URCS as a forward-looking actor.

Despite this progress, weaknesses persist high turnover of Village Health Teams undermines surveillance and service delivery, while logistical challenges in remote areas affect trust in early warning systems. CVA systems, though reformed, are still awaiting implementation of critical funding mechanisms, highlighting a gap between planning and operational reality.

### **12. Yemen Red Crescent Society (YRCS)**

While the YRCS's sustainability strategy was framed by conflict realities, it was still able to produce some notable gains. The CBS system was fully integrated into the Ministry of Health, while environmentally sustainable measures—such as transitioning from diesel to renewable energy and replacing water trucking with permanent water schemes—provided long-term solutions. Handing over rehabilitated systems to local corporations and establishing Community Water Committees fostered local ownership.

The greatest challenge lies in the capacity of local institutions to maintain these systems amid war and economic collapse. Despite the foresight of building sustainability into programme design, the external environment severely limits their effective implementation.

**IFRC**

**DG ECHO-IFRC pilot  
Programmatic Partnership  
Final Evaluation**

**Evaluation Report**

**VOLUME 1  
COUNTRY CASE STUDIES**

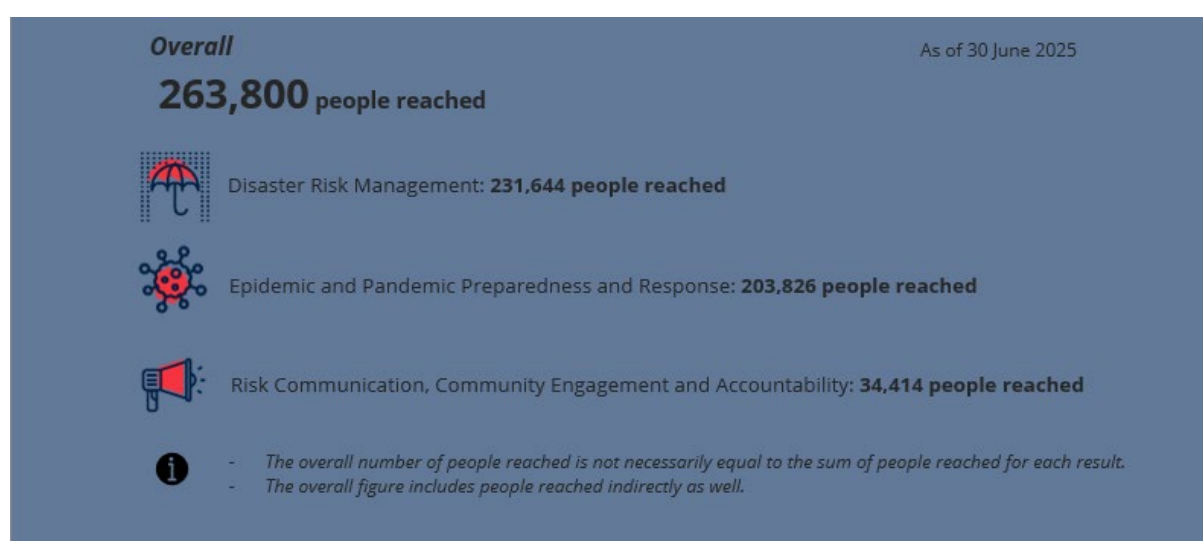
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# Bangladesh

## Country context in which the PPP took place

Bangladesh is a nation highly susceptible to a diverse array of natural and climate-induced disasters, including cyclones, floods, and increasingly, heatwaves, which the government has formally recognized as a climate-induced hazard. This inherent vulnerability necessitates robust disaster risk management and public health preparedness systems. The country operates with a multi-layered governance structure, encompassing national ministries, city corporations, and local administrative committees such as Ward and Union Disaster Management Committees. This landscape, while providing established frameworks, is also characterized by a complex humanitarian environment, particularly in areas like Cox's Bazar, where numerous non-governmental organizations and international non-governmental organizations operate, underscoring the need for effective coordination. Furthermore, the operational context can be significantly influenced by dynamic political changes and civil unrest, which have historically led to administrative reshuffles and the temporary dissolution of local governance structures, posing unique challenges to sustained programmatic interventions and highlighting the critical importance of community-level resilience.



## 1. Stakeholder Engagement

The DG ECHO Pilot Programmatic Partnership (PPP) in Bangladesh has demonstrated a strategic and largely effective approach to stakeholder engagement, crucial for bolstering humanitarian response capacities. This chapter examines the strengths, challenges, and successes of these engagement modalities, drawing key lessons for future interventions.

### 1.1. Stakeholder Engagement strengths

A core strength of the PPP is its **multi-level engagement strategy**, spanning national, city/district, and local/community tiers. At the national level, the Bangladesh Red Crescent Society (BDRCS) has significantly strengthened its **auxiliary role to the government**. This is evident through continuous coordination with key ministries such as MoDMR, DDM, MoHFW, DGHS, and IEDCR, ensuring synergy with national disaster and health plans. A prime success is the **formal integration of the Community-Based Surveillance (CBS) system into the national health surveillance system** through a Memorandum of Understanding (MOU) between BDRCS and IEDCR, solidifying BDRCS's recognition as a public health partner. National Disaster Response Teams (NDRTs) have also been trained and deployed, enhancing national operational capacity.

At the city and district levels, the program engaged with City Corporations for epidemic preparedness and trained Local Disaster Risk Management (DRM) authorities on the Emergency Operational Dashboard (EOD) to digitize and link disaster information to national centres, improving coordinated response.

The program's most impactful strength lies in its **deep focus on empowering local populations and authorities**. Non-functional Ward Disaster Management Committees (WDMCs) and Union Disaster Management Committees (UDMCs) were reactivated and trained on their roles, equipped with search and rescue tools. School Management Committees (SMCs) were similarly activated. Community volunteers, including Red Cross Youth (RCY), received extensive training in lifesaving skills, first aid, search and rescue, CBHFA, and ECV. Crucially, they were equipped with smartphones for real-time data collection via the CBS app, directly linking grassroots efforts to national surveillance. Community gatekeepers were also mobilized to support volunteers and disseminate information.

The PPP excelled in fostering **integrated and coordinated modalities**. The CBS system, managed at city and national levels in collaboration with IEDCR, exemplifies this. Strong **inter-pillar collaboration** between DRM, EPPR, and Risk Communication, Community Engagement and Accountability (CEA) led to joint planning and implementation. A significant success was the formation of a **Disaster Risk Reduction (DRR) Coordination Group in Cox's Bazar**, chaired by local government with BDRCS support. This group improved coordination and prevented duplication among numerous humanitarian actors. Systematic community feedback and complaint mechanisms (FCRM), including hotlines, ensured community participation. The program also integrated a "One Health" approach and emphasized gender-specific needs.

## 1.2. Stakeholder engagement limitations and challenges

Despite robust strategies, the PPP faced significant **challenges**, primarily from Bangladesh's volatile political landscape. Major political changes and civil unrest (July-August 2024) led to the **dissolution of local administrative committees** (WDMCs, school committees) and reshuffles at local/ministerial levels. This caused prolonged operational halts, restricted movement, and delayed activities, disrupting established engagement channels.

Another challenge involved **initial coordination hurdles for new systems**. The CBS system's introduction was complex due to City Corporations falling under the Ministry of Local Government, while disease surveillance is under MoHFW, requiring substantial effort to bridge this inter-ministerial gap.

Furthermore, **technical and logistical delays in digitalization** impacted seamless engagement. Delays in finalizing the CBS app and synchronizing data with national health databases were attributed to extensive stakeholder engagement, the complexity of integrating with IEDCR, and delays in securing a dedicated data management officer. Changes to the CBS online questionnaire also contributed to data synchronization issues. The **saturated operational environment in Cox's Bazar** with numerous NGOs/INGOs, while mitigated by the DRR Coordination Group, presented inherent coordination complexities. School-based interventions also faced **disruptions** due to academic schedules and committee dissolution.

## 2. Programming with a Locally Led Approach

### 2.1. Locally Led Programming strengths

The DG ECHO Pilot Programmatic Partnership (PPP) in Bangladesh has demonstrated a strong commitment to locally led humanitarian action, aligning its objectives and activities closely with the needs, priorities, and leadership of the Bangladesh Red Crescent Society (BDRCS) and the communities it serves. This chapter will explore the program's strengths, challenges, successes, and lessons derived from this approach.

A significant strength of the PPP is its dedicated effort to **strengthen BDRCS's auxiliary role and ownership**. The program empowered BDRCS to demonstrate this role through continuous, close coordination with national and local authorities, including MoDMR, DDM, MoHFW, DGHS, and IEDCR, ensuring synergy with national disaster and health plans. This collaboration led to BDRCS being recognized as a public health partner in Bangladesh. The PPP fostered BDRCS's ownership by developing a consolidated workplan and Detailed Implementation Plan (DIP) aimed at empowering its Headquarters and units. Extensive training was provided to BDRCS staff and volunteers in EPPR and CEA, using locally translated materials. BDRCS actively led responses to emergencies like Cyclone Remal, flash floods, heatwaves, and dengue outbreaks, deploying trained teams and pre-positioned stocks, often in coordination with government entities, showcasing tangible local leadership.

The program's commitment to a **community-led and participatory approach** is a cornerstone of its local alignment. Interventions actively involved communities in initiatives like clean-up campaigns and heatwave awareness. Beneficiary selection and assistance types were based on continuous needs assessments, prioritizing vulnerable groups. Ward Disaster Management Committees (WDMCs) and Union Disaster Management Committees (UDMCs), often non-functional, were reactivated and trained on their roles (via SOD), embedding them as key local response structures. Community volunteers were trained and deployed under WDMC supervision. Community feedback mechanisms were central, with a national hotline established and regular community consultation meetings held to inform program decisions, such as feedback box placement. Community insights were systematically collected, analyzed, and used for course correction. "Photovoice" and "storytelling" initiatives empowered young volunteers to capture community perspectives, and specific community requests (e.g., cold wave information) were incorporated. Design and location of fire safety centers were also defined through community consultation.

The PPP also demonstrated strong **integration with national systems and policy influence**. All local initiatives were explicitly linked to the national system. Local DRM authorities received training on the Emergency Operational Dashboard (EOD) to digitize and link disaster information to the DDM emergency operation centre. A significant achievement was the **integration of the Community-Based Surveillance (CBS) system into the national surveillance system** through close collaboration with the IEDCR. A formal MOU between BDRCS and IEDCR made CBS an acceptable system for the Government of Bangladesh, ensuring long-term functionality. The program directly influenced government policy, notably leading to the government's declaration to **recognize heatwave as a climate-induced hazard** and its commitment to develop a national Early Action Protocol (EAP) for heatwaves.

Furthermore, the program fostered effective **coordination with external stakeholders**, including non-government actors. In Cox's Bazar, BDRCS initiated the formation of a **Disaster Risk Reduction (DRR) Coordination Group** at the sub-district level, chaired by local government with BDRCS support. This group served as a vital platform for information exchange and collaboration, successfully avoiding duplication. BDRCS also collaborated with the FAO on landslide risk management and worked with stakeholders like CIC and IOM during emergencies, demonstrating effective multi-agency coordination. Regular coordination was maintained with "One Health Approach" and health working groups.

## 2.2. Locally Led Programming Limitations and Challenges

Despite these strengths, the program faced notable **limitations and challenges**. A significant hurdle was **political instability and civil unrest** (July-August 2024), leading to **massive reshuffles at local and ministry levels** and the **dissolution of local administrative committees** (WDMCs, school committees). This temporarily hindered operations and disrupted established local structures, directly challenging the continuity of locally led initiatives.

Another challenge involved **initial inter-ministerial coordination gaps** for the CBS system, requiring significant effort to bridge the divide between City Corporations (Ministry of Local Government) and disease surveillance (MoHFW). This highlighted complexities in cross-sectoral integration, potentially slowing adoption of locally relevant systems.

Furthermore, **delays in finalizing the CBS app and synchronizing data** were attributed to extensive stakeholder engagement and the complexity of integrating with IEDCR's national system. While necessary for robust integration, these created temporary inefficiencies, impacting the immediate responsiveness of locally collected data.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in Programme Delivery

The DG ECHO Pilot Programmatic Partnership (PPP) in Bangladesh has significantly advanced programme delivery and embedded sustainability within its interventions. This chapter analyzes how institutional systems were made fit for purpose, the mechanisms established for long-term impact, and the challenges encountered in ensuring continuity and self-reliance.

### Strengths in Programme Delivery and Institutional Fit-for-Purpose

A fundamental strength of the PPP was its direct contribution to making the Bangladesh Red Crescent Society (BDRCS) a more robust and "fit-for-purpose" implementing partner. BDRCS significantly **strengthened its auxiliary role to the government**, gaining recognition as a public health partner. The PPP enhanced BDRCS's capacity for **Preparedness for Effective Response (PER)**, including training Unit and National Disaster Response Teams (DRT), which improved BDRCS's activity and efficiency during emergencies, as demonstrated by immediate deployments to incidents like a fire in Dhaka.

Operational readiness was bolstered by the **replenishment of pre-positioned emergency stock** (jerrycans, tarpaulins, shelter toolkits, hygiene parcels, etc.) and the ongoing development of **procurement and warehousing manuals**, ensuring rapid distribution. BDRCS also demonstrated financial agility by activating flexibility funds twice in 2024 for Cyclone Remal and South-Eastern flooding responses, indicating an established internal financial mechanism.

BDRCS has embarked on **policy development and institutionalization** for long-term sustainability, finalizing a **green response policy** and developing **anti-harassment guidelines** while reviewing its **Child Protection Policy**. Greening practices and the Seven Environmental Pledges are being disseminated. Internal capacity building was a priority, with BDRCS staff and volunteers trained in CBHFA and ECV, supported by a dedicated CBS training team and translated training tools.

The PPP also excelled in **integration with national systems and authorities**. A major success was the **formal integration of the Community-Based Surveillance (CBS) system into Bangladesh's national surveillance system** through an MOU between BDRCS and IEDCR, making CBS a new and acceptable system for the Government. The CBS app, developed with IEDCR, enables real-time data collection. Similarly, local DRM authorities were trained on the **Emergency Operational Dashboard (EOD)** to digitize and link information to the DDM emergency operation centre, enabling quicker responses.

The program's influence extended to **policy advocacy**, leading to the government's declaration to **recognize heatwave as a climate-induced hazard** and its commitment to develop a national Early Action Protocol (EAP) for heatwaves. Consultative workshops explored integrating anticipatory action within government social safety net programs to strengthen Shock Responsive Social Protection (SRSP). The program promoted a **"One Health" approach** and established a **national toll-free hotline (16226)** for community feedback, ensuring sustained accountability.

Furthermore, the PPP focused on the **empowerment and reactivation of local governance structures**. Many non-functional Ward and Union Disaster Management Committees (WDMCs/UDMCs) were reactivated and trained (SOD orientation). School Management Committees (SMCs) were also activated. Trained community volunteers continued to function despite changes in local leadership, conducting awareness-raising and capacity-building events, ensuring grassroots preparedness. Community consultation meetings fostered local ownership.

In terms of **coordination mechanisms**, BDRCS initiated the formation of a **Disaster Risk Reduction (DRR) Coordination Group** at the sub-district level in Cox's Bazar, chaired by local government with BDRCS support. This group successfully facilitated information exchange and collaboration, avoiding duplication. BDRCS maintained close coordination and continuous dialogue with national and local authorities, fostering long-term partnerships.

### 3.2. Programme Delivery limitations and challenges

Despite these advancements, the program faced notable **limitations and challenges**. Primarily, **significant political changes and civil unrest in Bangladesh during 2024** led to the **dissolution of some local administrative committees** and a **massive reshuffle at local and ministry levels**. This temporarily halted activities, affected decision-maker availability, and disrupted delivery channels, posing a direct threat to the continuity of locally embedded structures.

There were also **delays in finalizing the CBS app and synchronizing data** with national health databases. While attributed to extensive stakeholder engagement and integration complexity, these technical and logistical hurdles created inefficiencies and delayed the full realization of the digital system's benefits for real-time delivery.

## 4. Effectiveness and Transformational Change

### 4.1 Effectiveness and change strengths

The Pilot Programmatic Partnership (PPP) in Bangladesh has been a catalyst for significant and transformative changes in how humanitarian response is coordinated, planned, and delivered at local, national, and, to some extent, regional levels. This chapter will analyze the program's effectiveness in driving these changes, highlighting its successes, the challenges encountered, and the profound shifts it has brought about.

#### Effectiveness in Coordinating Humanitarian Response

The PPP has fostered a more **integrated and formalized coordination framework**. A key achievement is the deepening of the Bangladesh Red Crescent Society's (BDRCS) **auxiliary role to the government**, leading to its recognition as a **public health partner**. This formalization, underscored by an MOU between BDRCS and IEDCR on Community-Based Surveillance (CBS), has facilitated seamless national-scale collaboration, allowing BDRCS a more central role in national disaster and health planning.

At the local level, coordination effectiveness is evident through the **reactivation and training of many non-functional Ward Disaster Management Committees (WDMCs) and Union Disaster Management Committees (UDMCs)**. These committees, oriented on their roles via SOD, are equipped to integrate trained community volunteers, creating a more cohesive local coordination structure. Despite political changes causing temporary dissolution, BDRCS's proactive support for their reactivation demonstrates commitment to sustaining these mechanisms.

A notable success in inter-agency coordination is the **establishment of a Disaster Risk Reduction (DRR) Coordination Group at the sub-district level in Cox's Bazar**. Chaired by local government with BDRCS secretariat support, its ToR were endorsed by all government and non-government DRR actors, ensuring a recognized and enduring platform for information exchange and reducing duplication. BDRCS has also maintained **close coordination and continuous dialogue with key national authorities** (MoDMR, DDM, MoHFW, DGHS, IEDCR), ensuring synergy with national plans and participating in "One Health Approach" and health working groups.

#### Effectiveness in Planning Humanitarian Response

The PPP has significantly influenced humanitarian planning by introducing data-driven and forward-looking approaches. It facilitated the **integration of early warning systems and preparedness protocols into local governance structures**, enabling a proactive shift towards anticipating risks. This includes **Community Risk Assessment (CRA), Risk Reduction Action Plan (RRAP), and Contingency Plan (CP) development** for all targeted wards and unions, enhancing DMC planning capabilities.

A groundbreaking achievement is the successful implementation of a **heatwave Anticipatory Action (AA) pilot in Rajshahi**. This pilot, involving awareness and direct cash grants, led to a significant policy outcome: the **government declared heatwave a climate-induced hazard and committed to developing a national Early Action Protocol (EAP) for heatwaves**. This demonstrates the program's effectiveness in influencing national policy for systemic, long-term preparedness planning.

The PPP also focused on **strengthening contingency planning capacity** by developing local actors' and institutions' capabilities (DMC, volunteers, SMC, teachers, students) for efficient preparedness. This included training for BDRCS's Unit and National DRTs. Furthermore, BDRCS is **developing policy and guidelines** such as a green response policy, anti-harassment guidelines, and reviewing its Child Protection Policy, contributing to more inclusive and safe planning environments.

#### Effectiveness in Delivering Humanitarian Response

The PPP has demonstrably improved the efficiency, inclusivity, and mechanisms for delivering humanitarian assistance. It enhanced **BDRCS's capacity for Preparedness for Effective Response (PER)**, enabling effective **response to multiple disasters** (Cyclone Remal, flash floods, heatwaves, dengue) leveraging PPP-supported pre-positioned emergency stock and trained teams. BDRCS also activated **flexibility funds twice in 2024**, showcasing an established internal financial response mechanism.

**Digitalization for efficient delivery** has been a key transformative element. The **Emergency Operational Dashboard (EOD)** training for local DRM authorities enables them to digitize and link information to the DDM emergency operation centre, leading to **quicker and coordinated responses**. This digitalization resulted in more efficient reporting and data-based management. The **Community-Based Surveillance (CBS) system**, formally integrated into Bangladesh's national surveillance system via a CBS app with IEDCR, enables **real-time data collection and analysis**, allowing for timely detection and response to outbreaks like dengue.

The program effectively **mainstreamed Community Engagement and Accountability (CEA) and Protection, Gender, and Inclusion (PGI)**. Nine minimum standards for CEA and PGI were integrated. A **robust and systematic feedback mechanism, including a toll-free hotline (16226)**, allowed communities to voice concerns, enhancing accountability. This ensures assistance is delivered in a **safe, accessible, accountable, and participatory manner**, prioritizing vulnerable groups and addressing gender-specific needs.

The **effective use of Cash and Voucher Assistance (CVA)** with digital banking tools like bKash provided efficient financial relief. Discussions explored connecting anticipatory action with government social safety net programs to strengthen Shock Responsive Social Protection (SRSP). Furthermore, BDRCS adopted and is institutionalizing **greening practices** in its operations, contributing to more environmentally responsible humanitarian delivery.

#### **4.2. Effectiveness and change limitations and challenges**

Despite profound advancements, the PPP faced significant **challenges** impacting consistency. **Political changes and civil unrest** in Bangladesh, leading to the **dissolution of local committees** and administrative reshuffles, temporarily disrupted established systems. This external instability created operational halts, affecting consistent application of new approaches. Additionally, **delays in finalizing the CBS app and data synchronization** with national health databases, due to extensive stakeholder engagement and integration complexities, created temporary inefficiencies.

### **5. Conclusions and Lessons Learned**

The DG ECHO Pilot Programmatic Partnership (PPP) in Bangladesh exemplifies how strategic engagement and locally led approaches can drive significant, lasting transformation in humanitarian action. A core strength lies in its commitment to **institutionalizing change within the Bangladesh Red Crescent Society (BDRCS)** and integrating initiatives with national government systems. The formal recognition of BDRCS as a public health partner, the successful integration of the Community-Based Surveillance (CBS) system with IEDCR, and the government's commitment to a national Early Action Protocol (EAP) for heatwaves signify a profound shift towards systemic, policy-level reforms.

The program's dedication to a **locally led and participatory approach** has been instrumental. By reactivating and empowering local Disaster Management Committees (DMCs) and training community volunteers, the PPP effectively built grassroots resilience. Systematic community feedback ensured interventions remained responsive and accountable, fostering genuine ownership.

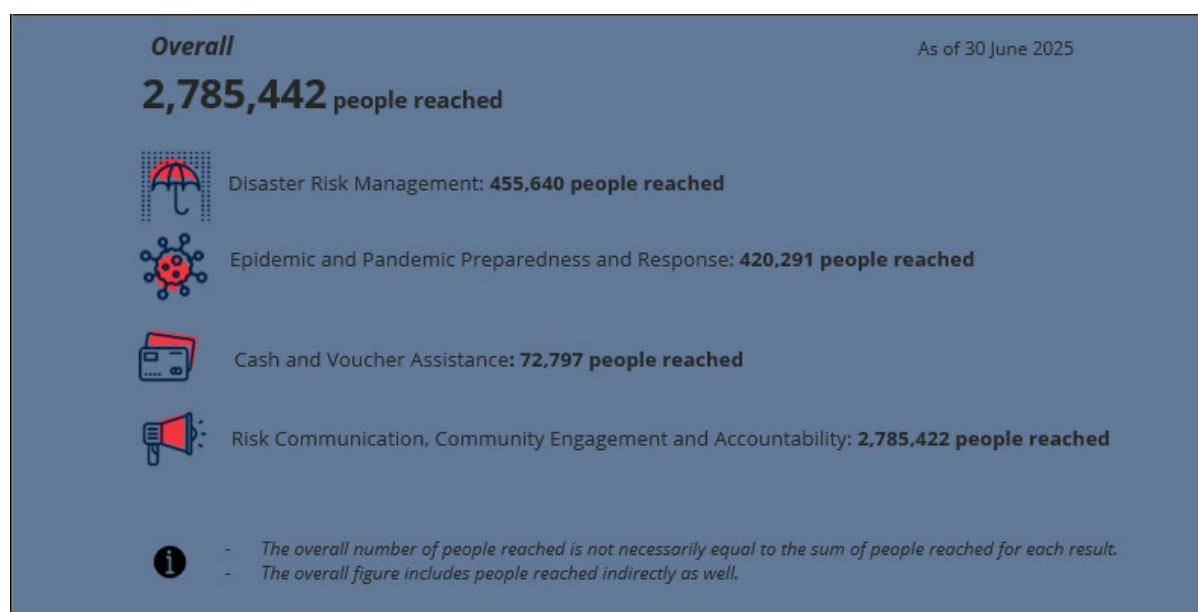
However, the study also highlights significant **challenges**, particularly the disruptive impact of political changes and civil unrest, which led to committee dissolution and temporary operational halts. Technical and logistical delays in digital system finalization also presented hurdles. These underscore the critical need for **adaptive management strategies** and robust contingency planning.

Key lessons learned include the imperative of **formalizing government collaborations** from the outset for sustainability. **Continuous investment in local capacity building** and fostering ownership within national societies and communities is paramount. The experience also emphasizes the necessity of **thorough technical planning for digital solutions** and establishing **strong inter-agency coordination mechanisms** to enhance efficiency in complex environments.

# Burkina Faso

## Country context in which the PPP took place

Burkina Faso faces complex humanitarian challenges, heavily influenced by an ever-evolving security situation that has led to massive displacements, increased vulnerability, and disruptions to essential services. The country is also highly vulnerable to the consequences of climate change, particularly floods and droughts, which further exacerbate food insecurity and livelihoods. Public health emergencies, such as outbreaks of measles, dengue fever, and hepatitis E, are recurrent and require robust preparation and response mechanisms. In this challenging environment, the PPP aimed to strengthen the Burkinabè Red Cross (BFRC) and empower communities to better anticipate, respond to, and recover from multiple adversities, while integrating with national systems to promote a more localised and adaptive humanitarian response. The PPP operated in a context of changes in government priorities and access restrictions due to insecurity, which required great adaptability in its implementation.



The country partners were as follows:

- National Society (NS): Burkinabè Red Cross Society (BFRC)
- Lead EU National Society: Belgian Red Cross
- Other EU National Societies: Luxemburg Red Cross, Spanish Red Cross
- IFRC representation: IFRC Delegation in Niger

## 1. Stakeholder Engagement

### 1.1. Stakeholder Engagement Strengths

One of the important strengths was the **close coordination between the BFRC and the Ministry of Health on epidemic preparedness and response**. This collaboration extended to decentralised structures, including the Directorate of Population Health Protection and regional health directors. Beyond the health sector, the BFRC actively participated in broader inter-institutional coordination mechanisms. Its participation in the cash transfer working group and food security cluster meetings facilitated an agreement on aid amounts and standard rations, thereby ensuring coordination with broader humanitarian efforts and avoiding duplication.

The BFRC also participated in monthly online and in-person working groups on **community engagement and accountability** (CEAWG), the inter-agency network for the prevention of sexual exploitation and abuse (PSEA), as well as meetings on protection, gender, and inclusion (PGI). This extensive participation ensured alignment with inter-agency standards and fostered a collaborative environment to address critical humanitarian issues. The PPP also leveraged synergies with ICRC-

funded projects, expanding the reach of cash assistance and CBS systems, thereby demonstrating the effectiveness of collaboration within the Red Cross and Red Crescent Movement.

The high levels of trust (98.48% to 100%) and satisfaction (95% to 100%) reported in perception surveys regarding BFRC's activities and information dissemination highlight the effectiveness of its community engagement and accountability modalities, reflecting the success of BFRC's stakeholder engagement at the local level.

Furthermore, the BFRC provided essential technical support in organising workshops aimed at drafting key national strategic documents. These include the National Health Security Action Plan, the Health Emergency Preparedness and Response Plan (multi-hazard plan), and the Standard Operating Procedures for Health Emergency Responses. By contributing to the development of these fundamental documents, the BFRC not only **strengthened its auxiliary role** but also ensured that its programmatic approaches were aligned with national priorities and influenced them.

## 1.2. Stakeholder engagement limitations and challenges

Despite the significant successes achieved in stakeholder engagement, the **unpredictable and unstable context** of Burkina Faso posed challenges that impacted the scope and consistency of coordination efforts.

The main limitation was the inaccessibility of certain intervention areas due to insecurity and road blockades. This made ground access impossible or very difficult for teams and supplies, which directly impacted the establishment of feedback committees in certain areas like Bourzanga and Gorgadji. Although the program adapted by using UNHAS flights and engaging local service providers, these measures did not fully overcome the widespread access difficulties, which may have led to gaps in consistent stakeholder engagement in the most affected areas.

**Communication network disruptions**, caused by the sabotage of telephone towers by armed groups, have sometimes interrupted the transmission of health risk information by volunteers. This directly affected real-time coordination with health authorities and the rapid investigation of alerts, highlighting a vulnerability in the communication infrastructure essential for an effective response. Finally, despite efforts to promote communication channels, it was necessary to continue raising awareness about the toll-free number for feedback. This suggests that, although mechanisms were in place, it remained difficult to ensure universal awareness and consistent use across all communities, which could limit the comprehensiveness of community feedback and accountability in certain areas. Similarly, a portion of the respondents (25%) were not aware of the PSEA policy, indicating the need for continued awareness campaigns, even within the context of strong engagement.

In summary, while the PPP has achieved commendable success in promoting stakeholder engagement and strengthening the auxiliary role of the CRBCRBF, the instability of the operational environment and systemic changes have presented persistent challenges that have required continuous adaptation and highlighted the need for resilient and flexible coordination strategies.

## 2. Programming with a Locally Led Approach

### 2.1. Locally Led Programming strengths

One of the main strengths of the PPP was **its direct investment in community-level preparedness and response**. Communities were better prepared to prevent and respond to multiple risks thanks to enhanced capacity in early warning systems, community disaster response, and emergency plans. This was made possible through the establishment of local disaster management committees and the comprehensive training of volunteers, who were thus able to play an active role in risk mitigation and effective emergency response. For example, trained volunteers were successfully mobilised to quickly assess needs, distribute aid, and conduct awareness campaigns after the floods. The establishment of Community-Based Surveillance (CBS) systems with trained volunteers has also enabled communities to detect and raise awareness about outbreaks of various diseases, thereby directly contributing to local health security.

The **participatory nature of the PPP** was another asset: targeted committees, composed of members from different social strata of the community (including displaced persons, host communities, youth, and persons with disabilities), were created to identify vulnerable households and validate the lists of beneficiaries. This helped ensure that the assistance provided was tailored to the local context, inclusive, and based on the actual needs identified by the communities themselves. Similarly, complaint management committees were established in each community with diverse representation, ensuring

continuous participation, transparency, and accountability directly at the community level. The active management of community feedback via a toll-free hotline and WhatsApp, promoted through multilingual posters, has reinforced this participatory approach.

The **institutional strengthening of the BFRC** has been at the heart of the approach taken at the local level, and the PPP has improved the BFRC's ability to manage multiple risks at the community and institutional levels, thereby effectively contributing to the development and management of national and community emergency plans. The BFRC demonstrated operational efficiency by pre-positioning emergency stocks and adapting to challenges - such as the national suspension of cash transfers - by switching to in-kind distributions after consulting with direct beneficiaries.

Furthermore, the PPP has promoted **community empowerment** by supporting innovative and context-appropriate measures to preserve livelihoods in the face of climate change. These included climate-smart agricultural practices, tree planting, training in agroecology, and local production and marketing of organic fertilisers and biochar. The distribution of livestock and training in honey production also aimed to restore livelihoods, with livestock farming specifically mentioned as enabling beneficiaries to cope with their future expenses.

The **development and institutionalisation of key internal policies and strategies** within the BFRC, such as the Community Engagement and Accountability (CEA) strategy and Standard Operating Procedures (SOP), the Prevention of Sexual Exploitation and Abuse (PSEA) policy, and the Protection, Gender Equality, and Inclusion (PGI) strategy, provided a sustainable framework for the National Society's operations. The creation of a pool of trainers in first aid, community health, and CBS has allowed for continuous internal training and knowledge transfer without external dependence, thereby strengthening local leadership in capacity building.

## 2.2. Locally Led Programming Limitations and Challenges

The **political and systemic changes at the national level**, while demonstrating the BFRC's adaptability, also posed a challenge to the coherence of the programs conducted at the local level. The national suspension of cash transfers, for example, necessitated a rapid shift to in-kind distributions. Although the beneficiaries were consulted, this change inherently reduced their flexibility and choice, which are key principles of local community empowerment. Similarly, changes at the head of the Ministry of Health led to the abandonment of a previously chosen platform for national surveillance, necessitating adjustments to the program plan and potentially disrupting established local data collection processes. These changes, while demonstrating the PPP's adaptability, also highlight the challenge of maintaining consistent alignment in a fluid institutional environment. Sudden political changes at the national level have forced rapid adjustments in coordination strategies with relevant government agencies and other humanitarian actors, sometimes severely straining existing coordination mechanisms.

Another challenge was **insecurity and access restrictions in certain intervention areas**. Inaccessibility due to insecurity at checkpoints made land access impossible or very difficult for teams and supplies. This had a direct impact on the ability to fully implement local initiatives, such as the creation of feedback committees or constant engagement with communities in the most affected areas. The use of local volunteers to lead or supervise activities in inaccessible areas, while being an asset of localisation, also highlights the extreme conditions under which these local actors had to operate. It remained difficult to ensure complete coverage and a good understanding of the mechanisms available at the local level. Despite the efforts made, it was necessary to continue promoting the toll-free number for feedback, which shows that the communication channels, although improved, still needed constant promotion to ensure that all community members were aware of and could use these locally available accountability mechanisms.

In summary, while the PPP successfully promoted a local approach through broad community empowerment, institutional strengthening of the BFRC, and participatory mechanisms, the pervasive insecurity, infrastructural limitations, and dynamic political environment posed significant operational obstacles that required constant adaptation and highlighted the complexity of localised humanitarian action in the context of Burkina.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in Programme Delivery

One of the strengths of the implementation was the **adaptability and flexibility** demonstrated by the program to respond to an extremely challenging security context. When insecurity and blockades made

land access difficult, the program used UNHAS flights to transport staff, service providers, and certain types of kits (e.g., seeds, infant flour) to inaccessible areas. When supplies were impossible, local solutions using available materials were found and funds were reallocated to food aid. This operational agility allowed for continued assistance to vulnerable populations despite severe logistical obstacles, demonstrating the resilience of the implementation model. The program also successfully transitioned from cash transfers to in-kind distributions after consulting with beneficiaries when a national suspension of cash transfers occurred, demonstrating its ability to adapt to policy changes while remaining beneficiary-focused.

The **institutionalised policies and strategies within the BFRC** have been a significant step towards sustainability, providing a lasting framework for operations and ensuring that ethical conduct, accountability, and inclusive practices are deeply ingrained beyond the lifespan of the PPP. The revision of recruitment and management documents to integrate PSEA principles further reinforces this institutional commitment.

The **capacity building of BFRC staff and volunteers** has played a central role in the sustainable implementation of the program. A large number of staff, provincial committee chairpersons, regional coordinators, and volunteers were trained as CEA trainers and on the new strategies and policies implemented, thereby ensuring their proper implementation and sustainability. The training in digital data collection for monitoring and perception surveys has strengthened the BFRC's data management capabilities for future interventions, thereby improving the efficiency and accountability of implementation.

**Integration with national systems and authorities** has been crucial for long-term sustainability. The BFRC's Community-Based Surveillance (CBS) system was officially linked to the national health system, allowing for the official transmission and investigation of identified health risks. This ensures its continued operation within the framework of national public health efforts. The BFRC has strengthened its auxiliary role by contributing to and supporting key national documents and plans, including the national emergency preparedness and response plan (multi-risk plan), by integrating its actions into government frameworks. Its participation in national working groups and clusters (e.g., the cash transfer working group, the food security cluster, the CEAWG, the inter-agency PSEA network) ensures continued alignment with national and inter-agency standards and the continuation of coordination efforts beyond the end of the PPP.

Community capacity building and autonomy were also prioritised to ensure a lasting impact. The program has contributed to the autonomy of communities by enabling them to be "better prepared to prevent and respond to multiple risks" through improved capacities in early warning systems, disaster response, and emergency plans.

Finally, infrastructure development and the prepositioning of emergency stocks have significantly enhanced the operational capacity of the BFRC to provide sustainable aid. Emergency stocks have been pre-positioned in BFRC warehouses located in strategic locations, thereby improving the efficiency of future interventions. The construction and rehabilitation of BFRC warehouses in priority humanitarian regions provide long-term logistical capacity for the National Society's emergency interventions. The rehabilitation of health centres, boreholes, and the construction of sanitary blocks/showers represent lasting improvements in public health infrastructure that will continue to serve the communities.

### **3.2. Programme Delivery limitations and challenges**

In addition to several challenges mentioned above - insecurity, network disruption, policy changes, another challenge to program execution was the long-term retention of trained staff and volunteers in a difficult environment with a high potential for turnover, which remains a constant challenge for any institution. The effectiveness of the pool of trainers depends on the continued commitment and resource allocation by the BFRC after the end of the PPP.

Furthermore, although the CBS system has been officially linked to the national health system, the long-term financial and operational viability of this integration within the broader national health framework, which may lack resources, requires sustained commitment and resources from the government and partners beyond the PPP.

The success of innovative livelihood measures, such as the commercialisation of organic fertilisers and biochar, depends on the establishment of viable markets and continuous support for local entrepreneurs. Although a strategy has been developed, the practical implementation and long-term

economic viability of these initiatives in a fragile context present inherent challenges to their sustainable impact.

In conclusion, the PPP has demonstrated exceptional adaptability in program execution despite severe operational constraints and has made substantial progress in strengthening sustainable capacities within the BFRC and the communities. However, the persistent challenges of insecurity, systemic changes, and inherent complexities in long-term institutional and economic viability highlight the need to continue investments and adaptation strategies beyond the official program closure.

#### **4. Effectiveness and Transformational Change**

##### **4.1 Effectiveness and change strengths**

A key indicator of effectiveness was the **empowerment of communities**. Communities were better prepared to prevent and respond to multiple risks thanks to increased capacity in early warning systems, community disaster response, and emergency planning. The establishment of local disaster management committees and the training of volunteers have enabled them to play an active role in risk mitigation and effective emergency response. This transition from passive beneficiaries to active responders represents a fundamental transformational change at the grassroots level. The increased capacity and adaptability of the BFRC itself have been a major success. The BFRC has strengthened its capacity to manage multiple risks at the communal and institutional levels and has effectively contributed to national and communal emergency plans. The National Society demonstrated remarkable operational efficiency by pre-positioning safety stocks and adapting to challenges, such as the national suspension of cash transfers by converting to in-kind distributions after consulting with beneficiaries.

The PPP fostered strong **coordination and trust among stakeholders**, and the BFRC strengthened its auxiliary role with public authorities through close coordination with the Ministry of Health. The consistently high trust (from 98.48% to 100%) and satisfaction (from 95% to 100%) reported in perception surveys regarding BFRC's activities and information dissemination highlight the effectiveness of its community engagement and accountability mechanisms.

The **institutionalisation of policies and strategies** within the BFRC represents a sustainable form of transformational change. The development and revision of crucial internal strategies and policies, including the Community Engagement and Accountability Strategy (CEAS), the Prevention of Sexual Exploitation and Abuse (PSEA) policy, the Protection, Gender, and Inclusion (PGI) strategy, the complaints and feedback management mechanism, and a child protection policy, provide a sustainable ethical and operational framework. The review of recruitment and management documents and the development of a whistleblower protection policy further integrate ethical conduct. The development of a CBS protocol for the National Society to harmonise practices ensured consistent and sustainable health monitoring efforts.

The extensive **capacity building** of BFRC staff and volunteers proved to be very effective in strengthening human capital for sustainable change. The establishment of a pool of trainers in the field of health and the training of a large number of employees and volunteers on new policies ensure their proper implementation and longevity, thereby creating an autonomous learning and development system within the BFRC.

Finally, the program's support **for innovative and context-adapted measures to preserve livelihoods** in the face of climate change has helped reduce long-term dependence on humanitarian aid, promote economic resilience, and facilitate a transformational transition towards sustainable development.

##### **4.2. Effectiveness and change limitations and challenges**

Despite the efficiency and transformational changes achieved, the previously highlighted limitations and challenges have negatively impacted the overall results and underscore the need for continuous adaptation.

#### **5. Conclusions and Lessons Learned**

**Key successes** The PPP in Burkina Faso has demonstrated its ability to promote a more localised, coordinated, and adaptive humanitarian intervention system. Its design, focused on strengthening the BFRC, empowering communities, and integrating into national systems, has largely proven to be well-suited to its objective in a complex and challenging environment.

The main achievements include significant community empowerment through improved preparedness capacities, active volunteer mobilisation, and the establishment of community-led feedback mechanisms. The institutional capacity of the BFRC has been significantly strengthened, enabling it to manage multiple risks, provide scalable assistance with limited external support, and effectively adapt to operational challenges. Close coordination with government authorities, particularly the Ministry of Health, has led to the integration of the BFRC's CBS System into national health frameworks and contributions to key national strategic documents. The program's ability to adapt to insecurity and policy changes, such as the conversion to in-kind distributions or the adaptation to new monitoring tools, has highlighted its resilience and responsiveness. Furthermore, the institutionalisation of strong internal policies (e.g. PGI) and thorough staff/volunteer training have created a solid foundation for future sustainability.

However, the program also faced significant limitations and challenges. The widespread insecurity and access limitations in certain areas have consistently hindered the full reach of the program and the consistent application of locally-led approaches.

**Lessons learnt for the future** include:

Firstly; **prioritising significant investments in community-level preparedness and response capabilities** to allow for the continuation of operations even when external access is compromised.

Secondly, **flexibility and a willingness to implement alternative delivery methods** are essential in unpredictable political environments or when access is limited.

Thirdly, **maintaining and strengthening robust communication and accountability systems** through the continuous promotion of feedback mechanisms and multi-channel awareness campaigns are essential for communities to feel heard and to guide program adaptation.

Finally, it is essential to foster **strategic partnerships and integration with national government** plans and systems to ensure the sustainability and scalability of the program, ensuring that interventions align with broader national objectives and strengthen systemic resilience beyond the program's lifecycle. The pre-positioning of essential emergency stocks closer to communities, supported by robust logistics, clearly improves the speed and effectiveness of interventions.

# DRC

## Country context in which the PPP took place

The Democratic Republic of Congo (DRC) faces prolonged humanitarian crises, mainly caused by protracted armed conflict and epidemics such as cholera, measles, and Mpox. Environmental degradation and the effects of climate change further exacerbate the situation, threatening livelihoods and increasing the vulnerability of communities to various risks. In this complex and dynamic environment, the PPP aimed to strengthen the Red Cross of the Democratic Republic of Congo (RCDRC) and empower local communities to anticipate, prepare for, respond to, and recover from these multifaceted crises, with a strong emphasis on localized and integrated humanitarian action. The PPP particularly focused on **South Kivu**, a region particularly affected by insecurity - notably the M23 crisis - which led to significant population movements and exacerbated existing vulnerabilities.



The country partners were as follows:

- National Society (NS): DRC Red Cross Society (RCDRC)
- Lead EU National Society: French Red Cross
- Other EU National Societies: Luxembourg Red Cross; Spanish Red Cross
- IFRC representation: IFRC delegation in DRC

## 1. Stakeholder Engagement

### 1.3. Stakeholder Engagement Strengths

One of the important strengths was **the integration of the RCDRC at the local branch level with the communities and authorities**, which facilitated the establishment of a privileged relationship and allowed for active participation in community meetings. At the local level, Community Response Teams (CRT) composed of volunteers from the RCDRC were established and trained in first aid, disaster risk management (DRM), and water, sanitation, and hygiene (WASH). This decentralised response capacity has enabled an effective and tailored response to communities in need, directly involving local stakeholders in problem-solving and solution implementation.

**Strong internal and external coordination mechanisms** were essential for engaging PPP stakeholders: weekly field meetings, monthly meetings with participating National Societies (IFRC, EU National Societies), and quarterly meetings and regular briefings with ECHO's technical assistant ensured close monitoring and decision-making. A bi-annual meeting of the PPP steering committee (COPIL) chaired by the provincial governor or their representative was organised at the local level with all stakeholders to present the results achieved as well as the challenges. The PPP steering committee also met every six months to monitor the implementation and recommendations, fostering close

collaboration between the different levels of the RCDRC. Externally the RCDRC actively participated in national cluster meetings (protection, gender-based violence, food security, health, cash working groups) and other coordination forums, ensuring alignment with government technical services and other humanitarian partners such as WHO, UNICEF, ICRC, OXFAM, and CARITAS.

The **strengthening of the auxiliary role of the RCDRC** with public authorities has been consistently reinforced thru these engagements. The Community-Based Surveillance System (CBS) was officially linked to the national health system, thus allowing for the official transmission and investigation of health risks. The contribution of the RCDRC to national documents and plans, such as the provincial multi-risk emergency plan for South Kivu (recognized as the only updated plan in the province), has anchored its actions within governmental frameworks and strengthened its ability to act as an auxiliary force. The official creation of the urban disaster risk reduction platform in Uvira by municipal decree further underscores this successful integration. An agreement was signed between the RCDRC and the South Kivu Provincial Health Division to use the ambulances of the National Society for Patient Evacuation. The RCDRC has also actively supported the provincial "One Health" coordination in South Kivu, by organizing training sessions, providing support for the coordination's operations, and advocating for this approach, which strengthens the multisectoral response to epidemics by involving the health, environment, and livestock sectors.

The PPP also strengthened the coordination of **epidemic preparedness and response**: RCDRC volunteers and Community Health Workers (CHWs) were trained in community-based epidemiological surveillance and disease case definition, playing an essential role in transmitting over 243 early alerts to health facilities, mainly related to cholera and measles. This allowed for faster detection and quicker response.

Finally, the program's commitment to **community engagement and accountability (CEA)** has been a major asset. Complaint management committees were established, and channels such as a toll-free number (Green Line) and WhatsApp were made available to collect community feedback and complaints. This systematic collection, analysis, and use of community-provided information allowed for direct program adjustments, such as prioritizing activities or adapting awareness messages. The high satisfaction rates (95 to 100%) recorded in the surveys demonstrated the effectiveness of these mechanisms, which helped build trust and ensure that interventions met local needs. Cohesion rooms were also built to promote dialog and inclusion between displaced and host communities, thereby directly supporting social cohesion objectives through community participation.

#### **1.4. Stakeholder engagement limitations and challenges**

Despite the considerable advantages associated with stakeholder engagement, the PPP in the DRC has encountered several limitations and challenges, primarily related to the complexity of the operational environment and inherent administrative and logistical obstacles.

The most significant challenge has been the **insecurity and access restrictions** caused by the armed conflict and frequent floods. This had a significant impact on the implementation of the program, leading to the relocation of activities and populations. The poor condition of the roads due to heavy rains also hindered the transportation of materials and kits, causing delays in activities. These access difficulties made it difficult to establish feedback committees in some areas and delayed construction work, which directly hindered the consistent and comprehensive engagement of all relevant stakeholders. Although the program adapted by training and providing remote support to cash payment teams in inaccessible areas, these measures were reactive and did not fully overcome the fundamental obstacles to consistent physical presence and engagement.

**Logistical and administrative obstacles** also posed significant challenges. Delays in administrative procedures hindered the implementation of activities, particularly the establishment of the metallurgy workshop and the renovation of facilities. The difficulties encountered in obtaining land for the installation of emergency latrines in the reception sites for displaced persons led to further delays, which impacted the timely provision of essential services and the engagement of local authorities in mobilising the necessary resources. Problems related to poor quality of work and acts of vandalism have affected an already constructed water supply network, necessitating renegotiations with contractors to restore it. The demand for PEP (post-exposure prophylaxis) kits that exceeded the available supply in health zones has also highlighted resource gaps that affected the RCDRC's ability to fully meet the needs identified through its engagement with health stakeholders.

The PPP also faced **operational and communication gaps**. If the feedback mechanisms were solid, there was a change in preferred communication channels that required continuous monitoring and adaptation to ensure sustained engagement. Although the RCDRC aimed for comprehensive community engagement, a perception survey revealed that 28% of affected respondents did not believe their opinion was taken into account and 17% did not report receiving useful information. This shows that despite the efforts made, it remains difficult to ensure that all members of the community feel heard and informed, which can impact the level of trust and perception of responsiveness.

Finally, the workload related to planning, due to the late addition of activities carried over from previous years of the PPP to already busy activity calendars, posed challenges in terms of **coordination and timely execution**, which could strain relations with government stakeholders already overburdened by various simultaneous programs.

In summary, while the PPP in the DRC has achieved significant success in establishing strong relationships with stakeholders and integrating the DRC into coordination frameworks, the complexity of the operational environment, administrative bottlenecks, and inherent challenges in ensuring universal engagement and perceived responsiveness have presented persistent limitations that have required continuous adaptation and strategic navigation.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally Led Programming strengths**

One of the main strengths was the direct **empowerment and training of local communities and volunteers**. The RCDRC actively trained and equipped its Community Response Teams (CRTs) in first aid, disaster risk management (DRM), and water, hygiene, and sanitation (WASH). These CRTs, mainly composed of local Red Cross volunteers, have been placed at the centre of prevention and response efforts in the event of epidemics and disasters. They conducted needs assessments and initiated mitigation work within the communities, such as building gutters, directly involving local members in risk reduction. The volunteers were also trained in Enhanced Vulnerability and Capacity Assessment (EVCA) and replicated this training with community members, thus fostering an inclusive approach that led to the development of community disaster risk reduction plans. This decentralised capacity has ensured interventions that are not only rapid but also perfectly tailored to local needs and contexts.

The success of the PPP in its **integration into local structures and the adoption of participatory approaches** has strengthened its localisation. The affected populations have been involved and consulted from the needs assessment phase to the implementation and evaluation of the project. Community-based Early Warning Systems (CEWS) have been established and managed by the communities themselves to monitor water levels, with criteria and alert thresholds defined in collaboration with the community. This system was then integrated into the provincial emergency plan. The Community Development Committees (CODESA) and Community Outreach Units (COU) played a major role in various activities, strengthening grassroots engagement and ensuring local relevance.

The solid internal capacity building within the RCDRC has been essential to maintaining a locally led approach. The RCDRC has strengthened its institutional capacities by developing and disseminating its national community engagement and accountability (CEA) strategy and its prevention of sexual exploitation and abuse (PSEA) strategies. An action plan (2024-2026) on community participation has also been established, integrating ethical principles into operational systems. The RCDRC invested in data collection tools and volunteer training, thereby improving data management efficiency and enabling local decision-making based on evidence.

The PPP also fostered **local innovation and eco-friendly practices**: the volunteer members of the RCDRC were trained in fitting and welding to produce modular and quick-to-assemble metal shelters, thus demonstrating a unique development of internal skills while reducing dependence on traditional, less sustainable construction methods. Five volunteers underwent specific six-month training in metalwork, thereby creating a specialized local workforce. The promotion of digital documents and the use of photovoltaic panels have also reduced the environmental footprint of operations, thereby contributing to the long-term sustainability led by the National Society. The training on eco-friendly stoves aimed to promote sustainable technologies within the communities, further empowering them through environmentally friendly practices.

Finally, the **strategic external engagement** and the auxiliary role of the RCDRC underscored its leadership in the humanitarian field. The RCDRC maintained a privileged relationship with local

authorities thanks to its community roots, actively participating in national and regional cluster meetings (protection, gender-based violence, food security, health, species working groups) and other forums to coordinate actions with government technical services and local humanitarian partners. The collaboration of the RCDRC with health authorities to respond to epidemics, the integration of its CBS system through the Nyss digital platform into the national health system, and the use of its ambulances for patient evacuation have consolidated its auxiliary role and demonstrated its ability to lead.

## 2.2. Locally Led Programming Limitations and Challenges

Despite the emphasis on a locally-led approach, the PPP in the Democratic Republic of Congo (DRC) has faced several limitations and challenges that have impacted the full realization and coherence of localised programming. These challenges mainly stemmed from the complexity of the operational environment and the inherent logistical and administrative obstacles.

The most significant challenge for localisation was the limitations related **to widespread insecurity and lack of access**. The security situation and the spread of armed conflict severely affected the implementation of the program. This has directly hindered the ability of local teams and volunteers to regularly access communities and implement planned activities. Furthermore, the poor condition of the roads due to heavy rains further complicated the **transportation of materials and kits**, delaying activities and making it difficult to establish feedback committees in some areas. Although the PPP adapted, these were reactive measures in response to fundamental obstacles that limited the constant presence and leadership of local actors on the ground.

**Logistical and administrative obstacles** also posed a major challenge to the effectiveness of locally led programs. Delays in administrative procedures hindered the establishment of the metal workshop and the renovation of facilities, which impacted local innovation and capacity building. The difficulties encountered in obtaining land for the installation of emergency latrines in the reception sites for displaced persons have led to delays, affecting the timely provision of essential services by local teams.

In conclusion, while the PPP has made substantial progress in promoting a local approach through significant capacity building, participatory mechanisms, and institutional strengthening of the RCDRC, persistent challenges related to insecurity, logistical bottlenecks, and the complexity of universal and consistent community participation highlight the need for continuous adaptation and strong support to fully realize the potential of localized humanitarian action.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in Programme Delivery

One of the main strengths of the program's implementation was the **alignment of the RCDRC's systems and those of its partners** with the intended objective. This result was achieved through a multidimensional approach focused on localisation, reliable data and feedback mechanisms, effective coordination, and continuous capacity building. The program was explicitly designed to place local communities and the RCDRC at the forefront of action, ensuring that implementation mechanisms are tailored to local contexts and needs.

**Robust data and information management systems** have significantly improved the efficiency and accountability of implementation. The RCDRC used a computerised system, primarily KoBo Toolbox, to efficiently collect field data, including needs assessments, post-distribution monitoring (PDM), perception surveys, and household registration. This digital approach improved data reliability and efficiency, enabling evidence-based planning and adaptive distribution. A comprehensive feedback, information sharing, and learning management mechanism (FISLMM) was established and expanded, and this direct feedback loop allowed for continuous refinement of distribution based on the needs of the beneficiaries.

The PPP's **adaptability and responsiveness** to challenges have been essential in ensuring the effectiveness of interventions in a complex environment, demonstrating great flexibility to adapt to challenges such as the security situation resulting from the armed conflict and the poor road conditions. Activities were transferred to new intervention sites (e.g., Katasomwa) to continue supporting displaced populations. The feedback mechanisms directly led to adaptive adjustments, such as providing NFI, dignity, and WASH kits to those displaced by the M23 war based on their complaints about hygiene or installing REGIDESO water fountains for potable water in response to community feedback. This agile approach ensured that aid remained relevant and timely despite unforeseen obstacles. Logistical and infrastructural empowerment has been a key element of sustainable implementation.

The RCDRC effectively established a system for pre-positioning emergency stocks in strategic locations and constructed/rehabilitated warehouses and health centers. The development of innovative modular metal shelters, produced in a workshop set up in Uvira with technical support from the Luxembourg Red Cross, has significantly improved emergency response capacity, allowing volunteers to build 15 shelters per day, compared to 4 to 5 previously. This has not only improved the speed of delivery but has also helped to build sustainable local capacity in shelter provision.

Significant measures have been taken to maintain **sustainability beyond the end of the PPP**, by placing communities and local organizations at the forefront: Community Response Teams (CRTs) were trained and equipped to monitor and evaluate the implementation of community disaster risk reduction plans. Practical agricultural schools (FFS) were established to train beneficiaries in climate-smart agricultural practices, and a reproduction guide was designed to extend this experience, with the aim of sustainably improving livelihoods.

**Institutional integration and emergency planning** have also played a crucial role in long-term sustainability. Community-based early warning systems (CEWS) have been integrated into the South Kivu provincial emergency plan, and multi-risk emergency plans have been updated for South Kivu and developed and adopted for Uvira, leading to the official creation of the urban disaster risk reduction platform by municipal decree. The "One Health" approach was adopted and promoted to strengthen the response to epidemics and pandemics, involving various sectors for a comprehensive and sustainable response.

The **integration of community engagement and accountability (CEA)** has also helped to strengthen sustainability. The RCDRC has developed a medium- and long-term strategy to implement a CEA system and policies throughout the National Society, with the aim of integrating these standards into all projects and programs at the national level. The training of CEA trainers ensures that these skills are replicated and maintained throughout the National Society. The construction of cohesion rooms/community rooms as permanent meeting places also promotes social cohesion and dialog, with the facilities being transferred to the communities for them to take ownership and manage them in the long term.

Finally, the promotion of **environmental sustainability** within the framework of the RCDRC's activities reflects a strategy aimed at reducing operational costs and environmental impact, thereby contributing to financial efficiency and long-term sustainability.

### **3.2. Programme Delivery limitations and challenges**

Despite robust implementation mechanisms and a focus on sustainability, the PPP faced several limitations and challenges that impacted the consistency and full achievement of its objectives. These challenges often stemmed from the complexity of the operational environment and inherent systemic issues.

The most significant challenge impacting the program's implementation was the persistent insecurity and access restrictions, which directly disrupted the planned implementation schedules and made it difficult for teams to regularly access certain intervention areas. Although the PPP has shown adaptability in the face of these issues, they have remained a constant obstacle to smooth and predictable implementation.

Although significant capacity building has been undertaken, **the long-term retention of trained staff and volunteers in a challenging environment** where turnover rates can be high remains a constant concern for any institution. The effectiveness of the "train-the-trainer" model relies on continued commitment and resource allocation by the RCDRC after the program to maintain the pool of qualified personnel. Despite the integration of the CEWS into the provincial emergency plan, the long-term financial and operational viability of these systems integrated into the larger, potentially underfunded national and provincial framework requires sustained commitment and resources from the government and partners beyond the PPP. Similarly, although the RCDRC's strategic plan includes environmental protection, the practical implementation and long-term impact of initiatives such as the waste sorting and recovery centre depend on securing consistent funding and operational partnerships. In conclusion, although the PPP has demonstrated commendable strengths in program implementation due to its adaptability, robust data systems, and commitment to localization, the persistent challenges related to insecurity, logistical and administrative obstacles, as well as the complexity of ensuring universal engagement and long-term financial viability, highlight the need for continued support and adaptive strategies beyond the official closure of the PPP.

## 4. Effectiveness and Transformational Change

### 4.1 Effectiveness and change strengths

A key area of transformational change is the **strengthening of coordination mechanisms and approaches**. The PPP introduced a more structured and integrated coordination framework, both internally within the Red Cross Movement and externally with governmental and humanitarian partners. This notably involved setting up regular internal meetings at various levels (weekly in the field, monthly with participating National Societies/IFRC, quarterly with ECHO TA, and semi-annually with the steering committee and the Steering Committee (COFIL), promoting close monitoring and decision-making. This evolution towards formalised and frequent coordination processes has improved collaboration and decision-making efficiency.

Externally, the already strong relationships of the RCDRC with local authorities and its active participation in national cluster meetings (protection, gender-based violence, food security, health, species working groups) reflect a **strengthened auxiliary role** and a more integrated approach to humanitarian action.

The PPP has helped **initiate transformative changes in planning processes and tools**. The RCDRC has adopted a more systematic, data-driven, and inclusive planning approach for communities. This includes the development and revision of community disaster risk reduction plans in close collaboration with local authorities and Community Response Teams (CRTs), to ensure that the plans are context-appropriate and owned by those they serve. The multi-risk emergency plans for South- Kivu and Uvira have been updated and officially adopted, with the provincial plan being the only one to have been updated in the province, which demonstrates a significant improvement in national preparedness. The integration of Community Early Warning Systems (CEWS) into the provincial emergency plan and the development of the NARA (Needs and Risk Assessment) tool for the rapid assessment of multisectoral needs, aligned with OCHA and DRC sectoral questionnaires, represent a move towards more harmonised and efficient, data-driven planning. The 2024-2028 strategic development plan of the RCDRC now includes environmental protection and climate change adaptation, demonstrating an integrated and forward-looking planning approach.

In terms of delivery and operationalisation approaches, the PPP has had a direct impact on how humanitarian aid is provided, leading to **more efficient, innovative, and localised responses**. The complete operational establishment of CRTs in nine health zones, trained in first aid, disaster risk management, and water, sanitation, and hygiene (WASH), as well as the launch of their mitigation work within the communities (e.g., building gutters), marks a fundamental shift towards a **community-led response**. The integration of CBS into health surveillance systems, which allows for faster detection and response to epidemics, has helped strengthen health surveillance. The strengthening of the RCDRC's capacity to provide scalable, rapid, and responsible humanitarian aid with limited external support (such as during periods of acute conflict during the M23 "crisis") demonstrates its increased operational autonomy and efficiency. The integration of financial aid with long-term livelihood strategies, such as climate-smart agriculture through practical agricultural schools, represents a shift towards more holistic and sustainable implementation.

### 4.2. Effectiveness and change limitations and challenges

Despite the efficiency and transformational changes achieved, the previously highlighted limitations and challenges related to insecurity, limited access due to armed conflict, and logistical and administrative constraints have had a negative impact on overall outcomes.

## 5. Conclusions and Lessons Learned

The PPP in DRC has been a crucial initiative, which has allowed for substantial progress in transforming the humanitarian response through a locally led approach. Its success, which allowed it to reach more than 500,000 people and significantly contribute to disaster risk management, epidemic and pandemic preparedness, and humanitarian aid in South Kivu, underscores the effectiveness of its multi-level strategy.

**Key successes:** Among the main achievements is the **strengthening of the RCDRC and a notable empowerment of local communities**. The institutional capacities of the RCDRC have been strengthened through comprehensive training, the development of internal policies (CEA, PSEA), and the improvement of logistical systems. The communities were actively involved, and feedback

mechanisms allowed for continuous adjustment of the program based on community contributions, which fostered a high level of trust and satisfaction. The auxiliary role of the RCDRC was strengthened through coordination with government authorities, the integration of its CBS system into the national health system, and its active participation in national clusters and strategic planning. However, the PPP has faced limitations and challenges, notably insecurity and armed conflict (M23 crisis), which have severely affected access, caused population displacements, and disrupted planned activities. Logistical and administrative obstacles as well as operational and communication gaps are areas that need improvement to ensure universal engagement.

**The lessons learnt for the future are as follows:**

Firstly, prioritise decentralised and localised capacity building by continuously training teams and volunteers at the community level. Their local presence and specialised skills are essential to continue interventions when external access is limited. A system for evaluating this reinforcement must be put in place to monitor this reinforcement.

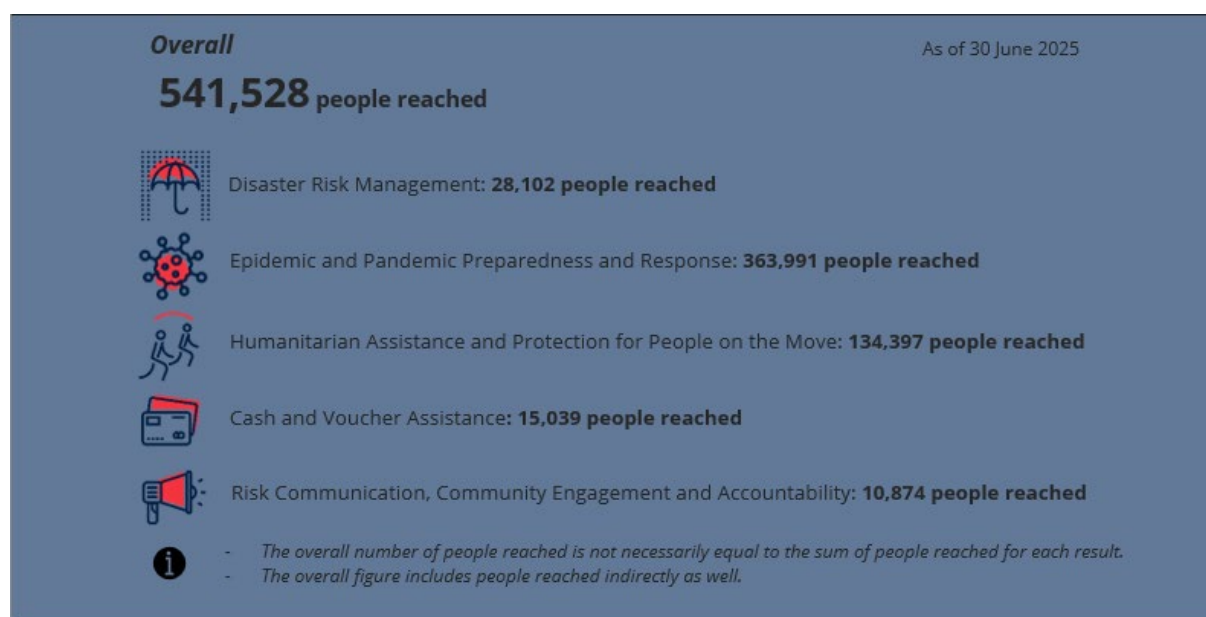
Secondly, strengthen the adaptive and integrated management of programs by incorporating some flexibility in order to be able to respond to the evolving security situation, policy changes, and logistical obstacles. This involves continuous monitoring and adaptation of community engagement channels based on local preferences.

Thirdly, maintaining community engagement and accountability through the continuous promotion of feedback mechanisms. Finally, strengthening strategic partnerships and resource allocation by promoting proactive engagement and clear agreements with all partners (government, NGOs, and within the Movement) and ensuring sufficient and flexible resources to meet evolving needs.

# Ecuador

## Country context in which the PPP took place

Ecuador is characterised by a diverse geography that presents a range of natural hazards, such as earthquakes, volcanic eruptions, floods, and landslides, exacerbated by the effects of climate change. Beyond environmental vulnerabilities, Ecuador has become a major transit and destination country for people on the move, giving rise to complex humanitarian needs related to migration and displacement. The country also experiences periods of political instability and armed violence, which can affect humanitarian access and community trust. In this multifaceted context, the Alianza Programática Piloto (APP) aimed to strengthen the Ecuadorian Red Cross (CRE) as the primary humanitarian actor in the country, improve community preparedness, and integrate humanitarian actions into national systems, fostering a localised and adaptable response to crises.



The country partners were as follows:

- National Society (NS): Ecuadorian Red Cross
- Lead EU National Society: Spanish Red Cross
- Other EU National Societies: German Red Cross, Italian Red Cross
- IFRC representation: IFRC Andean Cluster Delegation

## 1. Stakeholder Engagement

### 1.1. Stakeholder Engagement Strengths

A significant strength was the localisation and strengthening of the CRE's auxiliary role with respect to public authorities. The PPP strategically positioned the CRE, recognising it as an integral part of the national disaster management system. This auxiliary function was reinforced through active participation in national drills, such as the earthquake and tsunami drill led by the National Secretariat for Risk Management (SNGRE), and by defining the CRE's role in potential responses with the Armed Forces (FFAA) and the SNGRE. The CRE's ability to directly implement interventions across all programmatic pillars (DRM, Epidemic and pandemic preparedness and response, CVA, CEA) further consolidated its leadership and operational capacity within the national humanitarian architecture.

The strong coordination and collaboration with various public institutions was a key strength: the CRE maintained constant communication with the National Risk Management Secretariat (SNGRE), ministries such as the Ministry of Public Health (MSP), the Ministry of Education (MINEDUC), and the Ministry of Environment, Water, and Ecological Transition (MAATE), as well as with local governments (GAD). This interinstitutional coordination ensured that the PPP's activities were aligned with national

policies and plans. For example, the CRE collaborated with the SNGRE and the GADs to improve risk analysis, information management, and the conduct of simulation exercises. They also jointly created an e-learning platform with the SNGRE for disaster risk management training, demonstrating their shared commitment to capacity building. In the health sector, the CRE collaborated closely with the Ministry of Public Health (MSP) on vaccination campaigns, reaching vulnerable communities, and the MSP formally recognised the CRE as a strategic partner in immunisation and disease prevention.

The CRE's leadership in interagency working groups was another key success. As co-leader of the Inter-Institutional Cash Working Group (GTPTM) and leader of the subcommittee for market price monitoring, the CRE played a fundamental coordination role, enabling it to influence the standardisation of kit contents and the mapping of temporary shelters with the Refugee and Migrant Working Group (GTRM). Its active participation in national cluster meetings and in the human mobility working groups (led by UNHCR) ensured that interventions were complementary and prevented duplication of efforts.

Cross-border coordination was a notable achievement. The development of binational protocols with the Colombian Red Cross for humanitarian response in situations of human mobility, volcanic eruptions, and pandemics/epidemics, and their dissemination to border coordination points, illustrated a strong commitment to coordinated regional action within the Red Cross and Red Crescent Movement. This proactive commitment effectively addressed shared risks.

The PPP's emphasis on Community Engagement and Accountability (CEA) was a significant strength in stakeholder engagement. The CRE established mechanisms to collect and use community feedback, including suggestion boxes and surveys, to inform program adjustments. The approval of a comprehensive CEA Policy and Strategy, with clear procedures for feedback mechanisms in all 24 provincial branches, ensured that community participation and accountability were institutionalised. Perception surveys consistently showed high satisfaction rates (96.2% overall, with 95% reporting that their opinions were taken into account), indicating effective community engagement and trust.

The support from other partners within the Red Cross and Red Crescent Movement (the Spanish Red Cross, the German Red Cross, the Italian Red Cross, and the IFRC's Andean Cluster Delegation) provided crucial technical expertise and capacity building, ensuring a coordinated and synergistic approach to strengthening the National Society. For example, the Spanish Red Cross collaborated on improving the humanitarian response, achieving more efficient processes; the German Red Cross supported the training of EAP; and the Italian Red Cross assisted in enhancing emergency information technology, demonstrating effective collaboration within the Movement.

## **1.2. Stakeholder engagement limitations and challenges**

A significant challenge was the impact of political instability. The early elections and subsequent government transitions in Ecuador in 2023 disrupted coordination with various state institutions, forcing the CRE to restart several processes and re-establish relationships with new technical teams and authorities. This political fluidity created a dynamic environment that required continuous adaptation of engagement strategies, which could delay the full incorporation of some initiatives into stable governmental frameworks.

Technological barriers and inclusion gaps also imposed limitations on the consistency of engagement. The low preference for virtual surveys, as revealed by polls, due to technological barriers and lower familiarity in rural communities, highlighted a challenge in implementing standardised digital feedback tools across all branches and required varied approaches to data collection and community engagement, indicating that, while digital tools offered efficiency, they could not universally replace traditional in-person participation methods, especially in less connected areas.

Although the CRE actively participated in numerous coordination forums, the sheer number and complexity of these groups sometimes posed a challenge to maintaining consistent, high-level engagement in all of them.

Finally, although binational protocols were developed, their effective implementation depends on consistent political will and operational capacity on both sides of the border, which may be subject to external factors beyond the NS's direct control.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally Led Programming strengths**

A fundamental strength was the empowerment and leadership of the CRE. The PPP explicitly contributed to strengthening the CRE's capacity to respond to humanitarian crises, reinforcing its

integral role within the national disaster management system. The CRE demonstrated its capacity to directly implement interventions across all pillars, and its willingness to lead was further solidified by its active role in strategic planning and policy influence, such as developing and updating its own Disaster Risk Reduction and Climate Change Adaptation Strategy and contributing to policy reforms in disaster risk management legislation. The CRC also developed its own medium- and long-term strategy to implement a Community Engagement and Accountability (CEA) system and policies throughout the National Society, ensuring that ethical and participatory principles were integrated internally.

The PPP's success in building capacity and technical expertise within the CRE was fundamental. The CRE improved its response capacity in several areas, including georeferencing, drone acquisition, and prepositioned stock storage. It innovated training delivery by developing an e-learning platform in coordination with the SNGRE for fundamental DRM topics, including forecast-based anticipation and VCA. Specialised personnel were trained in emergency response, water rescue, and prehospital care, and were provided with the necessary supplies, ensuring that local teams possessed the technical skills required for an effective response.

The PPP placed a strong emphasis on community-level engagement, adapting interventions to the local context and direct feedback. Community health brigades were formed and recognised by the MSP as key actors in community-based surveillance (CBS). Community emergency committees were trained and equipped as the first line of response, and 11 community-based early warning systems (EWS) were established and tested, ensuring that local populations were aware of the necessary actions. The sustainability of early warning systems (EWS) was ensured by including them in the annual plans of the Decentralised Autonomous Governments (GAD), integrating local preparedness into local governance structures.

Adaptive, context-specific planning was consistently applied. Workshops were held to update the risk analysis with local authorities, adopting the Vulnerability and Capacity Assessment (VCA) methodology as the basis for risk analyses and contingency planning. The PPP adapted the proposals to the needs and priorities of local stakeholders, ensuring direct relevance. Climate vulnerability studies were completed in four communities, directly informing mitigation and adaptation strategies for livelihoods, such as providing organic seedlings for drought preparedness or implementing drip irrigation and hydroponic farming. The contents of the kits for people on the move were standardised with other organisations and culturally adapted to the target population, demonstrating a nuanced understanding of local needs.

Community Engagement and Accountability (CEA) mechanisms were established: systematically collecting and analysing community feedback through various channels such as suggestion boxes, digital surveys, focus groups, and community meetings. This feedback was used to develop action plans, ensuring that interventions were relevant, inclusive, and evidence-based. For example, the feedback led to providing more printed informational materials and addressing issues such as long wait times for services. Community committees conducted home visits, increasing acceptance and enabling families to receive advice on basic health issues and access to public services.

Finally, community-level social cohesion and inclusion activities were implemented. To actively promote integration between migrant and local populations, reducing discrimination and xenophobia through dialogue, training, and shared activities such as the arts, sports, and cultural exchanges.

## **2.2. Locally Led Programming Limitations and Challenges**

Although the PPP made substantial progress in fostering a locally led approach through extensive training, participatory mechanisms, and institutional strengthening of the CRE, the persistent challenges of political instability, insecurity, and the complexities of ensuring universal and consistent community participation underscore the need for continuous adaptation and robust support to fully realise the potential of localised humanitarian action in Ecuador.

## **3. Programme Delivery and Sustainability**

### **3.1 Strengths in Programme Delivery**

A key strength in the program's delivery was that the CRE's systems and those of its partners were fit for purpose, and this was achieved through a multifaceted approach focused on localisation, robust

data and feedback mechanisms, effective coordination, and continuous capacity development. The PPP explicitly positioned the CRE in the lead role, enabling it to directly implement interventions across all pillars.

Robust information management and monitoring systems significantly improved efficiency and accountability in delivery. The CRE implemented bi-weekly technical and financial monitoring and monthly progress reports, including visual breakdowns and projections, which enabled adaptive management. A shared digital platform was used for the timely submission of activity reports. The consolidation of a geoportal for public access to risk management information further supports the sustainable exchange of data.

Adaptive and responsive PPP planning was crucial for effective delivery in a dynamic environment. The NS demonstrated flexibility by adjusting activities according to changing contexts and feedback received. For example, the content of the assistance kits was standardised and culturally adapted in collaboration with various groups, ensuring their relevance and acceptance by beneficiaries. Extensive measures were taken to ensure sustainability beyond the program's end: the PPP's inherent focus on building sustainable local capacities was intended to enable the CRE and communities to eventually manage these interventions themselves. For example, Community Emergency Committees were trained and equipped as the first line of response, aligning with the SNGRE strategy related to Healthy, Safe, and Sustainable Brigades guide, thereby ensuring long-term sustainability.

The institutionalisation of systems and knowledge was an important step towards sustainable delivery. The CBS system was officially connected to the national health system, formalising its role in monitoring health risks. The virtual course "Methodology for Forming Community Committees" was integrated into the CRE's virtual platform for continuing education. The CRE contributed to the reformulation of the National Climate Change Adaptation Strategy, with the aim of integrating the climate change approach into all its operational programs and promoting sustainable management.

The CEA's Policy and Strategy were approved, with clear procedures for feedback mechanisms in the 24 provincial branches, ensuring that community participation and accountability are institutionalised, and the establishment of a community acceptance panel enables real-time analysis and strategic adjustments, supporting continuous, locally driven improvements in delivery. The Technical Guide for Entrepreneurship Support and the Guide for Using Tools in Cash Transfer Programs were developed and disseminated to state institutions and local organisations, providing standardised reference documents for future interventions and ensuring the consistent and responsible delivery of cash assistance.

### **3.2. Programme Delivery limitations and challenges**

A significant challenge was political instability: although the CRE demonstrated adaptability, political changes created an unpredictable environment that could delay planned activities and require significant internal coordination to re-engage with the new authorities, affecting the consistency and timeliness of delivery in implementing community-based activities including immunisation among others.

Operational and human resources dynamics also posed challenges. Staff turnover within the vaccination teams created challenges for sustained efforts, requiring ongoing training and the deployment of new personnel, which strained resources and impacted service continuity. Similarly, the high turnover of volunteers required repeated training workshops, indicating an ongoing need for internal coordination in volunteer management and retention to ensure consistent service delivery. Technological and inclusion gaps also emerged as limitations: the low preference for virtual surveys due to technological barriers and the lower familiarity in rural communities highlighted a challenge in implementing standardised digital feedback tools across all branches. This meant that, although digital tools offered efficiency, they could not universally replace traditional in-person participation methods, which could affect the comprehensiveness of the feedback used to improve delivery. In terms of sustainability, although the program developed an online learning platform for DRM topics, the long-term accessibility and use of these digital resources in areas with limited internet access or low technological literacy remained a challenge.

## **4. Effectiveness and Transformational Change**

### **4.1 Effectiveness and change strengths**

A key area of transformational change was the strengthening of coordination mechanisms and approaches. The CRE established and maintained constant coordination and communication with various public institutions responsible for risk management, health, education, and the environment, as well as with local municipalities. This multi-institutional, multi-level coordination ensured the alignment and integration of humanitarian efforts within national frameworks. The CRE's active participation in key inter-institutional working groups on human mobility and cash transfer groups was instrumental in standardising procedures, coordinating aid distribution, and sharing critical information to ensure complementary interventions and avoid duplication.

The PPP significantly influenced planning processes and tools, leading to more strategic, data-driven humanitarian responses. The Ecuadorian Red Cross collaboratively developed and validated the Disaster Risk Reduction and Climate Change Adaptation Strategy, with the aim of integrating the climate change approach into its operational programs. Their advocacy efforts influenced policy reforms, particularly in disaster risk management legislation, ensuring that anticipatory action and early warning systems are integrated into Ecuador's national strategy. The approval of the Community Engagement and Accountability (CEA) Policy and Strategy, with clear procedures for feedback mechanisms in all 24 provincial branches, transformed the way communities participate in the design, implementation, and monitoring of early action and response planning systems. The integration of updated risk scenarios into the nine municipal Risk Management Plans effectively incorporated anticipatory actions into local governance structures. The CRE organised the first National Platform for Anticipatory Action, involving 120 stakeholders and establishing a roadmap for collaborative risk management—a significant step towards systemic change in preparedness.

In terms of delivery and operationalisation approaches, the PPP led the CRE to improve its operational capacity; the acquisition of four drones and the training of staff and volunteers in their use transformed its ability to analyse territorial information, monitor adverse events, and generate scenarios. The CRE's successful implementation of CTPs, including multipurpose cash transfers for economic recovery and basic needs, with integrated training on cash delivery mechanisms and safety instructions, demonstrates a more efficient and responsible delivery model. Community-level empowerment was achieved through the training and capacity-building of 16 community health brigades and emergency committees, as well as the establishment of 11 community-based early warning systems, ensuring localised and direct service delivery.

Finally, the PPP placed a strong emphasis on CEA, which led to systemic changes in how feedback is managed and integrated into the humanitarian response. This approach ensures that actions and strategies are relevant, inclusive, and evidence-based. Establishing a community acceptance panel enables real-time analysis and adjustment of strategies based on the local context, fostering ongoing trust and responsiveness. Culturally relevant educational materials, including those in Kichwa, further exemplify a transformative approach to inclusive communication and social cohesion.

Overall, the PPP fostered a more coordinated, strategically planned, and effectively delivered humanitarian response by strengthening the CRE's internal capacities, integrating new technologies and methodologies, and deepening its engagement with local communities and national authorities. This has resulted in a more resilient and responsive humanitarian ecosystem in Ecuador.

#### **4.2. Effectiveness and change limitations and challenges**

Despite the effectiveness and transformational changes achieved, the previously highlighted limitations and challenges related to political instability, operational insecurity, and human resource turnover, as well as technological and inclusive gaps, weighed negatively on the overall results.

#### **5. Conclusions and Lessons Learned**

The PPP in Ecuador has demonstrated that it strengthens the country's humanitarian response system, showing that its roles, responsibilities, and working modalities were largely fit for purpose. The strategic emphasis on localisation, robust coordination, continuous capacity development, and adaptive management has led to significant successes and fostered transformative change.

**Key successes** include the substantial strengthening of the CRE as a supporter to the national implementing agency, reinforcing its auxiliary role within the national disaster management system. The CRE's capacity was enhanced across all programmatic pillars, notably through advanced information management, strategic prepositioning of stocks, and the development of an innovative e-learning platform for disaster risk management (DRM). The program fostered deep integration with government

institutions, leading to constant coordination, joint initiatives, and the NS's co-leadership of key interagency working groups such as the Cash Working Group. Crucially, the PPP significantly advanced community-led preparedness by training health brigades and emergency committees, and by establishing community-based early warning systems, all integrated into local government plans.

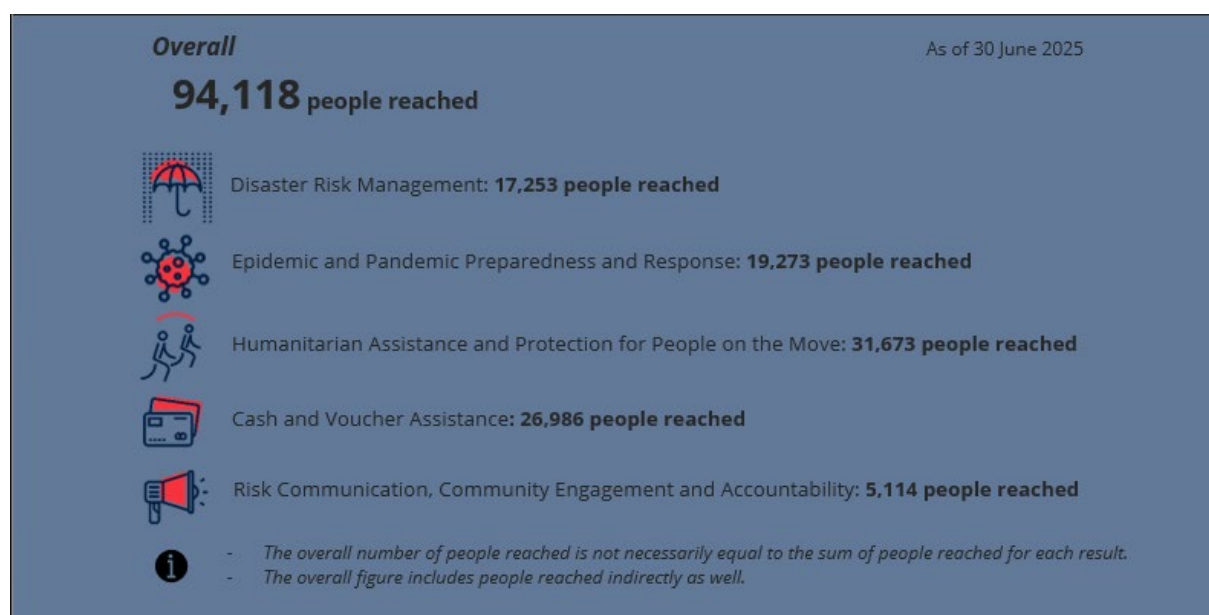
The approval of the CEA Policy and Strategy and the implementation of robust feedback mechanisms ensured an ongoing response to community needs, generating high levels of trust and satisfaction. However, the program also faced significant limitations and challenges. Political instability and frequent government transitions created an unpredictable environment, disrupting coordination and requiring continuous adaptation. Insecurity due to domestic crime hindered access to rural communities, affecting outreach and service delivery. Operational challenges, such as staff turnover and high volunteer attrition, required ongoing training efforts. Additionally, technological barriers in rural areas limited the universal effectiveness of digital feedback tools, and a recognised need to strengthen the participation of marginalised groups highlighted areas for improving inclusiveness.

The **lessons learnt for the future** cover several critical areas. First, investing in standardised methodologies and tools (e.g., the CTP guide, online learning platforms) is crucial to ensure consistency, quality, and scalability across the National Society. Secondly, strengthening internal coordination at multiple levels through systematic reporting and regular monitoring visits is vital for the effective implementation and oversight of programs. Third, enhancing resilience to external shocks such as political instability and insecurity requires developing flexible and adaptive internal coordination strategies and fostering strong relationships with various stakeholders. Fourth, ongoing investment in training and retaining volunteers and staff is essential to maintain operational capacity. Finally, adopting technology appropriate to the context and inclusive approaches is essential, balancing digital efficiency with methods that ensure equitable participation and feedback from all segments of the community, while fostering proactive collaboration.

# Guatemala

## Country context in which the PPP took place

Guatemala is highly vulnerable to a range of natural hazards, including earthquakes, volcanic eruptions, tropical storms, floods, and droughts, most of which are exacerbated by the effects of climate change. These phenomena often trigger humanitarian crises that cause displacement and disrupt livelihoods. The country is also a major point of origin, transit, and return for mixed migration flows, which poses complex protection and assistance needs for people on the move. Furthermore, public health challenges persist, such as the prevalence of vector-borne diseases and chronic child malnutrition, especially in vulnerable communities. In this multifaceted context, the Pilot Programmatic Partnership (PPP) aimed to strengthen the Guatemalan Red Cross (GRC) and empower communities to improve their resilience, risk awareness, and response capacity, while integrating humanitarian actions into national risk management and health systems.



The country partners were as follows:

- National Society (NS): Guatemalan Red Cross Society
- Lead EU National Society: Spanish Red Cross
- Other EU National Societies: German Red Cross
- IFRC representation: IFRC Regional Delegation in Central America

## 1. Stakeholder Engagement

### 1.1. Stakeholder Engagement Strengths

**Strong coordination with national authorities** was a distinctive feature of stakeholder participation in the PPP. The GRC collaborated closely with CONRED (the National Coordinating Agency for Disaster Reduction), supporting the training of local response teams (COLRED) and municipal disaster reduction coordinators (COMRED). This partnership streamlined processes and facilitated the delivery of capacity-building workshops at both the local and national levels. Similarly, coordination with the Ministry of Public Health and Social Assistance (MSPAS) focused on community-based surveillance (CBS), the accreditation of health committees, and the provision of medical equipment to health centres, thereby strengthening the health infrastructure and ensuring comprehensive care. The GRC actively participated in sectoral health roundtables and maintained direct communication with the MSPAS at the national and departmental levels.

The program also stood out for its **participation at multiple levels within local governance structures**. The GRC held meetings with the Municipal Development Councils (COMUDE), the Municipal Food and Nutritional Security Councils (COMUSAN), and the water commissions, which were

instrumental in strengthening local governance and promoting comprehensive actions to address both immediate and underlying vulnerabilities. A dialogue was established with municipal mayors to request authorisation for the program's implementation, which ensured acceptance and coordination at the local level. Local coordinators and health centres, together with community leaders from the Urban and Rural Community Development Councils (COCODE), provided data to prioritise target communities and assess needs, demonstrating effective grassroots participation.

**Cross-border and regional coordination** was another additional strength: the GRC participated in and strengthened internal coordination mechanisms within the Red Cross and Red Crescent Movement, collaborating with other National Societies (Mexican, Salvadoran, and Honduran Red Crosses) to improve cross-border coordination. This led to the planning of cross-border missions and the design of a complementary migration case management system, in order to prepare for sustained regional challenges. The GRC also actively participated in the regional technical roundtable on migration and continues to collaborate with the German Red Cross on the Early Action Protocol for migration flows. These exchanges enabled the GRC to adopt approaches for humanitarian service points and cross-border integration.

Furthermore, the program's commitment to **risk communication, community engagement, and accountability (CEA)** was significant: CEA was a cross-cutting theme across all pillars. The GRC established **feedback mechanisms** (telephone numbers, WhatsApp, suggestion boxes, surveys, and home visits) and a dedicated CEA team to systematically collect, analyse, and use community insights to inform and adapt program activities. This systematic approach fostered trust and encouraged active, inclusive community participation. Social listening was carried out systematically as a CEA standard, ensuring responsiveness to community needs and addressing issues such as misinformation and stigma.

Finally, the GRC's active participation in inter-agency working groups such as the National Protection Network and the Inter-Agency Cash Working Group (CWG) demonstrated its leadership and commitment to broader humanitarian coordination. This ensured that the GRC's methodologies and expertise influenced standardised procedures and aid distribution across the humanitarian sector, optimising assistance and preventing duplication.

## 1.2. Stakeholder engagement limitations and challenges

Despite significant strengths in stakeholder engagement, the PPP in Guatemala faced limitations and challenges stemming primarily from external political dynamics, logistical obstacles, and inherent administrative complexities.

A significant challenge was **the impact of political transitions and personnel changes** following the elections in Guatemala. This caused delays in coordination with key entities such as CONRED and MSPAS. Processes such as COLRED accreditation and the installation of the Early Warning System (EWS) were postponed until the new authorities were in place and contact was re-established. While the GRC demonstrated its adaptability, this political instability created an unpredictable environment that required ongoing commitment and may have delayed the full integration of some initiatives into stable government frameworks. Bottlenecks in interagency coordination, such as the limited availability of CONRED personnel and scheduling issues with the Ministry of Health, prolonged these delays.

**Logistical challenges** also affected the coherence of stakeholder engagement and program implementation. While extreme weather events occasionally affected program activities, routine delays occurred in procuring essential items, such as family emergency kits, due to procurement processes. The **lack of technical staff** to carry out field work also delayed humanitarian assistance activities with community health promoters and affected workshops and equipment procurement. As a result, the GRC's ability to collaborate consistently with communities and partners was negatively affected, for example by the failure to implement some planned micro-projects aimed at protecting livelihoods.

Although the GRC established robust feedback mechanisms, **challenges related to misinformation and social stigma** persisted, particularly with regard to migration and public health. Efforts to integrate community perspectives improved trust, but the PPP recognised the need to continue working to address barriers related to language, digital access, and cultural perceptions.

The **accreditation process** for COLRED members has taken longer than expected, which has delayed

some activities related to strengthening response capacity. Although the GRC aimed to integrate these local teams into the national system, bureaucratic delays at the national level hindered the full realisation of this integration, which affected the perceived timeliness of these functions.

Finally, the effectiveness of cash and voucher assistance (CVA) was affected **by inflation and fluctuating market prices**, requiring constant monitoring and adaptation. These economic factors posed an ongoing challenge to ensuring the optimal impact and scalability of CVA, requiring continuous coordination with financial service providers and other humanitarian actors.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally Led Programming strengths**

A fundamental strength was the **empowerment and leadership of the GRC**. The PPP contributed significantly to strengthening the GRC's operational capacity and reinforcing its auxiliary role within Guatemala's national disaster management and health systems. The GRC increased its technical capacity in areas such as water rescue, search and rescue in collapsed buildings, hazardous materials handling, water, sanitation and hygiene, and migration, enabling it to lead responses effectively.

The GRC's commitment to a locally led approach became even more evident in its **strategic planning and policy development**. The CRG developed and approved a Climate Change Policy and began drafting a Disaster Risk Management Policy, in line with humanitarian standards and its auxiliary role. The authorities also approved the National Society's Mental Health and Psychosocial Support (MHPSS) strategy, the Protection, Gender, and Inclusion (PGI) policy, and the Prevention of and Response to Sexual Exploitation and Abuse (PSEA) policies, which provide fundamental frameworks for ethically sound and locally relevant operations. An Institutional Community Engagement and Accountability (CEA) Policy was drafted and approved, along with a Guide to Minimum Action Protocols for Community Engagement and Accountability (CEA) and a Community Engagement and Accountability (CEA) Strategy adapted to the Guatemalan context, emphasising local ownership of accountability mechanisms.

The programme's **responsiveness to community needs and priorities** was a hallmark of its local character. Community-led preparedness and risk reduction were fundamental. Local response teams (COLRED) were formed in the beneficiary communities, response plans developed, and disaster risk reduction projects implemented. Community leaders, volunteers, and members of local organisations received training in risk management, first aid, psychosocial support, and emergency planning. The establishment of early warning systems (EWS) in high-risk areas improved communities' ability to anticipate disasters, as they became familiar with evacuation routes and safe meeting points through training and drills with COLRED.

The community-identified **micro-projects for disaster risk reduction** were highly successful, as communities took charge of identifying and implementing them, and the GRC provided the materials. Examples include the remodelling of retaining walls, the creation of rainwater harvesting systems, and the installation of early warning equipment, which demonstrated tangible local ownership. Families also received family emergency kits and learnt how to pack 72-hour backpacks and develop family emergency plans, fostering preparedness at the household level.

**Context-adapted, context-specific health interventions** were carried out from a local perspective. Community health committees were established in coordination with the MSPAS to support community-based surveillance (CBS), contributing to needs analysis, training, health service promotion, and the development of emergency plans. These committees are activated in any situation that arises within their community to detect diseases such as intestinal, respiratory, or viral illnesses (like influenza), dengue outbreaks, providing families with information to prevent community-wide outbreaks. Health education sessions tailored to various topics (e.g., childhood morbidity, vector control) were based on needs identified in specific communities, with informational materials adapted to local contexts and languages. New communities were selected based on MSPAS monitoring, prioritising those with specific vulnerabilities such as low economic resources and a high prevalence of vector-borne diseases, which ensured that interventions reached those most in need.

**Community engagement and accountability (CEA) mechanisms** were fundamental to ensuring a truly locally led approach. For example, the cash and voucher assistance (CVA) delivery portfolio was improved with linguistic adaptations, animated videos, tailored audio, and infographics to make the information easier for local communities to understand and apply. The CEA emphasised social listening and sharing honest, reliable information to foster trust and acceptance within communities.

## 2.2. Locally Led Programming Limitations and Challenges

The most significant challenge for the locally led approach was political instability and staff turnover in key national institutions; plans developed at the local level often needed to be revalidated or adapted with the new authorities, which consumed valuable resources and time and could disrupt the continuity of locally led initiatives.

Logistical delays and resource constraints also posed a significant challenge to the efficiency of locally led programs. Procurement delays occurred, such as in the case of family emergency kits, which had to be re-tendered because no bids were received. Even more seriously, the livelihood micro-projects were delayed and ultimately not carried out due to limitations in the availability of community members and project staff, highlighting the challenge of securing adequate human resources at the local level to implement and sustain locally identified initiatives.

Finally, scheduling issues with the Ministry of Health delayed the preparation of contingency plans for epidemic preparedness; although local health committees were established, their full integration into a responsive national system was sometimes hampered by such external coordination problems.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in Programme Delivery

One of the fundamental strengths in the program's implementation was the **strengthening of the GRC's capacity as a national society and community actor**. The CRG significantly increased its internal capacity in various technical areas, enabling it to respond to crises in a timely manner. At the community level, local disaster reduction coordinators (COLRED) were trained and systems for early warning (EWS) were established in high-risk areas, along with the provision of family emergency kits and training on family emergency plans, which directly improved community-level preparedness and response and ensured localised implementation.

**Robust information management and feedback mechanisms** significantly improved efficiency and accountability in service delivery. The PPP integrated risk communication, community engagement, and accountability (CEA) as a cross-cutting theme. This involved establishing a CEA team and a network of CEA facilitators through training of trainers (ToT). Strategic alliances and program coordination were fundamental to effective and sustainable delivery. The CRG maintained constant dialogue and coordination with national and local authorities, such as CONRED, for local response.

To ensure **sustainability beyond the end of the PPP**, comprehensive measures were taken to institutionalise these achievements. The CRG developed and approved key policies and strategies: these institutional documents aimed to integrate these approaches into all CRG activities, providing a lasting framework for operations. The CEA Policy and Minimum Standards were also adapted and approved, with the aim of institutionalising CEA in all humanitarian actions.

**Integration with national systems and knowledge transfer** were fundamental to long-term sustainability. The Community-Based Surveillance (CBS) system was implemented based on MSPAS guidelines to strengthen the connection between the MSPAS and communities, formalising community surveillance activities within the national health system. The CRG's participation in national coordination mechanisms reinforced its auxiliary role and its influence on national policies and plans. Information and communication materials (manuals, guides, brochures, posters, and animated videos) were developed for prevention, preparedness, and response, serving as a reference for future community work. The development of a common alert protocol in the context of early warning systems with CONRED indicates a long-term commitment to coordinated risk management.

Finally, community empowerment and ownership have been fostered through active participation. Communities have been involved in identifying and implementing disaster risk reduction micro-projects, thereby fostering self-management. Educational centres in the communities have been strengthened in disaster risk management, especially through training for teaching and administrative staff, thereby preparing the next generation. This attention to local ownership ensures that the program's benefits are sustained by the communities themselves.

### 3.2. Programme Delivery limitations and challenges

As mentioned earlier, various limitations and challenges have affected the GRC's work within the PPP in an unpredictable political context, at times disrupting planned delivery schedules and requiring significant internal coordination to resume dialogue with the new authorities, which has impacted the coherence and speed of assistance. Furthermore, logistical delays and resource constraints have

posed challenges to the effectiveness of delivery. While the GRC sought to integrate local teams into the national system, the accreditation process for COLRED members took longer than expected. The effectiveness of cash and voucher assistance (CVA) was affected by inflation and market price fluctuations, and communication barriers and misinformation also posed limitations to effective implementation.

In conclusion, although the PPP in Guatemala demonstrated commendable strengths in program delivery through its adaptability, robust information management, and commitment to localisation, the persistent challenges of political instability, logistical bottlenecks, and inherent operational and human resources dynamics underscore the need for continuous adaptation and solid support to fully realise the potential of sustained and comprehensive humanitarian action.

## **4. Effectiveness and Transformational Change**

### **4.1 Effectiveness and change strengths**

A key area of transformational change was **strengthening coordination mechanisms and approaches**. The GRC and its branches established and maintained constant coordination and dialogue with leaders and authorities at the community, municipal, departmental, and national levels. This multi-level coordination improved prevention, preparedness, and response to various crises. Cross-border coordination with other National Societies (Mexican Red Cross, Salvadoran Red Cross, Honduran Red Cross) led to the planning of cross-border missions and the design of a complementary migration case management system, a significant step towards regional systemic change.

The PPP significantly influenced the **GRC's planning processes and tools**, leading to more strategic, data-driven humanitarian responses. The GRC's active participation in migration- and displacement-related decision-making events, providing technical and logistical support to the National Protection Network and the Departmental and Municipal Migration Boards, highlights a transformative shift towards integrated planning for people on the move. Vulnerability and Capacity Assessments (VCAs) conducted directly in the field with community leaders helped identify risks, define local priorities, and propose risk-reduction actions, ensuring that planning was community-driven.

In terms of delivery and operationalisation approaches, the PPP led to concrete **improvements and innovations** in the delivery of humanitarian assistance. The establishment of Humanitarian Service Points (HSPs) along key migration routes to provide integrated services (health, psychosocial support, RFL, kits) to people on the move, including specialised support for unaccompanied children, represents a transformative approach to service delivery. The use of Cash and Voucher Assistance (CVA) as a vital tool for vulnerable populations in disaster and migration contexts, enabling families to prioritise their own needs, represents a shift towards more flexible and empowering aid delivery. The increase in the GRC's capacity to use drones for risk assessment, impact analysis, and humanitarian communication also represents a significant technological transformation in operational delivery.

Finally, the PPP placed a strong emphasis **on Risk Communication, Community Engagement, and Accountability (CEA)**, leading to systemic changes in how feedback is managed and integrated into the humanitarian response.

Overall, the PPP facilitated a comprehensive transformation in the GRC's humanitarian response, advancing towards more integrated, localised, and community-led approaches, supported by strengthened national systems and improved regional coordination and capacity.

### **4.2. Effectiveness and change limitations and challenges**

While the PPP was highly effective in driving significant transformational changes in coordination, planning, and delivery within Guatemala, the persistent challenges of political instability, logistical bottlenecks, and inherent operational and human resource dynamics underscore the need for continuous adaptation, robust support, and a long-term commitment to fully consolidate and expand these changes across the humanitarian landscape.

## **5. Conclusions and Lessons Learned**

**Key successes** The main achievements include the **substantial strengthening of the GRC** as a leading National Society, reinforcing its auxiliary role within the national risk management and health systems. The GRC's technical capacity was significantly enhanced in several areas, including water rescue, search and rescue, and hazardous materials management, and it effectively utilised new tools such as drones for assessments. The program fostered deep integration with government institutions such as CONRED and MSPAS, leading to more efficient processes, joint training, and GRC co-

leadership of key interagency working groups. Crucially, the PPP significantly advanced community-led preparedness through the formation and training of Local Response Teams (COLRED) and Community Health Commissions, and the establishment of Early Warning Systems (EWS) that are being integrated into national plans. Robust Risk Communication, Community Engagement, and Accountability (CEA) mechanisms ensured a continuous response to community needs, building trust and adapting interventions based on feedback.

**Lessons learnt for the future** emphasise several critical areas.

First, institutionalising and standardising processes (e.g., CEA and DRM policies) is crucial to ensure consistency, quality, and scalability across the entire National Society.

Secondly, investing in capacity development at multiple levels for staff, volunteers, and community structures is vital to building a resilient response system, particularly through “train-the-trainers” approaches.

Third, cultivating resilient external partnerships with national and local authorities through ongoing dialogue and proactive engagement is essential for navigating political transitions and ensuring that the National Society’s auxiliary role is recognised.

Fourth, prioritising community-centred approaches and accountability through diverse and accessible feedback mechanisms is essential to ensure that interventions are responsive and build trust. Finally, developing adaptive program management strategies is necessary to address logistical challenges and staff shortages, while fostering intra-Movement collaboration and knowledge sharing remains vital for regional coherence.

# Honduras

## Country context in which the PPP took place

Honduras is highly vulnerable to disasters, such as hurricanes, tropical storms, floods, and droughts, which are exacerbated by climate change. These phenomena often trigger humanitarian crises that cause mass displacement and severely affect livelihoods, especially in agricultural communities. The country is also a major point of origin and transit for mixed migration flows, which poses complex protection and assistance needs for people on the move, including returnees. Additionally, public health challenges persist, such as vector-borne diseases and limited access to health services in remote areas. In this challenging and dynamic environment, the PPP aimed to strengthen the Honduran Red Cross (CRH) and empower communities to improve disaster preparedness, public health response, and humanitarian assistance for people on the move, fostering a more localised, integrated, and anticipatory humanitarian response.



The national partners were as follows:

- National Society (NS): Honduran Red Cross.
- Leading EU National Society: Spanish Red Cross
- Other EU National Societies: German Red Cross, Italian Red Cross.
- IFRC representation: Central America Cluster.

## 1. Stakeholder Engagement

### 1.1. Stakeholder Engagement Strengths

A significant strength was the CRH's auxiliary role to government authorities, which was crucial for an effective crisis response. For example, during Tropical Storm Sara, the CRH immediately joined the first response and rescue efforts coordinated by the government through the Permanent Contingency Commission (COPECO) and SINAGER (the National Risk Management System). The Honduran Red Cross also developed the National Multi-Risk Epidemic and Disaster Response Plan in collaboration with national and regional authorities, fostering an integrated approach. This direct collaboration at the operational level solidified its auxiliary role.

The CRH's strong coordination with national authorities was a distinctive feature of the PPP. Constant coordination was maintained with key national authorities, including COPECO, the Ministry of Health (SESAL), the Directorate for Children, Girls, and Families (DINAF), the National Migration Institute (INM), and the Secretariat for Childhood, Adolescence, and Family (SENAF). The CRH collaborated with COPECO to establish a link that would enable more effective communication with the Local Emergency Committees (CODELES) and participated in workshops with various national institutions to

coordinate the implementation of the National Epidemic and Disaster Response Plan. The CRH's is very active role in the National Cash Transfer Working Group, where it provided advice and support to CVA agents, also demonstrated its leadership in interinstitutional coordination.

Cross-border and regional coordination was a notable achievement. The Honduran Red Cross strengthened internal coordination mechanisms within the IFRC network by participating in technical roundtables on migration with other Central American National Societies (Mexican, Salvadoran, Guatemalan, Nicaraguan, and Panamanian Red Cross Societies) and in the IFRC's migration working group. This led to improved cross-border coordination on migration and the development of a simplified Early Action Protocol (EAP) for migration, indicating preparedness for sustained regional challenges. A regional exchange of experiences in community risk management and climate-smart livelihoods helped foster knowledge sharing and regional resilience.

Furthermore, the PPP's commitment to risk communication, community engagement, and accountability (CEA) was a significant strength. CEA was a cross-cutting theme integrated into all pillars of the program. The CRH implemented various feedback mechanisms, including WhatsApp, phone calls, surveys, and complaint/suggestion boxes. This systematic collection and analysis of community feedback enabled the program to be adapted and ensured high satisfaction rates, as 99% of respondents reported that assistance was provided in a safe, accessible, responsible, and participatory manner. The development of a centralised digital feedback platform further streamlined this process, enhancing transparency and responsiveness.

## **1.2. Stakeholder engagement limitations and challenges**

A significant challenge was the impact of weather conditions and logistical barriers. Heavy rains frequently limited access to communities, sometimes isolating them entirely (for example, Apacilagua, located along the Choluteca River), which directly affected program implementation. Although the program was adapted by adjusting the schedules of community activities to accommodate participants' availability, these environmental factors continued to be an impediment.

Limitations in human resources and community participation were also an obstacle. The community members' limited time availability due to their primary livelihood (agriculture) forced adjustments to the program schedule, which posed a challenge in ensuring consistent and full participation. Furthermore, full participation was not always ensured at the venues where the project activities were carried out.

Additionally, the lack of communication channels among key stakeholders to oversee the activities stands out; this sometimes led to misunderstandings at the community level. This contrasts with the good practice of establishing channels and indicates that, despite efforts, ensuring a smooth and coherent flow of information among all stakeholders. These communication deficiencies can hinder effective coordination and lead to inefficiencies in the response.

Social and cultural sensitivities also posed challenges to participation. Speaking openly about sexual and reproductive health issues was difficult due to the taboos among parents and teachers in some communities. This directly affected the effectiveness of health education and awareness campaigns, requiring sensitive and adaptable communication strategies.

Finally, although the CRH actively participated in the Cash Transfers Working Group, the complexity of ensuring that assistance reached the most vulnerable families in remote areas required an additional effort to accurately select beneficiaries, highlighting the ongoing challenge of achieving comprehensive and equitable coverage through in-kind assistance mechanisms, which depend on effective local participation.

In conclusion, although the PPP in Honduras achieved success in establishing strong relationships with stakeholders and integrating the CRH into coordination frameworks, persistent challenges related to environmental access, human resource constraints, communication deficiencies, and sociocultural sensitivities presented ongoing limitations that required continuous adaptation and highlighted the complexity of achieving truly comprehensive and coherent stakeholder engagement.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally Led Programming strengths**

A fundamental strength was the empowerment and leadership of the CRH. The program contributed significantly to strengthening its operational capacity and reinforcing its auxiliary role within Honduras's national disaster and health management systems. The Honduran Red Cross strengthened the capacity of vulnerable communities to prepare for and respond to disasters, epidemics, and other crises.

It developed and approved a climate change policy, strategy, and toolkit, and updated its National Emergency Response Plan to incorporate new humanitarian trends. The Honduran Red Cross also enhanced its technological capacity by implementing a diploma course on drone flight operations for professional volunteers, enabling real-time map updates and damage assessment in emergency situations. It developed a health strategy and policy and updated its gender and gender-based violence policies, demonstrating its commitment to leading comprehensive and inclusive humanitarian action.

The CRH's commitment to a locally led approach became even more evident with the strengthening of its auxiliary role and its integration into national systems. It maintained an integrated response by collaborating with national and regional authorities to develop the National Multi-Risk Epidemic and Disaster Response Plan. The CRH worked directly with government authorities at the national (COPECO), municipal (CODEM), and local (CODEL) levels to improve integrated planning and early warning systems (EWS). During Tropical Storm Sara, the CRH immediately joined the government-coordinated first response and rescue efforts, providing essential support to those affected in shelters. This direct collaboration at various levels consolidated its leadership and operational capacity within the national humanitarian architecture.

The program's responsiveness to the community's needs and priorities was a strength: community-led preparedness and risk reduction were fundamental. CODELs and community health committees were trained, action plans were developed, and measures such as vector control and flood prevention were actively implemented. Early warning systems (EWS) were established, significantly improving alert times (e.g., from 3–5 hours to 15–20 hours in the Sula Valley), which enabled communities to take early action to reduce the impacts of floods, droughts, and landslides. Vulnerability and capacity assessments (VCAs) were conducted directly in 13 communities, with volunteers and community members participating to identify threats, vulnerabilities, risks, and capacities, which served as the basis for developing community response plans and micro-projects.

Community participation in climate adaptation strategies was a significant success. I include reforestation efforts to reduce erosion and landslide risks, as well as climate-smart livelihood activities, such as improving coffee plantations with pest-resistant seedlings and organic fertilisers. The establishment of an early warning system for coffee rust disease, through an alliance with IHCAFE, provided farmers with tools for proactive crop protection, demonstrating a locally relevant approach to sustainable livelihoods. School emergency committees (CODESES) and local agricultural development committees (CODAL) were also organised, trained, and equipped, enabling a frontline response in educational settings and improved agricultural practices.

Health interventions tailored to each specific context were carried out from a local perspective. Community health committees, recognised by health authorities, were established, leading to the implementation of community health action plans (CHAPs) tailored to the community's needs identified through participatory processes. Community-based surveillance (CBS) systems were established and strengthened, enabling health workers and local committees to detect and report outbreaks early. Health education campaigns and door-to-door visits were conducted on topics such as vector-borne diseases and hygiene, based on identified needs and with materials adapted to the local culture.

Community engagement and accountability (CEA) mechanisms were fundamental to ensuring a truly locally led approach. The program systematically collected and analysed perceptions, rumours, and community feedback through various mechanisms, such as suggestion boxes, surveys, phone calls, and WhatsApp messages. Feedback was used to adapt approaches and materials, ensuring that interventions were relevant, inclusive, and evidence-based. For example, 99% of CVA beneficiaries reported that their suggestions were taken into account and that they felt respected.

## **2.2. Locally Led Programming Limitations and Challenges**

The most significant challenge for the locally led approach was the environmental and logistical barriers to access. Weather conditions, particularly heavy rains, occasionally limited access to communities, even isolating them completely in some cases. This directly affected the ability of local teams and volunteers to consistently access communities and carry out planned activities, despite the CRH's adaptation of community activity schedules to accommodate participants' availability.

Limitations in human resources and community participation also posed an obstacle. The limited time available to community members due to their primary livelihood (agriculture) forced adjustments to the program schedules, which posed a challenge in ensuring consistent and full participation. Social and cultural barriers posed a significant challenge to the effectiveness of locally targeted health interventions. Speaking openly about sexual and reproductive health issues was difficult due to existing

taboos among parents and teachers in some communities, which affected the effectiveness of health education and awareness campaigns and required sensitive, adaptable communication strategies.

Resource constraints and infrastructure deficiencies also affected the coherence of locally implemented programs. Some remote communities still struggled to access adequate health services due to financial and staffing constraints, which limited the effectiveness of certain interventions. In some areas, inadequate infrastructure also hindered the health committees' ability to provide timely, high-quality care.

### **3. Programme Delivery and Sustainability**

#### **3.1 Strengths in Programme Delivery**

A fundamental strength in program implementation was the comprehensive capacity building of the CRH, which invested heavily in developing the skills of its staff, volunteers, and communities in various technical areas. Advanced training for CRH staff and volunteers in areas such as the Incident Command System, water rescue, Damage and Needs Assessment (DANA), and the use of drones for real-time mapping and damage assessment improved their operational readiness. Information management and feedback mechanisms significantly improved efficiency and accountability. The PPP effectively integrated risk communication, community engagement, and accountability (CEA) as a cross-cutting theme. This involved establishing a CEA team and a network of CEA facilitators through training of trainers (ToT). Various feedback mechanisms were implemented to collect feedback.

Strategic alliances and PPP coordination were fundamental to effective and sustainable implementation: the CRH maintained constant dialogue and collaborated with government agencies, facilitating integrated planning, early warning systems, and service delivery. Their active participation in inter-institutional working groups, such as the National Protection Network, facilitated the standardisation of procedures, the alignment of resources, and the avoidance of duplication. Cross-border coordination with other National Societies and the IFRC improved information sharing and enabled the planning of joint missions, demonstrating a regional approach to implementation. Comprehensive measures were taken to institutionalise the achievements. The CRH developed and approved key policies and strategies aimed at incorporating these approaches into all HRC activities, providing a lasting framework for operations.

Integration with national systems and knowledge transfer were fundamental to long-term sustainability. The Honduran Law on "Facilitating International Humanitarian Assistance in the Event of Disasters and Initial Recovery" was disseminated among members of the National Risk Management System (SINAGER) to harmonise procedures. The Honduran Red Cross's participation in the cash transfer working group and its agreements with financial service providers (FSPs) to expand humanitarian assistance ensured the sustainability of disaster cash transfer delivery mechanisms. Finally, community empowerment and ownership were fostered through active participation. Community plans identified priorities and measures to improve quality of life and prepare for crises, fostering self-management and local ownership.

#### **3.2. Programme Delivery limitations and challenges**

As noted earlier, environmental factors and logistical access posed a significant challenge to program implementation, as did limitations in human resources and community participation. Resource constraints and infrastructure deficiencies also affected the coherence of implementation and long-term sustainability. In some areas, inadequate infrastructure also hindered the health committees' ability to provide timely, high-quality care, indicating the need for sustained investment beyond the program's direct scope to fully empower local health structures for sustainable implementation.

Deficiencies in communication among key stakeholders were identified as a problem, occasionally leading to misunderstandings at the community level, and existing taboos between parents and teachers in some communities undermined the effectiveness of health education and awareness campaigns. Despite the training, health professionals continued to apply sexual violence protocols inconsistently due to a lack of resources and inadequate follow-up by SESAL, highlighting a deficiency in ensuring sustained and effective local service delivery for sensitive protection-related issues.

### **4. Effectiveness and Transformational Change**

#### **4.1 Effectiveness and change strengths**

A fundamental area of transformative change is the localisation of the response and the empowerment of communities. The CRH contributed significantly to strengthening the capacity of vulnerable communities to prepare for and respond to disasters, epidemics, and other crises.

The PPP has also led to transformative changes in planning processes and tools. The CRH developed a National Multi-Risk Epidemic and Disaster Response Plan in collaboration with national and regional authorities, fostering an integrated planning approach, and updated its self-assessment and Preparedness for Effective Response (PER) analysis, which guides its overall operational readiness. The CRH's active role in the cash transfer working group and its development of a simplified Early Action Protocol (EAP) for migration flows reflect a step towards more anticipatory and coordinated planning for specific vulnerabilities.

In terms of delivery mechanisms and humanitarian assistance, the PPP has had a profound impact on how aid is provided, leading to more efficient, innovative, and localised responses: the RC established intervention teams trained in multiple specialities, such as migration, WASH, damage and needs assessment, CVA, and Early Health Response Units (EHRUs). The establishment and operation of 11 Humanitarian Service Points (HSPs) in key transit areas for migrants, providing multisectoral services focused on protection, gender, and inclusion (PGI), represents a transformative approach to service delivery for people on the move.

Cash and voucher assistance (CVA) became a vital tool for humanitarian aid, reaching 15,451 people. The CRH tested and expanded various CVA mechanisms, such as electronic codes, supermarket gift cards, and vouchers, enabling faster and more dignified assistance. The CRH's increased technological capacity through a diploma course on drone flight operations for real-time mapping and damage assessment also represents a significant operational transformation in service delivery.

#### **4.2. Effectiveness and change limitations and challenges**

Despite the great effectiveness and transformative changes achieved by the Pilot Programmatic Alliance (PPP) in Honduras, several limitations and challenges persisted that affected the depth and coherence of these systemic changes. These challenges were often due to the complexity and volatility of the operating environment, as well as the inherent administrative and human resources obstacles.

#### **5. Conclusions and Lessons Learned**

The Pilot Programmatic Partnership (PPP) in Honduras illustrates how a well-structured, locally led humanitarian programme can drive both operational excellence and sustainable, systemic change. Anchored in the leadership of the CRH and built around the priorities of local communities, the programme succeeded in enhancing disaster preparedness, public health response, and humanitarian aid for people on the move. Its reach—over 100,000 individuals—was matched by its depth, delivering measurable improvements in community resilience, institutional capacity, and service delivery.

One of the programme's most notable successes was its integration into national and local systems. Through consistent coordination with entities like COPECO, SESAL, and SINAGER, the CRH reinforced its auxiliary role while embedding risk reduction, early warning, and health preparedness into Honduras's governance frameworks. Community structures such as CODELs and Health Committees were not only capacitated but institutionalised, offering a viable model for locally sustained emergency response.

The programme's adaptability, particularly in CVA and anticipatory action, further enhanced its relevance. Cash assistance mechanisms were refined and scaled, feedback systems were digitised, and early action protocols were piloted. These innovations reflected a shift towards more responsive and dignified aid models.

However, the PPP also exposed enduring challenges. Geographic and infrastructural limitations restricted access to remote communities, and socio-cultural norms limited the reach of protection and health initiatives, particularly around sexual and reproductive health. Resource constraints in public institutions further inhibited consistent follow-up and protocol application.

The **lessons learnt for the future** emphasise several critical areas.

First, it is essential to prioritise adaptable and flexible scheduling to respond to unpredictable environmental conditions, social sensitivities, and changing needs, which requires continuous adjustment of timelines and strategies.

Secondly, maintaining and improving coordination among the multiple stakeholders through formalised communication channels among all key actors is essential to prevent misunderstandings and ensure coherent action.

Third, investing in robust capacity development and institutionalisation through continuous training for CRH staff and volunteers in various technical areas, and integrating strategic policies (such as PEAS and CEA), is vital for long-term sustainability. Fourth, leveraging technology to improve efficiency and accountability through ongoing investment in digital solutions and their integration for real-time data collection, feedback management, and electronic payment mechanisms can transform humanitarian assistance.

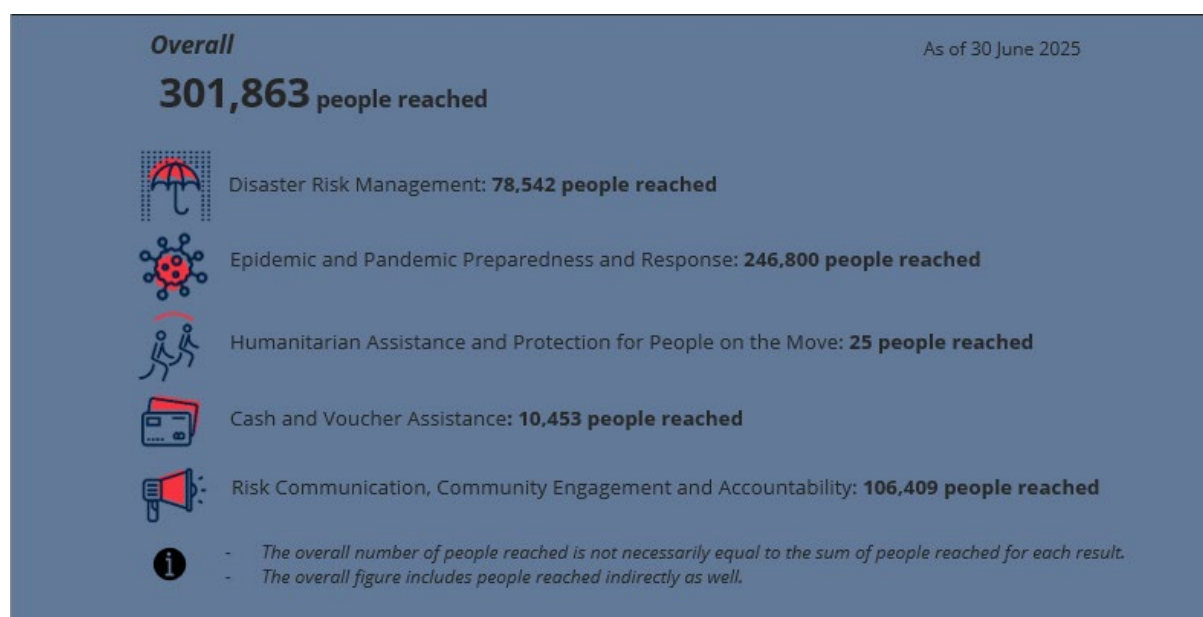
Finally, deepening community-centred and accountability-focused approaches—ensuring full community participation and addressing social barriers with tailored strategies—is essential for delivering inclusive and dignified assistance.

In conclusion, the PPP in Honduras has been instrumental in transforming the country's humanitarian response through the systematic enhancement of local capacities, the updating of national frameworks, and the integration of innovative approaches. While challenges persist, the program's comprehensive efforts provide a solid framework for building lasting resilience and ensuring effective, locally adapted responses to future crises.

# Kyrgyzstan

## Country context in which the PPP took place

Kyrgyzstan, a landlocked country in Central Asia, is highly susceptible to a range of natural hazards, including earthquakes, landslides, mudflows, and floods, exacerbated by climate change. These recurrent disasters significantly impact vulnerable communities, leading to displacement and disruptions to livelihoods. The country also faces public health challenges, including the risk of epidemics and issues related to routine immunization. Furthermore, Kyrgyzstan is a country of origin, transit, and destination for labor migrants, presenting complex humanitarian needs for people on the move. In this multifaceted context, the Pilot Programmatic Partnership (PPP) aimed to strengthen the Red Crescent Society of Kyrgyzstan (RCSK) and empower communities to anticipate, respond to, and recover from various shocks and hazards, with a strong emphasis on capacity building, localization of efforts, and sustained engagement to enhance community resilience.



The country partners were as follows:

1. National Society (NS): Red Crescent Society of Kyrgyzstan
2. Lead EU National Society: German Red Cross
3. Other EU National Societies: Italian Red Cross
4. IFRC representation: IFRC Country Cluster Delegation for Central Asia

## 1. Stakeholder Engagement

### 1.1. Stakeholder engagement strengths

A significant strength was the **RCSK's consistent and comprehensive coordination** with all key partners from the initial stages of the program and throughout its implementation. This included close collaboration with the IFRC, European National Societies (German Red Cross, Italian Red Cross), and local executive authorities, which ensured a smooth and well-coordinated rollout of activities. The RCSK traditionally enjoys strong support from local authorities, a relationship that continued and was leveraged within the PPP framework, facilitating critical access and cooperation. To formalize these relationships, introductory stakeholder meetings were held with state bodies and local authorities at the province level, establishing a shared understanding of disaster response strategies and clarifying roles, responsibilities, and coordination mechanisms.

A core success of the program was its deep commitment to **empowering local actors and fostering community engagement**. The program empowered communities through the formation of Local Disaster Management Committees (LDMCs), which were composed of local leaders, teachers, rural health cabinet representatives, and community activists.

These LDMCs were instrumental in localizing disaster preparedness efforts. They received extensive training in critical areas such as Community-Based Disaster Risk Reduction (CBDRR), climate change adaptation (CCA), Water, Sanitation and Hygiene (WASH), and first aid. Furthermore, the LDMCs were actively involved in creating community risk maps and were provided with essential emergency response equipment, directly engaging local stakeholders in problem-solving and implementation. The effectiveness of this grassroots engagement was evidenced by surveys in which 99% of respondents felt their views were considered in program decisions, highlighting a marked improvement in accountability and community trust.

The **RCSK's leadership in national coordination mechanisms** was another notable achievement. The RCSK took a leading role in the revitalized Interagency Cash Working Group (CWG) within the country's Disaster Response Coordination Unit (DRCU). It held monthly meetings and actively advocated for a national Minimum Expenditure Basket (MEB) and a standardized cash transfer value. This leadership role extended to providing capacity building on Cash and Voucher Assistance (CVA) to local organizations in collaboration with the CALP Network, demonstrating its pivotal role in shaping national humanitarian responses. The RCSK also actively participated in monthly health technical working group meetings to facilitate coordination between partners in epidemic preparedness, further solidifying its position within the national health architecture.

**Formalized partnerships for health initiatives** further solidified stakeholder engagement. The RCSK formalized its cooperation for epidemic preparedness by developing a Memorandum of Understanding with the Republican Centre of Infection Control and Prevention, a move that secured crucial technical support and regular training for health and social care facilities managed by the National Society. To ensure integration with national health systems, consultants from the Ministry of Health and Ministry of Agriculture were hired to support and coordinate Community-Based Surveillance (CBS) activities with regional health and veterinary services. Additionally, round tables on vaccine-preventable diseases were conducted in collaboration with the Ministry of Health and WHO, serving as effective platforms to share experiences and strengthen partnerships among key health actors.

The program's focus also extended to fostering **regional collaboration for broader impact**. The RCSK participated in a Migration Working Group Meeting aimed at strengthening cooperation in Central Asia, fostering a common understanding of migration trends, and sharing knowledge among National Societies in the region. In a related initiative, the IFRC presented its research on International Disaster Response Law (IDRL) at a Regional Meeting of Central Asian Emergency Management Authorities. This engagement led to the inclusion of key recommendations in the Central Asian Action Plan for 2025-2026, indicating tangible progress towards sustainable regional preparedness and coordination frameworks.

Finally, **collaborative capacity building and joint training** among PPP partners—including the RCSK, IFRC, German Red Cross, and Italian Red Cross—ensured efficiency and avoided duplication of efforts. Training of Trainers (ToT) workshops on critical topics such as Epidemic Preparedness and Response in Communities (EPIC), migration and psychosocial support, and Community Engagement and Accountability (CEA) were jointly developed and delivered. This collaborative approach equipped participants with practical guidance and fostered a shared understanding of best practices across the partnership.

## 1.2. Stakeholder engagement limitations and challenges

While the PPP in Kyrgyzstan demonstrated strong stakeholder coordination, some operational and programmatic challenges emerged that impacted the consistency of engagement. A notable limitation was the **limited direct support for people on the move**. The program's impact on displaced populations and migrants was minimal, reaching only 25 people with direct support. While preparations for Humanitarian Service Points (HSPs) have begun, this highlights a gap in comprehensive engagement with this specific vulnerable group during the program's direct implementation phase and indicates that a more systematic response is needed for migration-related vulnerabilities.

**Addressing vaccine hesitancy** posed a significant challenge to effective health-related stakeholder engagement. Volunteers encountered resistance from individuals and families unwilling to accept routine vaccinations, which required the development of tailored communication strategies and additional targeted efforts. This directly impacted the ability to achieve widespread vaccination uptake

and necessitated highly coordinated public awareness campaigns and one-on-one engagement, highlighting the complexities of influencing behavioural change.

**Operational delays in cash distribution** also presented a challenge to timely assistance and required re-coordination among partners. In 2023, the results of a tender for cash distribution were not satisfactory due to technical reasons, leading to a decision to postpone distribution and announce a new tender in early 2024. Such delays risk impacting beneficiary trust and the perceived responsiveness of humanitarian actors, requiring careful management of expectations and transparent communication with affected populations.

Finally, while the program emphasized systematic feedback collection, the effectiveness of these mechanisms relies on consistent community participation and access. Potential barriers, such as limited digital literacy or access in remote areas, could subtly limit the comprehensiveness of feedback and thus the full responsiveness of stakeholder engagement.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally led programming strengths**

A core strength was the **empowerment and leadership of the Red Crescent Society of Kyrgyzstan (RCSK)** as the Host National Society. The program significantly contributed to strengthening the RCSK's operational capacity and reinforcing its auxiliary role within Kyrgyzstan's national disaster risk management and health systems. The RCSK updated its Multi-Hazard Contingency Plan, and its capacity was continuously evaluated using tools like the Preparedness for Effective Response (PER) exercise, Organizational Capacity Assessment and Certification (OCAC), and Branch Organizational Capacity Assessment (BOCA), with the results directly informing its development plans. This commitment positioned the RCSK as a "more effective national responder to future emergencies".

The RCSK's leadership in the national Cash Working Group (CWG) was a clear demonstration of this empowerment. By coordinating with other organizations, working to standardize Minimum Expenditure Basket (MEB) calculations, and providing capacity building on CVA, the RCSK showed its ability to deliver scalable, timely, and accountable financial assistance with limited external support, signifying a profound shift towards local leadership.

The program's **responsiveness to community needs and priorities** was a hallmark of its locally led nature. The program was formulated to respond effectively to the varying needs of communities, considering a range of risks and hazards associated with different localities. Communities were actively engaged in reducing risk and preventing outbreaks, implementing mitigation activities like building protective mudflow fences and participating in the creation of comprehensive community-based Disaster Management Plans. The establishment of Local Disaster Management Committees (LDMCs), composed of local leaders and activists, ensured that local members were directly involved in risk reduction planning and were equipped to respond to emergencies.

Health promotion activities directly targeted community needs, with volunteers conducting household visits and group sessions focused on healthy lifestyles, first aid, immunization, and the prevention of zoonotic diseases. These efforts specifically addressed the concerns of vaccine-hesitant groups and aimed to increase routine vaccination coverage, demonstrating a tailored approach to local health challenges.

**Robust feedback and accountability mechanisms** were central to ensuring a truly locally led approach. The RCSK established a multi-channel approach for collecting and analyzing community feedback, including hotlines, focus group discussions, and QR-based feedback forms via the KoBo Toolbox platform. "Social Rooms" were also set up to encourage informal feedback. Community information, including feedback, rumours, and perceptions, was systematically collected, analyzed, and used to inform community engagement approaches and initiate course corrections at all program levels, with a dedicated committee including RCSK leadership reviewing all feedback.

A strong indicator of the program's alignment with community views is that **99% of surveyed people felt their views were considered** in program decisions, highlighting improved accountability and trust. Furthermore, **100% of cash assistance recipients reported that the assistance met their priority needs** and expressed satisfaction with the overall CVA program, underscoring the effectiveness of needs-based, locally informed delivery.

## 2.2. Locally led programming Limitations and Challenges

Despite the strong commitment to a locally led approach, the PPP in Kyrgyzstan encountered several challenges that impacted the full realization of localized programming. The **limited direct support for people on the move**, with only 25 individuals reached, highlighted a gap in comprehensive, locally led engagement with this specific vulnerable group. The planned pilot Humanitarian Service Points (HSPs) by March 2025 indicate a recognition that a more systematic and locally adapted response is needed.

The challenge of **addressing vaccine hesitancy** demonstrated the complexities of influencing behavioural change even with strong community engagement and local volunteer mobilization. This underscored that while local actors are empowered, overcoming deeply ingrained beliefs requires sustained and nuanced approaches that go beyond standard outreach.

**Operational delays in cash distribution**, caused by technical issues with a tender process, impacted the timely delivery of assistance to vulnerable households. This required a re-coordination of the tender process and distribution plans, affecting the efficiency of a key locally led modality and potentially straining trust with communities awaiting aid.

Finally, while the RCSK took a leading role in the national CWG, the inherent complexities of standardizing MEB calculations and cash transfer values across various agencies can present ongoing coordination challenges that can slow the agility of locally led CVA programming.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in programme delivery

A core strength was the **RCSK's comprehensive capacity strengthening and operational readiness**. The PPP focused holistically on multi-risk and multi-hazard factors, with a strong emphasis on capacity building in Disaster Risk Management (DRM) and Epidemic and Pandemic Preparedness and Response (EPPR). Local Disaster Management Committees (LDMCs) were formed in 20 target communities and trained in CBDRR, climate change adaptation, WASH, and first aid. These LDMCs were provided with emergency response equipment, and five LDMC warehouses were repaired to store this equipment, directly enhancing local delivery capacity. The RCSK's capacity was systematically evaluated using the Preparedness for Effective Response (PER) approach, which identified gaps and priorities, leading to the development of a PER plan of action to guide future operational readiness.

**Robust information management and feedback mechanisms** significantly enhanced delivery efficiency and accountability. The PPP effectively integrated Risk Communication, Community Engagement and Accountability as a cross-cutting theme. The RCSK developed a multi-channel approach for collecting and analyzing feedback, integrating digital tools (QR-based feedback forms via KoBo Toolbox), direct community engagement (Focus Group Discussions), and structured review processes ("Social Rooms"). This systematic collection and analysis of community information ensured that interventions were informed and adapted, with 99% of surveyed people reporting their views were considered, demonstrating a data-driven and responsive approach to delivery.

The program's **strategic partnerships and coordination** were critical for effective and sustainable delivery. The RCSK coordinated all its actions with the IFRC, European National Societies, and local executive authorities, contributing to smooth implementation. Its leadership role in the national Cash Working Group (CWG) helped standardize calculations and coordinate stakeholders, ensuring a more effective and sustainable approach to financial assistance. A formal Memorandum of Understanding with the Republican Centre of Infection Control and Prevention further secured technical support and regular training for health and social care facilities managed by the National Society.

For **sustainability beyond the program's end**, extensive steps were taken to institutionalize gains. The LDMCs are planned to evolve into Red Cross Society of Kyrgyzstan Primary Organizations (POs), which will maintain a permanent presence on-site and sustain dialogue with local authorities, ensuring long-term community preparedness. The results of the PER, OCAC, and BOCA assessments are reflected in PER work plans and the National Society's development plan, guiding future unified planning. EPPR is also planned to be integrated into annual national disaster response team (NDRT) trainings and reflected in national and regional contingency planning. The RCSK is also developing its Environmental Policy and integrating "Green Response" principles into its operations, demonstrating a commitment to environmentally sustainable practices.

**Strengthening Cash and Voucher Assistance (CVA) capabilities** was a major step towards sustainable delivery. The RCSK increased its capacity to provide CVA and activated the Disaster Relief Emergency Fund (DREF) mechanism, redirecting the PPP budget to provide cash assistance to 1,497 families affected by mudflows. Staff received training on the IFRC DREF and Practical Emergency Cash Transfers (PECT). Crucially, the RCSK signed a 24-month agreement with a local bank as a Financial Service Provider (FSP) for cash distribution, enabling rapid and sustainable support during emergencies while adhering to financial standards.

Finally, **community ownership and resilience building** were fostered through direct mitigation activities. Small-scale projects, such as building protective mudflow fences, cleaning riversides, and constructing bridges, provided long-term protection for residents and improved access to essential services, demonstrating a sustainable impact at the community level.

### 3.2. Programme delivery limitations and challenges

Despite robust delivery mechanisms, the program encountered challenges. The previously mentioned **limited support for people on the move** represented a gap in comprehensive service delivery for this specific vulnerable group.

**Operational delays in cash distribution** due to tender issues directly impacted the timely delivery of assistance to vulnerable households and affected the perceived reliability of a key modality.

**Difficulties in addressing vaccine hesitancy** highlighted the complexities of behavioral change in health service delivery, requiring more than standard awareness campaigns.

Regarding sustainability, while LDMCs are planned to evolve into RCSK Primary Organizations, their **long-term financial and operational viability** beyond the program's direct funding requires ongoing commitment and resource allocation from the RCSK and its partners. Similarly, the full integration of EPPR into annual NDRT trainings and national contingency planning requires sustained institutional commitment to ensure these new processes endure.

## 4. Effectiveness and Transformational Change

### 4.1 Effectiveness and change strengths

A primary area of transformational change is the **strengthening of coordination mechanisms and approaches**. The RCSK consistently coordinated its actions with the IFRC, European National Societies, and local executive authorities for smooth program implementation. A significant transformative step was the RCSK taking a leading role in revitalizing and chairing the national Cash Working Group (CWG), which elevated its influence in national humanitarian coordination. At the regional level, initiatives such as the IFRC presenting its International Disaster Response Law (IDRL) research for Central Asia led to recommendations for a legally binding agreement to establish a Regional Coordination Centre for Emergency Response, which was included in the Central Asian Action Plan for 2025-2026, indicating a clear pathway for sustained regional legal and coordination frameworks.

The PPP led to significant **advancements in the planning processes and tools** of humanitarian responses. The RCSK now has an updated Contingency Plan with multi-hazard scenarios covering all relevant natural hazards and crises. Epidemic and pandemic preparedness is planned to be integrated into annual NDRT trainings and reflected in contingency planning at national and regional levels. Local Disaster Management Committees (LDMCs) were formed and trained, leading them to create community risk maps and comprehensive DRR/DM Plans. The results from assessments like PER, OCAC, and BOCA were reflected in work plans and the National Society's development plan, guiding unified planning. A Cash and Voucher Assistance (CVA) Roadmap was reviewed and updated, and a CVA Preparedness Plan of Action was adjusted, demonstrating a shift towards more strategic and data-driven planning.

In terms of **delivery systems, processes, and approaches**, the PPP has fundamentally reshaped how the RCSK operates. The program applied a community-based Disaster Risk Reduction (CBDRR) approach, with LDMCs set to evolve into permanent RCSK Primary Organizations, ensuring a sustained, localized delivery model. The RCSK significantly increased its capacity to provide CVA, with

staff trained in DREF and CVA SOPs, and an FSP agreement signed to enable rapid support. Simulation exercises were conducted to test emergency response teams and communication channels for epidemics. The adoption of greening practices, including translating relevant guides into Russian for integration into operations, represents a transformative shift in operational approaches toward environmental sustainability.

Finally, the PPP's strong emphasis on **Risk Communication, Community Engagement, and Accountability (RCEA)** led to systemic changes in how feedback is managed. The RCSK now systematically collects, analyzes, and uses community feedback, rumors, and perceptions to inform its approaches and make course corrections. A multi-channel approach was developed, including a hotline, FGDs, QR-based forms, and "Social Rooms". A CEA self-assessment resulted in a plan of action to institutionalize CEA across the entire National Society, ensuring sustainability and integrating it into other programs—a clear transformational step in organizational culture.

#### **4.2 Effectiveness and Transformational Change Limitations and Challenges**

Despite these transformative changes, persistent limitations impacted the full depth of these shifts. The gap in comprehensive service delivery for **people on the move** meant that this vulnerable group did not fully benefit from the transformed systems.

**Operational delays in cash distribution** hindered the efficiency of a key transformed delivery modality. The challenge of **vaccine hesitancy** demonstrated that even with improved systems, achieving full transformational impact in public health requires overcoming deep-seated behavioural barriers. Regarding sustainability, ensuring the **long-term financial and operational viability** of the new LDMC structures and the full integration of new planning processes requires a sustained commitment of resources beyond the project's lifespan to ensure these transformational changes endure.

### **5. Conclusions and Lessons Learned**

The Pilot Programmatic Partnership (PPP) in Kyrgyzstan has fostered an extensive transformation in the Red Crescent Society of Kyrgyzstan's (RCSK) humanitarian response capabilities, demonstrating that its roles and working modalities were largely fit for purpose. By investing in capacity building at all levels, integrating community-led initiatives, leveraging digital tools, and actively participating in national and regional coordination, the program has significantly strengthened the National Society's auxiliary role and its overall effectiveness.

Key successes include the profound empowerment of communities through the formation of Local Disaster Management Committees (LDMCs), which are set to evolve into permanent local structures, ensuring sustained engagement. The RCSK significantly strengthened its institutional capacities, updating its contingency plans, leading the national Cash Working Group, and implementing a robust Community-Based Surveillance (CBS) system. The work of the NS with the Republican Centre for IPC i.e. IPC assessments and trainings in 2 social care facilities managed by the NS led to improvement in the quality of medical and social care for vulnerable people and prevented the spread of infections. The program's emphasis on CEA led to multi-channel feedback mechanisms and a plan to institutionalize accountability across the organization, resulting in high beneficiary satisfaction.

However, the program also faced significant challenges. Direct support to people on the move was limited, and operational delays in cash distribution impacted timely assistance. Addressing vaccine hesitancy proved complex, requiring tailored strategies. While the RCSK led the CWG, standardizing methodologies across agencies remained a coordination challenge. Finally, ensuring the long-term financial viability of the newly established local structures requires a sustained commitment of resources.

# Lebanon

## Country context in which the PPP took place

Lebanon is a country facing a multifaceted and protracted crisis, characterized by a severe socioeconomic collapse, civil unrest, and a large refugee population. The north of the country is also highly vulnerable to natural hazards, including earthquakes, floods, forest fires, and recurrent disease outbreaks. Compounding these challenges, the country has experienced escalating conflicts, particularly impacting its southern regions, leading to significant displacement and humanitarian needs. This complex and volatile environment has placed immense strain on national systems and vulnerable populations. In this context, the Pilot Programmatic Partnership (PPP) aimed to strengthen the Lebanese Red Cross (LRC) and empower communities to improve local response capacity, enhance community resilience, and provide vital support to vulnerable populations, while embedding gains into sustainable national policies and systems.



The country partners were as follows:

- National Society (NS): Lebanese Red Cross
- Lead EU National Society: German Red Cross
- Other EU National Societies: Norwegian Red Cross
- IFRC representation: IFRC Country Delegation

## 1. Stakeholder Engagement

### 1.1. Stakeholder engagement strengths

A significant stakeholder engagement strength was the **LRC's clearly defined humanitarian role** (including its auxiliary role to public authorities in humanitarian action). The LRC played a central role in response planning at governmental and municipal levels and worked closely with the Disaster Risk Management Unit (DRMU) at the Presidency of the Council of Ministers on national-scale interventions. This direct collaboration ensured alignment with national policies and strengthened Lebanon's crisis response infrastructure.

**Robust coordination with national and local authorities** was a hallmark of the PPP's stakeholder engagement. The LRC collaborated with the Ministry of Public Health (MoPH), local institutions, governorates and municipalities. This included supporting local authorities in activating Emergency Operations Rooms (EORs) during crises such as cholera outbreaks and escalating conflict situations. The LRC also worked with municipalities (coordinated through the Ministry of Interior and Municipalities) to develop contingency plans, demonstrating a commitment to local-level preparedness. Coordination with the Ministry of Education and Higher Education (MEHE) led to training for school health and

environment supervisors and the development of evacuation guides, embedding disaster preparedness into the educational system.

The programme also helped improve in **multi-level information flow and digital coordination**. A community-based surveillance (CBS) mechanism was established to relay information to the MoPH and enter data into the District Health Information Software (DHIS2) platform, enhancing the collective ability to monitor and respond to communicable diseases. The LRC leveraged innovative digital tools such as mapping software, web apps, information management systems, and dashboards (e.g., conflict maps, tracking of hospitals, shelters, internally displaced persons (IDPs), donations, risks, needs and resources) to make data- and risk-informed decisions. These tools, accessible to response actors, significantly informed and coordinated their response, ensuring better decision-making and more timely interventions.

**Inter-agency coordination** was consistently maintained. Close coordination with key entities such as the United Nations Children’s Fund (UNICEF), the World Health Organisation (WHO), the National Council for Scientific Research (CNRS), and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) ensured alignment with international standards. The LRC also actively participated in health cluster and technical working group meetings, fostering a collaborative environment and avoiding duplication of efforts. A unified reporting mechanism for cholera was developed with the DRMU and MoPH, and a non-governmental organisation (NGO) registration survey helped map actors working on cholera response, further streamlining inter-agency efforts.

The programme’s commitment to **Risk Communication, Community Engagement and Accountability (CEA)** was a significant strength. The LRC operated a non-emergency hotline (1760) as a 24/7 feedback and complaints mechanism. This hotline handled over 40,000 calls by December 2023 and 74,653 calls in 2024, with a surge in conflict-related requests, demonstrating its vital role in capturing local needs, and handling various requests including those related to public health, humanitarian aid, and emergency support. A community perception survey indicated high satisfaction rates (97%) among surveyed affected people regarding assistance delivery (safe, accessible, accountable, participatory), underscoring effective community engagement and trust.

Finally, the formation and training of **Community Emergency Response Teams (CERTs)** in high-risk areas, deeply integrated with local authorities, enabled them to act as first responders, demonstrating effective grassroots engagement and local ownership in coordination.

## 1.2. Stakeholder engagement limitations and challenges

Despite the significant strengths in stakeholder engagement, the PPP encountered several limitations and challenges, primarily stemming from the volatile security situation, administrative hurdles, and existing infrastructure gaps. The most prominent challenge was the **escalation of hostilities**, particularly impacting Lebanon’s southern regions after September 17, 2024. This severe disruption required the LRC to reshape its response, diverting resources and making it difficult to maintain proper hygiene conditions in shelters. This dynamic conflict environment posed a constant challenge to consistent and predictable stakeholder engagement, as priorities shifted rapidly and access compromised. The surge in conflict-related calls to the hotline (14,478 calls between September 17 and November 27, 2024) highlighted the immense pressure on communication and coordination mechanisms during the crises.

**Administrative and logistical delays** also impacted the consistency of stakeholder engagement. Delays in the transfer of PPP funds caused activities to be delayed and sometimes stopped, reducing the implementation window and potentially straining relationships with local partners reliant on timely disbursements. Administrative delays were also encountered in finalizing the LRC Collective Bargaining Agreement (CBA) and in fulfilling equipment requisitions, temporarily affecting resource availability and operational timelines for various stakeholders.

**Infrastructure issues** within key governmental coordination entities also posed a limitation. The MoPH Epidemiological Surveillance Unit (ESU) locality faced infrastructure problems, including electrical wiring issues, absence of stable connectivity, and outdated equipment. These issues directly affected staff workflow and data sharing timeliness for the CBS system, highlighting a barrier to seamless information flow and coordination with a critical national health stakeholder. While the LRC’s non-

emergency hotline was highly utilized, more awareness was required on the role of the non-emergency hotline as a channel for community concerns.

Finally, while the programme fostered strong coordination, the sheer complexity of Lebanon's multi-layered crisis (socioeconomic, refugees, natural hazards, conflict) meant that maintaining seamless coordination across all actors and sectors was a continuous, resource-intensive effort, requiring constant vigilance to avoid fragmentation and ensure optimal resource allocation.

In summary, the PPP in Lebanon demonstrated highly effective and multi-layered stakeholder engagement, which was fundamental to its successful implementation and the strengthening of the LRC's auxiliary role. This engagement spanned community, local, national, and inter-agency levels, fostering robust coordination, trust, and shared ownership. The PPP achieved considerable success in building strong stakeholder relationships and integrating the LRC into coordination frameworks. However, the volatile security environment, administrative bottlenecks, and inherent infrastructure limitations presented persistent challenges that required continuous adaptation and underscored the complexities of achieving comprehensive and consistent stakeholder engagement in a protracted crisis.

## 2. Programming with a Locally Led Approach

### 2.1. Locally led programming strengths

A core **locally led programming strength** was the **empowerment and leadership of the LRC** in its auxiliary role. The partnership directly supported the LRC in fulfilling its auxiliary role to public authorities in humanitarian action, strengthening its operational capacity to respond effectively to emergencies and support communities. The programme aimed to increase the capacity of the LRC and four of its Primary Health Care Centres (PHC) to prevent, detect, and respond to disasters and outbreaks with the shortest time. The LRC played a central role in response planning at governmental and municipal levels and was a key figure in the country's response to escalating conflicts and their humanitarian consequences, including close coordination with the DRM unit at the Presidency of the Council of Ministers.

The programme actively facilitated a **swift and effective response at the local level by leveraging local knowledge, resources, and networks**. This commitment to localization was exemplified by the formation of CERTs in high-risk areas, members of which were comprehensively trained in essential skills such as first aid, firefighting, neighbourhood search and rescue (NSAR), and mental health support, enabling them to act as crucial first responders. Crucially, CERTs were deeply integrated with local authorities and other structures to ensure a coordinated crisis response, demonstrating genuine local ownership and sustainability. For instance, in Deir El-Ahmar, CERTs played a vital role in coordinating emergency shelter management, and in Ras Al Maten, their collaboration with the LRC's Disaster Risk Reduction (DRR) unit led to an Enhanced Vulnerability and Capacity Assessment (eVCA) workshop that catalyzed local collaboration and resulted in projects improving living conditions, such as solar-powered streetlights.

The LRC significantly worked with **28 out of 30 targeted municipalities to develop contingency plans** for emergency response, emphasizing a community-based approach. Community-based surveillance (CBS) mechanisms were established in collaboration with the MoPH to relay information and enable early detection of outbreaks, with community members empowered to participate via outreach efforts and hotlines. The programme conducted continuous follow-up meetings with Disaster Risk Management committees established in targeted communities to ensure better ownership and sustainability of interventions.

**Responsiveness to community needs and feedback** was a hallmark of the locally led PPP approach. The LRC's non-emergency hotline enabled the LRC to remain accountable for its services. Feedback received through the hotline directly led to service improvements in Blood Transfusion Services (BTS) and the Medico-Social Sector (MSS). Digital solutions, including conflict maps and tracking dashboards, were developed to monitor humanitarian needs, optimize resource allocation, and assess displacement trends, aiding in precise decision-making and timely interventions driven by local data.

**Extensive awareness-raising activities** were conducted, reaching 77,420 people in 2024, covering topics such as earthquakes, forest fires, armed conflict, and evacuation plans, directly addressing community risks and priorities. A mobile play about communicable diseases targeting children was also

developed and performed in 40 different locations, demonstrating culturally sensitive and locally adapted communication on key themes.

## 2.2. Locally led programming limitations and challenges

Despite the strong commitment to a locally led approach, the PPP encountered limitations and challenges that impacted the consistency and full realization of localized programming. These challenges primarily stemmed from the volatile security situation, administrative hurdles, and inherent complexities in ensuring universal participation.

The **escalation of hostilities** caused severe disruption, leading to the reshaping of the LRC's response, directly impacting the ability of local teams to consistently implement planned activities and maintain optimal living conditions in locally managed shelters. While the program demonstrated flexibility by adapting its response and even adding new budget lines for critical services, these were reactive measures to fundamental barriers that limited the consistent presence and leadership of local actors on the ground in all affected areas. However, a community perception survey indicated that 52% of surveyed affected people believed their views were taken into account in decisions about the support they received. While this is a positive majority, it also implies that nearly half of the surveyed affected people did not feel their views were adequately considered. **Administrative delays**, such as delays in the transfer of funds, setbacks in equipment requisitions and in validation of tenders' documents and requests for purchase, also reduced the implementation window for locally led activities and temporarily affected resource availability for local teams.

## 3. Programme delivery and sustainability

### 3.1 Strengths in programme delivery

A core strength in programme delivery was the **LRC's comprehensive capacity strengthening and operational readiness**. The PPP adopted a comprehensive approach to risk reduction and emergency response, addressing multiple hazards within an integrated framework. CERTs were formed in high-risk areas and extensively trained to act as first responders. The LRC also strategically selected and equipped 14 EORs at various levels, supported by over 90 daily volunteers across 20 operations rooms and one call centre, ensuring continuous monitoring and coordination. Five governorate-level EORs were planned to be equipped with solar panels for continuous functionality, enhancing operational resilience.

**Robust information management and feedback mechanisms** significantly enhanced delivery efficiency and accountability. The PPP effectively integrated RCCE/CEA as a cross-cutting theme. Digital tools and dashboards, including conflict maps, tracking of hospitals, shelters, and IDPs, were developed and integrated into the national response framework for data-driven decision-making and timely interventions.

The programme's **strategic partnerships and coordination** were critical for effective and sustainable delivery. The LRC maintained constant dialogue and collaborated with national and local authorities (DRMU, MoPH, MEHE, MOIM), as well as other humanitarian and development actors (UNICEF, WHO, UNOCHA, IOM, NRC, GRC). This ensured streamlined information flow, alignment with national preparedness and response mechanisms, and effective monitoring and response to communicable diseases. The LRC's central role in response planning at governmental and municipal levels, and its support for local authorities in activating EORs, further solidified its leadership in coordinated delivery.

For **sustainability beyond the programme's end**, extensive steps were taken to institutionalize gains. CERTs were deeply integrated with local authorities, ensuring their continued function. The LRC updated its Epidemic and Pandemic Preparedness and Response Plan (EPPRP) through a comprehensive review and consultation exercise, ensuring it remains current and effective. Infection Prevention and Control (IPC) policies and procedures were drafted and implemented within the MSS, with staff receiving hands-on coaching and assessments to ensure adherence and sustainability.

A self-assessment process was completed to institutionalize CEA practices, laying the groundwork for developing sustainable CEA strategic documents and a comprehensive policy. SOPs were developed and updated for key operational sectors and the non-emergency hotline, ensuring streamlined and consistent response mechanisms across the National Society.

**Extensive capacity building for LRC staff and volunteers** was a major step towards sustainable delivery. Over 4,000 LRC participants received comprehensive training to enhance their capacity to respond adequately to health consequences of disasters and crises, particularly epidemics and pandemics. Specialized training programmes covered topics such as USAR operations, and tailored training for municipalities, first responders, and shelter coordinators.

Finally, **innovative digital solutions** were developed and integrated into the national response framework, including GIS-based tools and dashboards for hazards and capacity mapping. These tools provide easy access to critical information for all response actors, enhancing preparedness, decision-making, and timely mobilization, ensuring a data-driven approach to sustainable delivery.

### 3.2. Programme delivery limitations and challenges

Despite the robust delivery mechanisms and strong focus on sustainability, the previously identified limitations and challenges negatively impacted on programme delivery. While the programme demonstrated flexibility by adapting its response and even adding new budget lines for critical services like blood transfusions, these were reactive measures to fundamental barriers that limited the consistent and predictable delivery of aid in affected areas.

**Administrative and logistical issues** also caused activities to be delayed, reducing the implementation window. Administrative delays were also encountered in finalizing the CBA and in fulfilling equipment requisitions due in part to the aforementioned tendering issues, temporarily affecting resource availability and operational timelines for various delivery components. **Infrastructure issues** within key governmental coordination entities posed a limitation to seamless programme delivery as well as data sharing efficiencies.

## 4. Effectiveness and Transformational Change

### 4.1 Effectiveness and change strengths

A primary area of transformational change related to the **strengthening of coordination mechanisms and approaches**. The LRC's emphasis on robust coordination with national and local authorities and humanitarian actors helped transform how humanitarian efforts are integrated within national frameworks. The LRC played a central role in response planning at governmental and municipal levels and activated EORs across key governorates and districts, which became crucial coordination hubs during crises and the escalating conflict. The non-emergency hotline played a central role in coordinating requests for blood donations, displacement assistance, and evacuations during conflict, demonstrating a transformed, real-time coordination capacity.

The PPP led to significant advancements in the **planning processes and tools** of humanitarian responses. The LRC developed and finalized templates for contingency planning to prepare communities and local authorities for high-risk scenarios. The EPPR plan underwent a comprehensive review and update, incorporating lessons learned from previous crises and leading to a robust contingency plan for epidemic and pandemic scenarios. New and updated SOPs were developed for key operational sectors within the LRC, including Emergency Medical Services, Blood Transfusion Services, Medico Social Services, and Disaster Management, ensuring streamlined and consistent planning. Integrated disaster preparedness in education, through partnerships with MEHE, led to the development of a comprehensive evacuation guide for schools and safety assessments, transforming school-level preparedness – all contributing to national system level change.

In terms of **delivery (systems, processes, and approaches)**, the PPP has fundamentally helped reshape how the LRC delivers its humanitarian response. The programme significantly facilitated a rapid and effective response at the local level by leveraging local knowledge, resources, and networks, empowering communities to take ownership of response efforts. Advanced digital solutions were developed, deployed and integrated into the national response framework, ensured data-driven decision-making and timely interventions, transforming operational efficiency. The programme's **(RCCE/CEA)** led to systemic changes in how feedback is managed and integrated into humanitarian response. Public awareness campaigns on disaster risks, early warning systems, and health protection measures further transformed risk communication.

Through the PPP, the LRC made measurable progress in improving Lebanon's disaster resilience, health system preparedness, and humanitarian response mechanisms. By integrating Anticipatory

Action, advanced digital tools, and localized response models, the programme successfully strengthened both national and community capacities to manage future crises more effectively. The LRC's role as an auxiliary to public authorities was significantly bolstered, linking DRM structures comprehensively across local and national levels through its "onion model," representing a transformation in its operational and strategic capabilities.

## 5. Conclusions and Lessons Learned

The PPP in Lebanon has been instrumental in strengthening the LRC's capacity to anticipate, prepare for, respond to, and recover from crises. The programme's roles, responsibilities, and working modalities were fit for purpose, enabling effective and localized responses to complex emergencies and reaching over 730,000 people. The PPP demonstrated a strong commitment to aligning with the needs, priorities, and leadership of LRC, and the communities it serves.

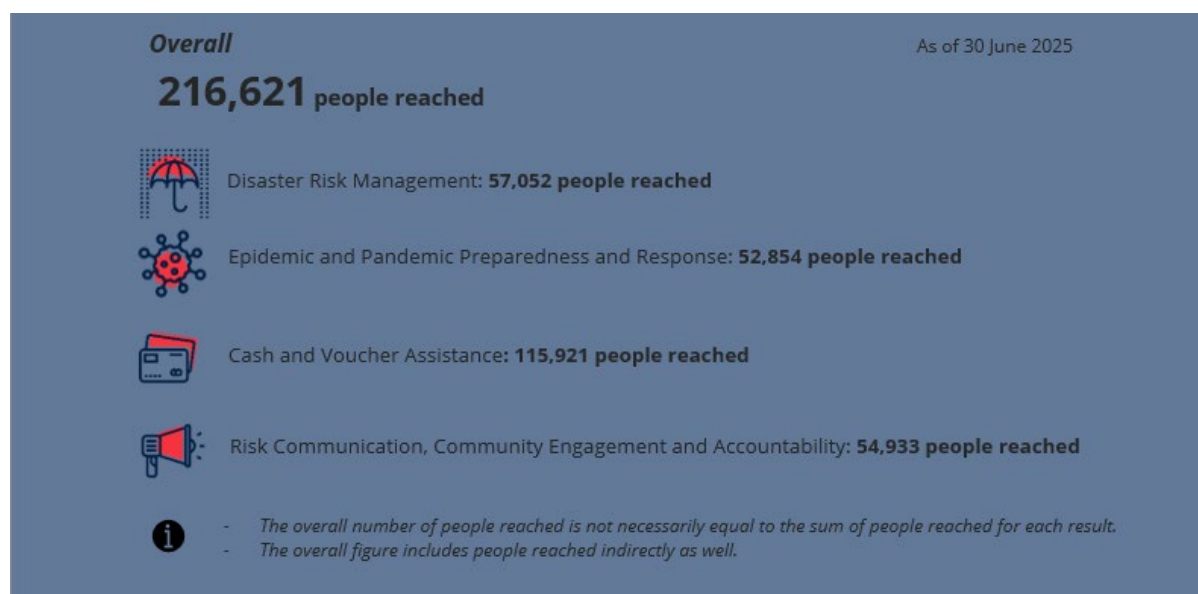
**Key successes** include the profound strengthening of the LRC's auxiliary role to public authorities, leading to robust coordination with national and local government entities (DRMU, MoPH, MEHE, MOIM) and inter-agency partners. The programme significantly advanced localized response through the formation and training of CERTs. Innovative digital solutions transformed information management and data-driven decision-making. The establishment of a CBS mechanism linked to the MoPH's DHIS2 platform significantly enhanced health system preparedness. However, the overarching need for LRC "greater institutional sustainability" was acknowledged, indicating that embedding gains for the long term requires continuous effort beyond the programme's direct intervention.

**Lessons learned for the future** emphasize several critical areas. Firstly, **prioritizing long term, adaptive and flexible programming** is paramount in volatile contexts, allowing for rapid reshaping of responses and reallocation of resources during unforeseen crises. Secondly, **investing in robust digital solutions and information management systems** is crucial for enhancing coordination, decision-making, and accountability, particularly in complex emergencies. Thirdly, **deepening institutional capacity building and policy development** within the NS, including the formalization of CEA practices and SOPs, is vital for long-term effectiveness and systematic response. Fourthly, **sustaining and enhancing multi-stakeholder coordination** with governmental bodies and humanitarian actors through formalized communication channels is essential to prevent misunderstandings and ensure a coherent, unified response. Finally, **strengthening community-centric approaches and feedback mechanisms** through ongoing awareness campaigns and systematic utilization of feedback is critical for ensuring interventions are responsive and build lasting trust.

# Madagascar

## Country context in which the PPP took place

Madagascar is highly vulnerable to natural hazards, particularly cyclones, floods, and droughts, that are exacerbated by the impacts of climate change and underlying vulnerabilities of the population. These natural events frequently trigger humanitarian crises such as displacement, food insecurity, and disruption to livelihoods, especially in its southern and southeastern regions. The country also faces persistent public health challenges, including epidemics and limited access to basic health services. In this complex and challenging environment, the PPP aimed to strengthen the Malagasy Red Cross (MRC) and empower communities to effectively anticipate, prepare for, respond to, and recover from multiple hazards, fostering a more localised, coordinated, and resilient humanitarian response.



The country partners were as follows:

- National Society (NS): Malagasy Red Cross
- Lead EU National Society: German Red Cross, Luxembourg Red Cross
- Other EU National Societies: French Red Cross
- IFRC representation: IFRC Country Delegation

## 1. Stakeholder Engagement

### 1. Stakeholder engagement strengths

A significant strength was the **MRC's central and leading role in coordination with authorities**. The MRC participated regularly in the Humanitarian Country Team, co-leading the shelter sectoral group with the Ministry of Population, and actively participating in the national and regional Cash Working Groups (CWG). The recruitment of strategic positions, such as a dedicated CVA manager and an Anticipatory Action (AA) manager, further enhanced the MRC's technical leadership and external coordination capacity. **Coordination and partnerships** were strengthened with National Bureau of Risk and Catastrophe Management (BNGRC) and other disaster risk management stakeholders.

In addition, the PPP contributed to the **empowering of local actors and fostering community-led initiatives**. Communal Disaster Risk Management Committees (CCGRC) were established, trained, and equipped to update disaster risk management plans, activate Early Warning Systems (EWS), and conduct awareness campaigns. These Committees, chaired by local mayors, were responsible for educating, informing, and raising awareness among the population, demonstrating genuine local ownership. Community health committees (32 formed with 259 members) were trained in first aid, disease surveillance, and epidemic response, actively engaging in health promotion and cleanliness campaigns. Community Engagement and Accountability (CEA) committees were set up in target

villages (fokontany), composed of elected community members, and trained to support feedback and complaint mechanisms, serving as a primary channel for communities to receive program information and for feedback to be collected and addressed.

The PPP fostered **strong internal Movement partner coordination** through monthly meetings involving participating National Societies and the IFRC. This collaborative approach among Movement partners ensured smooth and well-coordinated implementation of activities. In parallel, the PPP strengthened **multi-sectoral regional meetings**, held monthly with all humanitarian actors and government structures to optimise resource use, share experiences, and minimise duplication, particularly for cash transfer activities.

**Effective monitoring and accountability mechanisms** were integrated into stakeholder engagement. Needs assessments, including household surveys and focus group discussions, informed interventions. A robust monitoring system included post-distribution monitoring (PDM), field visits, satisfaction surveys, and community meetings. The feedback system involved multiple channels like feedback boxes, a hotline, and trained volunteers/CEA members. While one indicator noted 0% for affected people believing their views were taken into account in decisions, other data indicated 89% satisfaction with the overall CVA program, 75% satisfaction with the "Cash Plus" approach, and 87% reporting humanitarian assistance delivered in a safe, accessible, accountable, and participatory manner. Additionally, 96% of surveyed people reported receiving useful and actionable information, suggesting strong communication and general satisfaction with accountability mechanisms.

## **2. Stakeholder engagement limitations and challenges**

Despite the significant strengths in stakeholder engagement, the PPP in Madagascar encountered limitations and challenges, primarily stemming from external operational factors, human resource constraints, and inherent complexities in ensuring universal and perceived accountability.

A significant challenge was **operational delays due to external factors and infrastructure**. Activities for epidemic and pandemic preparedness were delayed by responses to Tropical Cyclone Freddy. Difficulties arose in delivering kits due to road closures caused by Tropical Cyclone Ganame, and limited access to certain remote areas, especially during the rainy season, posed persistent challenges for operations and consistent engagement with affected communities.

**Human resource and capacity gaps** also posed limitations to consistent stakeholder engagement. Delays in developing the Early Action Protocol (EAP) for drought were attributed to frequent staff turnover or unavailability of key technical personnel, impacting the ability to engage relevant stakeholders in a timely manner for anticipatory action. The departure of the CEA focal point caused delays in the development of the CEA strategy consequently impacting the consistency of community engagement and accountability efforts.

**Challenges with new methodologies and data management** affected the efficiency of engagement. While digital tools were used, data processing and report generation for feedback often took time, delaying responses to complaints and potentially affecting the timeliness of feedback to communities.

**Community acceptance and feedback loop gaps** also emerged as a limitation. In Esira, the "cash plus" intervention faced delays due to communal authorities' reluctance to accept a reduced coverage recommendation by the CWG, highlighting potential friction between technical recommendations and local stakeholder expectations, requiring careful negotiation and engagement. Awareness of feedback mechanisms for non-cash activities was found to be low in some areas, indicating that despite efforts, ensuring universal awareness and consistent utilisation of all feedback channels remained a challenge.

In summary, the PPP in Madagascar did succeed in strengthening stakeholder relationships and integrating the MRC into coordination frameworks, but the operational delays, human resource constraints, and inherent complexities in ensuring universal and perceived accountability presented persistent limitations that required continuous adaptation and underscored the complexities of achieving truly comprehensive and consistent stakeholder engagement.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally led programming strengths**

A core strength was the **empowerment and leadership of the MRC** in its crucial role as a first responder and auxiliary to public authorities. The MRC significantly strengthened its operational

capacities in areas such as Anticipatory Action, Cash and Voucher Assistance (CVA), and information management at both head office and target branch levels. Extensive capacity building was undertaken for MRC staff and volunteers across a wide range of areas, including Disaster Risk Management (DRM), logistics, sectoral response, data management, first aid, and Prevention of Sexual Exploitation and Abuse (PSEA). The MRC updated its National Contingency Plan and developed three regional contingency plans, aligning its strategic planning with national disaster preparedness frameworks. A dedicated CVA manager position was created, and the MRC enhanced its CVA preparedness through self-assessments, roadmaps, and training. The program also facilitated the adoption of innovative solutions, including Early Action Protocols (EAPs) for anticipatory action and the digitalisation of cash interventions.

The locally led approach was further evidenced in the MRC's **strengthened coordination as auxiliary to the authorities** including the National Bureau of Risk and Catastrophe Management (BNGRC), and other DRM stakeholders. This coordination extended to local, district, and regional authorities. The MRC actively participated in the Humanitarian Country Team and co-led the shelter sectoral group with the Ministry of Population, solidifying its central role in humanitarian response within the country. A pre-disaster agreement between the MRC and BNGRC strengthened coordination and the role of the MRC as auxiliary while systematising information sharing. The MRC was an active member of the national and regional Cash Working Group (CWG), contributing to the development of cash transfer manuals.

The PPP's **responsiveness to community needs and priorities** was a hallmark of its locally led nature. Interventions were grounded in a systematic approach to identifying and responding to the specific needs and priorities of the communities served. Community needs were continually assessed and updated using methods such as baseline assessments, household surveys, focus group discussions, and post-distribution monitoring (PDM). Workshops like the Enhanced Vulnerability and Capacity Assessment (EVCA) and Participatory Approach for Safe Shelter Awareness (PASSA) empowered communities to identify local risks, define preventive measures, and develop their own action plans for shelter improvements and overall resilience. Communal Disaster Risk Management Committees (CCGRCs) were established and trained, enabling communities to lead the updating and implementation of their disaster risk management plans and the activation of Early Warning Systems. Community health committees were formed and trained, becoming active participants in health promotion, cleanliness campaigns, and community surveillance for epidemics, directly addressing local health concerns. The program supported resilient construction techniques, training local carpenters and constructing model houses, directly responding to community-prioritised shelter needs.

**Robust Feedback and Accountability Mechanisms (CEA)** were central to ensuring a truly locally led approach. A comprehensive feedback system was implemented across all target communities, using multiple channels such as feedback boxes, a hotline, volunteers, and trained Community Engagement and Accountability (CEA) committees. Community feedback, including rumours and perceptions, was systematically collected, analysed, and used to inform community engagement approaches and course corrections. Local radio stations were used to disseminate program information, especially regarding cash distributions, to enhance transparency and mitigate potential issues.

## 2.2. Locally led programming limitations and challenges

Despite the strong commitment to a locally led approach, the PPP encountered several limitations and challenges that impacted the consistency and full realisation of localised programming. These challenges primarily stemmed from external operational factors, human resource constraints, and inherent complexities in ensuring universal and perceived accountability.

A major challenge to the locally led approach were the **operational delays due to external factors and infrastructure**. Difficult access to certain remote areas, especially during the rainy season, posed persistent challenges for operations and consistent engagement with affected communities, limiting the reach and impact of locally led initiatives.

**Human resource and capacity gaps** posed limitations to consistent locally led programming. Delays in developing the Early Action Protocol (EAP) for drought were attributed to frequent staff turnover or unavailability of key technical personnel, impacting the ability to engage relevant stakeholders in a timely manner for anticipatory action. The absence of a dedicated First Aid focal point within the MRC, with the responsibility falling on the Health Coordinator and voluntary national training team, led to slower progress in First Aid activities. Similarly, the departure of the CEA focal point caused delays in

the development of the CEA strategy, impacting the consistency of community engagement and accountability efforts. There was also a local shortage of volunteers with the required profiles for beneficiary targeting surveys, necessitating the mobilisation of volunteers from other communes, which could strain local resources and coordination.

**Challenges with new methodologies and data management** affected the efficiency of locally led programming. A piloted "self-targeting method" for beneficiaries in the Fitovinany region resulted in feedback regarding eligibility, requiring time-consuming list reviews and causing delays in cash payments. While digital tools were used, data processing and report generation for feedback often took time, delaying responses to complaints and potentially affecting the timeliness of feedback to communities, essential for locally led approaches.

**Community acceptance and feedback loop gaps** also emerged as a limitation. Awareness of feedback mechanisms for non-cash activities was found to be low in some areas, indicating that despite efforts, ensuring universal awareness and consistent utilisation of all feedback channels remained a challenge. A critical indicator noted that 0% of affected people believed their views were taken into account in decisions around the support they received, suggesting a significant gap in the *perception* of meaningful participation, despite extensive feedback collection mechanisms. This highlights a crucial area for improvement in truly empowering local voices in decision-making.

In summary, while the PPP made substantial progress in advancing a locally led approach through extensive community empowerment, institutional strengthening of the MRC, and participatory mechanisms, the persistent challenges of operational delays, human resource constraints, and the complexities of ensuring universal and perceived accountability underscore the need for continuous adaptation and robust support.

### 3. Programme delivery and sustainability

#### 3.1 Strengths in programme delivery

A core strength in programme delivery was the **MRC's comprehensive capacity building and operational readiness**. The PPP focused holistically on multi-risk and multi-hazard factors, with a strong emphasis on capacity building in Disaster Risk Management (DRM) and Epidemic and Pandemic Preparedness and Response (EPPR). Communal Disaster Risk Management Committees (CCGRCs) were established in target communes and trained in CBDRR, climate change adaptation (CCA), WASH, and first aid. These CCGRCs were equipped with EWS kits and supported to update disaster risk management plans, directly enhancing local delivery capacity. Two regional warehouses were constructed for pre-positioning stocks of kits and emergency equipment, complete with office annexes for local branches, ensuring materials are readily available for future emergencies. The MRC's capacity was evaluated using the Preparedness for Effective Response (PER) self-assessment, which identified gaps and priorities, leading to the development of a PER plan of action, guiding future operational readiness.

**Robust information management and feedback mechanisms** significantly enhanced delivery efficiency and accountability, as well as improving responsiveness and accountability. The PPP's **strategic partnerships and coordination** were critical for effective and sustainable delivery. The MRC coordinated closely with national authorities and other disaster risk management stakeholders, and took a leading role in the national Cash Working Group (CWG), standardising national Minimum Expenditure Basket (MEB) calculations and coordinating with stakeholders. This leadership ensured a more effective and sustainable approach to financial assistance delivery. **Strengthening Cash and Voucher Assistance (CVA) capabilities** was a major step towards sustainable delivery. The MRC increased its capacity to provide CVA, creating a dedicated CVA manager position and conducting various capacity-building activities, including CVA and Practical Emergency Cash Transfer (PECT) training for staff and volunteers. The MRC signed agreements with local banks as Financial Service Providers (FSP) for cash distribution services, enabling rapid and sustainable support to vulnerable households during emergencies while adhering to financial standards.

For **sustainability beyond the program's end**, extensive steps were taken to institutionalise gains made under the PPP. CCGRCs are aligned with the national strategy, ensuring their permanent function. The MRC updated its National Contingency Plan and developed regional multi-hazard contingency plans, ensuring they remain current and effective. The MRC is also developing its Environmental Policy and integrating 'Green Response' principles into its operations, demonstrating a

commitment to environmentally sustainable practices in its long-term operations. The development of a CEA strategy and the establishment of CEA committees aim to institutionalise community engagement and accountability practices.

Finally, **community ownership and resilience building** were fostered through direct mitigation activities. Small-scale mitigation projects, such as building protective mudflow fences, cleaning riversides, and constructing bridges, provided long-term protection for residents and improved access to essential services, demonstrating sustainable impact at the community level. Local carpenters were trained in cyclone and flood-resistant construction techniques, leading to the construction of model houses that serve as examples for safer housing.

### **3.2. Programme delivery limitations and challenges**

Despite the robust delivery mechanisms and strong focus on sustainability, the previously identified limitations and challenges negatively impacted on programme delivery. **Human resource and capacity gaps** posed significant challenges: the absence of a dedicated First Aid focal point within the MRC led to slower progress in First Aid activities. Similarly, the departure of the CEA focal point caused delays in the development of the CEA strategy, impacting the consistency of community engagement and accountability efforts. There was also a local **shortage of volunteers** with the required profiles for beneficiary targeting surveys, necessitating the mobilisation of volunteers from other communes and straining local delivery.

## **4. Effectiveness and Transformational Change**

### **4.1 Effectiveness and change strengths**

A primary area of transformational change is the **strengthening and formalisation of coordination mechanisms**. The MRC actively participated in and often took leading roles within national coordination bodies, including the Humanitarian Country Team and co-leading the shelter sectoral group with the Ministry of Population. The MRC's active membership in the national and regional Cash Working Group (CWG) and its contribution to the development of cash transfer manuals transformed sectoral coordination for financial assistance.

The PPP led to significant advancements in the **planning of humanitarian responses**, fostering a more anticipatory, comprehensive, and capacity-driven approach. The MRC is finalising its EAP for drought in coordination with governmental institutions and humanitarian actors, representing a transformative step towards proactive disaster preparedness. Community-based planning was enhanced through the establishment of Communal Disaster Risk Management Committees (CCGRM) that updated disaster risk management plans and conducted Enhanced Vulnerability and Capacity Assessments (EVCA), leading to community-based action plans for shelter improvements and overall resilience.

In terms of delivery (systems, processes, and approaches), the PPP has helped reshape how the MRC delivers its humanitarian response, integrating localisation, technological advancements, and a strong focus on community engagement. These committees are equipped with EWS kits to disseminate alerts and coordinate with **local authorities, a significant shift towards localised delivery**. The MRC increased its capacity to provide Cash and Voucher Assistance (CVA), with staff trained and an agreement with a financial services provider (FSP) signed for rapid support during emergencies. The digitalisation of cash interventions and the development of an information system for emergency management (EspoCRM) transformed operational efficiency.

Finally, the PPP placed a strong emphasis on **Risk Communication, Community Engagement, and Accountability (CEA)**, leading to systemic changes in how feedback is managed and integrated into humanitarian response. The MRC systematically collected, analysed, and used community information, including feedback, rumours, and perceptions, to inform community engagement and course correction. A multi-channel approach to collecting feedback was developed, including feedback boxes, a hotline, and trained volunteers and CEA members. CEA committees were set up in each target village (fokontany) to collect and process feedback and complaints. The National Society developed a CEA strategy after conducting a self-assessment, demonstrating a transformative shift in accountability. Awareness campaigns on disaster risks, early warning systems, and health protection measures were conducted, including through updated information, education, and communication (IEC) materials and local radio broadcasts.

## 5. Conclusions and Lessons Learned

**Key successes** include the profound empowerment of local actors through the establishment and training of Communal Disaster Risk Management Committees (CCGRCs) and community health committees, enabling community-led preparedness and response. The MRC significantly strengthened its operational capacities in early action, Cash and Voucher Assistance (CVA), and information management, updating its National Contingency Plan and developing regional multi-hazard plans. The program fostered robust coordination with national authorities like the BNGRC, formalising partnerships through MoUs and co-leading sectoral groups. Crucially, the PPP integrated a comprehensive Risk Communication, Community Engagement and Accountability (CEA) approach, establishing multi-channel feedback systems and CEA committees, and developing a national CEA strategy. Innovative solutions, such as the digitalisation of cash interventions and the development of an information system for emergency management, further transformed delivery.

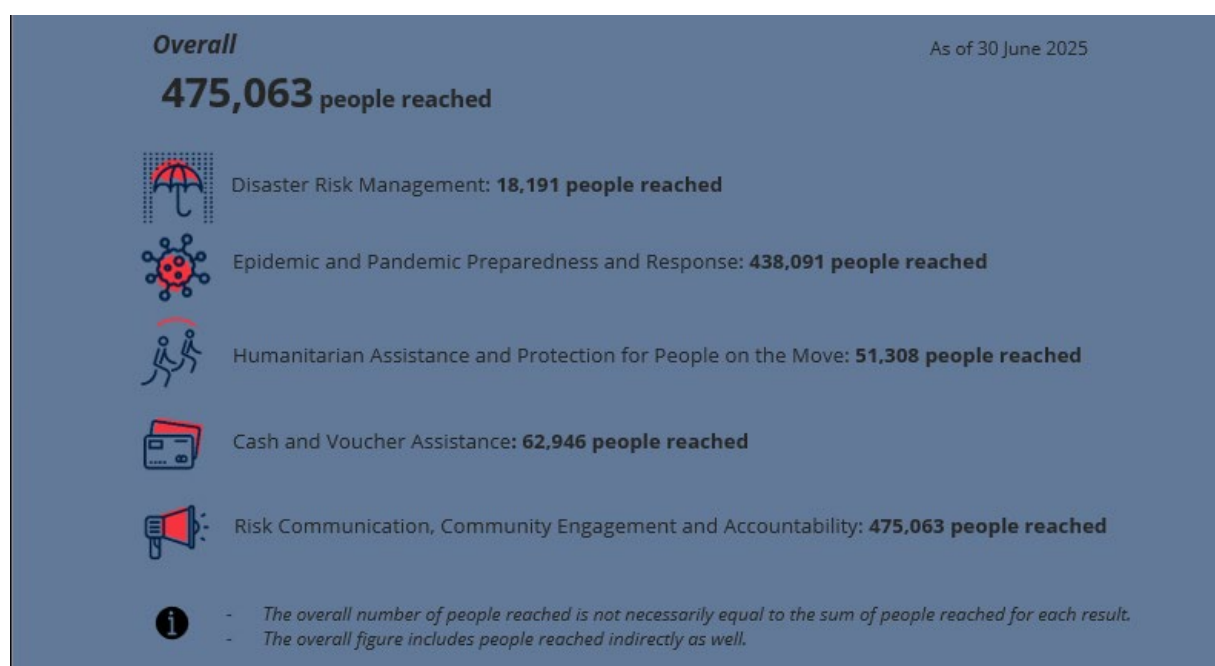
However, the PPP also faced **significant limitations and challenges**. Operational delays due to recurrent cyclones and local elections impacted timely assistance delivery. Human resource gaps, including staff turnover and lack of dedicated focal points, delayed the development of key protocols and strategies. Challenges with new methodologies, such as self-targeting for beneficiaries, required extensive list reviews. +n the *perception* of meaningful participation, despite extensive feedback collection. Awareness of feedback mechanisms for non-cash activities was also low in some areas.

**Lessons learned for the future** emphasize several critical areas. Firstly, **prioritising robust and agile coordination mechanisms** at multi-levels, both internal and external, is paramount for the success and efficiency of complex programs, with formal agreements solidifying roles. Secondly, **investing in sustained human resource capacity building and retention** is crucial to mitigate the impact of staff turnover and ensure consistent implementation of new approaches. Thirdly, **enhancing and streamlining community engagement and feedback systems** is vital, focusing not only on collection but also on significantly reducing response times and ensuring communities *perceive* their views are genuinely incorporated into decisions. Fourthly, **promoting adaptive and context-specific programming** is necessary to respond to changing realities and local specificities, with continuous learning from pilot methods. Finally, **leveraging technology and data systematically with adequate support** can enhance efficiency and accountability, while strengthening proactive preparedness and anticipatory action, alongside integrating cross-cutting themes like environmental sustainability from inception, builds holistic resilience.

# South Sudan

## Country context in which the PPP took place

South Sudan, the world's youngest nation, faces a protracted and complex humanitarian crisis driven by persistent armed conflict, widespread inter-communal violence, and recurrent disasters, particularly extensive seasonal flooding. This has led to massive internal displacement and a severe food insecurity crisis. The country also grapples with a fragile health system, making it highly vulnerable to epidemics like cholera and yellow fever. Furthermore, significant population movements, including returnees and people on the move, present complex protection and assistance needs. In this challenging and dynamic environment, the Pilot Programmatic Partnership (PPP) aimed to strengthen the South Sudan Red Cross (SSRC) and empower communities to address humanitarian and health crises through integrated interventions, emphasizing local ownership and coordination with government authorities to embed initiatives into national frameworks.



The country partners were as follows:

- National Society (NS): South Sudan Red Cross
- Lead EU National Society: Danish Red Cross
- Other EU National Societies: Netherlands Red Cross
- IFRC representation: IFRC Cluster Delegation for South Sudan, Uganda, and Tanzania

## 1. Stakeholder Engagement

### 1.1. Stakeholder engagement strengths

A significant strength was the **SSRC's central role as a key actor and auxiliary to public authorities**. The program successfully reinforced the SSRC's capacity to respond to emergencies in collaboration with government bodies. A notable achievement was the SSRC's leadership in developing an interagency flood response plan with the national government. This plan was formally recognized by the Ministry of Humanitarian Affairs and Disaster Management (MHDMA) and integrated into the wider national flood response strategy, solidifying the SSRC's auxiliary role and establishing it as a key platform for coordination. Further cementing its influence, the SSRC was delegated the leadership role in developing the National Disaster Management Law, a move that embedded its expertise directly into national policy formulation.

**Robust coordination with government authorities** was consistently maintained throughout the program. The SSRC coordinated its actions with the MHDMA and relevant clusters to ensure alignment and leverage its interventions for maximum impact. It engaged in continuous dialogue with the Ministry

of Health (MoH), the Department of Water, and the Public Health Emergency Operation Centre. This engagement was aimed at supporting national plans, strategies, policies, and laws related to epidemics, pandemics, and disaster preparedness. This strategic relationship-building proved crucial in overcoming initial scepticism from authorities regarding Humanitarian Service Points (HSPs), which were eventually accepted, demonstrating the SSRC's successful advocacy and trust-building efforts.

The program also excelled in establishing **community-level structures for a localized response**. It enabled an effective local response by providing resources and training to build community capacity. This was achieved through the formation of Community Disaster Response Teams (CDRTs), Community Advisory Committees (CACs), and Boma Health Workers (BHWs). The CDRTs were trained, equipped, and responded effectively during floods by evacuating vulnerable persons and repairing dykes, showcasing the power of a localized response model. The CACs were central to communicating flood damage risks and mobilizing communities for mitigation actions, while the BHWs reached over 10,949 beneficiaries with vital health promotion messages and referred cases for medical attention, significantly enhancing disease prevention through trusted local actors.

**Robust internal Red Cross Red Crescent Movement coordination** was a hallmark of the PPP. The program facilitated collaboration and learning with other National Societies in the region, including the Sudan Red Crescent and the Ugandan Red Cross. This was achieved through operational exchanges focused on assistance for People on the Move (PoM) and cross-border outbreak surveillance and response. The SSRC actively participated in the Red Cross Movement Cash Working Group and the Cash Technical Working Group at the country level, where it shared valuable lessons learned. A Data and Digital Transformation (DDT) Roadmap for the SSRC was developed with support from the Netherlands Red Cross 510 team, involving various SSRC departments and branches to foster internal alignment and digital capacity. A Unified Work Plan, developed with the IFRC and participating National Societies, aligned all partners to a common risk management platform, laying the basis for pooled accountability.

Furthermore, the integration of **Community Engagement and Accountability (CEA)** served as a useful tool for community interface and trust-building, especially during implementation delays. The SSRC supported the formation of Community Advisory Committees (CACs) to handle feedback and complaints, ensuring the inclusion of diverse groups such as people with disabilities, women, youth, and community leaders. These committees were instrumental in collecting, discussing, and reporting feedback, which was then addressed by the program, ensuring interventions were shaped by the needs and insights of the people they served.

## 1.2. Stakeholder engagement limitations and challenges

Despite these significant strengths, the PPP in South Sudan encountered several challenges, primarily stemming from the volatile operational environment, government policies, and internal capacity gaps. A significant hurdle involved **logistical and security constraints**. Operations faced delays in international medicines procurement, fuel shortages, reductions in UNHAS flights, and persistent security concerns. Political uncertainties and a government-imposed curfew further complicated movements, directly impacting the ability to consistently engage with stakeholders and deliver aid in a timely manner.

The **widespread flooding in 2024** was a major environmental factor that severely disrupted consistent engagement and implementation. It caused many activities to pivot to relief efforts, delaying community-level actions that had been planned.

**Government policies on People on the Move (PoM)** presented a significant challenge to effective engagement. A lack of clarity from authorities, driven by the view that PoM should diffuse into host communities rather than form camps, strained the capacity of host communities and led to latent discrimination in resource allocation. This policy directly impacted the SSRC's ability to provide comprehensive and equitable assistance to this vulnerable stakeholder group. This also led to **skepticism towards Humanitarian Service Points (HSPs)** from local authorities, who feared they would encourage encampment, leading to delays in their establishment.

**Challenges in Cash and Voucher Assistance (CVA) delivery** also impacted stakeholder trust. High inflation and fluctuating market prices eroded the purchasing power of beneficiaries. In 2024, market assessments in flood-affected areas indicated that disbursing cash was unadvisable as it would likely drive up prices, leading to delayed disbursements. Data verification and de-duplication of beneficiaries across agencies also posed challenges, affecting transparency and accountability.

Finally, political delays meant the **South Sudan Disaster Management Law received little traction** in the national assembly due to a preoccupation with the cancelled national elections in 2024. This, combined with overlapping mandates between government ministries, hindered the full embedding of the SSRC's initiatives into national frameworks despite its leadership.

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## 2. Programming with a Locally Led Approach

### 2.1. Locally led programming strengths

A core strength was the **empowerment and leadership of the South Sudan Red Cross (SSRC)** as the Host National Society. The program significantly strengthened the SSRC's capacity to respond to emergencies and collaborate with government authorities. As previously noted, the SSRC led the development of an interagency flood response plan and was delegated leadership to develop the National Disaster Management Law, demonstrating its strategic influence. The SSRC also established an Emergency Operations Centre (EOC) for internal disaster information management and coordination with national authorities, enhancing its command of local response efforts.

The SSRC's commitment to a locally led approach was further evident in its **strategic engagement in national health initiatives**. It played a key role in the review and finalization of the Boma Health Initiative (BHI) Strategy (2024-2027), a policy that guides community health nationally. This involvement strengthened the SSRC's strategic position within the government's Health Department and ensured its community-based health programs were aligned with national priorities.

The program's **responsiveness to community needs and priorities** was a hallmark of its locally led nature. It enabled local response by resourcing community capacity building through the formation of CDRTs, CACs, and BHWs. Communities conducted Vulnerability and Capacity Assessments (VCAs) to identify local hazards and implement their own risk reduction actions, fostering a deep sense of ownership. Trained CDRTs actively responded to floods by evacuating vulnerable persons and repairing dykes, while BHWs delivered crucial health promotion messages on nutrition, malaria, and cholera, referring sick children to health facilities and significantly enhancing disease prevention at the grassroots level.

Providing **dignified and flexible assistance** was a key component of the locally led approach. Cash and Voucher Assistance (CVA) proved highly adaptable, empowering vulnerable households, particularly returnees, to prioritize their own needs for food, medical care, or essential supplies. The selection of cash recipients was done through community-based targeting, ensuring the most vulnerable were reached, including female-headed households, persons with disabilities, and the elderly. The transfer values were informed by the Joint Market Monitoring Initiative (JMMI) to reflect real-time market data, ensuring relevance to local economic realities.

**Strong Community Engagement and Accountability (CEA) mechanisms** were central to this approach. The program prioritized community engagement from the outset, establishing Community Advisory Committees (CACs) to collect, discuss, and report feedback and complaints. This systematic approach led to the program addressing issues raised by communities, such as the lack of clean water, food, and protection. Quarterly community review meetings ensured continuous engagement, and the CEA policy, completed in 2024, mandated transparency and two-way communication, fostering trust, particularly when operational delays occurred.

### 2.2. Locally led programming limitations and challenges

Despite this strong commitment, the realization of a fully localized approach was impacted by several challenges. The most significant of these were **environmental and logistical constraints**. Widespread flooding in late 2024 forced activities to pivot towards relief operations, delaying planned risk reduction actions at the community level. Fuel shortages and UNHAS flight reductions complicated timely aid delivery to remote, locally targeted areas, impacting the ability of local teams to consistently implement planned activities.

**Political instability** also presented a challenge. The postponement of national elections in 2024 limited humanitarian access and slowed legislative progress on the National Disaster Management Law. This unpredictable environment could disrupt the continuity of locally led initiatives and their full integration into national frameworks.

**Government policies on People on the Move (PoM)** posed a direct challenge to a locally led approach for this group. The discouragement of formal camps led to displaced persons being integrated into host communities that often lacked the capacity to accommodate them, and it created hurdles for setting up HSPs.

**Challenges in CVA implementation** also impacted the efficiency of locally led aid. Inflation and market fluctuations eroded the purchasing power of beneficiaries. In flood-affected areas, cash disbursement was sometimes inadvisable as it could inflate prices, leading to delays. Data verification issues with registered beneficiaries and **SSRC capacity limitations in data and information management (IM)** and data literacy shortfalls among frontline staff further challenged the efficiency and scalability of locally led CVA operations.

Finally, despite strong CEA efforts, the report noted that **"not always full participation" was achieved** where project activities were carried out, suggesting that achieving universal and sustained community engagement in all areas remained a challenge.

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### 3. Programme Delivery and Sustainability

#### 3.1 Strengths in programme delivery

A core strength in program delivery was the **SSRC's comprehensive capacity strengthening and operational readiness**. The SSRC invested heavily in building the capacities of its staff, volunteers, and communities. This included training CDRTs, CACs, and BHWs at the local level, as well as National Disaster Response Teams (NDRTs) and Branch Disaster Response Teams (BDRTs). The establishment of an Emergency Operations Centre (EOC) and the completion of a Preparedness for Effective Response (PER) assessment further improved its organizational agility and coordination with national authorities.

**Robust information management and feedback mechanisms** significantly enhanced delivery efficiency and accountability. The integration of CEA as a cross-cutting theme, through mechanisms like Community Advisory Committees, ensured that community views were taken into account and that issues raised—such as lack of clean water or food—were addressed. CEA tools were also instrumental in managing delays in distribution and cash disbursement, establishing trust and communication pathways when operational challenges arose.

The program's **strategic partnerships and coordination** were critical for effective and sustainable delivery. The SSRC maintained constant dialogue with governmental bodies like the MHDMA and MoH, as well as relevant clusters. This ensured streamlined information flow and alignment with national preparedness and response mechanisms. Cross-border coordination with the Sudan Red Crescent and Ugandan Red Cross on population movements and outbreak surveillance also enhanced regional delivery capacity.

For **sustainability beyond the program's end**, extensive steps were taken to institutionalize gains. The SSRC's leadership in developing the National Disaster Management Law and its key role in the Boma Health Initiative (BHI) Strategy signify its integration into national strategic planning, ensuring long-term policy alignment. A Data and Digital Transformation (DDT) Roadmap was developed to strengthen branch-level data and digital literacy, crucial for long-term operational efficiency. An Emergency WASH Response Kit (WatSan Kit5) is being procured and pre-positioned at the Juba branch to reduce lead time for future deployments, enhancing logistical sustainability.

**Strengthening CVA capabilities** was a major step towards sustainable delivery. The SSRC updated its CVA Standard Operating Procedures (SOPs) and conducted a self-assessment to strengthen preparedness, with a focus on digitalization and a cash information management system that prioritizes data protection. This digitization is foreseen to provide a central repository of data for organizational learning and improving CVA processes.

Finally, **community ownership and resilience building** were fostered through participatory approaches. Hygiene promotion shifted from an emergency-centred approach to a developmental Participatory Hygiene and Sanitation Transformation (PHAST) approach, with a Training for Trainers (ToT) model to ensure sustained behavioural change. Flood-resilient platforms and hand pumps were constructed, and SSRC staff were trained in the design, installation, and maintenance of solar-powered systems to ensure the sustainable use of installed mini-water yards.

### 3.2. Programme delivery limitations and challenges

Despite these robust mechanisms, program delivery and sustainability were impacted by several challenges. **Widespread seasonal flooding and logistical constraints** significantly impacted implementation, forcing activities to pivot to relief and causing delays in infrastructure projects. **Political instability** created operational risks and limited access, while the slow progress of the National Disaster Management Law hindered the full embedding of initiatives into national frameworks.

**Government policies on PoM** complicated equitable and sustainable aid delivery to this group. **Challenges in CVA delivery**, including inflation, market disruptions due to floods, and data verification issues, affected efficiency. The SSRC's limited capacity in data and IM and data literacy shortfalls among frontline staff also constrained the scalability of CVA operations. Finally, ensuring the long-term sustainability of infrastructure, such as the operation and maintenance of solar water yards, requires continuous technical support and resource allocation beyond the program's funding.

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## 4. Effectiveness and Transformational Change

### 4.1 Effectiveness and change strengths

A primary area of transformational change is the **strengthening of coordination mechanisms**. The SSRC solidified its auxiliary role by leading the development of an interagency flood response plan with the national government and taking leadership in drafting the National Disaster Management Law. The establishment of an Emergency Operations Centre (EOC) created a hub for disaster information management and coordination with national authorities. The SSRC's active participation in humanitarian clusters and cross-border coordination with neighbouring National Societies further enhanced regional preparedness and response.

The PPP introduced and strengthened several **planning and preparedness mechanisms**, fostering a more anticipatory and data-driven approach. Vulnerability and Capacity Assessments (VCAs) conducted in communities informed the development of local action plans. The SSRC strengthened its capacity for anticipatory action and developed a roadmap for it, including a simplified Early Action Protocol (sEAP) for Floods. The SSRC also completed a Preparedness for Effective Response (PER) assessment to analyze its capacity and improve organizational agility.

In terms of **delivery and operational approaches**, the program significantly altered how assistance is delivered. It enabled a localized response by building community capacity through CDRTs, CACs, and BHWs. The shift to CVA was identified as one of the most adaptable and impactful elements, offering a more dignified and flexible form of support. The SSRC updated its CVA SOPs and focused on digitalization for its information management systems. Technological advancements included the use of mWater for WASH assessments and the procurement of solar power for HSPs, improving environmental sustainability.

Finally, the strong emphasis on **Community Engagement and Accountability (CEA)** led to systemic changes in how feedback is managed. The program incorporated participatory approaches, and community feedback mechanisms were established through Community Advisory Committees to collect and respond to complaints, refining program delivery. A CEA policy was completed in 2024, mandating its integration into all departmental operations for transparency and accountability.

### 4.2 Effectiveness and Transformational Change Limitations and Challenges

Despite these transformational changes, several challenges impacted their full depth and consistency. The most critical of these were **widespread flooding and logistical constraints**, which limited the consistent application of new systems in affected areas. **Political instability and government policies on PoM** impeded systemic change, with the slow progress of the Disaster Management Law and challenges in assisting PoM hindering the full embedding of transformed assistance models.

**Challenges in CVA delivery**, including inflation, market disruptions, and data verification issues, impacted the efficiency and scalability of this transformed aid modality. **SSRC capacity limitations in data and IM** and data literacy shortfalls continued to limit the full potential of digitized cash programs. Finally, ensuring the **long-term sustainability** of new infrastructure and systems requires continuous technical and financial support beyond the program's lifecycle to truly embed these transformational changes.

## **5. Conclusions and Lessons Learned**

The Pilot Programmatic Partnership (PPP) in South Sudan has demonstrated significant progress in disaster risk management, epidemic preparedness, migration response, and cash-based humanitarian assistance, proving that its roles, responsibilities, and working modalities were generally fit for purpose. The program's emphasis on local ownership and coordination with government authorities has successfully embedded initiatives into national frameworks, contributing to its transition and eventual closure.

# Uganda

## Country context in which the PPP took place

Uganda is highly susceptible to a range of natural hazards, including floods, droughts, and landslides, exacerbated by climate change. These events frequently trigger humanitarian crises, leading to displacement and impacts on livelihoods, particularly in agricultural communities. The country also hosts a significant refugee population, primarily from neighbouring South Sudan and the Democratic Republic of Congo, which strains resources and creates complex humanitarian needs. Furthermore, Uganda faces recurrent public health emergencies, including outbreaks of diseases such as cholera, anthrax, and Marburg. The Pilot Programmatic Partnership (PPP) aimed to enhance community capacity to respond to disasters, epidemics, and migration impacts, working through the Uganda Red Cross Society (URCS) to strengthen local structures and integrate humanitarian actions within national systems.



The country partners were as follows:

- National Society (NS): Uganda Red Cross Society
- Lead EU National Society: Netherlands Red Cross
- Other EU National Societies: Austrian Red Cross, Belgian Red Cross Flanders
- IFRC representation: IFRC Juba Country Cluster Delegation

## 1. Stakeholder Engagement

### 1.1. Stakeholder Engagement Strengths

A significant stakeholder engagement strength was the **URCS auxiliary role to the government**. The NS collaborated closely with the Office of the Prime Minister (OPM) and local authorities in disaster preparedness and management at both national and local levels. This bridge effectively connected international humanitarian efforts and local government resources, particularly for displaced populations, while advocating for humanitarian principles. The URCS co-chaired key coordination bodies, such as the Uganda Cash Working Group with the United Nations High Commissioner for Refugees (UNHCR), and the national technical working group on Forecast-based Action (FbA) with the OPM, demonstrating URCS leadership in multi-stakeholder platforms.

The URCS also supported the development of multi-hazard, multi-sectoral District Contingency Plans (DCPs) and engaged with the Ugandan Parliament on policy advocacy, notably on the National Disaster Bill and the revision of the Uganda Red Cross Society Act. The NS worked with the Ministry of Health (MOH) on epidemic interventions through national task forces (NTF), district task forces (DTF) and the One Health approach, ensuring alignment with national health strategies.

The PPP facilitated **multi-level engagement with local structures**. District Disaster Management Committees (DDMCs), Village Health Teams (VHTs), Village Task Forces (VTFs), and Red Cross Action Teams (RCATs) saw their capacities enhanced in disease surveillance, hazard monitoring, and the dissemination of Early Warning (EW) information. These local teams played a critical role in executing community-based activities with minimal national-level intervention, such as timely detection of diseases and conducting community sensitization on disease prevention. DDMCs were activated and oriented on their roles in alignment with Uganda's disaster policy, focusing on multi-hazard contingency planning and conducting vulnerability and rapid needs assessments in collaboration with URCS teams.

The programme's commitment to **Risk Communication, Community Engagement, and Accountability (RCCE/CEA)** was a significant strength. A strong CEA framework was established, reaching 376,755 people. Digital feedback systems, community radios, and early warning volunteers ensured timely and actionable risk information and increased transparency and responsiveness. 80% of surveyed people reported receiving useful and actionable information through trusted channels, and 80% reported that humanitarian assistance was delivered in a safe, accessible, accountable, and participatory manner. This systematic approach fostered trust, dialogue, and efficient feedback resolution, ensuring active participation from all stakeholders, including DDMCs, community teams, and refugees.

The PPP facilitated **strong coordination with international partners**, for example, with the Netherlands Red Cross' Initiative (510 Team) that provided crucial funding and technical support for Digital Transformation (e.g., Beneficiary Feedback Dashboard, Cash and Voucher Assistance (CVA) Information Management System, Impact-Based Forecasting platform, epidemic monitoring tool). The URCS coordinated refugee settlement support with UNHCR (WASH, shelter, NFIs, household cash assistance) and co-chaired cash working groups, contributing to national strategies. Joint monitoring visits and guidance from international partners ensured alignment and efficiency.

URCS engaged the telecommunication companies on the possibility of leveraging mobile phone signals to anticipate population movement. This was a forward step towards exploring private-sector partnerships for data-driven humanitarian action. The NS will continue exploring this innovative approach through continuous dialogue with the telecommunications companies and Uganda Communications Commission (UCC). Cross-border meetings on health and Ebola Virus Disease (EVD) response, involving various National Societies and government ministries from neighbouring countries, further highlighted strong regional coordination for health emergencies and population movements.

## 1.2. Stakeholder engagement limitations and challenges

Despite the above stakeholder engagement efforts, the PPP in Uganda faced several limitations and challenges, primarily stemming from initial coordination delays, human resource turnover, and logistical constraints in remote areas. A notable limitation was **initial coordination delays** in the early phases of the programme, particularly concerning humanitarian assistance for refugee settlements with coordination and engagement with implementing partners and camp management taking longer than expected.

**Human resource turnover**, specifically the high turnover of trained VHTs created gaps in some villages. This posed a significant challenge for maintaining consistent local capacity in community-based surveillance (CBS) activities and other community-level engagements. While the programme invested heavily in training, the continuous need to replace and re-train volunteers strained resources and impacted the continuity of local-level engagement.

**Logistical constraints in remote areas** also impacted the consistency of stakeholder engagement and programme delivery. Some districts experienced delays in investigating reported alerts in real time, especially in hard-to-reach areas. This was primarily due to limited transport and funding, which affected the timely follow-up of alerts by District Surveillance teams, and which negatively impacted the trust of communities who relied on timely response information. **Equipment-related delays** presented another challenge. The frequent breakdown of emptying and transportation equipment for Faecal Sludge Management (FSM) and delays in delivering major components affected service delivery.

While the programme reported high satisfaction rates for receiving useful and actionable information and for the safe, accessible, accountable, and participatory delivery of assistance (80% for both), a

critical indicator stated that **0% of affected people believed their views were taken into account** in decisions about the support they received. This represented a significant discrepancy and a major limitation in the perceived depth of stakeholder engagement and accountability. However, it should be noted that the digital feedback mechanism had at the time not been established (the mechanism is now operational and has been deployed with an operational desk and a toll-free line, KOBO data collection, analysis and visualisation platform, and referral functions for feedback are captured and addressed in a structured manner, and integrated into programming elements).

Finally, while the URCS engaged in policy advocacy, the pace of legislative processes can be slow and beyond the direct control of the program, presenting a challenge to the timely embedding of all initiatives into national legal frameworks.

In summary, the PPP in Uganda contributed to more effective and multi-layered stakeholder engagement. This engagement spanned community, local, national, and international levels, fostering coordination, trust, and shared ownership. While the PPP led to building strong stakeholder relationships and integrating the URCS into coordination frameworks, initial coordination hurdles, human resource turnover, logistical constraints, and the perceived gap in beneficiary influence on decision-making presented persistent limitations that required continuous adaptation and underscored the complexities of achieving comprehensive and consistently effective stakeholder engagement.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally Led Programming strengths**

A core strength was the **localization of response and strengthening of local structures**. The programme adopted a Localization of the Response approach, supporting local efforts through the URCS and by enhancing local structures such as DDMCs, VHTs, and VTFs. Local teams, including VHTs and VTFs, saw their capacities enhanced in disease community-based surveillance, hazard monitoring, and the dissemination of EW information. Their collaboration with RCATs and local authorities proved effective, enabling community-based activities with minimal national-level intervention. For example, VTF members sent in 9,900 alerts, and VHTs identified and reported suspected cholera cases. The CBS system integrated responses from the village to the national level, leading to the timely detection and coordinated response to disease outbreaks, demonstrating a localized and integrated health response.

**Leveraging the National Society's auxiliary role and leadership** was central to the locally led approach. The URCS played its auxiliary role to the government in disaster preparedness and management, supporting international humanitarian efforts and local government resources, especially for displaced populations. The URCS directly supported the development of multi-hazard, multi-sectoral DCPs and joint simulation exercises, fostering cross-boundary collaboration. The NS increased its response capacities in critical areas like Anticipatory Action, CBS, CVA, CEA, and risk monitoring, and pre-positioned stock in regional warehouses to ensure readiness. URCS co-chaired the Uganda Cash Working Group with UNHCR, playing an active role in setting priorities and ensuring collaborative programming in humanitarian action. It also participated in national and regional coordination platforms for disaster risk reduction (DRR) and health emergencies, showcasing its leadership within the humanitarian landscape.

**Needs-based and participatory planning and adaptation** were consistently applied. The PPP enabled comprehensive needs assessments in areas like the Nakivale refugee settlement, and based on findings, reallocated funds to support identified priorities such as social cohesion activities. Stakeholder meetings were regularly held to tailor activities to local contexts. Community action plans were developed through participatory processes (e.g., transect walks, community mapping, focus group discussions) to identify evacuation routes, centres, and locations for EWSs based on vulnerability and hazard profiling. The programme adapted its interventions to specific local realities, such as reallocating funds during the Ebola outbreak to scale up volunteer response capacities in affected regions. It also initiated anticipatory actions, like desilting riverbanks and sandbagging in Kasese, based on El Niño alerts, which successfully mitigated flood risks. The selection of beneficiaries for cash assistance and other interventions was often done in collaboration with DDMCs, accounting for local hazard risks and vulnerability profiles.

**Effective Risk Communication and Community Engagement** was a hallmark of the locally led approach. A strong RCCE/CEA framework was established, reaching over 376,000 people. The URCS operationalized a toll-free line and a digital feedback system, ensuring real-time communication between communities and humanitarian actors, which enhanced transparency and responsiveness. Community radio systems were procured, installed, and operated in key areas following comprehensive risk mapping and CEA processes to ensure alignment with community needs, and communities were trained on their utilization. Messages were disseminated in local languages to ensure understanding. Local volunteers and VHTs were instrumental in conducting door-to-door sensitizations, health promotion campaigns in various community settings (schools, churches, homes), and engaging with local leaders, traditional healers, and religious leaders to disseminate critical health and preparedness information, fostering local ownership of communication.

**Capacity building and system strengthening for the NS** were crucial for sustaining a locally led approach. The URCS implemented a Digital Transformation Assessment to gauge digital maturity and developed a roadmap for increased digitalization of practices and tools, such as the Beneficiary Feedback Dashboard and a CVA Information Management System. Extensive training sessions were conducted for DDMC members, VHTs, VTFs, and URCS staff in areas such as epidemic preparedness and response in communities (EPiC), CBS, CVA, Emergency WASH, and warehousing, significantly strengthening their skills and knowledge for locally driven action. The URCS supported environmental sustainability efforts, including launching a One Million Tree Planting Campaign and finalizing its Going Green Policy and Climate Action and Environment Strategy (2023-2030), demonstrating local leadership in environmental protection.

## 2.2. Locally Led Programming Limitations and Challenges

Despite the strong commitment to a locally led approach, the PPP in Uganda encountered several limitations and challenges that impacted the consistency and full realization of localized programming. These challenges primarily stemmed from human resource dynamics, logistical constraints, and a gap in community influence on decision-making.

A significant challenge was the high turnover of trained VHTs, which created gaps in some villages. This posed a significant challenge for maintaining consistent local capacity in CBS activities and other community-level engagements. While the programme invested heavily in training, the continuous need to replace and re-train volunteers strained resources and impacted the continuity and effectiveness of locally led initiatives. **Logistical constraints in remote areas** also impacted the consistency of locally led programming especially in hard-to-reach areas.

In summary, the PPP in Uganda demonstrated a strong and **consistent alignment with a locally led approach**, empowering the NS and the communities it served. This alignment was evident through various strategic, operational, and participatory approaches across the programme's pillars. While the PPP made substantial progress in advancing a locally led approach through extensive capacity building, participatory mechanisms, and institutional strengthening of the URCS, the persistent challenges of human resource turnover, logistical constraints, and the gap in community influence on decision-making underscored the need for continuous adaptation for effective localized humanitarian action in Uganda.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in Programme Delivery

A core strength in programme delivery was the **URCS's comprehensive capacity strengthening and operational readiness**. The NS invested heavily in building the capacities of its staff, volunteers, and communities across various technical areas. This included training DDMCs, VHTs, and VTFs at the local level. NDRTs and Branch Disaster Response Teams (BDRTs) were trained and deployed, responding to floods and disease outbreaks. The URCS also established a national technical working group on FbA co-chaired with OPM, involving key stakeholders including the National Meteorological Authority (UNMA) and thus enhancing its operational readiness and anticipatory capacity. A Preparedness for Effective Response (PER) assessment was completed to improve the NSs organizational agility in disaster management.

**Robust information management and feedback mechanisms** significantly enhanced delivery efficiency and accountability. The PPP effectively integrated RCCE/CEA as a cross-cutting theme. A strong CEA framework was established. Digital feedback systems ensured timely and actionable risk

information and increased transparency and responsiveness. This systematic approach fostered trust, dialogue, and efficient feedback resolution, ensuring interventions were shaped by community needs and insights.

The programme's **strategic partnerships and coordination** were critical for effective and sustainable delivery. The URCS, in its auxiliary role to the government, collaborated closely with the OPM and local authorities in disaster preparedness and management. It co-chaired the Uganda Cash Working Group with UNHCR and World Food Programme (WFP), actively participating in setting priorities and supporting the development of the national cash strategy and Harmonized Cash Approach. Coordination with international organizations such as the International Organization for Migration (IOM), United Nations Children's Fund (UNICEF), Care, and Oxfam for refugee support ensured complementarity and avoided duplication in Disaster Risk Management (DRM) efforts. The cross-border collaboration meetings held with other NSs and government ministries on health emergencies and population movements enhanced regional delivery capacity.

In efforts to ensure **sustainability beyond the programme's end**, extensive steps were taken to institutionalize gains. The URCS's leadership in advocating for the National Disaster Bill and the revision of the Uganda Red Cross Society Act signified its integration into national strategic planning, ensuring long-term policy alignment. A Digital Transformation Assessment was conducted, leading to increased digitalization of practices and tools, such as the Beneficiary Feedback Dashboard and a CVA Information Management System. Sustainability plans were designed for digital systems, with capacity-building support provided to the URCS IT team for independent setup and maintenance, crucial for long-term operational efficiency and data-driven delivery. Regional warehouses were constructed and first responder disaster posts installed to ensure sufficient capacities and stocks for emergency response are available for long-term use by URCS, the Government of Uganda, and humanitarian partners.

**Strengthening CVA capabilities** was a major step towards sustainable delivery. CVA reached 8,797 people, supporting economic stability and enhancing resilience. Post-distribution monitoring showed that cash helped beneficiaries meet basic needs, improved household well-being, boosted the local economy, and increased financial independence. The URCS finalized its Cash Strategy and revised its Cash Standard Operating Procedures (SOPs), which included funding mechanisms to ensure quicker access to funds. Pre-crisis agreements with financial service providers are being developed or renewed to ensure swift and safe cash delivery.

**Stronger community ownership and resilience building** were fostered through participatory approaches. The programme initiated anticipatory actions, like desilting riverbanks and sandbagging in Kasese, based on El Niño alerts, which successfully mitigated flood risks, demonstrating sustainable impact at the community level. The URCS finalized its Going Green Policy and developed a Climate Action and Environmental Strategy (2023-2030), institutionalizing sustainable practices and exploring carbon markets as a sustainable financing mechanism, aligning humanitarian action with long-term environmental goals.

### 3.2. Programme Delivery limitations and challenges

Despite the intended delivery mechanisms and strong focus on sustainability, the PPP encountered several limitations and challenges that impacted overall programme delivery. A significant challenge was **the high turnover of trained VHTs**, which created gaps in some villages. This poses a significant challenge for maintaining consistent local capacity in CBS activities and other community-level engagements, impacting the continuity and sustainability of locally delivered services. Initial coordination delays in the early phases of the programme, particularly concerning humanitarian assistance for refugee settlements, suggest that establishing effective working relationships and streamlined processes with a broad array of partners, even with a strong focus on sustainability, presented an initial hurdle that could temporarily impede seamless delivery.

**Logistical constraints in remote areas** also impacted the efficiency of delivery. Some districts experienced delays in investigating reported alerts in real time, especially in hard-to-reach areas, primarily due to limited transport and funding. This affected the timely follow-up of alerts by District Surveillance teams, undermining the effectiveness of EWSs and potentially impacting the trust of communities who rely on timely responses. **Equipment-related delays** presented another challenge to consistent delivery. The FSM issues and delays in delivering major components affected service

delivery. While the URCS finalized its Cash Strategy and revised its CVA SOPs to include funding mechanisms for quicker access to funds, these mechanisms are noted as "yet to be implemented."

In summary, the PPP enabled the URCS to become more effective in programme delivery, characterized by adaptability, improved efficiency, and a stronger focus on embedding sustainable gains within the NS and local communities. The PPP was able to demonstrate strengths in programme delivery through its adaptability, information management processes, and commitment to localization. The systems of the URCS and its partners proved fit for purpose, enabling effective implementation despite a challenging context. However, the persistent challenges of human resource turnover, logistical constraints, and gap in community influence on decision-making underscore the need for continuous adaptation and robust support to fully realize the potential for sustained and comprehensive humanitarian action.

## **4. Effectiveness and Transformational Change**

### **4.1 Effectiveness and change strengths**

The PPP made a strong contribution to changes in systems, processes, and approaches that shaped the IFRC network's humanitarian response coordination, planning, and delivery across local and national levels. This was achieved through a multi-hazard and multi-sectoral approach, enhancing the capacity of communities to respond to disasters, epidemics, and the impact of migration, and reaching over 1.6 million people.

A primary area of transformational change was the **strengthening of coordination mechanisms and approaches**. As stated previously, URCS' role as an auxiliary to the government in disaster preparedness and management was enhanced, bridging international humanitarian efforts and local government resources and ensuring integrated and multi-sectoral coordination. Cross-border collaboration with Red Cross societies of the DRC, South Sudan, and Rwanda for multi-hazard contingency planning for population movement signified a transformative step towards regional coordination. The PPP introduced or strengthened **planning and preparedness mechanisms**, fostering a more anticipatory and data-driven approach. The PER assessment led to a new plan of action, with pre-positioning of items and digitalization improving organizational agility.

The PPP was **significant in altering how humanitarian assistance was delivered in Uganda**, integrating localization, technological advancements, and a strong focus on community engagement. The program supported local response by enhancing local structures. The CBS system facilitated timely detection and coordinated response to outbreaks. CVA supported economic stability and enhanced resilience. A mobile disaster clinic was fully equipped, providing essential healthcare services to hard-to-reach communities, representing a transformative approach to health service delivery. The Going Green Policy and Climate Action and Environmental Strategy institutionalized sustainable practices, aligning with national climate goals and transforming operational sustainability.

### **4.2. Effectiveness and change limitations and challenges**

Despite the effectiveness and transformational changes achieved, the previously highlighted limitations and challenges related to human resource turnover, logistical constraints, equipment-related delays, and actual depth of accountability and community ownership weighed negatively on overall results. Furthermore, while CVA SOPs were developed to include funding mechanisms for quicker access to funds, those mechanisms are not fully operationalised and thus slow the full realization of flexible aid.

## **5. Conclusions and Lessons Learned**

The PPP in Uganda has been instrumental in enhancing community capacity to respond to disasters, epidemics, and migration impacts. Its multi-hazard and multi-sectoral approach, coupled with strong localization efforts, has proven effective, leading to solid progress and transformational change across the humanitarian response landscape.

**Key successes** include the strengthening of the URCS in its crucial auxiliary role to the government, leading to robust coordination with national and local authorities, and co-chairing key national working groups. The integration of Anticipatory Action, particularly the successful implementation of FbA/FbF models, transformed preparedness by mitigating disaster impacts proactively. Innovative digital solutions, such as the Beneficiary Feedback Dashboard and CVA Information Management System,

enhanced transparency and real-time monitoring. The strong RCCE/CEA framework ensured systematic feedback and adaptive programming.

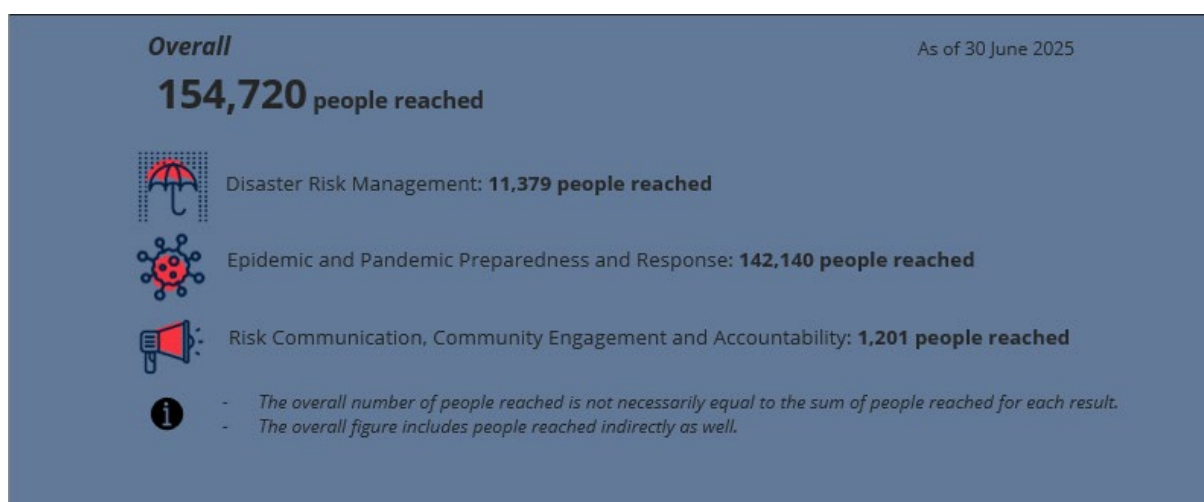
**Lessons learned for the future** emphasize several critical areas. Firstly, prioritizing sustained investment in human resource development and retention at the local level is crucial to mitigate turnover and ensure continuous capacity for community-led initiatives. Secondly, strengthening logistical and financial mechanisms for remote areas is vital to ensure equitable and timely humanitarian assistance and effective follow-up of alerts. Thirdly, enhancing the perceived influence of community feedback on decision-making is paramount, requiring not only robust feedback collection but also clear communication on how feedback is integrated into programme adjustments and decisions. Fourthly, leveraging Digital Transformation for efficiency and accountability should continue, with a focus on ensuring interoperability and local ownership of these systems. Finally, fostering strong, adaptive government partnerships and integrating environmental sustainability from inception are key for long-term resilience and effective disaster governance.

# Yemen

## Country context in which the PPP took place

Yemen is a country in the Middle East facing one of the world's most severe and protracted humanitarian crises, driven by an ongoing armed conflict that has devastated infrastructure, displaced millions, and pushed a significant portion of the population to the brink of famine. The conflict has severely impacted public services, leading to widespread health crises, including recurrent outbreaks of cholera and diphtheria, and limited access to clean water and sanitation.

The nation is also highly vulnerable to natural hazards, such as floods and cyclones, which exacerbate the humanitarian needs. This complex and volatile environment presents immense challenges for humanitarian actors. In this context, the Pilot Programmatic Partnership (PPP) aimed to strengthen the Yemen Red Crescent Society (YRCS) and empower communities to enhance epidemic preparedness, disaster risk management, and overall humanitarian response, with a strong emphasis on localization, integrated approaches, and robust coordination.



The country partners were as follows:

- National Society (NS): Yemen Red Crescent Society
- Lead EU National Society: Danish Red Cross
- Other EU National Societies: German Red Cross, Norwegian Red Cross
- IFRC representation (and implementation): IFRC Delegation in Yemen

## 1. Stakeholder Engagement

### 1.3. Stakeholder Engagement strengths

A significant strength was the **YRCS was its ability to leverage its extensive network of volunteers** deeply embedded in communities across Yemen. This localized approach enabled a timely understanding of local needs and issues, empowering local volunteers and communities to take proactive and swift action. YRCS volunteers, trained in Community-Based Health and First Aid (CBHFA) and Community-Based Surveillance (CBS), were equipped to identify health risks and respond to epidemics, demonstrating effective grassroots engagement.

**Coordination with government authorities** was consistently maintained. The CBS mechanism was fully functioning and integrated within the Ministry of Health (MoH)/Ministry of Public Health and Population (MoPHP), allowing volunteers to scan for threats and share information for early warning. YRCS worked alongside the MoH to increase immunization efforts, providing health education and facilitating MoH vaccinations. Regular quarterly coordination meetings were held with local stakeholders and authorities, including the MoH, in Dhamar, Sayon, and Sana'a to discuss programme achievements and challenges. Formal Memoranda of Understanding (MoUs) were planned or signed with MoH epidemiological surveillance offices to enhance collaboration on epidemic emergency preparedness and response.

The programme also enhanced **coordination with disaster risk management authorities**. An early warning system was established with the Civil Aviation and Meteorology Authority (CAMA) and Civil Defence Authorities. YRCS regularly exchanged weather forecasts and alerts with CAMA and worked closely with Civil Defence during the 2024 flood response for search and rescue. Their capacities were strengthened through equipment provision and Geographic Information System (GIS) training, improving the quality of data and information flow within the early warning system. Staff from Civil Defence and Meteorology authorities were included in YRCS's Emergency Operation Centre (EOC) alerts dissemination list, and YRCS EOC officers were included in theirs, facilitating timely information sharing. Access to meteorological information and real-time data from Civil Defence was granted to YRCS.

**Multi-level coordination for WASH infrastructure** was another strength. YRCS maintained constant communication and coordination with the Ministry of Water and Ministry of Education (MoE) supporting collaboration on identifying needs for water schemes and school WASH rehabilitations. MoUs and coordination agreements were signed with the General Authority for Rural Water Supply Projects (GARWSP) and National Water and Sanitation Authority to clarify roles and responsibilities in water supply projects, especially regarding operation and maintenance, with YRCS providing them with needed operation items and IT equipment.

**Strong coordination with international partners** was consistently maintained. International support from the Danish Red Cross (Lead EU National Society), German Red Cross, Norwegian Red Cross, IFRC, and DG ECHO provided crucial funding, technical assistance (through the IFRC MENA DRM team), and prepositioned WASH items. The coordination and transparency with ECHO were emphasized as crucial due to Yemen's volatile situation. Programme staff participated in relevant cluster meetings and bilateral meetings with partners, authorities, and other actors to avoid duplication and complement efforts.

**Community Engagement and Accountability (RCCEA/CEA) workshops and focus group discussions** were conducted to understand societal needs, collect feedback, and ensure interventions aligned with local priorities. Community Water Committees (CWCs) were established and trained to ensure the operation and maintenance of water systems (including provision of water quality testing material and spare parts/tools to support system maintenance), demonstrating a strong commitment to local ownership and sustained engagement.

#### 1.4. Stakeholder engagement limitations and challenges

Despite the stakeholder engagement efforts, the PPP in Yemen encountered several limitations and challenges, primarily stemming from the complex conflict environment, banking liquidity issues, and information barriers. The most prominent challenge was **logistical delays due to conflict escalation and the banking crisis**. The escalation of conflict in the Red Sea caused delays of over six months in the arrival of procured goods, including essential items for CAMA support. This directly impacted timely distribution and coordinated response efforts, as planned activities reliant on these goods were postponed, straining relationships with partners.

**Banking liquidity issues** in Yemen presented a significant challenge, affecting overall operations and project activities. This led to cash unavailability and the postponement of activities such as the Emergency Needs Assessment and Planning (ENAP) training. Such financial constraints directly impeded the ability to fund and coordinate efforts on the ground, affecting the consistency and timeliness of aid delivery and engagement with local stakeholders.

**Information barriers**, including misinformation and limited digital access in some areas, presented challenges to effective risk communication and community engagement. Although the programme made efforts to establish feedback mechanisms and conduct community consultations, these barriers hindered coordinated information dissemination and limited the comprehensiveness of feedback received from communities.

The programme emphasized extensive coordination, however, the **sheer complexity of Yemen's multi-layered crisis** (conflict, food insecurity, epidemics, natural disasters) meant that maintaining seamless coordination across all actors and sectors was a continuous, resource-intensive effort,

requiring constant vigilance to avoid fragmentation and ensure optimal resource allocation. The overlaps in mandates between different government ministries also created coordination challenges.

In summary, the PPP in Yemen was successful in building stakeholder relationships and integrating the YRCS into coordination frameworks. However, the volatile conflict environment, severe banking liquidity issues, and inherent information barriers presented persistent limitations that required continuous adaptation and underscored the complexities of achieving comprehensive and consistently effective stakeholder engagement in a protracted crisis.

## **2. Programming with a Locally Led Approach**

### **2.1. Locally Led Programming strengths**

The PPP demonstrated a strong and continuous alignment with a locally led approach, effectively empowering the YRCS and the communities it served. This commitment was central to the programme's relevance and effectiveness, ensuring interventions were tailored to local needs and fostering genuine ownership in a complex and volatile environment.

A core strength was the **localization and community-led approach** embedded within the programme's design. The PPP leveraged the YRCS's extensive network of volunteers, who are deeply embedded in communities across Yemen. This unique positioning enabled a timely understanding of local needs and issues, empowering local volunteers and communities to take proactive and swift action. The programme specifically aimed to increase the capacity of the YRCS to address health and WASH needs, prevent and respond to epidemic outbreaks, and boost preparedness for future health risks.

**Needs-based interventions and assessments** were fundamental to ensuring that programming was locally led. Needs assessments were conducted during the inception phase to determine target areas of intervention, and at the beginning of each phase, locations were assessed in more detail to identify the most vulnerable populations. High-risk internally displaced persons (IDP) sites for flood mitigation activities were identified in coordination with relevant clusters (shelter/non-food items (NFIs) and Camp Coordination and Camp Management (CCCM)), and detailed needs technical assessments were conducted.

Water scheme rehabilitation projects were identified and selected in coordination with local water corporations, taking into consideration the severity of water needs in targeted communities that often relied on water trucking. Rehabilitation of WASH facilities in schools was prioritized based on needs raised by the MoE and verified through field visits, focusing on Girls' schools with high numbers of children and severe needs. This systematic approach ensured that interventions were directly responsive to identified local priorities.

**Strong coordination and partnerships with local authorities and communities** were consistently maintained. The YRCS and program partners maintained constant communication with relevant ministries, including the (MoH), MoE, and Civil Defence Authorities. Coordination occurred at all levels, including with local authorities in the field to ensure they understood and supported the work, aiding in information sharing and avoiding duplication. The CBS mechanism was fully functioning and integrated within the MoH, with volunteers scanning for threats and sharing information to activate early warning systems (EWS), demonstrating local health leadership.

An EWS was established in collaboration with the Meteorology Department and Civil Defence, with regular exchange of weather forecasts and alerts. CWCs were established with elected community members to ensure ownership and sustainability of water systems. These committees were also provided with tools, equipment, and spare parts for maintenance, fostering local self-reliance.

**Capacity building and adapted response** were crucial for empowering local actors. The YRCS trained volunteers in CBHFA and CBS, equipping local teams to identify health risks and respond to epidemics. The programme supported the YRCS in strengthening its overall response capacities through the Preparedness for Effective Response (PER) approach, aiming to capture achievements, identify strengths and gaps, and define areas for improvement in line with National Society Development (NSD) needs.

Hygiene kits were pre-positioned and distributed based on identified high-risk communities and reports of Acute Watery Diarrhoea (AWD) and suspected cholera cases with a particular focus on flood affected areas. The content of the hygiene kits was revised and aligned with minimum standards recommended by the Yemen WASH cluster. The YRCS moved from water trucking to more sustainable water supply systems and transformed diesel-based operating systems to renewable energy (solar systems) in most targeted water supply schemes, reflecting environmental sustainability goals and locally appropriate solutions.

**Risk communication and community engagement efforts** were critical in making interventions more inclusive and responsive, utilizing community consultations and feedback mechanisms to strengthen trust and ensure humanitarian efforts aligned with local needs.

## 2.2. Locally Led Programming Limitations and Challenges

Despite the strong commitment to a locally led approach, the PPP encountered several limitations and challenges that impacted the consistency and full realization of localized programming. These challenges primarily stemmed from the aforementioned complex conflict environment, banking liquidity issues, and information barriers. While the YRCS's network of volunteers is extensive, the **sheer scale of humanitarian needs** across Yemen due to the protracted conflict means that even a robust locally led approach may struggle to cover all needs comprehensively without significant and consistent external resources.

In summary, while the PPP advanced a locally led approach through community empowerment and institutional strengthening of YRCS, ongoing challenges like conflict, banking issues, and information gaps require ongoing adaptation and robust support. Additionally, more time and comprehensive interventions focusing on Yemen's food security and malnutrition are needed to maximize the impact of localized humanitarian efforts.

## 3. Programme Delivery and Sustainability

### 3.1 Strengths in Programme Delivery

The PPP demonstrated significant strengths in its programme delivery, characterized by adaptability, efficiency, and a focus on embedding sustainable gains within the YRCS and local communities. A core strength in programme delivery was the **YRCS's capacity strengthening and operational readiness**. The YRCS invested heavily in building the capacities of its staff, volunteers, and communities across various technical areas. This included training volunteers in CBHFA and CBS, equipping local teams to identify health risks and respond to epidemics. Staff from YRCS, Civil Defence, and CAMA were trained on GIS and remote sensing, enhancing their skills for climate-related disasters and improving data quality for timely decisions. The YRCS also established a WASH department, onboarded key staff, and finalized its 5-year WASH strategy, demonstrating a commitment to strategic and sustainable delivery. The Emergency Prevention, Preparedness and Response awareness campaign conducted by the NS was key to supporting community awareness of common diseases including how to recognize them and how to act on the first signs.

**Improved information management and feedback mechanisms** significantly enhanced delivery efficiency and accountability. The PPP effectively integrated RCCE/CEA as a cross-cutting theme. The programme established feedback mechanisms and community consultations, strengthening trust and improving service delivery by ensuring humanitarian efforts aligned with local needs. Tools for Focus Group Discussions (FGDs) were prepared and conducted in target areas. CEA systems were established to collect, analyse, and respond to community feedback and rumours, supported by procurement of necessary equipment and software.

The programme's **strategic partnerships and coordination** were critical for effective and sustainable delivery. YRCS and its partners maintained constant communication with relevant ministries (MoH, MoE, Civil Defence Authorities, Ministry of Water, CAMA), local authorities, and other humanitarian actors at all levels. Formal agreements, such as MoUs, were prepared and signed with CAMA and the MoH to enhance collaboration for emergency preparedness, response, and epidemic surveillance. For anticipatory actions, coordination was strong with Meteorology and Civil Defence authorities, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), and CCCM clusters, ensuring streamlined and complementary efforts.

For **sustainability beyond the programme's end**, steps were taken to institutionalize gains. The CBS mechanism was fully functioning and integrated within the MoH, allowing volunteers to scan for threats and share information for early warning ensuring the long-term viability of community-based surveillance. Simplified Early Action Protocols (SEAPs) for floods were developed and finalized, representing a shift toward Anticipatory Action and ensuring communities can take preventive measures before disasters occur. Readiness activities and prepositioning of items were completed, enhancing long-term preparedness.

**Environmental sustainability and sustainable water systems** were a major focus for long-term impact. The programme actively promoted greening practices by moving from water trucking to more sustainable water supply systems and transforming diesel-based operations to renewable energy (solar systems) in most targeted water supply schemes. This mitigated environmental degradation and provided more resilient and cost-effective solutions for communities in the long run, reducing reliance on external fuel sources. Water supply schemes were formally handed over to local water corporations for ongoing operation and maintenance, with CWCs established and trained to ensure continued operation and maintenance.

**Reinforcing YRCS's financial and logistical resilience** was a key component of sustainability. The programme aimed to enhance financial systems and supply chain management to ensure continued support for affected communities. YRCS prepositioned WASH and hygiene items with support from IFRC and Danish Red Cross, ready for dispatch within 24 hours in case of emergency, ensuring rapid and sustainable response capabilities. The PER approach was re-oriented and refreshed in line with NSD and future sustainability efforts.

### 3.2. Programme Delivery limitations and challenges

Despite the improved delivery mechanisms and stronger focus on sustainability, the same challenges highlighted in 2.2 affected programme delivery aspects. While the programme aimed to empower local actors, the **sustainability of certain initiatives relies on the continued capacity and resources of local water corporations** and school administrations, to whom rehabilitated water supply schemes and school WASH facilities were formally handed over. Ensuring their long-term ability to operate and maintain these systems independently remains a potential challenge that requires ongoing monitoring and support beyond the programme's direct engagement.

## 4. Effectiveness and Transformational Change

### 4.1 Effectiveness and change strengths

The PPP significantly contributed to strengthening systems, processes, and approaches that shaped how the IFRC network's humanitarian response is coordinated, planned, and delivered at local and national levels. A primary area of transformational change was the **localization of the response and empowerment of communities**. The PPP's fundamental approach has been a strong focus on localization, leveraging the YRCS's extensive network of community volunteers empowering local communities to take proactive and swift action. The YRCS expanded its capacity to respond to health crises, improve water and sanitation access, and enhance disaster preparedness, directly demonstrating the effectiveness of a locally led model.

The PPP enhanced **coordination mechanisms and approaches** across various levels. The constant communication with relevant ministries was an ongoing transformative step in establishing an EWS as were MoUs that enhanced collaboration on emergency preparedness, response, early warning, and early actions. Staff from Civil Defence and Meteorology authorities were included in the YRCS's EOC) alerts dissemination list, facilitating real-time data exchange and transforming inter-agency coordination.

The PPP led to significant advancements in **planning and preparedness frameworks**, fostering a more anticipatory and data-driven approach. The programme shifted towards Anticipatory Action through SEAPs, with defined triggers and thresholds, were developed and reviewed by IFRC MENA Operations and global validation committees, representing a transformative shift from reactive to proactive disaster management. Readiness activities, including prepositioning of items, were carried out before activation of the protocols, demonstrating a "no-regrets" approach. The YRCS also finalized its epidemic and pandemic preparedness and response plan, with discussions initiated for the

development of a National Response Plan to deal with medium- or large-scale epidemics, signifying a move towards comprehensive national planning.

In terms of **delivery and operational approaches**, the PPP reshaped how the YRCS delivers its humanitarian response, integrating localization, technological advancements, and a strong focus on community engagement. The establishment of fully functioning CBS systems in Dhamar, Sayun, and Sana'a, integrated within the MoH, significantly improved early detection and response to epidemic-prone diseases.

The programme supported the rehabilitation of critical water supply systems and WASH facilities in schools, providing access to safe drinking water and mitigating public health risks involving the transformative move from water trucking to more sustainable water supply systems (transformation of diesel-based operating systems to renewable energy), demonstrating a commitment to environmentally sustainable and cost-effective delivery.

The PPP emphasis on **RCCE/CEA** led to systemic changes in how feedback is managed and integrated into humanitarian response. The establishment of feedback mechanisms and community consultations strengthened trust and improved service delivery, ensuring humanitarian efforts align with local needs. Training and awareness workshops on RCCE were conducted with local authorities and community members to discuss health risks and epidemic spread, transforming risk communication practices.

#### **4.2. Effectiveness and change limitations and challenges**

While the PPP was effective in supporting transformational changes in coordination, planning, and delivery within Yemen, the persistent aforementioned challenges weighed heavily on the YRCS's and other partners' efforts and abilities to achieve more substantive change across the humanitarian landscape.

#### **5. Conclusions and Lessons Learned**

The PPP in Yemen has been instrumental in institutionalizing gains in epidemic preparedness, expanding Anticipatory Action, reinforcing the YRCS' resilience, and strengthening partnerships. Its design, emphasizing localization, integrated response, and strong coordination, has helped transform how humanitarian response is coordinated, planned, and delivered across the country.

**Key successes** include the strengthening of the YRCS in its auxiliary role to government authorities, leading to improved coordination with relevant Ministries and Authorities, with formal MoUs solidifying these partnerships. The programme significantly advanced localized response through the YRCS's extensive volunteer network and the establishment of fully functioning CBS mechanisms integrated within the MoH. A significant success of the programme was ensuring that communities were at the centre of preventing/responding to communicable diseases (following awareness sessions that equipped them with the knowledge they need for their own long-term health protection). A transformative shift towards Anticipatory Action was achieved with the development of SEAPs for floods. The programme also helped improve WASH service delivery by rehabilitating critical water systems and transforming operations that better promote environmental sustainability.

**Lessons learned for the future** emphasize several critical areas. Firstly, **prioritizing robust financial and logistical resilience** is paramount in volatile contexts like Yemen to mitigate the impact of banking liquidity issues and conflict-related delays on operations. Secondly, **institutionalizing and expanding Anticipatory Action mechanisms** through continued coordination with meteorological and civil defence authorities is crucial for proactive disaster preparedness. Thirdly, **strengthening partnerships** with national and international stakeholders, formalised through MoUs, is key to sustaining efforts and ensuring long-term humanitarian impact. Fourthly, **enhancing information management and addressing digital access barriers** are vital for effective risk communication and comprehensive community engagement, ensuring all voices are heard. Finally, **promoting environmental sustainability** through the adoption of renewable energy and sustainable water solutions not only mitigates environmental degradation but also provides more resilient and cost-effective long-term solutions for communities.

# Cross-Case Analysis

## 1. Stakeholder Engagement

Across the twelve PPP case studies, stakeholder engagement emerged as both a defining strength and a constant operational challenge. National Societies leveraged their auxiliary role to governments to anchor partnerships that spanned ministries, municipalities, humanitarian clusters, and communities. Engagement occurred along a continuum—from national policy participation to neighbourhood-level accountability mechanisms—shaping the quality and legitimacy of humanitarian action.

### Strategic and Institutional Engagement

At the national level, nearly all NSs consolidated their **auxiliary status**. In **Bangladesh**, the formal Memorandum of Understanding (MoU) between the Bangladesh Red Crescent Society (BDRCS) and the Institute of Epidemiology, Disease Control and Research integrated Community-Based Surveillance (CBS) into the government's health system. In **Lebanon**, the Lebanese Red Cross (LRC) became a central actor within the national Disaster Risk Management Unit, shaping contingency plans and operating emergency hotlines under the Ministry of Public Health. **Burkina Faso**, **DR Congo**, and **Ecuador** used PPP platforms to co-author national preparedness or health-security plans, reinforcing state ownership and institutional recognition.

National-level engagement was also visible through technical working groups. **Kyrgyzstan** chaired the national Cash Working Group and influenced the establishment of a country-wide Minimum Expenditure Basket. **Uganda** co-chaired the Forecast-based Action technical group with the Office of the Prime Minister, while **Ecuador** led the inter-institutional cash coordination group and the subcommittee on market price monitoring. These leadership roles elevated the NSs from implementers to policy shapers.

### Multi-Level and Community Engagement

At sub-national levels NSs deepened links with local authorities. **Guatemala** and **Honduras** collaborated closely with municipal disaster and emergency committees, embedding early warning and preparedness plans into local governance structures. **Kyrgyzstan** formed Local Disaster Management Committees that became hubs for local risk mapping and planning, while **Madagascar** trained communal committees and traditional leaders to co-design cyclone-resistant shelter models. In fragile contexts such as **Yemen** and **DRC**, partnerships with provincial health directorates and civil-defence authorities sustained minimum coordination despite insecurity.

Community Engagement and Accountability (CEA) mechanisms provided the interface between programmes and people. Almost all cases institutionalised multi-channel feedback systems—toll-free numbers in Burkina Faso and Lebanon, WhatsApp and suggestion boxes in Honduras and Guatemala, QR-code surveys in Kyrgyzstan. In **Lebanon**, over 70 000 hotline calls in 2024 informed programme adjustments. In **Bangladesh**, community storytelling (“photovoice”) empowered volunteers to document citizen perspectives for decision-makers.

### Partnership Dynamics and Challenges

Common constraints recurred:

- **Political and institutional turnover**—Elections in Guatemala and Ecuador or ministerial reshuffles in Bangladesh disrupted relationships and delayed approvals.
- **Access and security**—In Burkina Faso, DRC, Yemen, and Lebanon's south, insecurity restricted movement and limited continuous dialogue.
- **Infrastructure and communication gaps**—Damaged networks or poor connectivity hindered data flow in rural areas.
- **Resource competition**—In highly “crowded” humanitarian arenas such as Cox's Bazar, coordination fatigue tested coherence.
- **Perception gaps**—Despite strong feedback systems, surveys in Uganda and DRC showed that between 0 and 28 % of respondents felt their opinions were not considered.

Stakeholder engagement under the PPP demonstrated the **power of the auxiliary role** as a convening instrument and proved that systematic CEA fosters legitimacy and trust. However, sustained engagement in volatile or resource-strained environments requires **institutionalized coordination**

**mechanisms, digital redundancy, and consistent political advocacy** to survive personnel changes and crises. Building local networks is not enough; maintaining them through adaptive management is the enduring challenge.

## 2. Programming with a Locally Led Approach

Localization was the PPP's central design principle. All twelve case studies illustrate how empowering NSs and communities enhances ownership, speed, and contextual relevance of humanitarian action.

### National-Society Empowerment

Each NS used the PPP to strengthen institutional systems. **Bangladesh** institutionalised its CBS and digital dashboards, influencing national policy on heatwave early action. **Kyrgyzstan** updated its Multi-Hazard Contingency Plan, completed PER and OCAC assessments, and trained a national pool of trainers across disaster, health, and CEA sectors. **Madagascar** rolled out branch-level contingency plans and certified carpenters in cyclone-resistant construction techniques. **Uganda** revised the Uganda Red Cross Act and advocated for its inclusion in the National Disaster Bill, while **Lebanon** expanded its network of Primary Health Care Centres with integrated surveillance capacities. These institutional reforms collectively mark a significant shift toward sustainable local leadership.

### Community Structures and Participation

Local committees were the engine of localized response.

- **Burkina Faso** established community disaster-management and complaint committees with gender and disability representation.
- **DR Congo** mobilized Community Response Teams that performed early detection of cholera and measles, transmitting over 200 alerts to health authorities.
- **Uganda's** Village Health Teams (VHTs) and Village Task Forces (VTFs) became first responders, sending 9 900 alerts through integrated CBS.
- **Bangladesh** and **Honduras** reactivated dormant local disaster committees and school safety groups, embedding preparedness in existing governance.

These community structures ensured that programme design and monitoring were **grounded in lived realities** rather than top-down templates.

### Local Knowledge, Innovation, and Adaptation

Innovation often originated locally. In **Ecuador**, branch teams co-developed an e-learning platform with the National Risk Management Secretariat for remote DRM training. **Honduras** introduced drones for real-time mapping; **Uganda** piloted mobile-signal analysis to anticipate population movement; **Burkina Faso** promoted climate-smart agriculture, honey production, and biochar to restore livelihoods. **Yemen's** volunteers sustained health outreach in hard-to-reach areas by using paper-based systems when digital tools failed, an example of pragmatic localization under duress.

Localization also implied **policy influence**. Bangladesh's advocacy led the government to classify heatwaves as a climate hazard. Honduras developed a national climate-change toolkit; Guatemala produced a Disaster Risk Management and Climate Policy; Ecuador co-drafted reforms to DRM legislation. These demonstrate that locally led action can reshape national frameworks when capacity and credibility converge.

### Constraints and Lessons

Persistent weaknesses included:

- **Volunteer turnover and fatigue**, notably among Uganda's VHTs and Madagascar's community teams.
- **Dependence on external funding** for incentives or logistics, threatening continuity once grants ended.
- **Cultural barriers**, such as vaccine hesitancy in Kyrgyzstan or taboos on sexual-health discussions in Honduras.
- **Uneven inclusion**—migrants and people with disabilities sometimes remained under-represented (e.g., Kyrgyzstan's limited reach to migrants).

The PPP significantly advanced the localization agenda by combining **institutional capacity-building with community empowerment**. Success depended less on transferring responsibility and more on **co-creating systems** where communities, local authorities, and National Societies share leadership. Sustaining these gains will require predictable domestic resourcing, continuous volunteer development, and policies that entrench community structures within official disaster-management frameworks.

### 3. Programme Delivery and Sustainability

Delivering complex, multi-sector programmes across twelve heterogeneous contexts tested the PPP's operational architecture. Its ability to maintain performance despite shocks stemmed from flexibility, decentralization, and investment in systems rather than projects.

#### Integrated and Adaptive Delivery Models

Integration across pillars—Disaster Risk Management (DRM), Epidemic Preparedness and Response (EPPR), Cash and Voucher Assistance (CVA), and CEA—was a signature feature. **Bangladesh** linked its CBS health alerts to disaster dashboards for unified risk management. **DR Congo** connected epidemic surveillance with WASH interventions. **Ecuador** synchronised CVA delivery with shelter mapping, while **Lebanon** combined health surveillance with hotline-based needs tracking. This systems approach enabled swift re-prioritisation during concurrent crises.

Adaptability proved essential. Political unrest in Bangladesh, elections in Ecuador, and conflict escalation in Lebanon and Yemen forced temporary suspension or redirection of activities. Programmes that had invested in **contingency planning and remote-management protocols** recovered more quickly. For instance, Burkina Faso and DRC used UNHAS flights and remote coaching to maintain engagement when road access was cut off.

#### Efficiency, Coordination, and Resources

Cross-Movement collaboration improved delivery efficiency. Co-implementation among European partner Societies (e.g., Belgian–Luxembourg–Spanish collaboration in Burkina Faso; German–Italian in Kyrgyzstan) reduced duplication and harmonized technical standards. Shared procurement and joint training produced economies of scale.

Digitalisation further strengthened delivery. Uganda's Beneficiary Feedback Dashboard and CVA Information Management System enabled real-time monitoring. Lebanon's web-based conflict and hospital maps guided resource allocation. However, technological disparities remained: low connectivity in rural Yemen or Madagascar limited data transmission and necessitated hybrid reporting.

Financial and logistical sustainability remained fragile. The **banking liquidity crisis in Yemen, import delays in DRC**, and **procurement bottlenecks in Guatemala** illustrate structural risks to timely delivery. The PPP's multi-year funding provided unusual predictability, yet many Societies still relied on external donor cycles for core staff and volunteer incentives.

#### Capacity Development and Institutionalisation

Sustainability was most tangible where programmes institutionalised knowledge.

- **Training-of-Trainers (TOT)** systems in Kyrgyzstan and Lebanon ensured continuous skill transfer.
- **First-aid and CBS trainer pools** in Burkina Faso and Uganda built internal pipelines.
- The adoption of standard operating procedures for CEA, PSEA, and PGI across almost all cases created ethical and operational safeguards that will outlast the PPP itself.
- Pre-positioning of emergency stocks (Madagascar, Bangladesh) and establishment of digital EOCs (Yemen, Lebanon) increased readiness.

Partnership with the private sector and academia appeared in nascent form—mobile companies in Uganda, meteorological agencies in Yemen, and universities in Ecuador—hinting at diversified sustainability pathways.

#### Environmental and Social Sustainability

Several National Societies mainstreamed climate adaptation and green practices. Burkina Faso's agro-ecology training, Honduras's climate-smart livelihoods, and Madagascar's tree-planting campaigns link

humanitarian response with environmental resilience. Social sustainability advanced through inclusive targeting—gender-balanced committees, youth engagement (Red Cross Youth in Bangladesh), and disability-inclusive planning.

Programme delivery under the PPP demonstrated **resilience through integration and institutionalisation**. Where systems were digitised, capacities decentralised, and knowledge embedded, activities continued despite crises. Long-term sustainability now hinges on transitioning from donor-dependent delivery to **nationally financed, institutionally anchored services**, supported by public-private partnerships and continuous performance measurement.

#### 4. Impact and Transformational Change

While quantitative impacts varied, qualitative evidence across the twelve case studies shows transformational shifts in how humanitarian action is conceived and led. The PPP catalysed three broad transformations: institutional maturity of National Societies, behavioural change within communities, and structural influence on national policy.

##### **Institutional and Systemic Transformation**

The most visible transformation lies in the **strengthening of National Society systems**. Every Society reported improved governance tools—strategies, policies, or standard operating procedures—covering areas such as CEA, PSEA, PGI, CVA, and climate adaptation. For instance, Guatemala and Honduras adopted new DRM and climate policies; Lebanon institutionalised hotline management and digital dashboards; Burkina Faso established national health-security SOPs; Kyrgyzstan and Uganda upgraded contingency plans and legal frameworks. These developments mark a collective movement toward “stronger national responders” capable of operating within government systems rather than parallel to them.

PPP investment also fostered **evidence-based decision-making**. CBS mechanisms in Bangladesh, DRC, Uganda, and Yemen generated real-time epidemiological data feeding national databases—an unprecedented level of data integration for many Societies. Such systems represent a permanent leap in analytical and operational capacity.

##### **Community-Level Transformation**

At community level, the PPP enhanced resilience through **knowledge, agency, and trust**. Communities trained in early warning and first aid demonstrated faster, self-organized responses to floods, landslides, or epidemics. Surveys in Kyrgyzstan and Burkina Faso reported satisfaction and trust levels above 95 %. In Yemen and Lebanon, locally maintained water schemes and community emergency teams continued functioning after funding cycles, evidencing durable ownership. In Honduras and Madagascar, families adopted climate-smart agriculture and safer-construction techniques, reducing future disaster losses.

Behavioral transformation also emerged in information ecosystems. Feedback mechanisms normalized two-way communication between citizens and humanitarian actors; misinformation during epidemics decreased; marginalized voices—especially youth and women—gained structured participation channels. The psychological shift from “beneficiary” to “participant” is one of the PPP’s most profound legacies.

##### **Policy and Societal Influence**

Through sustained advocacy, National Societies influenced public policy:

- **Bangladesh**—government recognition of heatwaves as a disaster risk.
- **Uganda**—draft revision of the Uganda Red Cross Act and advocacy on the Disaster Bill.
- **Kyrgyzstan**—integration of IDRL recommendations into the Central Asian Action Plan 2025-26.
- **Ecuador**—legal reforms on DRM incorporating Red Cross inputs.
- **Honduras and Guatemala**—institutionalisation of PGI and PSEA policies in national frameworks.

These policy linkages signify a **transformational repositioning** of National Societies from service providers to policy influencers.

### **Cross-Regional and Movement-Wide Impact**

The PPP also fostered transformation within the Red Cross and Red Crescent Movement. Shared learning among European and partner National Societies generated common standards on CEA, CVA, and anticipatory action. Cross-border collaboration—migration coordination in Central America, epidemic control between Uganda and neighbours, One Health initiatives in DRC and Burkina Faso—illustrated how localized capacity can scale to regional solidarity.

### **Residual Gaps**

Despite notable transformation, systemic risks remain:

- **Financial fragility** of local branches limits long-term service continuity.
- **Data and digital divides** risk widening inequalities between well-resourced and remote branches.
- **Gender and inclusion mainstreaming** remains uneven.
- **Evidence of long-term behavioural outcomes** (e.g., disaster-loss reduction) is still emerging.

The PPP produced **transformational change at three interlocking levels**—institutional, community, and policy. It redefined what locally led, system-linked humanitarian action can look like: a shift from project delivery to **permanent national capacity** embedded in governance structures. To preserve this momentum, future programmes must focus on financing sustainability, measuring long-term resilience outcomes, and nurturing the next generation of local humanitarian leaders.

## **5. Overall Synthesis**

Across twelve contexts, the PPP demonstrated that **localization, coordination, and accountability are mutually reinforcing**. Stakeholder engagement built legitimacy; localized programming ensured relevance; integrated delivery created resilience; and transformational impacts proved that humanitarian systems can evolve from dependency to autonomy. The collective lesson is clear: enduring humanitarian effectiveness lies not in scale of resources but in the **depth of local ownership and the strength of national systems** that carry the mandate to serve.

# DG ECHO- IFRC pilot

## Programmatic Partnership

### Final Evaluation

## 1. Summary

**Purpose:** This final evaluation aims to assess the overall performance of the Programmatic Partnership, including the achievement of its intended objectives; the impact on stakeholders' capacities, operational efficiency, collaboration, and systems change; and the resulting humanitarian outcomes for the communities served. It will also identify lessons learned and good practices to inform the sustainability of the programme approach. Additionally, the evaluation will examine the partnership's working modalities and assess any changes it has brought about or achieved.

**Target audience:** IFRC network and DG ECHO

**Commissioners:** This evaluation is being commissioned by the PPP Steering Committee

**Reports to:** Oversight of this evaluation will be provided by the Evaluation Management Team consisting of staff from regional and Geneva levels of the IFRC Secretariat (Strategic Planning Department, National Society Development and Operations Coordination, Strategic Partnerships and Resource Mobilization Department) and the Red Cross EU Office.

**Timeframe:** 45 working days from April to July 2025

**Location:** This evaluation will be conducted remotely.

## 2. Background

The [Pilot Programmatic Partnership \(PPP\)](#) is a highly innovative programme with a duration of 3 years and a global geographical scope, which includes a reach of 24 countries<sup>1</sup> across Africa, Asia Pacific, Europe and the Americas for implementation, 13 EU NS supporting partners and IFRC

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<sup>1</sup> More information on this programme, its partners and its reach in 24 countries can be found at: <https://www.ifrc.org/get-involved/partner-us/multilaterals-and-international-financial-institutions/programmatic>

country/cluster/regional delegations, and an overall global aspect.

All of PPP's activities are founded on the IFRC Strategy 2030, and the strategic priorities and targets are highlighted in IFRC's Plan and Budget 2021-2025, as agreed with DG ECHO so as to pursue a strategic approach.

The overall objective of the PPP is to ensure communities and individuals are taking action to anticipate, prepare for and respond to and recover from humanitarian and health crises. Central to the PPP is also a [Theory of Change](#) focusing on five pillars that enable the strengthening of National Societies' auxiliary role and operational capacity. The five pillars are:

- ✓ Disaster preparedness and response
- ✓ Epidemic and pandemic preparedness and response
- ✓ Supporting people on the move
- ✓ Cash and voucher assistance
- ✓ Risk communication, community engagement and accountability

Beyond the programmatic objective, the PPP objectives were manifold:

- to deliver on the localization commitments of the Grand Bargain;
- to match field realities of protracted crisis with longer term predictable funding, facilitating actions and processes with greater impact;
- to leverage the global IFRC network capacities and unique access to people and communities;
- to contribute to the ambitions of the EU as the biggest donor for international aid in the world and towards IFRC Strategy 2030;
- to increase efficiencies through economies of scale (i.e. not a collection of projects);
- to support implementation of the New Way of Working (NWOW), joint initiative of the IFRC, EUNS with DG ECHO Certification and NS of countries of implementation.

This final evaluation will integrate insights from previous reviews and seek adaptative measures, where applicable, for the integration of the PPP into regular programming to ensure a smooth transition and exit strategy for the programme.

### 3. Evaluation purpose and scope

**Purpose:** This final evaluation aims to assess the overall performance of the Programmatic Partnership, evaluate the achievement of intended programme objectives; and identify lessons learned and best practices to inform sustainability in its approach. Additionally, the evaluation will examine the working modalities within the partnership and assess any changes influenced or delivered.

**Scope:** In view of the global nature of this programme in a membership organization, it will not be possible to include the voices of all stakeholders in this evaluation. A representative sample of PPP countries and representatives of all stakeholders at different levels will be selected by the consultant for this evaluation, complementing and following up on what has already been carried

out in the Mid-Term Review and the Future of PPP exercises, amongst others.

## 4. Evaluation questions

The evaluation questions below further expand on the areas of inquiry looked into during the Mid-Term Review. These evaluation questions may be further developed once the evaluation team is on board.

### **Stakeholder Engagement**

- Were roles, responsibilities and working modalities at the different levels of the PPP fit for purpose? How have these roles prepared for the transition and eventual closure of the programme?
- What good practices and challenges in membership coordination have emerged from this programme? What lessons may be learned for the future?

### **Programming with a Locally Led Approach**

- How well did the programme continue to align with the -needs and priorities of the Host National Societies and the communities they served?
- To what extent were the programme objectives and activities aligned with DG ECHO's localization and disaster preparedness priorities?
- What measures have been put in place to ensure that the gains in localisation and capacity building are sustained beyond the programme's end?

### **Programme Delivery and Sustainability**

- Were institutions' systems fit for purpose in supporting the implementation of the PPP?
- How has IFRC Secretariat changed its modalities of working (process, procedures, etc) in view of the PPP?
- To what extent have exit strategies and sustainability plans been developed and effectively implemented in all participating countries and IFRC Secretariat building on what was learned from the PPP?
- How well-equipped now are the institutions to maintain and build on the technical, operational, and financial support received through the PPP?

### **Impact and Transformational Change**

- To what extent did the PPP contribute to changes in systems, processes, and approaches that shaped how humanitarian response is coordinated, planned, and delivered at local, national, and regional levels?
- What evidence is there of strengthened capacities, leadership, and recognition of Host National Societies and other local actors, and how has this influenced their roles, engagement with authorities, and positioning within the humanitarian system?
- How has the PPP impacted the efficiency, timeliness, and scale of humanitarian response — including collaboration, innovation, and the enabling environment (e.g., legal frameworks, domestic preparedness)?

## 5. Evaluation methodology

The consultant will carry out this evaluation through a series of approaches, including:

1. Secondary data analysis of PPP material (global/regional/country reports, financial reports, monitoring and evaluation materials/data, videos, stories, briefs, etc).
2. Initial debrief with a sample of key stakeholders prior to the inception report.
3. Key informant interviews with relevant key PPP from the IFRC network and external stakeholders at the global/regional/country level.

As the programme comprises 24 countries, an appropriate sampling approach will need to be adopted to ensure that the evaluation is representative of the breadth of the programme.

The consultant will present its preliminary findings to all relevant stakeholders of the PPP programme, along with a final presentation at the end of the evaluation.

An Evaluation Management Team (EMT) will also be set up to manage and support. It will comprise a EMT of staff from regional and Geneva levels of the IFRC Secretariat (Strategic Planning Department, National Society Development and Operations Coordination, Strategic Partnerships and Resource Mobilization Department) and the European Union Red Cross Office. The EMT will support the review process as required. It will be responsible for supporting and overseeing the evaluation process up to the finalisation of the final evaluation report.

## 6. Deliverables (or outputs)

**Inception report** – The inception report will iterate the parameters and the workplan to operationalise and direct each aspect of this final evaluation and data collection plan, including the tools and methods to be employed. It is expected that this inception report will not be longer than 4,000 words.

The inception report will elaborate on these terms of reference by:

- ✓ Agreeing on specific evaluation questions
- ✓ Describing how this evaluation and data collection will be carried out
- ✓ Refining and specifying the expectations
- ✓ Detailing the methodology
- ✓ Drafting data collection tools (interview guides, guidance for the FGDs, etc)
- ✓ Clarifying roles and responsibilities of the team
- ✓ Outlining the timeframe and activities for the evaluation

The inception report should outline the report's structure to be submitted by the consultant and include the consultant's expectations as to what extent the purpose of the evaluation can be achieved.

**Debriefings/feedback to management at all levels** - The team will present its preliminary findings to relevant stakeholders before leaving the country, as well as to the respective

stakeholders of the PPP in a participatory onsite/virtual meeting (*See proposed Evaluation Timeframe below*). This will allow all relevant levels to make any pertinent comments and/or to make any corrections or additions to the findings, as required before the finalization of the report.

**Draft report** – A draft report, identifying key findings, lessons learned and recommendations for the current and future PPP, will be submitted after the data collection/analysis period.

**Final report** – The final report will contain a short executive summary (no more than 1,000 words) and a main body of the report (expected to be no more than 10,000 words) covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions, lessons learned, and recommendations. Recommendations should be specific, feasible, and evidence based. It will contain appropriate appendices, including a copy of the ToR, cited resources or bibliography, a list of those interviewed, and any other relevant materials. Meeting notes of the workshops, and identified actions planned, should be part of the final report. The final report will be submitted one week after the receipt of comments on the draft report and will have to be validated by the PPP Steering Committee and will then be posted on the [IFRC Evaluation and Research Databank](#).

## 7. Proposed Evaluation Timeframe

<b>Time Schedule</b>	<b>Activities</b>	<b>Deliverables</b>
<b>10 days</b>	1. Desktop study: review intervention documentation, and related primary/secondary resources for the evaluation. 2. Initial virtual debriefings from key stakeholders. 3. Development of a detailed inception report, or data collection/analysis plan and schedule, draft methodology, and data collection tools.	1. Inception report, data collection/analysis plan and schedule, draft methodology, and data collection tools.
<b>20 days</b>	1. Preparation and pilot of data collection tools. 2. Data collection	1. Piloted data collection instruments. 2. Data collection
<b>2 days</b>	Findings sessions with relevant stakeholders in country, at the Regional Office and for Geneva.	Findings sessions to be carried out for PPP stakeholders
<b>5 days</b>	Prepare a draft evaluation report.	Draft version of the evaluation report.
<b>5 days</b>	Revise and submit the final evaluation report.	Final draft of the evaluation report.
<b>3 days</b>	Virtual presentations on overall evaluation to DG ECHO, PPP Steering Committee and relevant PPP stakeholders (3 time zones)	5 Virtual presentations
<b>45 days</b>	Total Working Days for Consultant(s)	

## 8. Evaluation quality and ethical standards

Evaluator/s should adhere to the evaluation standards and specific, applicable processes outlined in the [IFRC Framework for Evaluation](#). The IFRC Evaluation Standards are:

1. Utility: Evaluations must be useful and used.
2. Feasibility: Evaluations must be realistic, diplomatic, and managed in a sensible, cost-effective manner.
3. Ethics & Legality: Evaluations must be conducted ethically and legally, with particular regard for the welfare of those involved in and affected by the evaluation.
4. Impartiality & Independence: Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
5. Transparency: Evaluations should be conducted openly and transparently.
6. Accuracy: Evaluations should be technically accurate, providing sufficient information

about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.

7. Participation: When feasible and appropriate, stakeholders should be consulted and meaningfully involved in the evaluation process.
8. Accountability: Evaluations should be conducted upholding accountability standards by adequately documenting the evaluation process and products, aligning evaluation practice with an equity approach, and with development of recommendations that are detailed and actionable

The evaluation is also expected to respect the Fundamental Principles, Code of Conduct, and Principles and Rules of the International Red Cross and Red Crescent Movement. It also complements and is consistent with other critical IFRC Secretariat and network policies, commitments, principles, and guidelines, the Agenda for Renewal and Strategy 2030.

## 9. Evaluator/s profile

It is expected that this final evaluation will be carried out by consultant/s who have the following qualifications:

- ✓ Seven to 10 years experience working in monitoring and evaluation.
- ✓ Familiar with and/or experience with the International Red Cross and Red Crescent Movement.
- ✓ Proficiency in and proven experience working with large review exercises.
- ✓ Expertise with remote and onsite tools conducting key informant interviews, focus group discussions, and large group meetings.
- ✓ Proven success in working with senior-level management and field staff to identify strategic findings and lessons learned.
- ✓ Sound experience in data consolidation, analysis and presentation. Ability to prepare well-written reports in English in a timely manner.
- ✓ PhD qualification in a relevant field of study or a Masters with an equivalent combination of education and relevant work experience.
- ✓ Good team player and familiarity with working with people from different cultures/contexts.
- ✓ Immediate availability for the period indicated.

## 10. Application procedures

The IFRC will approach suitable candidates to submit their application material by **Wednesday, 26 March 2025**. Application materials should include:

1. Curricula Vitae (CV).
2. Cover letter, clearly summarising experience as it pertains to this assignment, daily rate, and three professional references.
3. A brief description of the firm or institution (for applicants other than individual contractors).
4. At least one example of an evaluation report similar to that described in this ToR.