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External midterm evaluation – Action Plan Program 2022-2026 – First Aid Quality Assessment tool & blood needs assessment

Belgian Red-Cross Flanders

Final report





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Consulting in international cooperation

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Executive summary

The Quality Assessment Tool (QAT) for First Aid and the Need Assessment Tool (NeAs) for Blood, subjects of the mid-term evaluation of the Action Plan 2022–2026 (AP22–26) implemented by the Belgian Red Cross-Flanders (BRC-FL), are relevant, high-quality, and well-designed approaches. They provide genuine added value to national societies by strengthening their institutional, organizational and technical capacities in activities related to first aid and blood services. The technical expertise, flexibility, and availability of the BRC-FL facilitate implementation within national societies.

The main challenge remains operationalization, with disparities observed across countries and intervention contexts. At mid-term, the progress made varies significantly from one country to another. The key achievements observed fall into three categories: strategy structuring and institutionalization, organizational capacity-building, and improvements in training mechanisms.

Human resource factors strongly influence the success or challenges encountered. The fact that the QAT and NeAs remain separate processes from the standard project cycle—without dedicated human resources, budget, and monitoring-evaluation systems, and with unclear boundaries for the teams—exacerbates the difficulties faced. Similarly, uneven team involvement, particularly at the senior management level, has sometimes been an obstacle to implementation.

Among the optimization paths identified to enhance the effectiveness of the QAT and NeAs are framing the QAT and NeAs as specific mini projects to enable better prioritization and monitoring, strengthening project planning and management mechanisms, and increasing senior management involvement.

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Acronyms and abbreviations

ANTS	Agence Nationale de Transfusion Sanguine
AP	Action Plan
AP 22-26	Action Plan 2022-2026
BDR	Blood Donor Recruitment
BRC	Benin Red Cross
BRC-FL	Belgian Red Cross – Flanders
BTD	Blood Transfusion Department
CODIR	Comité de Direction
CVM	Mozambique Red Cross
FA	First Aid
MoU	Memorandum of Understanding
NeAs	Need Assessment Tool
NS	National Society
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Participating National Society
ONS	Operating National Society
QAT	Quality Assessment Tool
RCM	Red Cross Movement
SMART	Specific Measurable Achievable Relevant Time-bound
SRCS	Senegalese Red Cross society
ToT	Training of trainers

1. Introduction

This report presents the findings of the external mid-term evaluation of the Action Plan 2022-2026 (AP22-26) program, with a focus on the Quality Assessment Tool (QAT) for First Aid (FA) and the Need Assessment Tool (NeAs) for Blood. The program is implemented by the Belgian Red Cross – Flanders, in partnership with six host national societies: Rwanda Red Cross, Red Cross Society of Benin, Senegalese Red Cross Society, Burundi Red Cross, Mozambique Red Cross, and the Burkinabe Red Cross Society.

The evaluation was conducted in October and November 2024 by Alexandra DEON and Dieuveil NGOUBOU, consultants in international cooperation, within the Arkayn & Company consultancy firm.

We would like to thank all the stakeholders who made themselves available for this evaluation: the teams of the Belgian Red Cross-Flanders and the host national societies implementing the tools.

1.1. The AP22-26 program

The Belgian Red Cross-Flanders (BRC-FL), in collaboration with various National Red Cross Societies across Sub-Saharan Africa, has embarked on the Action Plan Program 2022-2026. This program focuses on enhancing the capacities of national societies through targeted interventions in First Aid (FA) and Blood programs.

The program leverages comprehensive tools, specifically the Quality Assessment Tool for FA (QAT) and the Needs Assessment Tool for Blood (NeAs), to assess the current capabilities of partner societies, identify gaps, and develop targeted action plans for capacity building.

⇒ The Quality Assessment Tool for FA

The FA component of the program leverages the Quality Assessment Tool (QAT) developed by BRC-FL. This tool assesses various aspects of training quality and organizational capacity within the national societies. The QAT focuses on six key areas: trainers, training design, content, training methods, evaluation, and facilities & equipment. Additionally, it examines organizational aspects such as structure, policy & strategy, system, human resources, volunteer management, and workplace FA. The objective is to enhance the overall quality and effectiveness of First Aid services provided by the partner societies, ensuring long-term sustainability.

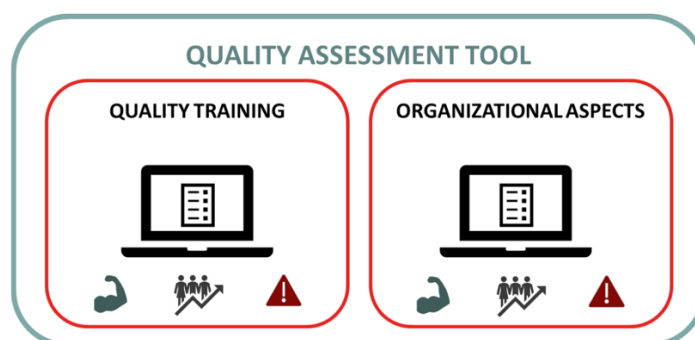


Figure 1 - QAT pillars

⇒ The Need Assessment tool for Blood

The Blood component utilizes the Needs Assessment tool (NeAs) to evaluate and strengthen blood donation awareness, blood donor recruitment and management services within the partner societies. Since 2020, BRC-FL has extended its expertise to support international projects. The NeAs tool is divided into two pillars: the first focuses on Blood Donor Recruitment (BDR) and maintaining a sustainable, voluntary, non-remunerated donor pool, while the second pillar addresses blood donor collection, processing, and distribution. For this mid-term evaluation, we will focus exclusively on Pillar 1 of the NeAs, which is composed of 16 focus areas, divided into two parts: (i) organizational aspects and (ii) blood activities:

(i) Organizational aspects	(ii) Blood activities
01. Collaboration with Blood Service	08. Training and training materials
02. Budget & Activity planning	09. Blood donor recruitment promo materials
03. Activity partners	10. Mass Media
04. Financial partners	11. Social Media
05. Data Monitoring	12. Awareness session
06. Research	13. Conversion of Family Replacement Donor
07. Volunteer management	14. Youth clubs
	15. Recruitment & donor care at mobile collection
	16. Material support at mobile collection

Figure 2 - NeAs focus areas

⇒ A similar approach for both tools' implementation

The capacity-building process for both FA and Blood follows a systematic approach. Initially, data is gathered from the national societies using standardized questionnaires. This data is then analyzed to generate a comprehensive roadmap report, which is shared with the partners. Workshops are conducted to prioritize action points, and specific action plans are developed to address identified needs. BRC-FL provides ongoing support and guidance throughout the implementation of these action plans. On top of that, institutional workshops are organized as part of the FA process.

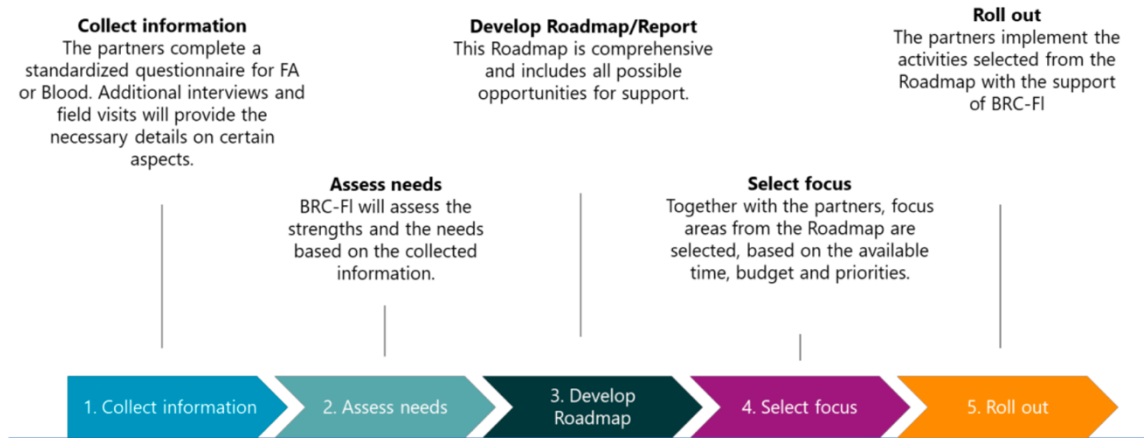


Figure 3 - Different steps within the capacity building process

The overarching goal is to improve the quality and sustainability of these critical services, thus contributing to the resilience and self-reliance of the partner societies.

⇒ Countries of implementation

QAT for FA is being implemented in 6 countries, while NeAs for Blood in 3 countries, as follows:

	QAT for FA	NeAs for Blood
Benin	o	o
Burkina Faso	o	
Burundi	o	o
Mozambique	o	
Rwanda	o	o
Senegal	o	

1.2. Evaluation methodology

1.2.1. Evaluation objectives

The mid-term evaluation is viewed more as a learning opportunity on QAT for FA and NeAs for Blood, rather than a traditional evaluation. Its primary objective is to assess the impact and effectiveness of the QAT and NeAs tools in enhancing the capacity of National Red Cross Societies. This includes evaluating the tools' design, implementation, and utility in supporting sustainable development goals within the partner societies, evaluation based on IFRC Evaluation Policy. This evaluation, grounded in a results-based management approach, aims to assess the program both **retrospectively** to understand its successes and failures, and **prospectively** to guide future actions. It is intended to extract lessons learned, derive meaningful insights, and formulate actionable recommendations. These recommendations are aimed at helping

refine strategies, correct trajectories, and highlight best practices to enhance the effectiveness and impact of the tools.

The evaluation involves both a **cross-cutting** analysis of the entire program with focus on QAT and NeAs, while also providing a **country-specific** lens, notably identifying the impact of the different implementation contexts, thus offering a clear vision for future phases of implementation.

1.2.2. Methodological approach

The methodological approach of the evaluation is built upon the following key principles:

1. **A results-based management approach:** the guiding principles of the evaluation methodology are based on the guidelines recommended IFRC Evaluation Policy.
2. **An ethical approach:** the evaluation team maintains independent judgment based on facts and objective data. It evaluates a "system" and not individuals. It respects the confidentiality of sources, as well as the cultural and social norms of those consulted.
3. **An interactive and participatory approach:** the evaluation is conducted in close interaction with project stakeholders to draw lessons from the experience, propose concrete recommendations, and strengthen ownership of the evaluation's conclusions: project teams, implementing partners, institutional partners, beneficiaries.
4. **A prospective approach:** the evaluation will not be limited to a retrospective analysis but will also adopt a prospective approach to identify development axes for the tools' improvement and future application.
5. **A pragmatic and realistic approach:** the evaluation will yield concrete, realistic, and context-specific recommendations tailored to improve the design, use, and effectiveness of the QAT and NeAs tools. These recommendations will consider the varying contexts in which the tools are applied, ensuring their relevance and applicability across different settings.

The evaluation is based on the following evaluation criteria, broken down into evaluative questions¹:

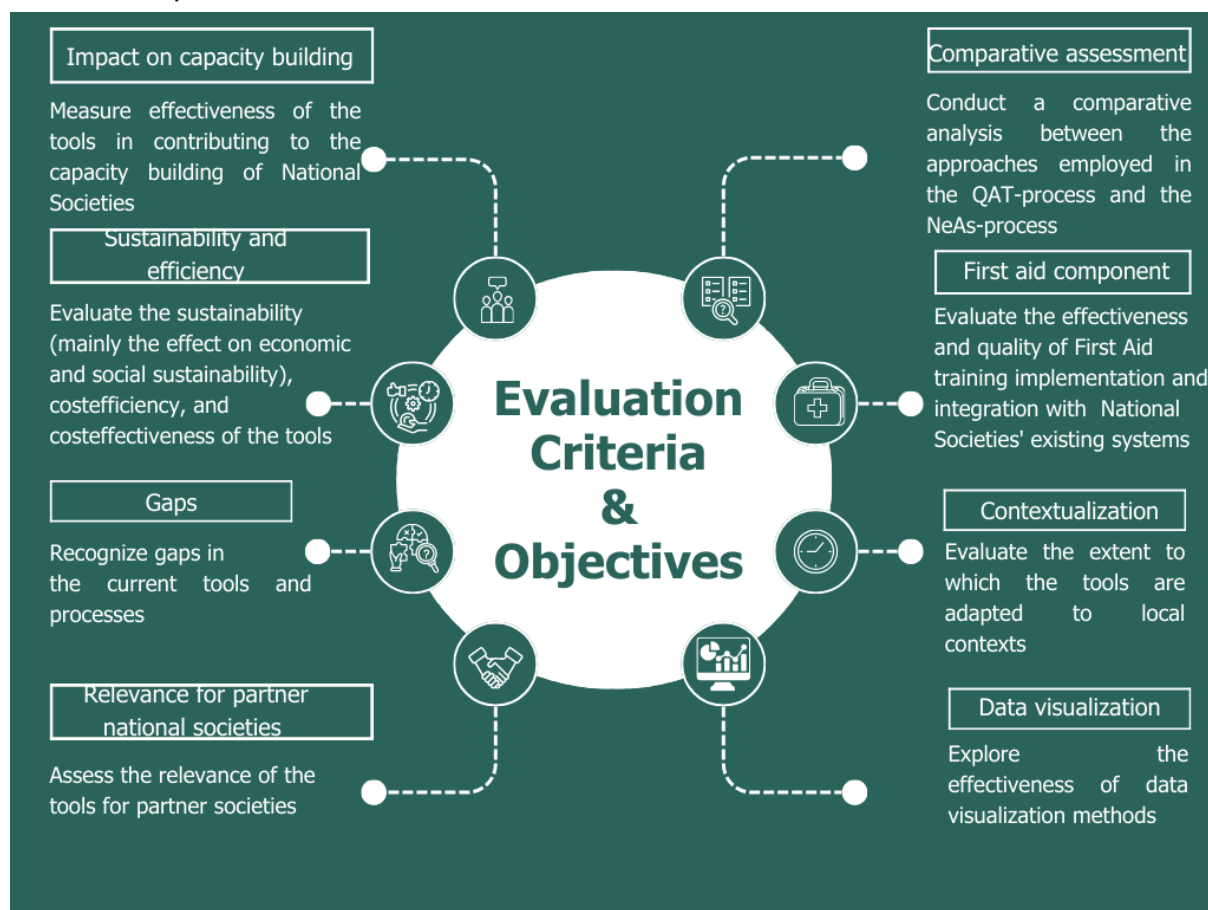


Figure 4- Evaluation criteria and objectives

The **data collection framework** has been using a dual approach:

- Analyzing the project documentation
- Conducting interviews with stakeholders: the BRC-FL teams at headquarters and in-country and the teams of the host national societies involved in the QAT and NeAs. Fieldwork has been conducted as follow:

Country	Dispositive	Consultant in charge
Benin	Country mission	Dieuveil NGOUBOU
Burkina Faso	Face to face interviews ²	Dieuveil NGOUBOU
Burundi	Online interviews	Alexandra DEON
Mozambique	Online interviews (English speakers) Written questionnaires (Portuguese speakers)	Alexandra DEON
Rwanda	Country mission	Alexandra DEON
Senegal	Online interviews	Dieuveil NGOUBOU

¹ Appendix 3: Evaluative questions

² The evaluation team is based in Burkina Faso

2. Cross-cutting analysis

Based on the evaluative question criteria, this section provides a cross-sectional analysis of the program and details the key insights.

2.1. The QAT and the NeAs: relevant approaches for capacity building

2.1.1. Genuine added value

The Quality Assessment Tool (QAT) for First Aid and the Need Assessment Tool (NeAs) for Blood are two tools considered high-quality, relevant, and very comprehensive due to the number of topics they cover. They provide genuine added value to both the Operating National Society (ONS) and the Belgian Red Cross-Flanders (BRC-FL).

For the National Societies, these tools offer several benefits:

- They serve as **reflective diagnostic tools**, enabling the HNS to identify, acknowledge, and address their strengths and areas for development in the fields of first aid and blood services.

« We thought we were strong in first aid. The QAT made us realize that there were essential elements that were missing, particularly in terms of strategies and policies. » - Dr Désiré Habonimana, First aid coordinator – Burundi Red Cross

« The NeAs enabled us to conduct a self-assessment, identify our strengths, and pinpoint areas for improvement. » - Solange Mukundiyukuri, Action Plan 2022-2026 project manager and Blood focal point – Rwanda Red Cross

By identifying strategic and operational areas for improvement, these tools contribute to strengthening the **technical, organizational, and institutional capacities** of the National Societies. One of the major added values for QAT FA concerns the institutional aspect: by including work on strategic documents, policies, and procedures, these tools enable structural and organizational improvements. Regarding blood-related matters, the NeAs plays a pivotal role in shaping strategies and developing tools.

Both tools thus complement more traditional projects that focus on operational aspects and thereby contribute to the institutionalization of first aid and blood-related activities within the National Societies.

« The tools allow a more in-depth structural improvement, surpassing the level of the regular project and activities » - Lies Van Eykeren, Project manager AP22-26 - BRC-FL (Rwanda)

« The main added-value of the QAT is to identify and work on our gaps, especially regarding institutional documents that we need but we don't have » - Dr Eric Gasangwa, Head of emergency medical services and first aid – Rwanda Red Cross

«The NeAs plays a key role in organizing a very good program in terms of blood awareness and recruitment: it helped us to identify our need, formalize a strategy and develop tools for improved organization, that can now be scaled up at the national level. » - Emmanuel Ntakirutimana, PMER – Rwanda Red Cross

- In countries where multiple partner national societies are involved in first aid activities, such as Burkina Faso, the **QAT serves as a roadmap** centralizing the actions to be carried out within the framework of the various interventions.
-

« In a context where we collaborate with three different partner national societies regarding first aid, the QAT serves as my roadmap: it allows us to consolidate the various activities we need to carry out at the level of the national society, as the QAT action points align with the activities of the different projects. » - Daouda Savadogo, First aid program project manager – Burkinabe Red Cross Society

For the BRC-FL, the QAT and NeAs serve as tools for structuring and formalizing their support to HNS in the areas of first aid and blood services, and they contribute to strengthening their expertise in these two priority areas for the organization.

2.1.2. Coherent, relevant, and contextualized approaches

The QAT and NeAs align with a localized aid approach, as they enable national societies to assess their practices in first aid and blood services and to develop an action plan based on actual needs. Thanks to this **needs-focused approach**, the contextualization is highly effective:

- These are very **comprehensive tools** that cover a wide range of topics, providing a clear understanding of the needs of first aid and blood services within the national society.
- The results of the QAT and NeAs are viewed by all stakeholders interviewed during the evaluation as **accurately reflecting the reality of the national society**, particularly due to the many topics covered in the questionnaires. Although they may be numerous, they are all regarded as relevant and essential for an accurate assessment.
- **The resulting action plans are relevant and tailored to both the needs of the national societies and their human capacity to implement them.** For instance, in Burkina Faso, despite some duplication, the QAT action plan aligns with the different first aid interventions implemented with various partners (BRC-FL, Monaco Red Cross, and French Red Cross), with the QAT action points incorporating the various activities to be carried out within these interventions.

The continuous involvement of national societies throughout the process significantly contributes to this contextualization and was positively noted during interviews, whether during the data collection phase or the prioritization phase. In Benin, for example, following discussions with the Benin Red Cross, the decision was made to focus the questionnaire on 8 focus areas for the NeAs, instead of the 16 initially planned.

The prioritization workshop plays a crucial role in both contextualization and ownership of the action points: prioritization, and thus the action plan, is carried out by the national society based on its strategic and operational priorities, rather than by BRC-FL. This trust in the national society throughout the process and the central role of HNS staff are highly appreciated and contribute to the success of the process. Finally, the implementation of surveys to gather their feedback and improve the process further supports this success.

However, there are areas for optimization to enhance contextualization further:

- **Language barriers:** English remains predominant in the tools, despite the translation of questionnaires into the local language, which poses a challenge in Francophone or Lusophone contexts. In Francophone contexts, a French English mix is often used, especially in some follow-up documents, which hinders proper understanding and ownership of the tools by the teams. In Mozambique, the tools are in English, even though most Mozambique Red Cross staff speak only Portuguese.

« Sometimes, it turns out to be difficult to understand certain QAT terminologies because French and English are present at the same time. We are aware that this is not easy for the non-French speaking headquarters teams and they make the effort to translate. » - Daouda Savadogo, First aid program project manager - Burkinabe Red Cross Society

- **Airtable:** the Airtable software does not fit into daily practices of national societies, more familiar with excel files, even more than the BRC-FL being the only partner national society to use this software. Moreover, its functionalities are not always well understood: the fact that an internet connection is only required to load the form and not to complete it is not well understood by the teams, who reported difficulties related to the regular instability of internet connections in the countries of intervention. Although this point is addressed in the kick-off meetings, it seems important to emphasize it further and provide additional support to the teams in mastering the tool.

2.1.3. Room for enhancing added value through increased ONS involvement and ownership

Although national societies occupy a central role in the process, their involvement could be further increased to enhance the tool's contextualization and added value. This is particularly relevant at the start of the process, to better introduce the approach and co-design/adjust the methodological framework according to the ONS context. This could include refining the data collection method, tailoring specific questions or themes, prioritization processes, action plan implementation, and collaboration modalities with BRC-FL, among others.

Moreover, senior management generally remains little involved, with limited knowledge of the tools, despite they tackle many strategic and institutional aspects. Exception is in Benin, where the Secretary General is a driving force, and the national society is smaller in scale.

Dedicating a formalized and structured time at the beginning of the project would strengthen the understanding of the tool's added value and foster the engagement and ownership of the national society's teams, ensuring that they truly take the lead in its implementation. A lack of perceived added value can act as a barrier during the initial deployment of the tool, as it may be seen as an additional task, as was the case in Rwanda, for example, with the QAT³. On the contrary, in Burundi, the coordinator's early recognition of the QAT's value significantly contributed to the high rate of completion of the action points.

³ The arrival of a new Head of Emergency Medical Services and First Aid, convinced of the tool's value, provides fresh momentum.

2.2. The challenge of operationalization

2.2.1. Implementation success highly dependent on human resources, with varying dynamics across countries

In-depth analysis of the various implementation contexts for QAT and NeAs tools reveals that human resource quality, availability and stability are the main factor in success or encountered challenges. This correlation is seen in the structural difference between the two components: first aid represents a historical and core service of national societies, with dedicated teams and established processes, whereas the blood component exhibits a more complex configuration. Indeed, blood donation activities generally lack dedicated services within the NS and require close partnership with state structures, as demonstrated by collaborations with ANTS in Benin or the National Blood Transfusion Service in Rwanda. This situation is further complicated by blood component focal points often holding multiple positions, as observed in Rwanda and Burundi, where coordinators must simultaneously manage other administrative responsibilities. These contrasting national dynamics directly impact teams' capacity to adopt and effectively deploy the tools.

Country-specific implementation disparities strongly correlated with human resource variations

⇒ Exemplary success cases: Benin and Burundi

In **Benin**, QAT and NeAs tools implementation occurs within a context of significant organizational transformation, marked by the establishment of new leadership in 2020-2021. This transition period has created an environment conducive to structural changes, though with varying degrees of success between the two tools. The technical framework demonstrates robustness, with dedicated managers overseeing distinct components and regular coordination mechanisms through the CODIR (Management Committee). The presence of a French-speaking BRC-FL country representative since June 2023 has strengthened this framework by ensuring fluid communication with headquarters and providing consistent technical support.

The Benin Red Cross organizational structure distinguishes itself through its effectiveness, notably thanks to the *Comité de Direction* (CODIR) which plays a central role in activity coordination and monitoring, particularly in QAT and NeAs implementation. It exemplifies effective governance and coordination, operating on multiple levels: (i) **Executive CODIR** focused on strategic decisions and (ii) **Extended CODIR** including operational managers, ensuring better information flow.

« The CODIR brings together leaders at various levels. These sessions provide an opportunity to review the progress of different departments, gain a comprehensive overview, and stay informed »

*about the monthly and/or weekly plans of each department. » -
Lambert Gbokou, Head of programs – Red Cross society of Benin*

Meetings are held regularly with strategic adaptation based on needs and priorities. Weekly meetings enable close operational monitoring. Monthly meetings are scheduled for strategic vision and adjustments. Extraordinary meetings can also be convened to manage emergencies and critical issues. The CODIR promotes cross-departmental information sharing, ensures activity coordination and swift decision validation while pooling resources between departments according to needs. The CODIR reduces organizational silos by enabling complete visibility of each service's activities, allowing better understanding of cross-cutting issues while empowering stakeholders through clearly established validation processes.

Regular CODIR meetings, both in its executive and extended formats, ensure smooth information flow and effective decision-making. This body particularly facilitates the integration of QAT and NeAs tools within the NS.

« Regular discussions within the CODIR facilitate the national society's ownership of the knowledge and implementation of QAT and NeAS tools.» - Orens Eustache Houdegbe, First Aid and Disaster Manager – Red Cross society of Benin

However, a deeper examination reveals contrasting implementation patterns between QAT and NeAs. The QAT implementation showcases notable progress, benefiting from clear organizational frameworks and effective monitoring systems. The establishment of regular validation processes and successful integration of training components demonstrates the tool's positive absorption into existing structures. The technical team's specialization enables comprehensive monitoring of QAT activities, fostering enhanced action plan implementation with tangible results in training standardization and capacity building.

Conversely, NeAs implementation presents more complex challenges. Despite the structured organizational framework, several critical action points remain in initial phases. The partnership with the National Blood Transfusion Agency (ANTS) requires further strengthening, particularly regarding protocols and operational agreements. Blood donor recruitment activities, while benefiting from the overall organizational structure, need additional operational momentum to achieve their intended impact.

The BRC in implementing QAT and NeAs tools, demonstrating the importance of **strong leadership, effective organizational structure, and sustained commitment** at all organizational levels. However, the Benin Red Cross is young, operates with limited staff and is very ambitious. Care should be taken not to overwhelm it in the long term.

In **Burundi**, the implementation landscape presents a different narrative, characterized by strong institutional integration but varying success between the two tools. The QAT implementation demonstrates remarkable achievements in institutionalization, supported by a well-established pyramidal structure extending from national to community levels. This structured approach has facilitated the successful decentralization of training centers and achieved approximately 80% completion of action points. The First Aid service's integration within the Aid and Relief department has created a solid foundation for sustainable implementation.

The NeAs implementation in Burundi, however, faces distinct challenges. The recent transition in coordination leadership, with the arrival of a new health coordinator in June 2024, has created discontinuities in program monitoring. This transition period has affected information flow and implementation momentum, particularly in aligning blood service activities with national strategies. The contrast between QAT and NeAs implementation in Burundi underscores how institutional memory and coordination continuity significantly influence tool effectiveness.

This comparative analysis reveals that successful implementation depends on a complex interplay of factors rather than single elements. Both countries demonstrate that effective tool implementation requires a harmonious combination of clear institutional frameworks, sustainable resource allocation, and strong stakeholder engagement. The varying success levels between QAT and NeAs within each country highlight the importance of tool-specific adaptation strategies and the need for consistent technical support throughout the implementation process.

These experiences offer valuable lessons for future tool implementations, emphasizing the necessity of context-specific approaches while maintaining strong institutional frameworks. The contrasting outcomes between QAT and NeAs in both countries provide insights for enhancing implementation strategies, particularly in addressing transition challenges and ensuring sustainable progress across different tools within the same organization.

⇒ Moderate situation : Burkina Faso

In Burkina Faso, QAT tools implementation takes place within a particularly complex context, characterized by significant organizational constraints (security situation, centralized management) that impact first aid program effectiveness.

The Burkinabe Red Cross society faces a critical situation where a single first aid project manager, responsible for QAT, must simultaneously manage other projects with different partners, creating considerable workload. This concentration of responsibilities, while demonstrating team versatility, significantly limits the capacity to ensure comprehensive and regular monitoring of QAT-related activities.

Coordination challenges with other Participating National Societies (PNS) notably the Monaco and French Red Cross also constitute a major obstacle leading to scattered team efforts. The absence of an effective coordination platform results in duplication of first aid efforts, potentially diluting QAT's impact. Process digitalization represents another significant challenge in QAT implementation: the lack of adapted digital tools

and predominance of manual processes considerably slow down team operations, and by extension, QAT implementation.

⇒ More Complex Cases: Mozambique, Rwanda, and Senegal

The situation in Mozambique demonstrates how the absence of senior-level leadership can impact otherwise well-designed strategic initiatives. Indeed, the departure of the first aid center director, responsible for QAT tool implementation, who has not been replaced for a year, has created a latency that has profoundly slowed activity progression. The direct result has been a loss of initially created momentum, particularly regarding institutional and strategic project aspects. Consequently, activities have stalled, and team involvement has declined due to lack of motivation and clear direction. Meanwhile, despite an ambitious action plan comprising 33 activities, progress has been very limited, highlighting organizational weaknesses and difficulty in transforming objectives into concrete actions.

« The national society is confronted with multiple crises impacting the QAT process. The absence of the first aid center director for over a year has hindered the implementation of higher level QAT activities (e.g. development and implementation of various policies). Additionally, cumbersome administrative procedures that are poorly adapted to the local context are delaying the organization of first aid training in the field.» - Stephan Claes, Project manager – Belgian Red Cross-Flanders (Mozambique)

This situation has been exacerbated by cumbersome administrative procedures, which have often delayed training and other field initiatives, coupled with lower human resource investment compared to other national societies.

In **Rwanda**, human resource aspects largely explain the implementation challenges of both QAT and NeAs. The lack of available time of those responsible for QAT and NeAs, whether within the Rwanda Red Cross or BRC-FL in-country, who face multiple responsibilities, is the major explanation. This accumulation of roles limits their ability to fully focus on tool implementation, faced with other tasks considered more priority. Staff turnover and the initially perceived lack of added value of the tools (limited understanding and clarity regarding the significant achievements the tool can deliver), which has since then improved, are other factors explaining implementation difficulties. Particular attention must also be paid to ONS senior management engagement to ensure the action plan is integrated into daily management processes and considered a strategic priority⁴.

⁴ More details in paragraph 3 - Country reports

Despite a promising partnership with BRC-FL and the development of ambitious action plans, the **Senegalese Red Cross society (SRCS)** faces chronic leadership deficiency. This situation has created inertia within the NS, preventing the transformation of strategic ambitions into concrete actions. The initial reluctance of trainers to adopt a new first aid manual illustrates this resistance to change, which, despite communication efforts, reflects a persistent difficulty in generating collective buy-in around new tools and methods.

*« The institutional crisis that our national society has been experiencing for several months does not always make things easier for the QAT tool. Progress is gradual, and we must remain patient. » -
Ibrahima Ball, First aid development program manager –
Senegalese Red Cross society*

Internal dynamics are also marked by power struggles and strong politicization of decision-making processes, which considerably complicate project implementation. Project coordination is impacted due to the absence of clear and consensual direction. This context of internal rivalries leads to delays in decision-making and action plan implementation.

« The real challenge for the Senegalese Red Cross—and I believe we are all aware of this—lies in human resources. For example, now, we urgently need someone dedicated to developing first aid marketing. » - Oumou Ba, Head of health department – Senegalese Red Cross society

Key human resource factors influencing tools implementation

⇒ National leadership: a strategic catalyst for institutional transformation

In-depth analysis of different NS highlights leadership's importance in QAT and NeAs success, particularly as these tools incorporate an institutional dimension: strategic vision, ability to unite teams, and activity prioritization. As previously specified, NS management involvement varies considerably between countries, with direct implications for initiative effectiveness and sustainability. Strongly engaged leadership facilitates QAT and NeAs tool implementation and enables faster institutional modernization. This involvement promotes optimal resource allocation and better initiative ownership by field teams.

Conversely, when certain management's engagement is moderate, there is a direct impact on activity implementation speed. This sometimes requires enhanced support

from external partners to maintain course. Generally, these are primarily issues related to organization and structure, as many NS teams are understaffed.

Furthermore, the lack of senior manager leadership significantly slows QAT tool implementation and highlights the necessity for management that actively supports projects. The variability in this engagement has immediate consequences on several key aspects: **tool implementation speed**, **institutional ownership**, and **sustainability of initiated changes**. Ensuring constant engagement and strong leadership from management is an essential condition for development cooperation project success and for guaranteeing sustainable impact of NS initiatives. Involving BRC-FL senior management in kick-off and closing meetings would also be a way to emphasize the importance of QAT and NeAs to the national societies.

«The Red Cross society of Benin is driven by the leadership, high standards, and vision of its chief of staff, who propels everyone forward like a locomotive.» - Lambert Gbokou, Program manager – Red Cross society of Benin

Benin's case exemplifies how leadership quality has significantly catalyzed institutional transformation. The Secretary General in Benin has a clear vision and strong capacity to mobilize teams. His commitment to modernizing practices and active support for change initiatives have been decisive in strengthening local team buy-in and ensuring alignment with project objectives. The Secretary General has demonstrated remarkable ability to articulate a coherent strategic vision while ensuring its effective operationalization through innovative governance mechanisms.

« These tools came at the right time for our National Society as they enabled an in-depth diagnosis. They should encourage National Societies to understand the importance of conducting regular internal assessments to stay up-to-date with their practices.» - Tranquilin Yadouleton, Secretary General – Red Cross society of Benin

This managerial approach has manifested through rigorous strategic steering of first aid and blood donation initiatives, methodical deployment of hybrid learning processes, systematic institutionalization of new practices, and effective mobilization of human and material resources. The convergence of these elements has enabled optimal adherence to BRC-FL tool objectives, creating an environment conducive to innovation and organizational change. The Secretary General's active support for change initiatives is crucial in strengthening local team buy-in and ensuring different stakeholders' alignment with the tools, as demonstrated by Benin's example.

« When the QAT process started, there was some resistance from first aid trainers. Updating practices that have been in place for years is always challenging. However, with education, determination, and a shared desire to strengthen our National Society, everyone eventually embraced the changes. Today, the improvements brought about by these tools are the most remarkable. » - Tranquilin Yadouleton, Secretary General – Red Cross society of Benin

⇒ Involvement and availability of QAT and NeAs coordinators

The profile and availability of the QAT/NeAs coordinator within national societies is another key factor influencing the success or challenges of implementation. Based on the above analysis of implementation disparities across different countries, the following factors appear to have a significant impact:

- **Workload and availability:** One of the main challenges observed in implementation is the difficulty for teams to allocate time to the QAT and NeAs and to prioritize related activities amidst their often-numerous other responsibilities. This represents an even greater challenge for the NeAs, as no human resource is fully dedicated to blood-related activities within the national societies, unlike first aid activities, which benefit from a dedicated coordinator.
- **Proactivity, ownership, and perceived value of the approach:** The intrinsic profile of the person responsible for the implementation of the QAT and NeAs plays a crucial role. For instance, the execution of the action plan is facilitated by a project leader who is convinced of the approach and its added value and who fully embraces the tool, as seen in Burundi with the QAT. It is therefore essential at the start of the process to allocate dedicated time to explaining the tool, the approach, and its added value. Sharing examples of successful implementation in other national societies can also be helpful.
- **Team turnover:** Staff turnover has also been a challenge in the implementation of the QAT and NeAs in some countries, such as in Burundi with the blood component, where handovers were insufficiently structured, or in Mozambique with the QAT. Strengthening the involvement of senior management and ensuring a structured handover process are crucial to ensuring a smooth deployment.

⇒ BRC-FL country representatives' impact: strengthening local ownership

The presence of BRC-FL dispatched project managers has proved to be a major facilitating factor for tool implementation, as seen in Benin and Burkina Faso, where they arrived during the project. Their ability to understand the intervention country's

cultural and social context, combined with fluid communication with local teams, has promoted effective tool adaptation and implementation of appropriate practices. In Burkina Faso, for example, the BRC-FL country representative's presence has contributed to adjusting intervention approaches to the local context and strengthening relationship management with national partners. Moreover, their active support has enabled effective response to daily problems, ensuring activity implementation continuity.

« The fact that the Country Representative has been familiar with the realities of the country for several years makes communication with the teams much easier. She speaks the same language as us. Information flows more smoothly because we can use alternative tools beyond traditional emails to discuss priorities. » - Larissa Toé, Director DRCEF – Burkinabè Red Cross society

The geographic proximity of BRC-FL teams to NS teams is among the factors facilitating implementation: thus, the presence of a local liaison in addition to headquarters-based flying experts seems essential. In Senegal, having a Project Manager directly based in the country⁵ would likely optimize action plan deployment in the field with teams, especially in the context of the national society's institutional crisis.

2.2.2.A separate process, not truly integrated into the project cycle

The implementation of QAT and NeAs tools within the AP22-26 framework highlights a strategic coordination challenge. While these diagnostic and capacity-strengthening tools are designed to enhance National Society capabilities, their parallel implementation with ongoing programs creates operational complexities. The experience demonstrates that integrating these tools into existing project cycles requires careful balance between immediate operational needs and long-term capacity building objectives.

Rather than a sequencing issue, the challenge lies in creating stronger synergies between tool implementation and program activities. This integration would facilitate more effective resource allocation while maintaining the urgency and momentum necessary for successful implementation.

⇒ Time and organizational constraints

Local teams, often understaffed, struggle to dedicate specific time for QAT and NeAs tool implementation. In Burkina Faso, for example, the first aid project manager is responsible for three simultaneous projects with different PNS, limiting the

⁵ Currently, the Program Manager for Senegal is based in Belgium

concentration necessary for optimal QAT execution. Similarly, in Rwanda, the blood component focal point holds multiple responsibilities, complicating NeAs activity prioritization. These examples emphasize that insufficient human resources constitute a major barrier to optimal tool usage.

« My role is somewhat like a tightrope walker who must juggle between several different first aid projects and donors while maintaining balance.» - Daouda Savadogo, First aid program project manager – Burkina Faso Red Cross society

The lack of time makes it difficult to prioritize QAT and NeAs-related activities. Time allocated to tool usage directly impacts implementation quality. This time shortage affects action plan monitoring regularity and rigor, limiting national societies' capacity to effectively adjust their interventions as the project evolves.

⇒ **Budgetary constraints impacting activity implementation**

The budgetary structure of QAT and NeAs implementation reflects a deliberate flexibility in resource allocation. The CRB-FL has established unallocated budget lines, providing NS with adaptable funding to address needs identified through the assessment tools. This approach aims to empower local decision-making and ensure resources can be directed where they are most needed.

However, this flexibility has created some unexpected implementation challenges. For instance, in Rwanda, the implementing team faces difficulties in budget allocation despite available funding. The unallocated nature of the budget, while offering flexibility, requires National Societies to develop strong planning and prioritization capabilities. Without specific pre-allocated amounts for different activities, teams must navigate complex decision-making processes to determine optimal resource distribution.

Also, the relationship between identified needs and budget allocation becomes more challenging when multiple priorities compete for resources. For example, in Benin, while funding is theoretically available for blood donation activities, the National Society struggles with prioritizing between different operational needs. The case of mobile collection vehicles illustrates this challenge - while one vehicle exists, the lack of dedicated budget allocation for additional vehicles impacts the expansion of mobile collection services.

«It would have been wise to have a budget line for each activity planned by the tools' action plan to achieve optimal efficiency.» -

*Daouda Savadogo, First aid program project manager – Burkina Faso
Red Cross society*

A more structured approach might involve maintaining overall budget flexibility while providing clearer frameworks for resource allocation, establishing activity-specific funding guidelines while preserving adaptability to local contexts, supporting National Societies in developing robust prioritization mechanisms for resource allocation and creating clear pathways for budget reallocation based on emerging needs and priorities

The experience from various NS suggests that the ideal approach would balance flexibility with structure. While maintaining the adaptable nature of funding that CRB-FL provides, implementation could be enhanced by :

- Developing detailed activity-based budgeting frameworks aligned with QAT and NeAs priorities
- Establishing clear processes for budget allocation decisions
- Providing technical support in resource planning and allocation
- Creating mechanisms for regular budget review and adjustment

This refined approach would help national societies like Rwanda overcome allocation hesitancy while ensuring that critical operational needs, such as Benin's mobile collection capacity, can be effectively addressed within the flexible funding framework

2.2.3. Lack of clear boundaries for national societies

Fields interviews analysis reveals conceptual confusion surrounding QAT and NeAs tools, partially hindering their adoption and integration into NS strategies.

⇒ Variable understanding of tools and ambiguity with AP22-26

Many stakeholders have an approximate understanding of QAT and NeAs tools' objectives and modalities. This confusion partly stems from unclear initial communication and insufficient pedagogical support regarding the tools' nature. The confusion between different action plans, particularly between the QAT/NeAs action plan and the general AP22-26, presents another barrier to these tools' effectiveness. Stakeholders struggle to coherently articulate these various strategic documents and prioritize accordingly. This limits national societies' capacity to effectively coordinate their actions and maximize initiative impact.

⇒ **Terminological barriers: more than tools, a process**

The current terminology qualifying QAT and NeAs as tools does not seem to fully reflect these mechanisms' nature. These tools are, in fact, processes encompassing several interdependent phases, ranging from data collection to analysis, prioritization, and action plan implementation. This complex vision contributes to certain confusion within NS teams. Better reformulation and conceptualization of these tools as more integrated processes could facilitate their understanding and adoption by local teams. Rather than viewing these as standalone tools, NS should understand them as integral components of their organizational development journey. Here's what this integration means in practice:

First, at the strategic level, these processes should align naturally with National Societies' existing planning and development cycles. Instead of being perceived as external assessment tools, they should function as organic elements of institutional strengthening. For example, when a NS conducts its regular strategic planning, the insights from QAT and NeAs should inform decision-making and priority setting.

Second, at the operational level, integration means embedding these processes within daily management practices. Rather than treating QAT and NeAs activities as additional tasks, they should be woven into regular operational routines. With the example of Benin, when the NS plans its blood donation campaigns, the NeAs process should naturally inform program design and implementation.

Third, at the institutional level, integration involves incorporating these processes into existing organizational structures and systems. This means aligning reporting mechanisms with current management practices, connecting monitoring systems with existing performance frameworks and embedding capacity building activities within regular staff development programs.

This integrated approach would help address the current perception of QAT and NeAs as external tools and instead position them as fundamental elements of organizational development. For instance, in Burundi, where the First Aid service is already well-structured, QAT processes could be naturally incorporated into existing quality improvement mechanisms.

Analysis of field feedback emphasizes the importance of an integrated and adaptive approach, where each component contributes to the process's overall success. Consideration of local specificities and continuous stakeholder involvement emerge as key success factors. Transforming tools into comprehensive processes would allow better ownership and increased effectiveness of NS interventions.

Furthermore, the terminology used, such as the term "NeAs," for blood often creates comprehension problems, particularly in French speaking contexts, where the tool lacks translation and therefore a specific name. For example, it is designated as "blood action plan" in Burundi, reinforcing ambiguity with the general AP22-26 act. In English speaking contexts such as Rwanda, the term NeAs also seems inappropriate for daily oral use. Thus, the terminology "QAT for Blood" is used, with QAT designating a diagnostic and organizational strengthening method: "QAT for Blood," "QAT for First Aid."

The other identified terminological barrier concerns the QAT and NeAs action plan. Implementation of action points identified within the tools framework is designated



under the term "Action Plan," thus reinforcing again confusion with the general AP22-26 implemented in parallel, and resulting in limited knowledge of actions specifically related to QAT and NeAs.

These terminological barriers often lead to misinterpretations of tool requirements, complicating communication between headquarters and local teams and necessitating additional clarification and support efforts.

2.3. Analysis per stage

2.3.1. Data collection and analysis

QAT and NeAs tools fundamentally differ in their data collection approaches. QAT favors a quantitative methodology based on standardized questionnaires with binary responses (yes/no), while NeAs adopts a qualitative approach with open-ended questions and comprehensive document analysis. Data collection forms the foundation of QAT and NeAs implementation. This methodology is adapted according to different contexts, with specific approaches responding to NS particularities.

« The main difference between the two tools lies in their quantitative and qualitative approaches. QAT has a more quantitative approach with multiple-choice questions, while NeAs has a more qualitative approach with open-ended questions. QAT thus focuses more on training, whereas NeAs covers a broader range of blood donation aspects (recruitment, promotional materials, logistics, etc.). QAT analysis is more standardized with a scoring system, while NeAs analysis allows more room for interpretation. » - Michiel Jennes, Focal Point Blood – Belgian Red Cross-Flanders

The quantitative approach ensures efficiency and enables systematic evaluation and easy comparisons between countries and years, but it doesn't always reflect local realities and nuances. The qualitative approach allows capturing important nuances that numbers cannot reflect. Good practice observed in Rwanda shows that active local team involvement in qualitative data collection improves result relevance and consideration during implementation. Indeed, a participatory methodology was established for NeAs from the data collection phase, with continuous stakeholder involvement, bringing together Red Cross staff and volunteers, both at central and local branch levels:

- As a first step, a questionnaire was sent to the 4 districts with regular blood donation mobilization activities, aiming to assess how activities are conducted in the field: activities at blood collection sites, training received, and collaboration with the blood transfusion center. This was completed collaboratively with the district coordinator and the team of volunteers participating in blood donation mobilization activities. The results of these questionnaires were consolidated by the PMER officer and the health coordinator.
- A joint workshop was then organized at the headquarters of the Rwanda Red Cross, bringing together the health service, PMER, the Program Department, the Organizational Development Department (responsible for volunteer management), the Communication Department, as well as the coordinators of the 4 districts who completed the questionnaire. This workshop, based on collective reflection and brainstorming, allowed a consensus to be generated on

the responses to the questionnaire and to integrate the answers into the digital tool.

These stakeholder involvement modalities from the collection phase are a genuine facilitating element in deploying other stages, strengthening ownership and understanding of different action points. The organization of these workshops is highlighted by Rwanda Red Cross teams as a factor explaining smoother deployment of NeAs action points compared to QAT, for which a similar system was not established.

« Regarding the blood component, data analysis was true to reality. Even ANTS was surprised to see how clearly the results represented the blood collection and donation situation.» - Bernard Alotowanou, blood component manager – Red Cross society of Benin

⇒ A holistic data collection process

The questionnaires cover all relevant intervention aspects, enabling comprehensive needs and capacity analysis. However, questionnaire length has been highlighted as a barrier by some NS, as it burdens the process and can affect response quality. Questionnaire validation involves multiple management levels, causing delays in data collection and analysis. Better stage planning and proactive deadline management are essential to anticipate constraints and ensure optimal collection.

To improve this phase's effectiveness, it would be relevant to anticipate these NS requirements and segment questionnaires to facilitate data collection. A pertinent alternative would be to explore more interactive, segmented, and less time-consuming online data collection options while offering support channels for teams experiencing completion difficulties. Options adapted to local contexts, such as offline formats and physical interviews, can be planned to overcome technical constraints. Using mixed collection methods could also increase process efficiency and inclusiveness, as in Rwanda where volunteers participated in the data collection process.

« Data collection methodologies would gain in efficiency and relevance if they diversified to adapt to different national societies' local and cultural realities. For example, data could be collected through physical interviews.» - Hasina Ahmed Tapia, Country Representative and project manager – Belgian Red Cross-Flanders (Benin)

Data analysis must however be optimized to respond to diverse local realities. Questionnaires could be structured by thematic modules, allowing segmentation

adapted to local capacities and ensuring balance between comprehensiveness and practicality. Integration of contextual specificities is crucial for realistic needs analysis.

⇒ **Data collection methodology efficiency**

The methodological difference of both tools has significant implications for the efficiency and accuracy of collected data:

QAT: The automatic scoring system via Airtable and data visualization through Tableau enable rapid and standardized analysis. The simplicity of binary questions facilitates temporal monitoring. However, this approach does not allow for evaluating the quality of mentioned strategic documents. It does not account for proportionality relative to National Society size (for example, regarding the number of trainers). The format's rigidity may mask important local context nuances.

NeAs: The NeAs tool adopts a qualitative approach that emphasizes deep contextual understanding. Each NeAs assessment stands independently, tailored to the specific capacities, needs, and challenges of individual countries. The tool's evolution reveals an important learning: the questionnaires were developed before the framework/roadmap, leading to some alignment challenges with the 16 focus areas. This sequence has provided valuable insights for future tool development.

⇒ **Data visualization and management**

Data management also reflects this dual approach.

QAT:

- Utilizes Airtable for automatic scoring
- Standardized visualization through Tableau
- Ease of producing comparative dashboards

NeAs:

- More in-depth manual analysis
- No automated scoring system
- Increased complexity for comparative visualization

This difference in approach creates a trade-off between efficiency and depth of analysis. QAT prioritizes speed and standardization, while NeAs favors deep understanding at the cost of a more time-consuming process.

The table below summarizes the key elements concerning data collection and analysis for both tools:

QAT	NeAs
<ul style="list-style-type: none"> • Primarily quantitative approach • Standardized questionnaires with closed-ended responses (yes/no) 	<ul style="list-style-type: none"> • Predominantly qualitative approach • In-depth document analysis

<ul style="list-style-type: none"> • Automatic scoring via Airtable • Data visualization using Tableau • Risk of superficiality in analysis 	<ul style="list-style-type: none"> • Open-ended questions enabling more detailed analysis • More time-consuming but richer process • Better understanding of specific contexts • Increased complexity in comparative analysis
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Table 1 - comparative summary of QAT/NeAs - data collection and analysis stage

2.3.2. Prioritization

Prioritization workshops, whether related to QAT or NeAs, represent an essential stage in directing efforts toward the most impactful actions. By empowering national society teams in choosing and prioritizing action points, these workshops constitute a crucial lever for process success, ensuring action plan contextualization and ownership. They also strengthen trust between BRC-FL and the NS while contributing to partnership building: NS stakeholders involved in the evaluation all particularly emphasized this mark of trust and the workshops' value.

Direct headquarters team involvement during these prioritization workshops is considered a real added value as it allows national society teams to benefit from their technical expertise and ensure optimal adaptation to local specificities. The in-person format, despite the time and costs it represents for experts traveling from Belgium, appears most appropriate, as these visits also allow headquarters teams to better understand implementation context realities.

« The prioritization workshop proved to be of high quality, distinguished by its inclusive nature and consideration of real needs. Partners are involved from the start in action plan development, with the possibility of selecting the most relevant actions according to context. This workshop also brings significant indirect benefits: the prospect of headquarters presence motivates Mozambique Red Cross staff toward better preparation. Moreover, it constitutes an essential lever enabling headquarters to better understand the local context and adjust expectations accordingly. » *Stephan Claes, Country representative and project manager – Belgian Red Cross-Flanders (Mozambique)*

These workshops provide a unique opportunity to collegially decide on priority actions, thus strengthening action plan relevance. However, it is essential to ensure that the number of action points is realistic and their formulation precise, especially within the NeAs framework, where data quality enables better ownership.

A balance must be found in the number of retained action points, between national societies' enthusiasm and their human capacity to implement these actions. Furthermore, NeAs action point formulation tends to be more precise, facilitating monitoring, particularly during project manager changes. The lack of precision in certain QAT action points, whether in their formulation or temporality, constitutes an implementation challenge, notably in Rwanda where current implementation teams at both Rwanda Red Cross and BRC-FL are new and did not participate in the prioritization workshop. SMART objective formulation is recommended to ensure clarity and feasibility of actions to be undertaken.

« Blood transfusion component action points are more detailed than those relating to first aid. This precision is preferable for clearly understanding actions to be undertaken, particularly in a context marked by frequent team rotation. However, for first aid, steps to follow are not always clearly defined, sometimes making it difficult to identify action closure points.» - Lies Van Eykeren, Project Manager AP22-26 – Belgian Red Cross-Flanders (Rwanda)

Once priority actions are defined during prioritization workshops, a detailed calendar with precise deadlines for implementation monitoring could be established. Although a calendar exists, it lacks precision and clearly defined milestones, which complicates regular and structured progress monitoring. This situation is particularly visible in countries showing the lowest QAT implementation rates, such as Rwanda (24%) and Mozambique (13%). This calendar could include clear milestones and realistic deadlines, thus enabling regular and structured progress monitoring. Action monitoring could be conducted at multiple levels to ensure activities align with strategic objectives defined during prioritization.

The mid-term evaluation reveals human resource issues in temporal monitoring of priority actions identified during prioritization workshops and responsibility distribution in action point implementation. While managers are indeed designated for each activity, analysis reveals significant responsibility concentration among a limited number of actors within NS. This centralization, observed notably in Burkina Faso or Rwanda, creates work overload for certain managers and can slow effective action implementation. Moreover, current reporting and monitoring mechanisms do not allow effective identification and resolution of obstacles encountered in activity implementation. Establishing regular reporting mechanisms is essential for identifying potential obstacles and making necessary adjustments in a timely manner.

The table below summarizes key elements concerning prioritization for both tools:

QAT	NeAs
<ul style="list-style-type: none"> Occasionally less precise formulation of actions points 	<ul style="list-style-type: none"> Actions points generally better defined and more precise

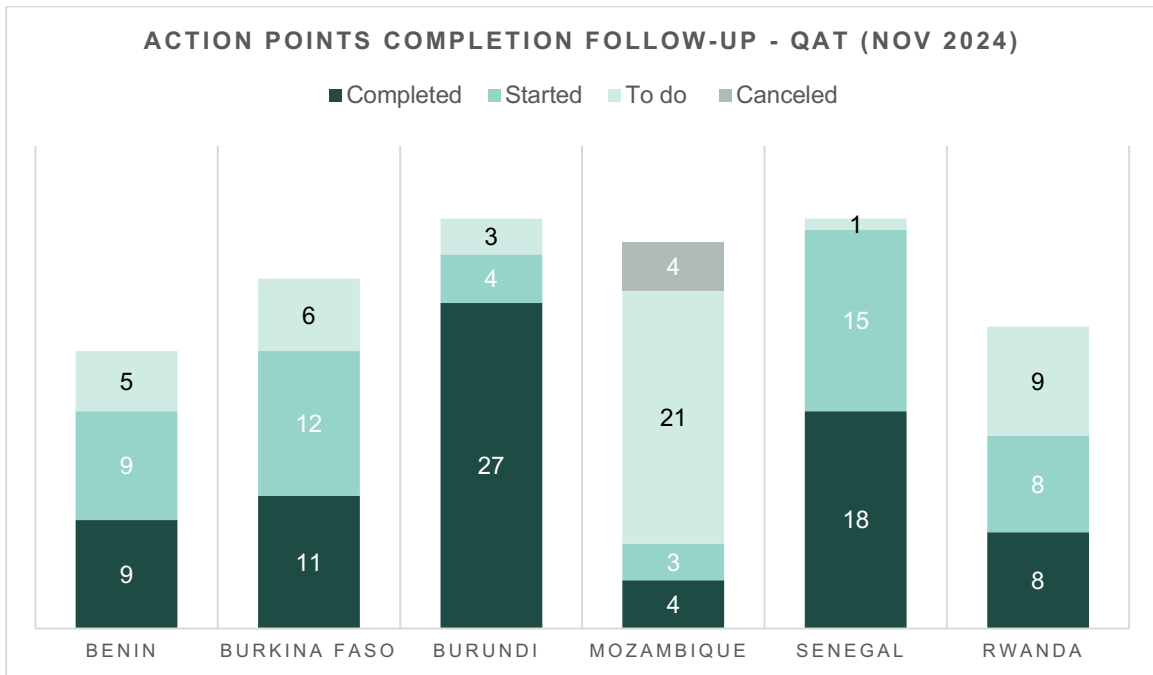
<ul style="list-style-type: none"> • Significant number of activities to track • Standardized monitoring system • Quantitative indicators facilitating monitoring 	<ul style="list-style-type: none"> • Improved continuity during staff turnover • More complex monitoring due to the lack of standardized indicators
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Table 1- Comparative summary of QAT/NeAs - prioritization stage

2.3.3. Action plan roll-out

The action plan constitutes a stage following action prioritization. This phase includes concrete activities aimed at transforming recommendations into tangible actions, thus ensuring real field impact.

Analysis of completion rates shows heterogeneous progression of action plans from prioritization workshops, with significant variations between different NS.⁶



The comparative analysis of QAT implementation across National Societies reveals significant disparities in completion rates that warrant careful examination. This analysis aims to explore the underlying factors affecting implementation effectiveness and provide strategic recommendations for enhancing program outcomes.

Implementation rate disparities reveal significant methodological challenges in measuring progress. While Burundi shows a 79.4% completion rate compared to Rwanda's 24%, these figures mask underlying complexities in how actions are defined and measured. The variance in total action points (from 23 in Benin to 34 in Burundi)

⁶ More details on paragraph 3 - Country reports

further complicates direct comparisons. This suggests a need to standardize how we quantify and evaluate progress while maintaining context-specific relevance.

The complexity and transformational depth of actions significantly impact achievement rates. Benin's 39% completion rate reflects more ambitious structural changes requiring institutional transformation, while Burundi's higher rate stems from well-defined technical objectives focused on documentation and standardization. This distinction highlights how completion rates alone may inadequately reflect real organizational development progress. For instance, Benin's infrastructure development initiatives demand more resources and time than Burundi's procedural improvements, despite potentially delivering greater long-term impact.

Contextual factors and implementation approach dramatically influence success rates. Mozambique's 13% completion rate largely stems from leadership gaps affecting strategic decisions, while Rwanda's 24% reflects a highly structured, module-based approach where progress depends on sequential completion. Senegal's balanced 53% completion demonstrates how combining strategic and operational objectives with clear market orientation can facilitate steady progress. These variations suggest that implementation effectiveness depends not just on action design but on broader institutional and environmental factors.

⇒ **Planning, Monitoring, Evaluation and Reporting (PMER) challenge**

The PMER frameworks for QAT and NeAs tools reveal distinct measurement challenges. While QAT employs quantitative completion rates as key indicators, NeAs currently lacks standardized progress metrics, making it difficult to assess long-term impact and sustainability of interventions. Current measurement approaches have limitations for both tools.

*« There are no indicators for NeAs like the one planned for QAT.
This is a major improvement axis for our team. » - Sigrid de
Lepeleire, Flying expert for blood – Belgian Red Cross-Flanders*

QAT implementation relies primarily on binary completion rates, shows significant variations across National Societies, does not capture qualitative aspects of institutional development and may oversimplify complex organizational changes.

The NeAs implementation takes a qualitative approach that provides rich contextual understanding but faces specific monitoring challenges. While this approach allows for detailed assessment of blood service development, the absence of standardized progress indicators makes it more complex to track systematic advancement. The tool's strength lies in its ability to capture nuanced institutional changes and partnership developments. However, a more structured framework for measuring progress could

enhance its ability to demonstrate long-term impact while maintaining its valuable qualitative insights.

A more comprehensive PMER standard framework for both tools should integrate both quantitative and qualitative dimensions. Rather than relying solely on binary completion rates, the framework should consider:

1. The depth and complexity of organizational change:

- Consider the complexity of implemented action points and changes
- Evaluate the depth of institutional transformation related to the action points implementation
- Track progress against institutional development objectives

For instance, when Benin undertakes ambitious structural changes like developing new infrastructure, this requires different evaluation metrics than Burundi's documentation improvements. A weighted scoring system that evaluates the transformational depth of changes, where institutional reforms carry higher weights than procedural updates would better reflect the real organizational development progress, even when numerical completion rates appear lower.

2. Implementation quality metrics :

- Measure the effectiveness of new processes and procedures
- Assess the level of staff engagement and ownership
- Evaluate the quality of outputs against established standards
- Monitor consistency in application of new practices

Some actions might have lower completion rates but create significant positive impacts across multiple departments or functions.

3. The sustainability potential of implemented changes, measuring how well new practices are becoming embedded in organizational culture:

- Track the institutionalization of new practices
- Measure resource allocation for maintaining changes
- Assess staff capacity to sustain improvements
- Monitor long-term adherence to established procedures
- Identifying synergies between different organizational units

For example, the continued use of standardized procedures months after their introduction could be tracked to better evaluate sustainability.

This enhanced framework maintains the distinct characteristics of QAT and NeAs while providing a more comprehensive understanding of organizational development progress. It acknowledges the unique contexts of each National Society while establishing common parameters for measuring sustainable institutional strengthening.

⇒ Strategic approach in action plan implementation: institutionalization workshops

These workshops are important for addressing strategic subjects and ensuring recommendations are institutionalized within NS. They are a privileged moment for working on strategic documents, policies, and procedures: faced with teams heavily involved in operations, this workshop format seems particularly adapted to enable progress on cross-cutting strategic subjects. They have significant strategic impact, allowing formalization and strengthened integration of recommendations.

In West Africa, the institutionalization workshop was organized regionally in Benin, bringing together the Beninese, Senegalese, and Burkinabe Red Cross societies. This format presents real value in terms of efficiency and synergy between different NS and was highly appreciated by participants. These regional workshops promote experience sharing between NS and enable better practice adaptation.

« The Benin institutionalization workshop was an outright success in terms of experience sharing with other National Societies. Despite time constraints, this workshop opened positive perspectives for our three National Societies. » - Oumou Ba, health department manager – Senegalese Red Cross society

Sharing experiences and good practices is a desire spontaneously expressed by other NS, particularly in Burundi and Rwanda, where workshops will take place in February in a country format.

While institutionalization workshops represent real value for advancing strategic subjects, their current duration seems too short and makes it difficult to finalize planned strategic documents. The challenge is therefore to ensure sufficient duration to allow participants to finalize strategic documents directly during the workshop, especially given work overload, making it difficult to dedicate time afterward for this finalization.

« If the workshop had lasted longer, it would have allowed us to finalize a document draft and present it to governance. That would have been much more effective. When returning to the office, everyone focuses on their activities and it's not always easy to find common moments to finalize the document » Larissa Toé, director DRCEF – Burkinabe Red Cross society

In the West Africa regional workshop, more time dedicated to experience sharing and synergy work would have been appreciated.

Thus, it seems essential to allow sufficient time for these workshops to be carried out successfully and to finalize strategic documents without excessive pressure. Also, this

additional time would allow team immersion through visiting NS premises and being at the heart of their realities to better facilitate potential synergies.

The key challenge following the institutionalization workshops is to ensure continuity in the initiated processes and their integration into practices. Systematic documentation of results is essential to effectively track progress, capitalize on lessons learned, and improve practices for future cycles. Ongoing involvement of headquarters experts, complementing local resources, further strengthens the capacity of national society to sustainably integrate these practices.

« I was responsible for the organization of the institutionalization workshop that recently took place in Benin with the National Societies of Senegal and Burkina Faso. The workshop was highly enriching and allowed me to better frame the exercise in terms of support within the Red Cross. » - Josué Agoligan, first aid manager – Red Cross society of Bénin

⇒ Blood expertise: a key factor in NeAs implementation

NeAs implementation highlights the necessity of close collaboration with national transfusion structures. Unlike first aid, which constitutes a historical and autonomous national society service, blood donation activities exist within a more complex ecosystem, requiring formalized partnerships with state institutions holding the mandate and technical expertise. This particularity directly impacts NS' capacity to implement their NeAs action plan.

This reality is also reflected in national societies' human resource organization. Benin stands as an exception with a manager exclusively dedicated to the blood component, while in other countries, blood focal points combine this responsibility with other functions. This situation affects their availability and capacity to develop necessary expertise for effectively carrying NeAs action points. The sustainability of blood component actions thus relies not only on strengthening NS capacities but also on the solidity and sustainability of partnerships established with national blood transfusion structures.

« The BRC-FL flying expert's technical expertise on blood is impressive at all levels. Everything is precise and meticulously executed. BRC-FL as Belgium's national blood service brings us its professionalism and technical expertise. » - Bernard Alotowanou, blood component manager – Red Cross society of Benin

The table below summarizes key elements concerning prioritization for both tools:

QAT	NeAs
<ul style="list-style-type: none"> • Specific institutionalization workshop • Regional dimension in West Africa fostering exchanges • Occasionally insufficient time for finalizing strategic documents • Strong emphasis on institutional strengthening 	<ul style="list-style-type: none"> • Focus on needs analysis and planning • No institutionalization workshop • Emphasis on collaboration with national blood transfusion organizations

Table 3- Comparative summary: QAT / NeAs - action plan deployment stage

2.4. Key achievements

At the mid-term of the process, the QAT and NeAs have allowed several progress and changes within the national societies. This section highlights the main types of achievements across the six countries⁷ :

- **Strategic structuring and institutionalization of first aid and blood donation activities:** These are undoubtedly the most significant changes facilitated by the QAT and NeAs, especially given the challenges of addressing these aspects through more conventional projects. Strategic documents, policies, and procedures have been developed, enabling national societies to strengthen their operational frameworks: for instance, development of department strategy for first aid and blood (Rwanda) and development of a volunteer retention strategy (Burundi). Additionally, regarding the blood component, the NeAs has led to strengthened collaboration with national blood transfusion services (Benin, Rwanda, Burundi). In Rwanda, a memorandum of understanding (MoU) was signed with the Blood Transfusion Department (BTD).
- **Organizational capacity-building, particularly regarding the QAT:** This includes defining a first aid department organizational chart and decentralizing first aid training centers (Burundi), progress on gender inclusion among trainers (Senegal), and the development of job descriptions for trainers and volunteers (Rwanda, Burundi).
- **Improved training systems and educational materials for training and awareness-raising:** Across all intervention countries, the QAT and NeAs have helped update training curricula, develop manuals and training tools, and create awareness materials (posters, uniforms, etc.). In Mozambique, a training of trainers (ToT) approach, which previously did not exist, has been implemented. In Senegal and Burkina Faso, the QAT led to the establishment of pedagogical committees involving master trainers.

Additionally, the QAT and NeAs have facilitated some **quick wins**, referring to action points corresponding to activities already planned within the AP22–26 framework. One prominent example is the First Aid Blended Learning (FABL) application, which has been unanimously recognized by stakeholders as a significant contribution of the QAT. By offering part of the training online via the application, it reinforces efficiency and increases training capacity with an equivalent level of trainers. It also strengthens the commercial aspect of first aid activities.

In the area of blood donation, the creation of youth clubs for awareness-raising, as seen in Rwanda or Benin, is another example of a quick win. These quick wins demonstrate the coherence and relevance of the QAT and NeAs with respect to other ongoing interventions.

⁷ Key achievements per country are detailed in paragraph 3. Country reports.

2.5. Management and support modalities

⇒ Between BRC-FL and the host national societies

The collaboration with BRC-FL is unanimously appreciated by all HNS stakeholders, particularly on the following aspects:

- **Flexibility:** Human and financial flexibility is the major strength of the collaboration with BRC-FL. The ability to adjust activities and budgets according to needs is particularly valued and allows for better contextualization of activities. However proposed activities must still contribute to the final aim/target of the project.
- BRC-FL is thus seen as a true partner supporting the NS in the implementation of its strategy, rather than "imposing" a strategy.

« Although other partner national societies are flexible, this is the first time I've worked with such a flexible partner: they let us decide and make proposals to adjust documents or activities, we can adjust budget lines if needed, etc. » - Daouda Savadogo, First aid program project manager – Burkinabe Red Cross Society

- **Support and technical expertise:** The support and expertise provided by BRC-FL in the implementation of the QAT and NeAs, whether through flying experts or project managers in the country, are highly appreciated and seem to suit the NS. The role of the various interlocutors is clearly recognized. The flying expert and focal point bring technical expertise on the topics of first aid or blood, while the project manager in the country offers daily support when needed or for questions.

The quarterly meetings between the QAT/NeAs coordinator from ONS, the flying expert, and the project manager from BRC-FL in the country allow for regular follow-up on the progress of the action points. However, given the teams' workload on other projects deemed more priority and to address disparities in human resources, these meetings do not happen as frequently as it should be. Moreover, it could be beneficial to formalize the collaboration further through more intensive in-country follow-up to ensure regular progress on the action points. The objective is threefold:

- Ensure dedicated time to work and make progress on the action plan, for example, through the establishment of specific working groups
- Strengthen planning by setting precise deadlines for each action point, thus guaranteeing regular progress and achievement of goals by the end of the project
- Encourage a transfer of responsibility and ownership to the person in charge of the tool within the national society, to enable increased proactivity.

⇒ Within the BRC-FL

The collaboration between BRC-FL teams at headquarters and in the field is smooth, with complementary roles: technical expertise on one side, daily support on the other. However, the support that in-country teams can receive from HQ flying experts is not always well-defined and could be enhanced. Indeed, the role of flying experts was envisioned as a bridge between headquarters' technical expertise and field implementation. Their visits were meant to provide key technical support, ensure consistency in tool application, and help NS overcome implementation challenges. However, the effectiveness of this support has been challenging due to flying experts' workload.

At HQ level, the current parallel implementation of QAT and NeAs tools by separate first aid and blood teams represents both a challenge and an opportunity. While both teams have developed effective approaches to capacity building, the lack of structured knowledge sharing limits the potential for mutual learning and improvement. A more integrated approach could yield significant benefits:

- Both tools share fundamental capacity-building objectives, though they address different technical areas. The QAT's quantitative methodology for assessing first aid services and the NeAs's qualitative approach to blood service development each offer valuable insights that could enrich the other. For instance, the QAT's efficient data visualization through Airtable and Tableau could inform improvements in NeAs monitoring, while NeAs's nuanced approach to contextual analysis could enhance QAT's ability to capture local specificities.
- The implementation challenges faced by the NS often mirror each other across both programs. Issues such as human resource constraints, prioritization difficulties, and sustainability concerns appear consistently. By establishing regular knowledge-sharing mechanisms between headquarters teams, common solutions could be developed and adapted for both contexts. The successful institutional workshops developed for first aid services could be adapted to strengthen blood service institutional frameworks.
- The potential for developing a standardized "QAT-style" approach to capacity building extends beyond current applications. By synthesizing the strengths of both tools - QAT's systematic assessment framework and NeAs's contextual sensitivity - headquarters could create a versatile capacity-building methodology applicable to various intervention sectors and technical areas of Red Cross societies within the movement.

To achieve these synergies, specific actions could include:

- Establishing regular joint planning sessions between first aid and blood teams
- Creating a shared knowledge management system for tool implementation insights
- Designing integrated monitoring frameworks that capture learning from both approaches

The resulting standardized approach could serve as a model for systematic institutional strengthening across various humanitarian sectors while maintaining the flexibility to adapt to specific technical requirements and local contexts.

⇒ **With other participating national societies**

The current implementation of QAT and NeAs tools reveals an opportunity for enhanced Red Cross Movement (RCM) coordination and knowledge sharing. The limited involvement of other PNS operating in implementation countries represents a missed opportunity. Broader PNS participation, particularly in diagnostic and planning workshops, could strengthen the overall quality of capacity building by providing additional technical expertise and perspectives, ensuring better alignment of various support initiatives, reducing duplication of efforts and creating opportunities for resource optimization. Increased PNS involvement would also benefit the entire Movement through enhanced knowledge sharing across NS, more coordinated capacity-building approaches, better utilization of collective Movement resources and stronger institutional memory and learning.

The case of Senegal and Burkina Faso provides interesting insights into the practical challenges of PNS coordination. In Senegal, the French Red Cross's participation in the QAT baseline results workshop demonstrated the potential benefits of PNS involvement. Their presence was facilitated by geographic proximity (office in Dakar), existing coordination mechanisms and direct engagement opportunities. However, in Burkina Faso, despite efforts to include both French Red Cross and Monaco Red Cross, participation was limited due to physical presence constraints, scheduling challenges and different operational priorities.

3. Country reports

In addition to the cross-cutting analysis, this section provides a brief analysis of the implementation of the QAT and NeAs in each of the intervention countries, detailing the context, key progress and challenges, and offering specific recommendations for each country.

These country reports are also intended to be shared with the respective teams in-country to contribute to strengthening the second part of the implementation of AP22-26.

3.1. Countries implementing the QAT and the NeAs

3.1.1. Benin

The RCSB underwent major restructuring following a governance crisis in 2019-2020. The team renewal in 2020-2021 initiated positive momentum. Today, the NS is a strategic partner for BRC-FL in French speaking countries.

The mid-term evaluation reveals that the first aid service was initially more structured than the blood service, with an established organization and training catalog, although resource updating was necessary. Training is delivered through a standardized approach with three-day basic first aid courses and trainer training. Regarding the first aid component, progress has been significant with the implementation of three-day basic first aid training and trainer development. Substantial work is underway to finalize normative documents and service organizational charts, aiming to harmonize practices with Senegal and Burkina Faso.

In the area of blood service, despite historical support to ANTS for mobile collections, complete restructuring was necessary. The project has helped reduce blood shortages through identification and retention of regular donors. Collaboration with ANTS is being formalized, although final agreement signature remains pending at ministerial level. Awareness and mobilization activities are planned, with initiatives such as Club 25 to engage youth donor being developed and underway.

However, some challenges persist. Internal validation processes can sometimes slow activity implementation. The lack of pedagogical materials, despite support already provided by BRC-FL, remains a concern for ensuring training quality. The need to extend activities to other municipalities is also identified as a significant requirement. Additionally, common challenges exist such as the absence of formalized strategic documents and standardized procedures, and insufficient human and material resources. Specific challenges persist, including cultural beliefs hindering blood donation and the need for geographical expansion beyond the seven currently covered municipalities.

⇒ Key achievements

QAT

- 321 individuals trained in first aid (target: 850 by 2026)
- Construction of a training center in Abomey
- Standardization of first aid training programs

- Access to high-quality training materials
- Development of a standardized "basic first aid" course
- Introduction of blended learning approaches (in-person/online)
- RCSB is positioning itself to obtain global certification from the Global First Aid Reference Centre

NeAs

- Ongoing creation of "Club 25" for blood donation awareness
- Engagement of community leaders in awareness campaigns
- Enhanced collaboration with ANTS

⇒ Main challenges

QAT

- Lack of strategic documents and formalized procedures
- Internal validation delays slowing implementation
- Need for additional training equipment
- Development of marketing for blended first aid learning

NeAs

- Cultural resistance to blood donation
- Donor retention and care provision in case of illness
- Human resource challenges with young and limited team
- Lack of vehicles for mobile blood collection

⇒ Recommendations

1. *Institutional strengthening*

- Accelerate finalization and validation of strategic and normative documents
- Optimize internal validation processes currently slowing implementation
- Strengthen action plan monitoring and reporting mechanisms
- Improve responsibility distribution to avoid focal point overload

2. *First aid*

- Continue trainer professionalization while ensuring better geographical distribution
- Complete the construction of the new Abomey training center
- Expand blended learning approaches (in-person/online)

3. *Blood*

- Finalize ANTS agreement and obtain protocols for provided equipment
- Accelerate Club 25 establishment for youth awareness
- Develop strategy for managing ill donors

3.1.2. Burundi

The Burundi Red Cross is a solid and well-organized national society. The First Aid service is a historical and well-structured service, with a pool of master trainers and trainers organized at the national, provincial, communal, and community levels. The Belgian Red Cross-Flanders is the main partner in this area, gradually joined by the French Red Cross, only active in commercial first aid now. Activities related to blood do not have a dedicated service and are managed within the health division: the role of the Burundi Red Cross is limited to awareness-raising actions for recruiting blood donors, whereas historically the organization was also responsible for blood collection, which is now under the responsibility of the Ministry of Health.

The mid-term evaluation reveals disparities between the QAT and the NeAs:

- The QAT is progressing very well, with an action points completion rate already approaching the target goal of 80% in November 2024. The implementation of the QAT is driven by a proactive first aid coordinator who is convinced of the tool's added value in strengthening capacities and institutionalizing first aid within the Burundi Red Cross.
- The implementation of the NeAs has been complicated by the departure of the previous health coordinator, also in charge of the tool. A lack of knowledge regarding the tool from the new person in charge, coupled with a lack of prioritization of activities related to the NeAs, has hindered progress on action points, with none having been completed to date.

Considering these observations, the priority for the second phase of the project's implementation is to focus on the NeAs, ensuring that the planned action points are completed by the end of the project. This includes providing close support to the health coordinator to help her fully adopt the tool and action points, precise planning of the activities to be carried out, resumption of quarterly follow-up meetings, and the implementation of dedicated working sessions.

⇒ **Key achievements**

Transversal

- Better understanding of the strengths and areas for improvement of the Burundi Red Cross in terms of first aid and blood

QAT

- Institutionalization of first aid within the Burundi Red Cross:
 - Development of first aid policies and strategies (e.g., volunteer retention strategy)
 - Definition of organizational structures dedicated to first aid
- Decentralization of first aid training centers.
- Strengthening the credibility of the Burundi Red Cross in terms of first aid within the movement: supporting other national societies in strengthening their capacities

⇒ **Main challenges**

Transversal

- Difficulty in prioritizing activities related to the tools
- Lack of budget for the implementation of certain action points not budgeted for in the AP22-26.
- Lack of indicators to track the completion of activities, especially concerning the NeAs.
- Insufficient clarity on the scope of the QAT and NeAs in relation to the AP22-26 activities.

QAT

- The questionnaire is very time-consuming with limited time to complete it: increased anticipation and involvement from the National Society would have allowed for more in-depth reflection within the National Society before filling out the tool (e.g., reflection sessions with first aid trainers)

NeAs

- Change of NeAs coordinator due to the departure of the previous health coordinator, with low knowledge of the tool by the new one
- Very slow progress in the completion of the action points

⇒ **Recommendations**

1. First Aid component

- Identify possible budget reallocations or mobilize funding to enable the completion of the action points that are currently unfunded
- Define the sustainability strategy and proceed with capitalizing on the results
- Share the implementation experience and best practices with the colleague in charge of the NeAs

2. Blood component

The challenge is to relaunch and accelerate the deployment of the action plan to ensure the completion of action points by the end of the project:

- Organize a working session with the new coordinator to re-explain the tool and the action plan
- Reinstate the quarterly follow-up meetings
- Ensure precise planning to guarantee the achievement of 80% by the end of the project, including setting up dedicated working sessions

3.1.3. Rwanda

Blood and First Aid are two essential components for the Rwanda Red Cross:

- First Aid is the entry point for mobilizing volunteers. The strategy primarily focuses on training at the community and school levels. First Aid is integrated into the Emergency Medical Services and First Aid department.
- Blood is a historic activity for the Rwanda Red Cross, with significant recognition in this area. Before the genocide, Rwanda Red Cross managed the entire blood collection process. Since then, the responsibility for collection has been transferred to the government, with Rwanda Red Cross supporting the efforts in terms of awareness, mobilization, and equipment. There is no dedicated service for blood within the national society.

In general, Rwanda Red Cross's activities are heavily operational and focused on the delivery of training, with challenges in engaging senior management on strategic topics. There is also an increasing focus on Emergency Medical Services (ambulance services and training of Emergency Medical Technicians).

The mid-term evaluation reveals that both the QAT and NeAs are allowing Rwanda Red Cross to formalize a strategy and expand its activities geographically, aligning with the national society's strategy. The main difficulty lies in prioritizing QAT and NeAs in a context where teams are understaffed and have to manage numerous activities.

- The implementation of the QAT initially suffered from a lack of perceived added value by the implementing teams, resulting in low prioritization of related activities and a slow progress rate at mid-term. The temporary absence of the First Aid coordinator due to maternity leave also impacted the project's implementation. However, the arrival of a new Head of Emergency Medical Services and First Aid, convinced of the tool's value for first aid department capacity-building, especially on strategic topics, has sparked a new dynamic. The institutionalization workshop has not yet taken place and is scheduled for February 2025.
- The NeAs has proven to be of great value in structuring a blood strategy (which needs to be operationalised), a service that is historically less mature and structured than First Aid within Rwanda Red Cross. NeAs has helped to formalize and develop a pilot approach in the intervention districts of AP22-26, which can now be scaled up nationally, and has led to the signing of a Memorandum of Understanding (MoU) with the Blood Transfusion Department (BTD). Involving staff and volunteers in the data collection phase, both from headquarters and branches, has helped strengthen the contextualization and ownership of NeAs, facilitating its deployment. However, in terms of human resources, NeAs falls under the responsibility of the project manager for AP22-26, making it difficult to prioritize the activity.

Given these findings, the priority for the second phase of implementation is to strengthen prioritization and focus on QAT and NeAs to ensure the completion of the planned action points. Given the teams' workload, organizing dedicated working sessions (every 4 to 6 weeks) could help in completing the activities. Additionally, greater involvement from the Secretary General is needed to progress on institutional matters and strengthen internal prioritization. For QAT, it is essential to organize the institutionalization workshop to move forward on the planned institutional action points. Regarding NeAs, the focus is on strengthening collaboration with the Blood Transfusion Department (BTD).

⇒ **Key achievements**

Transversal

- Improved understanding of the strengths and areas for improvement in First Aid and Blood, prioritization of actions to be taken, and strengthening of its credibility

QAT

- Added value of the tool, allowing to work on essential but non-existent institutional documents and emphasizing the importance of gender balance
- Deployment of FABL, enhancing efficiency and increasing training capacity
- Development of new training manuals and materials
- Job description development for trainers and volunteers
- Exploration of commercial opportunities for first aid training to generate income and sustain community outreach activities

NeAs

- Formalization of collaboration with the Blood Transfusion Department (BTD) through the signing of a memorandum of understanding (MoU)
- Strengthened cooperation and joint campaigns with the government, particularly the Ministry of Health
- Structuring of a strategy and tools
- Training of volunteers and creation of youth clubs in schools (planned as part of the AP22-26)
- Increase in the number of blood donors in the 3 project intervention districts due to the actions carried out

⇒ **Main challenges**

Transversal

- Lack of dedicated resources and difficulty prioritizing activities related to the tools: need to create dedicated time to make progress
- Lack of knowledge and involvement of ONS senior management regarding the QAT and NeAs
- High turnover of local teams (Rwanda Red Cross and BRC-FL).
- Challenge of integrating the documents created and the changes made within the QAT and NeAs framework into daily practices

QAT

- Initial lack of perceived added value by the teams
- Formulation of action points too vague, with no clearly defined deadlines for their completion

NeAs

- Important workload of NeAs coordinator, who is also the project manager for AP22-26.
- Unclear boundaries of the NeAs in relation to the AP22-26 activities
- Collaboration between CRR and the BTD lacks fluidity

⇒ **Recommendations**

1. Institutional capacity building

- Accelerate the institutionalization of the QAT and NeAs tools within the national society by involving the senior management more actively (information and follow-up meetings).
- Improve the distribution of responsibilities to avoid overloading the focal points: delegation to other people while keeping the ownership with the focal points.
- Strengthen monitoring and reporting mechanisms for action plans: set up dedicated working sessions at regular intervals (every 4 to 6 weeks) and create a precise plan for action points to be achieved by the end of the program

2. First Aid component

- Organize the institutionalization workshop

3. Blood component

- Strengthen collaboration mechanisms with the BTD

3.2. Countries implementing only the QAT

3.2.1. Burkina Faso

The first aid department of the Burkinabe Red Cross society has historically focused on community-based training, particularly in schools and universities. A transformative project funded by the Monaco Red Cross from 2009 to 2012 enabled the training of trainers, acquisition of equipment, and development of a manual tailored to the local context.

This mid-term evaluation highlights a service undergoing significant transformation. The partnership with BRC-FL, has enabled identification of real needs and establishment of a structured roadmap. The collaboration is characterized by flexibility and openness to proposals, facilitating adaptation to local realities. Significant progress has been achieved, particularly in increasing the number of trainers, decentralizing first aid equipment, and implementing a trainer development plan.

However, major structural challenges persist. The security context complicates training implementation in certain areas. Coordination between participating national societies (Monaco, French, and Belgian Red Cross) remains insufficient, creating risks of effort duplication. Financing activities identified but not budgeted in the action plan constitutes a major challenge. A specific FABL project has started in November to facilitate distance learning and generate additional revenue, but its promotion and technical stability remain to be ensured.

⇒ **Key achievements**

- Strong training accessibility at all levels (headquarters, provinces, branches)
- Established volunteer and trained personnel database
- Trainer pairing system for training sessions
- Training adaptation for different audiences (youth, illiterate persons)
- Centralized equipment storage with regular inspections
- Development of income-generating activities (professional training)
- Increased number of trainers and equipment decentralization
- Implementation of trainer development plan
- Training tool dissemination across different regions
- Development of national first aid policy (ongoing)
- Integration of new training programs

⇒ **Main challenges**

- Insufficient coordination between different partners (Monaco Red Cross, French Red Cross) leading to duplications
- Understaffed team
- Language barrier with QAT tools in English
- Absence of training and trainer monitoring system
- Excessive centralization of requests at headquarters level
- Security context limiting access to certain areas
- Low representation of women among trainers

- Insufficient funding for certain activities identified in action plan
- Need for commercial marketing capacity strengthening
- Necessity to improve activity financial sustainability

⇒ **Recommendations**

1. *Coordination and management*

- Improve coordination between different partners (BRC-FL, French RC, Monaco RC)
- Better distribute responsibilities to avoid first aid project manager overload
- Strengthen action plan monitoring and reporting mechanisms

2. *Operational strengthening*

- Adapt training to security constraints through equipment decentralization
- Finalize and launch first aid mobile application
- Revise outdated promotional manual
- Digitalize project management processes for greater efficiency

3. *Institutional*

- Strengthen management involvement in tool implementation
- Develop national first aid policy

3.2.2. Mozambique

The Mozambique Red Cross (CVM) remains a fragile organization, insufficiently investing in the capacity building of its human resources. With the increasing number of participating national societies (French Red Cross, Spanish Red Cross, German Red Cross, Swedish Red Cross, etc.), a growing workload for the teams is increasingly observed.

The QAT was successfully launched with support from BRC-FL. An action plan with 33 action points was developed, but progress has been slow due to the departure of the Director of the First Aid Center a year ago, who has not yet been replaced. Some smaller practical improvements have been achieved, such as developing didactical materials, procuring uniforms and equipment, and annual planning. However, the absence of a director has hindered progress on institutional and policy-level activities, and the institutionalization workshop has been postponed to 2025⁸. Administrative hurdles and strict procedures have also delayed the implementation of trainings in the field.

The main priority for the coming months is to organize an institutionalization workshop to improve policies and strategies developed in 2021, but this is highly dependent on having a director in place.

⇒ **Key achievements**

- Acquisition of equipment and development of new first aid materials: uniforms, posters, didactic materials
- Implementation of an annual training plan
- Introduction of advanced first aid curriculum (FAFR and FABL)
- Development of specific manuals for each training
- Establishment of a ToT approach (FAFR, BFA), enabling an increase in the number of trainers

⇒ **Main challenges**

- Length of the questionnaire and failure to meet deadlines for completion
- Slow progress on action points: departure of the First Aid Center director, lack of ownership and follow-up on the QAT from the remaining teams
- Strong bureaucracy within the CVM: centralization of decision-making and administrative burdens delaying the implementation of trainings
- Difficulties in advancing institutional action points in the absence of a First Aid Center director (e.g., first aid strategy, job description for volunteers, etc.), with uncertainty regarding the timing of the institutionalization workshop due to lack of transparency on when a new director will be appointed

⁸ An institutionalization workshop was held in the previous Action Plan 2017-2021, where policies and strategies were developed. But the CVM leadership team did not take them up and the policies and strategies need to be improved.

⇒ **Recommendations**

- Strengthen monitoring and reporting mechanisms with the teams of the CVM until the appointment of a new First Aid Center director: regular working meetings and precise planning
- Upon the appointment of a new First Aid Center director: ensure a comprehensive and structured onboarding process.
- Upon the appointment of a new First Aid Center director: organize the institutionalization workshop to move forward with institutional action points. If the position remains vacant by the end of the first half of 2025, identify a contact person within the CVM responsible for institutional action points.

3.2.3. Senegal

The Senegalese Red Cross first aid service was recently integrated into the health department, marking a commitment to strengthen activity coordination. During recent political unrest in Senegal, first aid demonstrated its crucial role in the country's climate. Since 2022, the NS has benefited from BRC-FL support through the QAT tool. A significant milestone was reached in August 2024 with the creation of a pedagogical committee, serving in an advisory capacity to governance on matters related to first aid, training, and commercial first aid services.

The mid-term evaluation reveals a service with significant strengths, particularly a substantial number of qualified trainers, while requiring major structural improvements. The partnership with BRC-FL is viewed very positively, providing valuable technical expertise in improving training and educational tools. The pedagogical committee actively contributes to tool harmonization and practice improvement. However, the evaluation highlighted significant gaps in governance, strategy, resource management, and trainer monitoring.

Major challenges include the absence of a centralized database for resource monitoring, difficulties in developing commercial first aid services despite available resources, and the need for a dedicated monitoring and evaluation manager. Conflicts between local committee presidents and trainers also present a challenge specific to the Senegalese context.

⇒ **Key achievements**

- Notable advances in gender equality: Eight women trained in one year compared to only seven in the previous 15 years
- Availability of manuals, mannequins, stretchers, and defibrillators provided by RKV
- Four reference manuals on first aid
- Creation of a pedagogical committee in 2024 following the QAT action plan to validate tools and content

- Availability of first aid reference materials, despite implementation challenges due to logistical and financial constraints
- Standardized evaluations emphasizing practical skills
- Official recognition for professional environment training
- Substantial number of qualified trainers
- Enhanced pedagogical tools
- Active participation in institutionalization workshops
- Harmonization of training practices
- Standardization of evaluation processes

⇒ **Main challenges**

- Absence of formalized strategic documents
- Primarily manual data management system
- Human resource weaknesses and challenges: Senegalese Red Cross lacks expertise in marketing and first aid activity management
- Need for greater NS involvement in tool adaptation
- Institutional crisis within Senegalese Red Cross impacting action plan implementation
- Lack of standardized procedures for trainer and volunteer monitoring
- Ongoing process of integrating a monitoring-evaluation manager to oversee the program and improve database management
- Need to strengthen experience sharing with other NS

⇒ **Recommendations**

1. *Governance and coordination*

- Strengthen pedagogical committee's role in tool and content validation
- Enhance first aid activity monitoring and evaluation
- Strengthen action plan monitoring and reporting mechanisms
- Improve responsibility distribution to avoid focal point overload

2. *Organizational and development*

- Establish centralized database for human resource monitoring
- Recruit dedicated monitoring and evaluation manager
- Develop strategy for commercial first aid services

3. *Capacity building*

- Organize immersion programs to promote experience sharing with other NS
- Increase local branch involvement in QAT utilization
- Expand activities beyond current five departments

4. Conclusion

QAT and NeAs: complementary approaches supporting National Society capacity building

The mid-term evaluation of BRC-FL's QAT and NeAs tools marks a significant turning point in the evolution of capacity-building approaches within BRC-FL. These tools, deployed across six Sub-Saharan African countries (Benin, Burkina Faso, Burundi, Mozambique, Rwanda and Senegal), have demonstrated their relevance and ability to drive significant structural changes in both first aid and blood donation domains. They highlight the feasibility of a structured institutional strengthening approach across different contexts while highlighting the inherent challenges in NS organizational transformation.

⇒ Distinct yet complementary approaches

The initiative's strength lies in its complementary approaches. QAT, with its structured quantitative assessment and standardized benchmarks, provides a rigorous framework for evaluating and improving first aid services. NeAs, favoring a qualitative and more flexible approach, enables in-depth analysis of blood donation needs. This methodological duality, while sometimes presenting coordination challenges, has proven particularly well-suited to National Societies' varied contexts, allowing interventions to be adapted to each component's specificities while maintaining overall coherence in capacity building.

⇒ Tangible results despite complex contexts

Progress has been significant, as evidenced by varying QAT implementation rates (from 13% to 79.4%) reflecting diverse contexts and initial capacities. These tools have catalysed significant changes which, though sometimes still fragile, show promising signs of long-term sustainability. Notable successes include training standardization, process institutionalization, pedagogical approach modernization, and strengthened partnerships with national blood transfusion services. The observed transformations extend beyond technical results to impact internal governance and NS' strategic coherence. These changes contribute to strengthening first aid and blood transfusion systems in partner countries, demonstrating the tools' capacity to generate sustainable changes beyond technical improvements.

⇒ Ownership as key to sustainability in addressing structural challenges

NS tool ownership, though varying by context, constitutes a key success factor. Prioritization and institutionalization workshops have enabled National Societies to take ownership of the tools and define their priorities. Significant variations in QAT implementation rates between countries (from 13% in Rwanda to 79.4% in Burundi) underscore the need for differentiated support and better consideration of each NS's operational and human resource capacities.

Human resource constraints represent a major challenge for all NS and constitute the primary issue encountered in QAT and NeAs implementation: available time, ownership, and perceived tool value.

⇒ Strengthening the PMER framework

While QAT benefits from a specific monitoring indicator within the AP22-26 framework, the NeAs blood component lacks standardized measurement tools, creating challenges in assessing long-term impact.

The analysis highlights the necessity for a more nuanced and comprehensive evaluation approach that considers the complexity of organizational change, the depth of capacity building, and the sustainability of implemented improvements. A strengthened PMER framework would not only enhance BRC-FL ability to track progress but also facilitate learning, improve accountability, and support evidence-based decision-making for both tools while maintaining sensitivity to local contexts and NS capacities. This enhancement becomes particularly essential as BRC-FL looks toward future programming cycles and the potential expansion of these capacity-building methodologies across the Red Cross Movement.

⇒ Toward a new generation of capacity building processes

This experience paves the way for a more integrated capacity-building approach within BRC-FL. It calls for rethinking technical support and skill transfer modalities, promoting more horizontal relationships and co-creation solutions. Experience gained through QAT and NeAs is invaluable for evolving international cooperation practices.

⇒ Perspectives

This mid-term evaluation calls for:

- Strengthening National Societies involvement in tool design and adaptation
- Strengthening the PMER framework for both tools with cross learning sharing
- Clarifying support processes between BRC-FL and National Societies
- Developing more flexible support mechanisms adapted to human resource constraints
- Promoting experience sharing between National Societies
- Consolidating achievements in change institutionalization.

The QAT and NeAs tools experience represents more than a simple capacity-building initiative, aligning with aid localization dynamics. It serves as an innovation laboratory in BRC-FL cooperation practices, demonstrating the possibility of combining standardization with contextualization, methodological rigor with operational flexibility. Lessons learned from this experience, particularly regarding local ownership and change support, are valuable for the RCM and the entire humanitarian sector. This initiative paves the way for a new generation of capacity-building approaches that are more integrated, participatory, and sustainable. It fundamentally invites rethinking relationships between NS, promoting more horizontal exchanges and genuine solution co-construction. In an evolving humanitarian context, the QAT and NeAs experience thus contributes to shaping the future of capacity-building practices, better adapted to 21st-century localization challenges and NS empowerment aspirations.

5. Recommendations

5.1. Strategic recommendations for strengthening tools

The evaluative analysis highlighted the relevance and added value of QAT and NeAs, both in strengthening the organizational and institutional capacities of National Societies and in optimizing and structuring BRC-FL support in the areas of first aid and blood services. However, areas for optimization were identified, particularly concerning the implementation modalities in response to the challenges encountered in operationalizing these tools. Aiming at improving the tools themselves, these strategic recommendations are addressed to the BRC-FL and NS.

5.1.1. Common recommendations for both tools

Findings	Recommendations	Priority	Addressed to
Modus operandi			
More than tools, the QAT and NeAs are holistic and participatory processes for diagnosis and capacity building. They contribute to strengthening the National Society's interventions in first aid and blood services while establishing a framework that can be applied to other areas of intervention and/or adopted by other Participating National Societies. Although they are integrated into the Action Plan 2022-2026, they remain	Frame the QAT and NeAs as specific mini projects to: <ul style="list-style-type: none"> Facilitate deployment and enhance prioritization with dedicated human and financial resources, as well as tailored monitoring tools Ensure temporal flexibility to implement the QAT and NeAs as preparatory steps for five-year action plans. The diagnostic phase (data collection and analysis) and prioritization would then contribute to the elaboration of the implementation strategy, with QAT/NeAs action points integrated into the five-year plan. 	High	BRC-FL

distinct from the project cycle, creating specific challenges in terms of human, financial, and time prioritization. Moreover, their scope is not always clearly defined, with some ambiguity, particularly in relation to the overall action plan.

- Clarify the scope and boundaries of the QAT and NeAs

Clarify terminology by addressing identified terminological issues:

- Adopt a unified name to designate the diagnostic and capacity-strengthening process, regardless of the thematic focus (first aid, blood, etc.), ensuring it is easily understandable and pronounceable across different languages. For example, the term "QAT" could be used universally for various themes (e.g., QAT for First Aid, QAT for Blood, etc.).
- Refer to these approaches as processes rather than tools, as the term "tool" is reductive given their broader scope and impact.
- Use distinct terminology for the QAT-related action plan to eliminate confusion with the general action plan, enhancing understanding and ownership of the QAT process. Replace "action plan" terminology with "implementation strategy"
- Develop clear timelines with specific milestones
- Create dedicated resource allocation guidelines

Strengthen synergies within the Movement

- Within the BRC-FL headquarters teams for first aid and blood, to model a common diagnostic and capacity-strengthening approach: organize dedicated sessions to share best practices and address challenges encountered, create a

	<p>shared knowledge management system, develop integrated monitoring frameworks.</p> <ul style="list-style-type: none"> • With other PNS to ensure their ownership of the diagnostic process, avoid duplication between NPSs working on the same thematic area, and promote the adoption of the approach, potentially in other thematic areas: present the methodology, participate in prioritization and institutionalization workshops, and share relevant documents. • Create structured opportunities for PNS participation in assessment workshops • Develop clear frameworks for technical expertise sharing 		
<p>Success is highly dependent on human resources (ownership, proactivity, perceived added value), leadership and involvement of the senior management of the National Society. Greater engagement from the outset of the process could help strengthen the National Society's ownership. To date, the tools remain, in most cases, heavily driven by BRC-FL</p>	<ul style="list-style-type: none"> • Strengthen the involvement of the NS at the outset of implementation: systematize and formalize the presentation of the QAT and NeAs through dedicated meetings involving senior management aiming at (i) presenting the approach and (ii) gathering their suggestions to enhance contextualization (process, themes, questions, etc.). • Involve BRC-FL senior management in kick-off and closing meetings to emphasize the importance of QAT & NeAs • Establish a project structure where NS teams take the lead: responsibility for meetings and follow-up, accountability mechanisms (e.g., tracking and performance indicators), formalized involvement of senior management in the project (acting as 'project sponsors'). 	<p>High</p>	<p>BRC-FL</p>

	<ul style="list-style-type: none"> • For future deployments, share examples of changes driven by the QAT and NeAs in other NS to make the tools' added value more tangible and promote ownership and leadership. • Develop a transition strategy for AP27-31 that builds on current learnings • Create clear guidelines for tool integration in future programming cycles • In alignment with the localization, develop a long-term strategy enabling National Societies to progressively acquire the skills and leadership needed to operate independently of permanent BRC-FI support. This includes leadership and project management training for local staff 		
<p>The involvement and availability of the QAT and NeAs coordinators is the main challenge encountered, with teams heavily burdened by operational tasks, especially since responsibility for action points is often concentrated on a single individual.</p>	<ul style="list-style-type: none"> • Allocate dedicated time, in addition to quarterly follow-ups, to advance the action plan: specific working groups at regular intervals (e.g., every 4 to 6 weeks) and targeted workshops with adequate time to ensure the completion of expected documents (e.g., institutionalization workshops). • Ensure a balanced distribution of responsibility for action points within the national society by delegating some of the action points to other people while keeping ownership with the focal points. • Reinforce planning by defining more precise deadlines for each action point. 	High	NS

<p>The in-country representatives of BRC-FL play a crucial role in providing close monitoring, complementing the technical support of flying experts at the headquarters level.</p>	<ul style="list-style-type: none"> • Ensure, as far as possible within budget constraints, the presence of a BRC-FL representative in the country who is familiar with the intervention context and the local language. 	<p>Middle</p>	<p>BRC-FL</p>
<p>Data collection</p>			
<p>The questionnaires cover all the key points and are very comprehensive, but they require a significant amount of time to complete.</p>	<ul style="list-style-type: none"> • Anticipate and sequence the data collection phase by setting intermediate deadlines for each sub-theme. 	<p>High</p>	<p>BRC-FL</p>
<p>The data collection methods via Airtable are not fully suited to the national societies (connectivity, IT skills), and the use of English in certain documents/tools can be a barrier.</p>	<ul style="list-style-type: none"> • Identify, in collaboration with national societies, more suitable data collection methods for their use (e.g., offline tool): Excel could be a suitable tool, both for the needs of the national societies and the requirements of the QAT/NeAs. • Ensure that all materials and terminologies are in the country's language to facilitate understanding (e.g., avoid tools that mix English and the local language). 	<p>Middle</p>	<p>BRC-FL</p>
<p>The organization of data collection workshops bringing together different stakeholders as part of the NeAs in Rwanda has helped strengthen contextualization and ownership, representing a truly good practice.</p>	<ul style="list-style-type: none"> • Systematize the organization of internal data collection workshops with key stakeholders to strengthen the contextualization and ownership of the QAT/NeAs. 	<p>Middle</p>	<p>NS</p>

Prioritization			
<p>Prioritization workshops are a critical step in building and fostering ownership of the action plan. The presence of experts from headquarters is valuable, as it enhances mutual understanding, although it can be time-consuming and entail significant costs.</p>	<ul style="list-style-type: none"> Maintain the current format of prioritization workshops: in-person and with the participation of experts from BRC-FL headquarters. 	High	BRC-FL
<p>The prioritization of action points must be realistic in relation to the human and financial capacities of the National Society. The selection of action points should avoid diluting efforts (e.g., multiplying the type/number of trainings in a context of limited human resources to deliver them).</p>	<ul style="list-style-type: none"> Systematically integrate an implementation capacity analysis grid into the action point prioritization process, enabling an objective assessment of the alignment between the selected actions and the available resources of the NS. 	Middle	BRC-FL & NS
Implementation strategy			
<p>Cross-country experience-sharing is valued and requested by national societies. The regional format of the institutionalization workshop represents a good practice in this regard.</p>	<ul style="list-style-type: none"> Prioritize regional workshops over national ones whenever possible. Encourage the development of exchange platforms between countries implementing the QAT and NeAs simultaneously: collaborative platforms (e.g., WhatsApp groups), best practice sharing meetings, sharing documents that may be of interest to all involved national societies. 	Middle	BRC-FL
PMER			

<p>The current implementation of QAT and NeAs tools reveals a critical need for a more robust and integrated PMER framework that can effectively capture both quantitative and qualitative progress across different NS.</p>	<ol style="list-style-type: none"> 1. Develop integrated PMER tools that: <ul style="list-style-type: none"> • Combine quantitative and qualitative metrics • Allow context-specific adaptation • Maintain core measurement principles • Enable systematic progress tracking 2. Establish regular review mechanisms : <ul style="list-style-type: none"> • Quarterly progress assessments • Annual impact evaluations • Stakeholder feedback sessions 3. Create knowledge management systems : <ul style="list-style-type: none"> • Document lessons learned • Track implementation challenges • Monitor adaptation strategies 	<p>High</p>	<p>BRC-FL</p>
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5.1.2. Specific recommendations per tool (for BRC-FL)

The comparative analysis of QAT and NeAs has highlighted specific areas for optimizing each tool.

For the QAT, the specific actions to be implemented by BRC-FL are as follows:

- Strengthen the contextualization of the questionnaire
 - Clarify certain questions, particularly those regarding the existence of strategic documents, policies, and procedures, also asking about their use and relevance to the current context
 - Assess the feasibility (time spent, human resource capacity) of integrating a qualitative component into the analysis phase (evaluation of the quality of key strategic documents)
 - Incorporate a dimension of proportionality and consideration of the context and size of the national society, both in the questionnaire, benchmarking and scoring
- Clarify how action points are formulated, ensuring SMART formulation and clearly defined completion actions for each action point.

For the NeAs, the specific actions to be implemented by BRC-FL are as follows:

- Revise the questionnaire to better align it with the conceptual framework of analysis
- Establish specific monitoring indicators to track progress on the NeAs action plan.

5.1.3. Operational recommendations for the second part of AP22-26 implementation (for NS with support of BRC-FL)

The progress of the action plans varies by country and tool. The main objectives by the end of the AP2022-2026 implementation for BRC-FL is :

1. For National Societies : Achieving the target of 80% completion of action points (QAT) and complete the planned action points (NeAs), particularly by strengthening the planning and monitoring methods of the action plan. Country-specific recommendations are detailed in the country reports⁹.

2. For National Societies with support of BRC-FL: Ensuring the effective integration of the approaches, documents, policies, and procedures established into daily practices to guarantee the sustainability of the progress made within the

⁹ Please refer to part 3. Country reports

framework of the QAT/NeAs. Thus, the National Societies, with the support of BRC-FL, need to:

- (i) Work on a sustainability strategy:
 - Organize of a workshop¹⁰, ensuring the participation of the senior management, to work on a transition plan within National Society to determine actions to be taken to ensure sustainability of implemented action points and clear ownership for each action follow-up.
 - Develop of a transition strategy for AP27-31 that builds on current learnings.
 - Reinforce the PMER framework, as detailed in the table above, to monitor the sustainability potential of changes.
- (ii) Capitalize on the process, tools, approaches, and procedures put in place.

¹⁰ This workshop can be the closing workshop of the QAT / NeAs implementation.

Appendixes

Appendix 1: List of stakeholders met

Name	Function
BRC-FI HQ	
Gitte Van Couwenberghe	Focal Point First Aid
Maarten Van Laere	Flying Expert First Aid/Project Manager Senegal
Yousri El Adak	Responsible at HQ for QAT in Rwanda and Mozambique
Michiel Jennes	Focal Point Blood
Sigrid De Lepeleire	Flying Expert Blood
Bénin	
Hasina AHMED	Country Representative BRC-FI / Project manager Action Plan
Tranquilin YADOULETON	Secrétaire général
Lambert GBOKOU	Chef de programme
Orens HOUDEGBE	Responsable Premiers Secours et Catastrophes
Nicanor ZINKO	Responsable composante Catastrophes et SE
Josue AGOLIGAN	Responsable composante Premiers Secours
Bernard ALOTOWANOU	Responsable composante Sang
Styline AGBAZAHOU	Responsable santé
Sègbédé ALIGBONON	Formatrice en Premiers Secours
Frédéric AHOUANSSOU	Instructeur en Premiers Secours
Landry HOUNDETON	SE Ouémé-Plateau
Burkina Faso	
Elsa KUNTZIGER	Country Representative BRC-FI / Project manager Burkina Faso
Larissa TOE	Directrice DRCEF
Daouda SAVADOGO	Chef de projet Premiers Secours
Burundi	
Saskia Beerts	Project Manager Burundi
Dr. Désiré Habonimana	QAT FA - Project manager CRBu
Dr. Nadine Munezero	NeAs Blood- Project manager CRBu
Mozambique	
Stephan Claes	Project Manager Mozambique
Iva Cambaza	First Aid Center - CVM
Simião Magaia	First Aid Center - CVM

Rwanda	
Joost Sommen	Country Representative BRC-FL
Lies Van Eykeren	Project Manager Action Plan BRC-FL
Emmanuel Ntakirutimana	PMER
Eugene Karangwa	Head of programs
Solange Umutoni Denyse	First aid assistant (Involved in QAT First aid)
Prosper Kwihangana	Head of health (Involved in QAT Blood)
Solange Mukundiyukuri	Project manager AP22-26 Rwanda (Involved in QAT Blood)
Eric Gasangwa	Head of Emergency Medical Services and First aid (QAT First aid)
Senegal	
Maarten Van Laere	Flying Expert First Aid/Project Manager Senegal
Mr. Ibrahima Ball	Coordinateur Programme de Développement des Premiers Secours
Mr. Saer Sarr	Responsable des formations
Dr. Oumou Ba	Cheffe de département Santé

Appendix 2: Bibliography

International Operations_Indicator Progress – BRC-FL

QAT Introduction – BRC-FL

Product Sheet – Institutionalization - BRC-FL

INF Workplace FA - BRC-FL

QAT_Questionnaires - BRC-FL

QAT Workshop Report (Benin, Burkina Faso, Burundi, Mozambique, Rwanda, Senegal) - BRC-FL

BB Needs Assessment - BRC-FL

CRBENIN General Report _Needs Assessment - BRC-FL

CRBURUNDI General Report _Needs Assessment - BRC-FL

RRCS General Report _Needs Assessment - BRC-FL

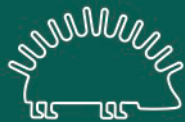
Workshop report prioritization pillar 1 (Benin, Burundi, Rwanda) - BRC-FL

Manuel pour les recruteurs donneurs de sang Burundi – CRBu

Appendix 3: Evaluative questions list

Criteria	Objective	Questions
Impact on capacity building	Measure effectiveness of the tools in contributing to the capacity building of National Societies	<p>How did the implementation of the tools impact the capacity building of the FA and Blood components within National Societies?</p> <p><i>Compared to previous capacity-building programs, in which way the QAT and NeAs tools bring an added value and foster effectiveness ?</i></p> <p><i>What specific training and capacity development initiatives have been developed based on the QAT and NeAs tools?</i></p> <p><i>How effective have these initiatives been in building the skills and knowledge at the national level within partner societies? Of local Red Cross staff and volunteers?</i></p> <p>What measurable outcomes have been achieved in the partner National Societies as a result of implementing the QAT and NeAs tools?</p> <p>Can specific examples of enhanced capacity or improved services be identified and documented?</p>
Sustainability and efficiency	Evaluate the sustainability (mainly the effect on economic and social sustainability), cost-efficiency, and cost-effectiveness of the tools	<p>Are the outcomes and improvements resulting from the QAT and NeAs processes sustainable in the long term?</p> <p>Are the QAT and NeAs-processes effective in the long term?</p> <p>Is the implementation of these tools done efficiently (financial, HR)?</p> <p>Are there opportunities to increase efficiency without compromising effectiveness and sustainability?</p> <p>Have strategies been put in place to ensure sustainability?</p> <p>What is the level of appropriation of the tools from the National Societies? How well are the tools integrated with the existing systems and protocols of the partner National Societies? What improvements can be made to ensure seamless integration and better outcomes?</p>
Gaps	Recognize gaps in the current tools and processes	<p><i>Compared to previous, in which way do the QAT and NeAs tools added value?</i></p> <p>What gaps exist in the current QAT and NeAs-processes?</p> <p>What specific needs or areas have not been adequately addressed by the QAT and NeAs tools? How can these gaps be effectively filled to improve the processes and the overall impact of the tools?</p> <p>Is there a mechanism in place for regular feedback from stakeholders regarding the QAT and NeAs tools?</p> <p>How effectively is this feedback used to make iterative improvements?</p>
Relevance for partner national societies	Assess the relevance of the tools for partner societies	<p>Are the current QAT and NeAs-processes relevant for the specific needs and priorities of partner National Societies?</p> <p><i>To what extent are the questions and assessment criteria in the QAT and NeAs tools relevant to the current needs and contexts of the National Societies?</i></p> <p><i>How relevant and fair do National Societies perceive the benchmarks used in the QAT and NeAs tools for scoring</i></p>

		<p><i>their performance in First Aid and Blood services? For what reasons?</i></p> <p>Are there any areas where the tools need better alignment to be more relevant to local contexts?</p> <p>How actively are local stakeholders, including community members, involved in the planning and implementation of the QAT and NeAs tools?</p> <p>What improvements can be made to increase stakeholder engagement and ownership?</p>
Data visualization	Explore the effectiveness of data visualization methods	<p><i>To what extent do the assessment reports from the QAT and NeAs accurately visualize and represent the reality of the First Aid and Blood contexts in your National Society?</i></p> <p>Are there alternative methods or tools for visualizing data that could enhance understanding?</p>
Contextualization	Evaluate the extent to which the tools are adapted to local contexts	<p>Is the current contextualization of the tools adequate?</p> <p>Are there specific elements in the tools that require further adaptation to better suit local contexts?</p> <p>What are the context-related conditions that need to exist in order for this tool to be effective?</p> <p>How are local capacities and resources considered in the implementation of the QAT and NeAs tools?</p> <p>What additional measures can be taken to ensure the tools are effectively adapted to the local contexts?</p>
First aid component		<p>What would be the impact of, besides requesting certain documents, also verify the quality of the documents on the effectiveness and sustainability of the process?</p> <p><i>How useful do you find the use of benchmarks in scoring your National Society's performance in the field of First Aid?</i></p> <p><i>What are the advantages and potential limitations of this approach?</i></p>
Comparative assessment	Conduct a comparative analysis between the approaches employed in the QAT-process and the NeAs-process	<p>What are the main differences between the two tools : way of collecting information (Airtable – NeAs), way of analyzing data (quantitative vs. qualitative), institutional workshops (QAT FA), etc.</p> <p>What specific cross-learnings (such as the quantitative vs. Qualitative way of analyzing data) and best practices were identified during the comparative assessment, and how can they contribute to mutual benefits for both First Aid and Blood domains?</p> <p>Are there similar assessment tools globally (e.g., cash roadmap from IFRC) that can offer valuable insights?</p> <p>What key lessons can be drawn from these tools to enhance the efficiency and effectiveness of our own tools?</p>



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