



Zimbabwe Red Cross Society and Norwegian Red Cross

**End of Term Evaluation
for Zimbabwe OD/DM Programme 2009/2012**

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The views and comments expressed in this report are those of the consultant alone.



It is estimated that the CO₂ emissions resulting from the flights taken for this study amounted to 1.70 mt, and from the road travel to approximately 0.77 mt.

(<http://www.carbonfootprint.com/calculator.aspx>)

Executive Summary

Following its initial response to the 2008 cholera outbreak in Zimbabwe, when a Norwegian Red Cross (NRCS) Emergency Response Unit (ERU) was deployed, the NRCS has strengthened its partnership with the Zimbabwe Red Cross Society (ZRCS). The programme subject to this evaluation focused on strengthening the ZRCS's institutional Disaster Management (DM) capacities, with complementary organisational development (OD) support implemented at HQ and provincial levels of the ZRCS.

For the DM component, two provinces were selected (Midlands Province where the ERU operated, and Matabeleland North), and a new programme was developed to further strengthen the ZRCS capacity at community level and to improve the resilience of targeted populations via a public health programme. Building on the strong commitment of its volunteers in the rural areas and using the CBHFA¹ methodology, the programme contributing towards the ZRCS' strategy of building a stronger organisation. A total of 563 new community volunteers were recruited from 27 wards across three districts in the two provinces, who were then trained in basic public health and sanitation subjects. The volunteers disseminated basic health messaging based on the CBHFA approach, giving appropriate and realistic advice on behavioural change with the aim of reducing the prevalence of diseases and overall improving health levels in their villages.

The programme also supported the ZRCS at a national level to improve financial reporting and management and with the establishment of a volunteer database. The updating of a number of disaster management policies and procedures was also foreseen, building on some previous work supported by NRCS in 2010 in the redesign of the ZRCS's disaster management Master Plan. Other objectives of the programme included capacity building activities for the management and national board members, and prepositioning of disaster response materials across the country.

The ZRCS managed the programme throughout its duration, with the NRCS providing technical and advisory support, an approach that strengthened the partnership between them. The Norwegian Government funded the larger part of the programme with other financial support coming from the NRCS.

The evaluation found that a good number of the original programme objectives, specifically those at the provincial and district levels, had been achieved during the programme period. Some significant health improvements (see para. 16 of the report) can be directly attributed to the work of the ZRCS volunteers. The volunteers' acceptance by the communities, and their close working relationship with the district health authorities, are also notable successes. The recruitment and training of the volunteers was done in early 2010, and almost all of these volunteers are still present and actively doing their CBHFA work, displaying enthusiasm and motivation. While this indicates very good sustainability to date (already one year after the programme 'finished'), the ZRCS needs to capitalise on the enthusiasm by ensuring more regular interaction with the volunteer groups, as well as inputs like upgrading the volunteers' expired first aid certificates and the provision of some basic supplies.

The programme operated across large areas, which presented challenges to the volunteers and the field officers regarding mobility for programme implementation, and was perhaps over-ambitious in its planning. With the large distances from the provincial centres and between

¹ CBHFA = community based health and first aid (www.ifrc.org/en/what-we-do/health/community-based-health/)

villages, the field officers had vehicles for 2010, but these were withdrawn from 2011 ‘for budget reasons’. Given that there was under-expenditure of the overall budgets each year, the withdrawal of these vehicles must be questioned, as it is inevitable it had an impact on their capacity to follow up and support the community volunteers.

Sixteen water boreholes and pumps were also rehabilitated, in collaboration with the relevant government authorities. These working pumps have made a considerable positive difference to the targeted communities (according to those beneficiaries interviewed). Availability and quantity of water remains the most common concern for the people in the programme areas, and while the programme was careful not to take on the government’s responsibility, it was clear that these interventions had a very positive impact.

During 2011 and 2012, the ZRCS experienced significant internal upheavals, which inevitably impacted on programme objectives and outputs, mostly at national headquarters level. Some objectives (improvements to the financial system and the radio network) were achieved as set out in the project documents, but others (the updating of the DM policies, strategies and Standard Operating Procedures (SOPs), establishment of the volunteer database) were delayed, although are still planned for completion during 2014. Advice and support to several levels of the ZRCS structure was also provided, which has been particularly relevant because of the changes in personnel at board and management levels.

The largest capital input of the programme, a strategic warehouse/office building in Gweru, the capital of Midlands Province, is a long-term investment for ZRCS, especially the Midlands Province. This serves as one of the two main warehouses for the ZRCS, allowing for better emergency preparedness. Some repairs and maintenance to the facility are required. Once electricity is installed, part of the building could be rented out on a commercial basis to raise income for the Provincial Branch.

The evaluation finds that the programme delivered on a number of its key objectives in full, and the ZRCS has gained a very positive profile from its interventions. The Society should follow up on these successes with some key steps of support and engagement with the volunteers. Other programme objectives have been either completed or are in the process of completion – the ZRCS is fully aware of these, still notes their relevance and intends to complete them during 2014. The working partnership between the ZRCS and NRCS remains strong and positive, and in many ways is a model for other NSs to follow.

To summarize the recommendations made (full details given on page 18), the evaluation proposes:

- Improved engagement with the newly established ‘sub-Branches’ and the groups of volunteers, including upgrading existing skills and renewal of the volunteers’ first aid certificates;
- Replication of this programme elsewhere would require consideration around the size of the geographical area of focus, and the distances involved;
- Putting in place a more regular process of programme review, particularly by someone not directly related to programme implementation, to maintain a focus on the objectives to be met;
- Updating DM policies, strategies and other procedures, and on the rollout of the Navision financial software, and the volunteer database need to continue;

- Repairs and maintenance on the Gweru warehouse; connections to the electricity grid and telephone network need to be finalised;
 - Improved stock management procedures to be developed and put in place.
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1. Introduction

Programme Background

1. Zimbabwe experienced a serious cholera outbreak in late 2008, killing 4,287 people with 98,585 infections reported across the country². As part of the response the Norwegian Red Cross deployed a health Emergency Response Unit (ERU), which, in conjunction with a British RC sanitation ERU, assisted in the emergency response activities in Midlands Province. This intervention formed the first steps in a working partnership between the Red Cross Societies of Norway and Zimbabwe.
2. As a result of this early interaction, the Norwegian Red Cross (NRCS) supported the Zimbabwe Red Cross Society's (ZRCS) plans to strengthen its institutional Disaster Management (DM) capacities, as well as improve the resilience of particularly vulnerable communities in areas where the earlier cholera intervention had been undertaken. Using the CBHFA³ methodology, the intervention aimed to improve the resilience – particularly in areas of health awareness – in identified vulnerable communities.
3. The community level programme activities were implemented across 27 wards in the three districts of Tsholotsho, Gokwe North and Gokwe South⁴ in the two Provinces of Matabeleland North and Midlands.



Map of Zimbabwe, showing the targeted districts (circled)

² Source: Mukandavire, Z., et al (2011) 'Estimating the reproductive numbers for the 2008–2009 cholera outbreaks in Zimbabwe'. Available from: <http://www.pnas.org/content/108/21/8767.full>

³ CBHFA = community based health and first aid (www.ifrc.org/en/what-we-do/health/community-based-health/)

⁴ A fourth district, Chipinge (Manicaland Province), mentioned in the Terms of Reference, was not subject to the evaluation as it only began programme activities at a later stage.

4. The second component of the programme, with an Organisational Development focus, was designed to augment and strengthen systems and processes of the National Society as a whole, and as such was concentrated at the ZRCS HQ in Harare, although particular support was given to the two provincial Branches.
5. The Norwegian Government, via the Norwegian Agency for Development Cooperation (NORAD), through a framework cooperation agreement with the Norwegian Red Cross Society, was the principal donor. Supplementary funding was provided by the NRCS itself.

2. Evaluation Features

6. This end-of-term evaluation assessed the inter-related OD/DM programmes run by the ZRCS, covering the three and half year period from mid-2009 to 2012. Due to changes of personnel in both management and governance structures within the ZRCS and significant work pressures, the evaluation was undertaken almost a year after the completion of the programme activities, with the Gokwe and Tsholotsho field offices having been closed in the meantime.
7. The evaluation was undertaken during the first half of November 2013, including ten days in the three targeted districts. Travelling time was significant as approximately 2,800 kms were covered during this period. Annex 1 provides the timeline of the fieldwork component.
8. This report is intended to serve the dual objectives of accountability – to the principal donor, the beneficiaries and the partners – as well as offer some learning insights to inform a future phase of the programme. The **OECD-DAC standards** for evaluation criteria (relevance, coherence, efficiency, effectiveness, impact, sustainability, connectedness and coverage) provided the principal framework for this evaluation⁵.

3. Evaluation Methodology

9. The Terms of Reference for the evaluation (see Annex 3) requested an analysis of the degree to which the initial objectives of the programme had been reached, as well as a consideration of the relationships between the principal partners. Because of the nature of the programme, much of the data collected has been qualitative, gathered through face-to-face meetings with key stakeholders and through Focus Group Discussions (FGDs) with volunteer groups and with beneficiaries at community level. Very limited quantitative data was available.
10. An initial **desk review** of the relevant project documentation (project design, annual project reports, logframe and other monitoring and evaluation data) was undertaken, and an inception report, matrix and proposed schedule was provided ahead of the evaluation. No formal comments, beyond revisions to the schedule, were received.
11. Initial **interviews and briefings** were held with key ZRCS staff at HQ level prior to departure to the districts. The ZRCS DM coordinator accompanied the evaluation throughout the field phase, with the individual (former) field officers also joining for the

⁵ 'Evaluating Humanitarian Action using the OECD-DAC criteria: an ALNAP guide for humanitarian agencies', (2006); and 'OECD-DAC Evaluating Development Cooperation: summary of key norms and standards', (second edition).

district visits. Similarly, interviews were then held with ZRCS provincial staff and volunteers, with community groups and with local administrative and health authorities. A full list of the people met is given as Annex 4, with a sample of questions asked at the FGDs as Annex 6. The FGDs were organised in advance by the field officers inviting the volunteers and community representatives (in most cases) to join the sessions⁶. Other ZRCS staff present assisted with translation (as required). A number of project sites (eg: homesteads, water pumps etc) were also visited spontaneously during the field mission.

4. Evaluation Findings

The Disaster Management Component

12. The initial project documents covered ZRCS's aim of addressing some of the basic humanitarian needs across the country through a strengthening of its Branch structure, particularly at community level, which in turn would contribute towards strengthening the coping capacities or resilience of the affected communities. The ZRCS's approach to this was to roll out the established CBHFA methodology.

13. The ZRCS, in close association with the local authorities and communities, identified some 563 (258 male, 305 female) village level volunteers across the 27 designated wards, to be trained and who would disseminate health and social messages to the villagers. The volunteers received identification (t-shirts, vests and hats) and direct support and CBHFA training to deliver the health messaging at community level. They worked closely with the district health authorities at clinic level (significantly more so in Tsholotsho than in Gokwe from what could be ascertained, because of greater interest from the medical staff there) and with the Environmental Health Technicians. The clinic staff helped keep skills up to date and in some cases replaced basic supplies; they also liaised closely with the volunteers to ensure appropriate follow-up to discharged patients and asking the volunteers to support other vulnerable individuals.

14. The gender ratio amongst the volunteers was a result of a conscious approach to programming which aligns with the national government's thrust towards addressing gender imbalances, promoting the involvement of women in key decision-making at all levels. The role of women in communities with regards to health is also distinct, hence their key participation, and the ZRCS prioritizes gender mainstreaming as a cross cutting issue in all its programming. Therefore the selection of the project participants was aligned with both the NORAD guidelines and the general government thrust on gender issues.

15. The evaluation mission spent nine days in these wards, meeting and talking with a range of stakeholders, and the feedback from all of the community level respondents – either individually or in groups - was unanimous that the projects had made **a significant and positive difference** in the lives of the community members. There was widespread satisfaction at the **impact** this intervention had had over the years, demonstrated by

⁶ The volunteer attendees at the FGDs, and other non-volunteer community members and village heads, had been mobilized by the former field officers via 'open invitation' phone calls in advance of the arrival of the evaluation visit. The field officers did not sit in on the discussions.

widespread and increased knowledge of hygiene and sanitation standards, the construction and use of simple latrines, frequent hand washing, use of pot racks for dishes, cleanliness of the surroundings and so on.

Table 1: Summary of Achievements

District Name	No. of Wards	No. of Trainers Trained	No. of new Volunteers	No. of Action Teams	DRR Training for District Auth.
Tsholotsho	7	4 m + 4 f	37 m + 113 f	7	22 m + 32 f
Gokwe North	10	6 m + 4 f	117 m + 77 f	9	31 m + 14 f
Gokwe South	10 ⁷	4 m + 6 f	104 m + 115 f	12	23 m + 15 f
Total	27	28	563	28	137

16. Although not directly measureable, all FGDs reported an improved level of public health and fewer illnesses, particularly cases of malaria and diarrhoea. Only two health facilities were quickly able to provide quantitative indicators to back up these comments: in Jimila (Tsholotsho Ward 6) the nurse-in-charge reported that **confirmed cases of malaria had fallen from 339 cases in 2010, to eight in 2011 to zero in 2012**, and he was in no doubt at all that this was due to the educational messaging the volunteers had been doing at community level⁸. Diarrhoea referral rates between 2010-2012 also fell significantly here over the same period [actual figures were not immediately available during the time of evaluation]. In Dlamini (Gokwe North Ward 2), deaths from malaria in 2010 were reported to have been 0.2 per 100 people, whereas in 2012 this had dropped significantly to 0.02/100 – again reported as being a direct result of the volunteers’ work.

17. The expected indicators for by the end of the programme suggested that 80% of the beneficiaries would be able to answer related health questions accurately, but it was not possible for this evaluation to verify this figure in any quantitative way. In four of the FGDs, the **men** were asked about diarrhoea cases with their children, how they would respond, what they would prepare, the ingredients and quantities of oral rehydration solution, and whether they had ever actually made any up. The responses indicated that they knew what to do, could quote the right quantities and that they had used them – and they knew them to be effective. In this setting, the response rate was close to 100%, though that may be because those attending were those more engaged and interested in the work.

18. There are chronic underlying problems that the programme has not, and cannot, tackle in any meaningful way, and therefore the overall impact of the public health messaging becomes compromised. Water issues predominated⁹ in all but one FGD – lack of access to clean water, insufficient quantities, long distances to collect, salinity, dried up boreholes, broken pumps. In one community, access and availability of food was the principal problem. Thus, where these concerns occupied the community members on a daily basis, their priorities became those of daily survival rather than actually implementing the health knowledge provided by the volunteers (such as building basic latrines or hand-washing facilities). It was clear during the evaluation that the knowledge had been disseminated, and

⁷ Later reduced to five because of large distances to be covered

⁸ The 2013 numbers increased slightly (three cases to mid-November) though the nurse could not say why this trend had reversed.

⁹ This evaluation was undertaken at the very end of the dry season, thus when water was in the shortest supply.

the benefits were being widely recognised, but the actual implementation was not being followed in a number of cases.

19. Having said that, there was also evidence that some practical improvements had been achieved: volunteers in all but one of the FGDs indicated they had constructed latrines at home ('temporary toilets' in some cases). In total some 344 temporary toilets were constructed in Gokwe North (178) and South (166) (several private and community latrines witnessed by the evaluation). The challenge for the volunteers is to ensure that once the original pits are filled and then closed up, that the villagers replace them with new pits on an ongoing basis. In the one case, they claimed they had not had the resources to do so. In turn, the community was less motivated to construct their own latrines – “*if the volunteers cannot do so, why should we?*” was the message received. Elsewhere pot-racks, rubbish pits and hand-washing facilities had also been widely introduced (witnessed by the evaluation). The following photographs indicate the use of the 'Chigugbu Gear' (or 'Tip-Tap') structure for safe hand washing – seen in use at both school and household level. It was clear that where practical examples had been built for community demonstration purposes, such as the Tip-Tap or a latrine, their uptake by community members was better.



Photos 1, 2, 3: The 'Tip-Tap': a very simple but effective hand-washing structure (l) made from locally available materials and suitable for use at institutional level (c) or in homesteads (r).

20. Other activities, such as health awareness at school level, done by the environmental health technicians, MoH clinic staff and ZRCS volunteers, was coordinated to ensure the same public health and sanitation messages were passed across the community, offering **coherence** in input and knowledge. Indeed, on many occasions, the interventions were done jointly.

21. The programme assisted with repairs and rehabilitation of 16 water boreholes and pumps (five in Gokwe South, six in Gokwe North and five in Tsholotsho) during 2012. The average repair cost per borehole was \$500, mainly for spares or replacement parts, with the work being done in cooperation with the government's district-level water authority, the District Development Fund (DDF). All 16 pumps repaired were reported by ZRCS to still be in working order and producing potable water. Each borehole serves approximately 50

families (250 people), therefore reaching around 4,000 beneficiaries with clean water. Actual water production was not measured but feedback from interviewees and volunteers indicated sufficient water was regularly available from these pumps. One borehole was visited during this evaluation (Kwisho village, Tsholotsho district) with those villagers present collecting water at the time saying how it had made a significant difference to their daily lives. However, there are many other pumps out of order and in need of remedial work across the districts, which the DDF is not doing due to lack of resources.

22. The direct programme implementation, and the staff engagement it included, ceased at the end of 2012, and the district level offices were closed. It is therefore highly significant that in the subsequent 11 months the volunteers' activities have continued as before: during the mission, they were engaged and motivated, presenting an indication of real **sustainability** generated by the programme. It was reported that a small number ("just two or three") of volunteers had left – usually because they had moved away – but the majority of the 563 initially trained volunteers were still very active. Their motivation to continue appeared genuine and the appreciation from the communities was very obvious.

23. Action Teams (AT) are groups of volunteers at the local community level trained to respond to disaster situations in their areas. It was anticipated that all of the targeted communities should have an AT by the end of 2012. Given that almost all the original volunteers are still present and active, these ATs practically exist in all districts through the widespread presence of the individual volunteers. This was witnessed during the contingency planning ahead of the July 2013 elections, when they met regularly for training and briefing purposes as part of the national contingency planning.

24. At least one group of volunteers (Jimila, Tsholotsho Ward 6) still maintains a regular meeting once a month, with inputs from the local health authorities. This allows the volunteers to keep in touch with each other, discuss challenges and health issues, practice their skills, compile reports on activities, and to benefit from technical support from the medical staff. It is some indication that the concept of Action Teams is alive and well, very practically in this instance, and that the individual volunteers do see themselves as part of a larger team. It would be appropriate for the provincial Branch staff to occasionally attend these sessions.

25. The volunteers receive no pay or allowance for the work they do; they indicated they do the work, which often involves up to 6-7 hours some days and walking many kilometres between villages¹⁰ – as their contribution towards their own communities. The low level of external support provided to the volunteers was another area of frequent discussion at the FGDs. Many volunteers indicated that they had had to buy basic stationery using personal funds, which they used for note-taking or report writing (for which they never got and feedback). First aid kits are not available to them either – they are therefore left without any means to treat patients needing first aid assistance beyond what they had purchased themselves and/or been provided with by the local health clinic. This policy could be revisited, perhaps with basic initial kits being made available by the ZRCS (to groups of volunteers rather than individually), and with some form of agreement about resupply either from the ZRCS themselves or possibly from the district health authorities.

¹⁰ Other answers to the question of work hours varied between 'when required' to 'when I have sufficient time', and no standard time input was expected of them.

26. Other requests, for example for responses to reports, should also be considered as realistic and motivational, and requiring limited inputs. More significant was the widespread comment of the distances the volunteers walk between villages (often up to ten kilometres, and covering three or four villages each), how this took much time and energy, and how bicycles would make things so much more efficient. Whether any donor would be prepared to consider supplying these once a programme has 'ended' is doubtful, and it would create unmanageable expectations across the other CBHFA programme areas around the country, but the evaluation nevertheless concluded that they would have been appropriate to consider at the planning stage and would help ensure ongoing programme delivery by the current volunteers well into the future.

27. One **lesson** drawn from the evaluation is the need to review the geographic coverage of the target area, to ensure it is both easily manageable and realistic for the volunteers to cover, and to maximise use of resources and increase the programme's impact. This has already been acknowledged by the ZRCS (in this programme) when the originally identified ten wards in Gokwe South were reduced to five wards, because of the challenges the area presented. Regular access to a vehicle would allow the field officers much more frequent input to the volunteer groups, and if bicycles could be provided once volunteers become operational then both would make a real difference in subsequent coverage and effectiveness.

28. The NRCS supported a 2010 update to the ZRCS's disaster management Master Plan, which in line with the Hyogo framework identifies areas of disaster risk and then implements measures to address them. The CBHFA methodology is a key approach to address certain vulnerabilities at community level, addressing the underlying risk factors as well as using knowledge, innovation and education to build a culture of safety and resilience. This Master Plan helps the ZRCS ensure an alignment of their programming across sectors and serves as the overall framework for disaster risk reduction activities implemented by the Society.

29. Other disaster management activities were also planned at national level, such as updating DM policies, strategies and Standard Operating Procedures (SOPs) during the programme period. However, while these remain necessary to ensure efficiency and consistency in disaster response activities, the updates were not completed within the programme period, principally because of internal issues within the ZRCS at the time, and changes in certain staff members. The allocated budgets remained unspent and/or were carried forward. The focus of DM work has also changed to give more focus to risk reduction activities, and the Society is still working with its 2001 DM Policy. Although this work was rescheduled to 2013, it is now likely to be completed in 2014 in alignment with the similar work being done by the government. Once the Policy is revised, the Strategies and SOPs will also need to be redone and then rolled out across the Branches.

30. A review and updating of various contingency plans was also planned and is continuing. Plans for specific scenarios (cholera, flooding, election violence etc) have been drawn up by individual Branches and reviewed by HQ, with the priorities being on addressing known risks for each Province. At HQ level, the ZRCS is incorporated into the government's contingency planning, and therefore has not developed its own set of plans.

31. A countrywide HF radio communications system has been put in place allowing all provincial Branches and the HQ to be in radio contact, and this network is functional and used regularly.

32. The programme plans indicated that a number of disaster response teams would be formed, ready for immediate deployment – three at HQ level and twelve teams in the three targeted districts. Groups of trained staff and/or volunteers constitute the actual teams: at field level the groups of volunteers would serve as action teams, whereas at HQ the various departmental staff would be formed into a team as and when required. Many of these people have received additional RDRT¹¹ training to prepare them for their roles. A further activity under the DM programme component was the provision of psychosocial support by volunteers during times of disaster, with basic training provided during the CBHFA training, but it was reported that no crisis had been reported during this timeframe and therefore the service had not been put to the test.

33. The role and function of the field officers was significant throughout the implementation period also. They were both district-based with line management to their respective Branch managers, and programmatic responsibility to the DM Coordinator in Harare. In 2010 each had access to a vehicle (with driver) enabling them to make regular visits to the volunteer groups, to engage and motivate, and to assist in trainings and other activities. In 2010 the vehicle in Tsholotsho broke down and despite being leased from the IFRC, the ZRCS had to both pay for the repairs as well as a monthly leasing charge while it was not on the road. The repairs to the vehicle took three months thereby limiting the field officer's ability to access the villages during this period. From 2011 both these vehicles were withdrawn entirely so the officers' field visits were dramatically curtailed and limited to the use of public transport (if available) and/or a vehicle on temporary loan from the Provincial office.

34. Two field officers were in place for the duration of the programme. However, in 2011 and 2012 they had several months at the start of each year with no contract and therefore unpaid, apparently also 'for budget reasons', so their involvement ceased. This was partly due to the delays in transferring new instalments of funding (see para. 54) meaning that the ZRCS was unable to commit to new contracts without being in receipt of the funds. It is acknowledged, however, that in accordance with Zimbabwe labour laws, such non-permanent staff members are obliged to have compulsory breaks in service each year. Nevertheless, it was suggested that the two field officers were not informed of the real reasons for this extended break, neither were they told in advance, nor informed how long their forced unemployment would last, but that each year a new contract materialised, they signed and continued to work after the break.

35. The NRCS and the ZRCS agreed (meeting of 12 December 2011) that a maximum of 15% of any programme budget could be allocated to salaries to ensure that the bulk of the available funds went directly to programme implementation. This amount was to cover the salaries of the two field officers, plus some percentage contributions for other staff salaries for people supporting some of the programme activities. In addition to the 15% direct salary amounts, the programme budgets included a 10% unearmarked contribution towards ZRCS's core costs and a 5% programme-related administration allocation.

36. In any event, sufficient budgetary allowance was built into the planning for the salary costs to be met in full, even though actual programme expenditure in the later years was below the budgeted figures. Salaries were paid as according to the contractual engagement of officers from field level to HQ level.

¹¹ RDRT = regional disaster response team

37. Once the 3.5 years of the programme ended and the funding stopped, the district offices were closed and the paid staff was withdrawn, but community level activities continued. The withdrawal/exit strategy foreseen at the start anticipated a continuity of service provision at local level because of the trainings given to the volunteers, as well as the possibility of ongoing inputs should the need arise (eg: retraining, upgrading of certificates, occasional visits), not least as they are part of the ZRCS's normal work and in fact cost very little. This has very much been how the result has developed, although, as noted elsewhere, continuing some low-level and occasional support still needs to be seen as necessary.

38. Two small income-generating projects were designed to raise local funding to continue support to the volunteer groups. Neither of these appears to have been particularly successful: a pig-raising project in Tsholotsho was planned but later scrapped as it was clear that it would not produce the expected returns despite the large initial investments needed. In the district this evaluation was informed that the raising and eating of pigs was culturally unacceptable, which raises an immediate question of the quality of assessments done initially. This proposal then changed to become a poultry-raising project, but the evaluation was unable to get any direct feedback on the success – or not – of this work at this stage.

39. The evaluation was unable to determine how it was expected that these small projects would be managed and run, and who would take responsibility for what is a fairly labour-intensive engagement. Expecting individual volunteers to do this – certainly beyond the time when the field officers were in the field - would most likely cause problems within the community groups, and would be very hard to oversee, support and manage by the ZRCS provincial office. It would have been more appropriate to identify an existing community-designed and community-run project and make some strategic one-off inputs to them to strengthen them (eg: animal feed, fertiliser, seeds) but not expect individual volunteers to run such new projects on behalf of the Society.

The DM Warehouse in Gweru

40. The programme funded the construction of a regional disaster management warehouse in Midlands province (Gweru town), which was built in the years 2010/2011. It has a storage area of 360m² in two sections (240m² and 120m²). The total cost of the facility was booked at USD 236,435¹² (\$1,126 over budget) over two years. This building replaced three rented stores that the Branch had previously been using. The building also serves as the provincial Branch office and has sufficient space for training rooms and additional offices, offering future possibilities for income generation. Some of the internal rooms are without windows and electricity (see also para. 46) and thus currently inappropriate for training rooms or offices. It is on its own plot of ground on the edge of the town and is fenced off. The building is of concrete construction with a steel panelled roof, divided internally with solid wall partitions into warehouse, office and kitchen space, bathroom facilities and a reception area.

41. The warehouse currently houses a significant stock of DM goods including tents, tarpaulins, shelter kits, kitchen sets, soap and some of the materials and hardware handed over to the ZRCS when the NRCS ERU left in 2009 (such as water equipment, tents and the forklift truck). The warehouse section was secured with secondary heavy-duty steel doors.

¹² Figures from ZRCS Audit Reports, 2010 and 2011

42. The stock was relatively well organised and the warehouse was clean, but the evaluation did not look in detail at stock records. The programme documents suggested that one objective of the programme was to have prepositioned stocks across the country to assist 10,000 families at any one time. During the evaluation it became clear that while larger stocks were contained in the two main ZRCS warehouses (Harare and Gweru), with smaller stocks at each of the provincial levels, there was no current knowledge of total quantities, of what was stocked where, and how it was being used and resupplied¹³. However, the ZRCS has firm plans (for 2014) to centralise this stock management system via a software package linked to the Navision system, which this programme has supported for improved financial management from the Branch level. Once this system is up and working, it will enable a more efficient overview of stock levels and usage.

43. The ownership of some of the goods stored in Gweru remains to be settled between the ZRCS and the International Federation of Red Cross and Red Crescent Societies (IFRC)¹⁴, which in turn will determine how and when they can be used and how storage charges may be paid. ZRCS HQ was aware of this and was addressing the issue with the IFRC.

44. During the consultant's visit, it was obvious that the building, which has an expected lifespan of at least six decades, requires some immediate repairs and ongoing maintenance. A number of key issues should be addressed urgently to ensure the building is secured against the elements. Most significant is the poor installation of the roof panels allowing rain water to enter, which in turn is creating serious and very evident water damage to internal ceilings. Other issues noted (broken door handles, poorly fixed bathroom sinks etc) are varied but overall quite easy to repair.

45. The problem with the roof stems from insufficient overlap of the roofing panels during construction (probably done by the builder to save money on materials), and could be relatively easily and economically remedied by lifting the panels, moving them along to increase the overlap between them, and adding additional (new) panels as required. This would ensure a more watertight seal across the whole span. Without this work, the building's internal fixtures, fittings and stock will quickly become damaged and significantly more costly to repair. A 10% retention fee was within the construction contract, but the evaluation was told that although there had been negotiations with the contractor after completion, ultimately the retention fee had been handed over to the company.

46. The facility is not connected to the urban mains electricity system and currently runs off a generator. One larger unit (handed over by the NRCS when the ERU closed) is said to be available for operational use, such as lighting during any stock handling from the warehouse at night, though this unit had been redeployed for use at a training course during the evaluation visit. A smaller unit is used for power during the daytime (and was operating during the visit). The Zimbabwe Electricity Supply Authority has indicated a price of USD 25,000 to provide the necessary connections; however, the ZRCS is exploring other options including the installation of solar panels, which would be significantly cheaper to install and then free to run. The ZRCS has also engaged the Minister of Energy (who is a former

¹³ This finding repeats other comments made in the review of the NRCS ERU deployment in 2009, which also included a recommendation to improve the stock management systems.

¹⁴ The IFRC prepositions disaster response stocks in Zimbabwe as part of its regional response capacity. The issue here is ownership of some of the current stocks in Gweru which were sent by the IFRC to replace goods distributed by the ZRCS in Zimbabwe, and whether this new stock belongs to the IFRC or the ZRCS, and therefore if any storage charges are payable.

provincial chairperson) to assist with the negotiations for installation and a long-term payment plan.

47. The building (and therefore the Branch office) does not currently have a landline telephone system in place, although installation work is imminent. It relies on the mobile network and on the HF radio system installed, which functions well.

48. It was noted that the design of the warehouse has left limited room outside for adequate truck manoeuvring, and that the main (external) door to the warehouse section of the building is too small for a vehicle to enter, and/or for a loaded forklift to exit through. This therefore creates inefficient handling of materials at times of loading or offloading of trucks.

49. The evaluation considers that some stock and warehouse management skills upgrading for key warehouse staff would be very beneficial, closely linked to an integrated stock management system (reportedly available via the existing Navision software system¹⁵), with practical trainings being given to all those ZRCS staff responsible for this DM stock. This would allow a real-time knowledge of stock levels and availability across the country, provide enhanced management of the assets, and offer a strong contribution towards meeting Strategic Objective 2 of the current ZRCS DM Master Plan. The ICRC Regional Delegation offered to provide such training support some years ago and it was not taken up at the time – the offer apparently still stands and should be further explored.

The OD Component

50. A principal objective of this programme's design was to enhance the ZRCS Branch level structure and increase the number of volunteers and their capacity, notably in those districts where cholera interventions had already raised the ZRCS's profile amongst the community. While the CBHFA work mentioned above largely provided a degree of practical engagement, the structure itself remains informal.

51. Indeed, the groups of volunteers saw themselves as ZRCS 'sub-Branches' (meeting one of the early aims for the programme), but they felt unsupported by ZRCS institutionally. This is fairly inevitable given the distances involved and other pressures on the provincial Branch offices, but to maintain the benefits gained to date the ZRCS needs to consider how it can best support these groups. Most likely would be to plan and implement some refresher training for the current volunteers in each district, and give them the opportunity to revalidate their First Aid certificates for another three years.

52. Other parts of the OD part of this programme involved general institutional support designed to benefit the overall functioning of the ZRCS. The purchase and installation of new computers and the introduction of Navision software (via the purchase of individual licences) has been achieved incrementally. By the end of 2012, four (of eight) provincial Branches were online and regularly submitting their financial accounts this way; by the end of 2013, only three are remaining, with the rest due to be brought online in January 2014. This has significantly helped with reliability and speed of the regular reporting.

53. Audits of the programme finances have been undertaken each year. In 2009 there were some qualified comments made, but all subsequent reports were positive and unqualified.

¹⁵ A Microsoft 'business systems solution': incorporating a range of financial, logistics and human resource management functions: <http://www.navisioninfo.com/>

54. Throughout most of the programme duration, activities were impacted by the significant upheavals the ZRCS was experiencing, which resulted in departures and changes of key staff and a more general lack of leadership and direction. Overall, these problems undoubtedly impacted negatively on the **effectiveness** and **efficiency** of the activities being undertaken during certain periods, evidenced by the delayed rate of achievement of some of the original indicators and an underspend on the annual budgets. A new Board and management team, taking charge from early 2013, have made significant progress in dealing with some of these historical challenges and in getting the ZRCS back into shape.

55. Other support has been provided to the Finance Commission of the ZRCS and the Board members, generally supporting them in their bid to get the ZRCS finances back on track and to manage the liabilities the Society faces. Additional capacity building training has been given to the finance department staff. The programme has provided other institutional assistance, such as support to the ZRCS's Human Resources Review and the internal asset valuation process, building upon the development of the Disaster Management Master Plan in 2010 and its piloting in Chipinge district.

56. In 2011, the first NRCS transfer to ZRCS for the year took place only at the end of March (as confirmed by the audit report), meaning field staff contracts could only be issued from early April. Programme budget preparations in late 2011 for the following year, and their subsequent agreement and finalisation, were again significantly delayed until late February 2012, so ZRCS was once again in no financial position to re-contract their field staff until then. Procedures have since been introduced to ensure that these discussions and agreements are finalised by mid-December each year, allowing the first transfer to be made in early January of the following year.

57. The establishment of a national volunteer database is still underway: the tool itself is completed and is being piloted in two provinces, but it still has to be rolled out more widely and then used effectively. Consequently no exact number of volunteers or members, nor their gender breakdown, could be generated for this evaluation. Again based on the Navision software, it is anticipated that this system will become operational during 2014, and the ZRCS anticipates having a current and complete list of its volunteers and members, as well as skillsets and contact details.

58. **Management and Partnership:** Both partners in this programme consider this to have been principally a ZRCS programme, planned and managed by the NS throughout the period. The NRCS involvement has been to provide quality assurance, build capacity, promote transfer of skills (particularly related to financial planning and budgeting), and to ensure correct and appropriate use of the available funds. The NRCS has taken a conscious 'hands off' approach, which was fully appropriate and appreciated by both sides, but remained adequately engaged to be able to regularly represent and promote the work to NORAD and the Norwegian Embassy. Because of this supportive – rather than managerial – approach, the working relationship between the two Societies was reported to have been very positive for the duration of the programme, with the NRCS considered as a true partner of the ZRCS particularly during its recent difficult period.

59. Zimbabwe retains a structured civil administration, with the district administrator's office (DA) being the overall local authority. This programme was managed in consultation with the district authorities from the outset, with the clear support of the DA and in particular via the more practical links with the clinics and environmental health staff of the Ministry of Health. The DA staff in each of the three districts had participated in a number of

DM trainings and briefings during the programme period, and remained positive about the benefits of the programme, wanting it to continue.

It was indicated that occasional supervisory visits were made to the programme areas, and the provincial and district officers generally used the available budget for direct programme monitoring during the period. The ZRCS has a PMER¹⁶ officer at HQ, and the programme may have further benefitted from an occasional review by an ‘outsider’ (ie: someone not directly connected with the programme itself) to comment on the work objectively and perhaps highlight areas in need of particular focus for the rest of the period.

Unexpected Consequences

60. A number of unanticipated activities occurred during the programme implementation. For example, in Gokwe the community put the sensitisation messages into practice by rehabilitating a drainage gully themselves, without any direct ZRCS intervention at the time. This showed that the volunteers’ risk reduction messages were having a direct impact, highlighting both the threats to the community but also the capacity to do something about it themselves.

61. Some of the anticipated objectives were not achieved within the timeframe. As mentioned earlier, the ZRCS experienced some problematic internal issues during 2011 and 2012, including the departure of a number of key staff and a change of senior management. This in turn resulted in a realignment of priorities, and inevitably some of the programme areas suffered accordingly. It should be noted, nevertheless, that the original objectives set out for this programme are still seen as valid and necessary, and work is continuing to complete them, albeit quite delayed.

5. Conclusions

62. The principal goal of the programme was to increase community resilience in certain vulnerable communities, and this evaluation confirms that – from the visits made and discussions undertaken – this has been largely achieved. No significant disaster situation has occurred in these areas since cholera was experienced in late 2008, but the examples of improved health statistics and positive feedback from the health professionals indicate a clear understanding of the volunteers’ messages and a corresponding implementation of the measures recommended, thereby giving an expectation that levels of community resilience have been improved.

63. While the programme has been unable to address some of the underlying, chronic problems faced by these rural communities, a general improvement in their capacities and knowledge, particularly on health issues, was obvious, strongly underlining the **relevance** of the programme. By assisting with some water pump repairs, the communities were better able to put into practice the health messaging disseminated by the volunteers.

¹⁶ PMER = Planning, Monitoring, Evaluation and Reporting

64. At the same time, the ZRCS has developed a broader network of volunteers, as well as better national systems and processes. There is more in this area to be done – more robust and regular engagement with the volunteer groups, potential upgrading of the volunteers' skills and certificates, for example – which will enhance engagement and motivation. Continuing development of the volunteer database, and ongoing introduction of the Navision system needs to continue.

65. The ZRCS has improved its quality and regularity of its financial reporting and other financial training given to the senior management and board members has strengthened their capacity for financial oversight. The radio system is up and running, facilitating communication and data transfer between the provinces and with HQ. The annual audit reports have improved significantly.

66. Work is still needed to finalise an updated DM policy, strategies and SOPs, as well as contingency plans for all areas of the country, but this work is currently in hand.

67. Investment in the regional warehouse in Gweru, to serve the central and western parts of the country, has provided an excellent resource to the Midlands Branch and ZRCS as a whole, but the facility needs to be maintained properly which includes undertaking some urgent repairs. Additionally, the ZRCS as a whole would benefit from a joined up stock management system as well as warehousing and stock management training for key staff.

68. Quantitative data collection during this evaluation was problematic, highlighting the need for a more developed monitoring and reporting framework and schedule, where progress against each of the objectives could be regularly updated. Information is available but from a range of disparate sources, often verbal, and this needs to be more systematic.

6. Recommendations

69. The provincial Branches should improve their engagement and communication with these newly established 'sub-Branches' and the groups of volunteers, at least by visiting occasionally and ensuring basic supplies and support is made available. The volunteers are asking for little beyond this, and it would make a real difference to their levels of motivation and longer-term commitment to the ZRCS.

70. Particularly, the ZRCS should consider upgrading existing skills and renewing the volunteers' first aid certificates through some formal refresher training sessions at district level, supplemented by the placement of some basic first aid kits and an agreement on their use and management.

71. For any future programme phase, serious consideration needs to be given to the size of the geographical area of focus, and the distances involved. It would be better to focus on fewer districts/wards and provide more comprehensive inputs than to be spread too thinly. The physical presence of the field officers, with a vehicle available, should also be factored into the planning and budgets, as well as options like bicycles and other material inputs for the volunteers.

72. Work on updating DM policies, strategies and other plans should be followed through with in 2014 to ensure the original aims of the programme are met, but also to ensure that the Society is working with the best possible tools.
73. Similarly, the Navision software tool should be rolled out across the Society, to provide improved oversight and management capacity not just of the finances, but also the emergency stocks and the Society's volunteers. Now is the time to do this, prior to any future emergency situation.
74. Some urgent repairs and maintenance on the Gweru warehouse should be undertaken, particularly to the roof to stop rainwater penetrating. Connections to the electricity grid and telephone network need to be finalised.
75. Improved stock management procedures should be developed and used, and the ZRCS should also take up the ICRC's offer of warehouse management training. A final decision about the ownership of the current stocks in Gweru needs to be reached between the IFRC and the ZRCS.
76. The ZRCS should work on developing a more systematic approach and framework of programme monitoring, which will greatly assist in its reporting and programme management capacities. For the DM programme, for example, occasional field monitoring/review visits by people not directly associated with the programme itself should be considered, to provide an external view on the progress of reaching the objectives, ensuring the achievements are in line with the wider strategy of the ZRCS, and to provide institutional support where needed.
77. Achievements reached in improved financial oversight, control and management need to be institutionalised and maintained. This will assist with the ongoing confidence-building work the new ZRCS management team is engaged with.

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Annex 1: Timeline of the Field Component

No	Activity	Where	Date
1	Arrival in Harare Briefing with NRCS Country Manager on arrival	Harare	Friday 01 November 2013
2	Preliminary meeting with ZRCS Secretary General and other management team members	Harare	Sunday 03 November
3	Introductions, finalization of logistics arrangements, collection of documents, etc	Harare	Monday 04 November
4	Travel Harare to Gokwe (c.5 hrs) Meeting with District Authorities FGD with beneficiary community	Harare - Gokwe South	Tuesday 05 November
5	FGDs with beneficiary communities	Gokwe South	Wednesday 06 November
6	FGDs with beneficiary communities	Gokwe North	Thursday 07 November
7	Meeting with District Authorities FGD with beneficiary community	Gokwe North	Friday 08 November
8	Travel Gokwe to Bulawayo (c. 6 hrs) Visit to Gweru Warehouse en route	Gokwe – Gweru - Bulawayo	Saturday 09 November
9	Visit to Matabeleland Provincial Branch (Bulawayo) Meeting with Tsholotsho District Authorities FGD with beneficiary community	Tsholotsho	Monday 11 November
10	FGDs with beneficiary communities	Tsholotsho	Tuesday 12 November
11	Travel to Harare (c. 6 hrs)	Bulawayo - Harare	Wednesday 13 November
12	In Harare – follow-up meetings, analysis + drafting of initial findings Final meetings/debriefings with ZRCS and NRCS staff	Harare	Thursday 14 to Tuesday 19 November
13	Departure from Harare		Tuesday 19 November (p.m.)

Annex 2: Acronyms used

AT	Action Teams
CB	Capacity Building
CBHFA	Community based health and first aid
DA	District Administrator
DDF	District Development Fund
DM	Disaster Management
DRR	Disaster Risk Reduction
EHT	Environmental Health Technician
ERU	Emergency Response Unit
f	female
FGD	Focus Group Discussion
HF	High Frequency
HQ	Headquarters
ICRC	International Committee of the Red Cross
m	male
NRCS	Norwegian Red Cross Society
NS	National Society
OD	Organisational Development
PMER	Planning, Monitoring, Evaluation and Reporting
RC/RC	Red Cross/Red Crescent
RDRT	Regional Disaster Response Team
SOPs	Standard Operating Procedures
ToR	Terms of Reference
USD	US Dollar
ZRCS	Zimbabwe Red Cross Society

Annex 3: Terms of Reference



Terms of Reference – End of Term Evaluation for Zimbabwe OD/DM Programme 2009/2012

Zimbabwe Red Cross Society and Norwegian Red Cross

Background for the evaluation

The Zimbabwe Red Cross Society (ZRCS) is a voluntary humanitarian organization established through an Act of parliament to provide services to the most vulnerable through programmes in health education and services, youth development, disaster preparedness and response and organisational development. The ZRCS is one of the largest humanitarian actors in the country with a wide network of 30,000 volunteers.

The partnership between the ZRCS and the Norwegian Red Cross (NorCross) grew out of the 2008-09 Emergency Response Unit (ERU) deployment during the cholera outbreak and is complementary to the overall RC/RC Movement engagement in the country. The partnership focuses on empowering the ZRCS staff and volunteers as well as community members to address long-term risk and increase their capacity to deal with those risks. The programmes aim to reduce vulnerability caused by climate change effects of flooding, drought and low yields, as well as low health coverage and access to education in Zimbabwe. The current partnership agreement with ZRCS has been extended until June 2013 in order to prepare the ground for a new agreement that will run through the period of the 2013-2016 NORAD framework. The partnership is in line with ZRCS core values of integrity and professionalism, accountability, transparency and commitment to serving humanity.

During the period 2009-2012, NorCross supported the ZRCS in the areas of organisational development (OD) nationally, focussing on branch development and finance development, as well as programmatically in disaster management (DM) capacity building and in strengthening local and vulnerable communities' resilience in the areas of Tsholotsho, Gokwe North and South, Chipinge. Branch development has been an important aspect of the OD program as branches were the point of contact with the beneficiaries. The combination of OD and programmatic support aimed at ensuring better response and ability to cope with disasters in a more effective and efficient manner.

The ZRCS and NorCross have agreed to commission an external end-of-term evaluation of both the OD and DM programmatic cooperation with as main objective to assess whether the overall objectives of these programs were achieved (see specific objectives and criteria below). The evaluation should also assess the findings in the overall partnership relations between the two NS.

Description of programs: goal, indicators and target groups

Overall goal

In short the programs have had the following overall goal:

Program goal: Resilient communities are able to correctly identify risks, recognize signs and respond to early warning messages related to disasters.

The expected outputs of the project were identified as follows:

- Strengthened ZRCS capacity to support community driven disaster response and its capacity to timely respond to disasters
- Well defined policies and procedures in place, as well as the capacity and necessary resources in support of programme.

The key performance outcome indicators were defined as follows:

- Percentage of the population (gender disaggregated) in the targeted communities that can identify correctly risks, can recognise signs and respond to early warning messages.
- Percentage of target communities with action teams.
- Number of volunteers (gender disaggregated) in targeted districts that have been trained in DM

Outputs

Two outputs, with corresponding indicators were identified:

Expected output result 1: ZRCS has strengthened its capacity to support community driven disaster response and its capacity to timely respond to disasters

- ZRCS has revised DM policies, DM strategies and standard operating procedures (SOPS)
- Number of contingency plans for specific disasters revised
- Number of households benefiting from pre-positioned contingency stocks sufficient to provide emergency relief in the targeted districts
- The % increase in ZRCS communication systems coverage (cell phone, radio/VHF coverage) in 3 targeted districts, Harare included
- Number of Disaster response teams at ZRCS HQ and in the 3 targeted districts that are ready to deploy within 24 hours.
- Number of Disaster Victims receiving psycho-social support from ZRCS volunteers when in need in the targeted districts.

Expected output results 2: ZRCS has in place well defined policies and procedures as well as the capacity and necessary resources in support of the programmes.

- ZRCS has established a National members/volunteer database system with gender disaggregated data
- Increased number of active members/volunteers (gender disaggregated) in the targeted communities
- By the end of 2012, 70% of the 8 provinces manage their finances electronically
- Quarterly Financial and narrative report produced timely
- Satisfactory annual audited financial statement are produced

Target groups

The target groups of the programmes are as follows:

- Primary target group

The DM programme focused on 10,000 households (50,000 people consisting of 26,000 females and 24,000 males) affected by natural and man-made disasters, or likely to be affected. Emergency relief stocks were pre-positioned and managed throughout the country to improve disaster preparedness and response. 2,400 households (12,000 people; 6,240 females, and 5,760 males) were targeted to receive education on disaster risk reduction by the end of the planning cycle in 2012 in identified disaster districts of Tsholotsho, Gokwe North and South and Chipinge.

- Secondary target group

The other component of the programme was aimed at organisational development towards the ZRCS branch leadership, volunteers, and staff. The main beneficiaries were the volunteers and staff directly involved in Disaster Management and health programs.

Therefore the evaluation shall be undertaken in three target districts namely Tsholotsho, Gokwe North and South and Chipinge and at National level (HQ) where the programme was being undertaken.

2. Objectives and criteria of the End of Term Evaluation

The overall objective of the end-of-term evaluation may be divided into 3 parts:

- Assess whether the overall objectives of the OD and DM programs were achieved as set out at the beginning of the program period (see description of the program above), and, more specifically, whether the programs have improved vulnerable communities' capacity to cope with disasters and ZRCS' capacity to support communities
- Assess the findings in the overall partnership relations between the two NS, i.e. that the partnership relations were conducive for reaching program objectives and overall results
- To systematize knowledge of results and challenges with a view to recommend improvements and adjustments for similar programs in the future (including current partnership and programmatic cooperation between the two NS)

The following are the key evaluation criteria to be used by this evaluation:

- Assess the **relevance** of the program. The relevance should be understood as pertinent to the programme with regard to the overall strategies for building resilient communities which are able to identify risks, recognise signs and respond to early warning messages related to disasters.
- Evaluate the **effectiveness** of the program. The effectiveness meaning the degree to which the program has been able to achieve the objectives, the outputs as outlined in the program document.
- Consider the **efficiency** of the program. The efficiency of the program relates to the degree to which available inputs have been utilized with the highest possible effect, in short the quality of program management.
- Appraise the **sustainability** of the program. The sustainability of the program does NOT refer to the programme's capacity to continue operations. Instead it refers to the continuation of service delivery to beneficiaries.

- Critically investigate the contributions of relief activities during the disaster period and the **impact and sustainability** of various interventions with special focus on contingency planning, warehousing and action teams trainings carried out.
- Evaluate the **efficiency of the programme** in terms of **management, coordination and technical support** in order to inform the future development of OD/DM programmes.
- Make recommendations for future improvements and best practises on community, province, and HQ level;
- Assess if issues related to gender equality and gender equity has been considered in the programs and the possible effect of this
- Identify lessons learned and how they can help future programming

In addition to the above general assessments, the evaluation must also consider the following issues without necessarily being limited to those mentioned:

Management and Partnership

- Assess the development of the working relationship between NorCross and ZRCS throughout the program period and its impact on program delivery;
- Assess to what extent the programme has developed collaboration between national and local authorities and Red Cross Movement;
- Assess if ZRCS procedures and mechanisms are followed in the implementation of the programme.
- Assess possible OD/CB cross-branch synergies
- Assess if NORAD procedures and mechanisms for working modalities are followed in the implementation of the programme.
- Establish what other partners are relevant to the Red Cross

Future Directions

- Commenting on possible directions, approaches, program organization and management, administration set-up and possible changes in project activities for a potential new phase of the project.
- A set of recommendation for a possible continuation of the program, keeping Partner National Society' strategies and policies in mind.

3. Methodology and key tasks and deliverables

The Consultant will be responsible for developing a more detailed methodological framework for the evaluation. The evaluation shall however as far as possible refer to the DAC criteria on evaluation of international development cooperation as noted in the scope of work. The principle of "Do no Harm" and ethical considerations should be used. The Consultant is free to suggest additional methods and questions that have not been indicated above. The evaluation report shall describe the evaluation method and process and discuss validity and reliability. Limitations and shortcomings shall also be explained.

3.1 Key Tasks: The key tasks for this consultancy will be to

- Develop inception report detailing among other things, the process and methodologies to be employed to achieve the objective of this consultancy as stated above. It should include the sampling frame, data collection tools, the interview schedules and important time schedules for this exercise and present to ZRCS and Norwegian team, for review and further input.

- Undertake desk review of the relevant project documents
- Design, develop, critique (with ZRCS and Norwegian team) and refine data collection tools.
- Conduct a comprehensive field based programme evaluation as a means of providing insights on the evaluation criteria mentioned above.
- Carry out data collection, entry, cleaning and analysis and write up the Review Report.
- Present the draft report to ZRCS Secretary General, Norwegian Red Cross Country Manager for comments before producing a second draft.
- Submit a Final Review Report as stated in the Consultancy Contract.

3.2 Key Deliverables

During the evaluation process, the Consultant shall, in summary, submit the following reports in English:

- An inception report containing the methodology used to answer the evaluation questions based on information derived from the ToR, the desk review and the evaluation team briefing.
- A draft final evaluation report presenting findings, conclusions and recommendations, with a draft executive summary. Principal stakeholders shall be invited to comment in writing (ZRCS Secretary General, Norwegian Red Cross Country Manager)
- All filled quantitative data collection tools and qualitative recording materials.
- Any other non-consumable documents/items that have been used in the course of the planned consultancy.
- A final evaluation report shall be prepared in accordance with the ToR after receiving The final report shall become available in paper version and electronically
- Four (4) bound hard copies of the End of Term Evaluation Report.

4. Duration of the Consultancy

- ZRCS and its Norwegian Red Cross partner anticipate the EoT Evaluation processes and tasks will take not more than 20 days with effect from 21st October 2013. The Consultant firm should develop a feasible costed workplan/activity schedule covering a maximum of 20 days and submit as integral part of the proposal of this consultancy.
- The ZRCS and Norwegian Red Cross will provide comments to the team leader no later than 10 days after receiving the draft report.
- The successful bidder must commit to accomplish and deliver the consultancy services and deliverables before or on 15th November 2013.

5. Requirements of the EoT Consultancy.

To successfully undertake this assignment, the consultant should meet the following minimum requirements:

- Advanced degree in social science/development studies or related qualifications.
- 10 years of working experience in developmental/humanitarian work of which five years should be in developing countries.
- Extensive experience in Organisational Development and Disaster Management programme review and evaluation, using a range of quantitative and qualitative data collection and analysis methods and strong analytical and report writing skills.
- Proven track record of conducting independent evaluations in African settings.
- Demonstrable capacity to deliver high quality outputs within the proposed timeframe.

- Red Cross experience will be an added advantage.
- Proficiency in use of computers especially statistical packages a must.

6. Expression of interest

The Consultant that meets the above requirements and is available within the time period indicated above should submit the following:

- A capability statement, including a commitment to be available to undertake the entire assignment within the stated timelines. The relevant qualifications, skills and experience should be clearly spelt out. This should not exceed 2 pages, A4 size paper.
- Curriculum Vitae the Consultant
- Full contact details of 2 persons who supervised the consultant in 2 similar assignments within the last 3 years. The details should include, current telephone contact, e-mail address, title of assignment undertaken by the consultant, dates when the assignment was undertaken and name of the contracting organization

Once selected, the consultant will elaborate detailed costed-work plan indicating number of days per tasks and costs (USD) per main task. This should not exceed 5 pages, A4 size paper. ZRCS and NorCross anticipate the EoT Evaluation processes and tasks will not take not more than 20 days spread over the evaluation period.

The draft timeline for the consultancy is the following

Activity	Deadlines
Announcement of tender	26th August 2013
Submission of tenders	5 th September 2013
Contract signature	15 th September 2013
Inception report	Week starting 21 st October 2013
Draft final report	12 th November 2013
Final report	15 th November 2013
Publication, seminar	End of November 2013

7. Submission of consultancy expression of interest.

Please forward your expression of interest and proposal by e-mail or in a sealed envelope marked “DM/OD End of Term Evaluation” and addressed to Mari Aasgaard:

- Norwegian Red Cross; International Department; Att: Mari Aasgaard; Postboks 1, Grønland; 0133 Oslo; Norway
- E-mail: mari.aasgaard@redcross.no

Deadline: 5th September 2013

Annex 4: List of Interviewees

Zimbabwe Red Cross Society

Mr Maxwell Phiri	Secretary-General
Mr Desmond Mudombi	Disaster Management Co-ordinator
Mr Karikoga Kutadzaushe	Programme Co-ordinator
Ms Pamela Torto	PMER Officer
Mr Lucky Goteka	OD Coordinator
Mr Tapiwa Chaduka	Former District Field Officer, Gokwe South and North <i>(now Assistant Disaster Management Officer at HQ)</i>
Mr Leke Ncube	Provincial Manager, Midlands Branch, Gweru
Mr Hapanyengwi	Chairman, Midlands Branch
Mrs Thembelihle Valo	Provincial Manager, Matabeleland Nth Branch, Bulawayo
Mr Thulani Sibanda	Former District Field Officer, Tsholotsho <i>(now working at Bulawayo Branch Office)</i>
Mr Hope Munyari	DM Assistant, HQ
Mr Morris Machawira	Finance and Administration Manager, HQ

Norwegian Red Cross Society

Mr Samuel Asamoah	Country Manager
Ms Rudo Tamangani	Programme and Finance Officer
Mr Øivind Hetland	Regional Representative, Southern Africa and Indian Ocean Islands

ICRC

Mr Olivier Dubois	Head of Regional Delegation
Mr Alex Munai	Regional Cooperation Delegate
Mr Justine Mukwecheni	Cooperation Assistant

Government Authorities

Mr Masimba Mkondo	Assistant District Administrator, Gokwe South
Mrs Hove	Sister-in-Charge, Gwanika Clinic, Gokwe South
Mr Edwin Mapfiro	Environmental Health Technician (EHT), Gwanika Clinic
Mr Mpungu	District Administrator, Gokwe North
Mr Okonya	Assistant District Administrator, Gokwe North
Miss Banda	Asst Environmental Health Officer, Tsholotsho District
Mrs Moyo	EHT, Jimila Clinic, Tsholotsho District
Mr Rest Mabhena	Nurse-in-charge, Jimila Clinic, Tsholotsho District

Focus Group Discussions

1. Hovano Secondary School (Njelele 2 Ward), Gokwe South, 05 Nov
21 participants: 4 village heads
2. Gwanika Clinic (Chisina 2 Ward), Gokwe South, 06 Nov
36 participants: 11 f volunteers, 6 team leaders, and community members
3. Burure School (Madzivazvido Ward 2), Gokwe North, 07 Nov
50 participants: 9 f and 2 m volunteers, 6 village heads (m) and other community members
4. Chitekete Market Area (Nenyunga 3 Ward), Gokwe North, 08 Nov
45 participants: 28 f and 17 m: mixture of village heads, volunteers and community members
5. Dlamini Clinic (Ward 2), Tsholotsho District, 11 Nov
13 participants: 11 f and 2 m volunteers
6. Sipepa School (Ward 5), Tsholotsho District, 12 Nov
12 participants: 8 f and 4 m volunteers
7. Jimila Clinic (Ward 6), Tsholotsho District, 12 Nov
8 participants: 6 f volunteers, EHT (f) and nurse-in-charge (m)
8. Kwisho Village (Ward 6), Tsholotsho District, 12 Nov (unplanned spontaneous visit)
6 participants: 2 f volunteers, 4 village women at water pump

Annex 5: List of Key Documents Consulted

- Baseline Survey Report in Gokwe North, Gokwe South & Tsholotsho Districts, October 2011
- ZRCS DM Master Plan, September 2010
- External Audit Reports (BDO); 2009, 2010, 2011, 2012
- Programme LogFrame, 2009
- Programme Document as submitted to NORAD, dated 2006 (but probably in error)
- Annual Report for 2010
- Periodic Reports Report from 2009-2011 (cumulative)
- Final Report from 2009-2012 (cumulative)
- Review of the NRCS Basic Health Care Emergency Response Unit Deployment to Zimbabwe, December 2008 to April 2009 (October 2009)

Annex 6: Sample Questionnaire

Sample Questionnaire (for FGDs)

General introduction

Reasons for the evaluation

For the volunteers:

Explain what you have been doing during the project

What were the main subjects you discussed with the communities?

Do you think it has been successful? Why?

What have you enjoyed about the work?

What could they have done differently?

Explain the support you have received from:

- ZRCS
- The health authorities
- The communities

Do you think the health awareness levels have changed in the communities? Can you give some examples?

What were the major challenges you faced?

For the community members:

What are the major problems you face in your daily lives in this district?

Explain what the ZRCS volunteers have done in your community?

Do you think this work has made a difference? Give some examples.

Have you implemented some of the practical activities that they have talked about?

- Which ones?
- If not, why not?

What has been the most significant change in your own or your family's lives/health since this programme started?