Evaluation of the International Humanitarian Assistance of the Norwegian Red Cross

A report prepared by

Channel Research Ltd

Emery BRUSSET (Team Leader)
Inger AGGER
Kerry-Jane LOWERY
Peter WILES

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Abbreviations

BTC	Basic Training Course
ERU	Emergency Response Unit
FACT	Field Assessment and Coordination Team
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IRCS	Indian Red Cross Society
MFA	Ministry of Foreign Affairs, Oslo
NORAD	Norwegian Agency for Development Cooperation
NRC	Norwegian Red Cross
PNS	Participating National Society
UNMIK	United Nations Mission to Kosovo

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Fact Sheet

Organisation evaluated: The Norwegian Red Cross (NRC), founded in 1865, is one of the oldest of the 177 national societies of the Red Cross and Red Crescent movement (co-ordinated by the International Federation of the Red Cross), established only shortly after the foundation of the International Committee of the Red Cross in 1863 (named the guardian of the Geneva Conventions). The NRC has 200,000 members in Norway. The highest authority of the NRC is the General Assembly, with executive responsibilities vested in the Secretary General, and international responsibilities in the International Department, made up of approximately 30 staff members in Oslo. Within the International Department operational responsibilities are split between the Relief Section and the Development Section.

Main objectives of the international activities of the NRC: The NRC's international activities are 1) to increase the understanding of International Humanitarian Law, and the protection of civilians in times of conflict; 2) to strengthen the national Red Cross and Red Crescent societies; 3) to provide humanitarian assistance to areas affected by conflict and natural disasters through the Red Cross Movement; 4) to strengthen ICRC and IFRC.

Protection is given a specific meaning in international law. Protection in the context of war aims to ensure the recognition of legal responsibility by the authorities wielding power. It includes the assessment of needs, sharing findings with the authorities through a constructive and confidential dialogue, and recommending corrective measures. The work of protection as defined in the Red Cross and humanitarian law is essentially one of persuasion.

Major international activities of the NRC: The Norwegian Red Cross (NRC) runs its own projects in bilateral agreements with the National Societies of the countries in which it works, under the IFRC or ICRC umbrella. It financially supports the ICRC and the IFRC through their appeals. While the emphasis in the 1980s was on development-oriented activities, the major emphasis over the last ten years has been on emergency interventions. This is also reflected in the geographical focus of the NRC activities, where priority has been given to areas affected by wars and conflict. In 2000, for example, the NRC supported projects in 65 countries (plus four regional programmes), with a particular focus on the Federal Republic of Yugoslavia, Russia, Rwanda, Somalia, Colombia, and Iraq, by order of volume of financing.

Funding: Over the years the Norwegian government has increased the funding to NRC, with 80 per cent of the total received from public funds used for international operations in the year 2000, as opposed to 50 per cent in 1986. In the year 2000 the total operating expenses of the NRC (in-country and internationally) reached 1.196 billion NOK, with nearly 40 per cent of that amount for international expenditures. These annual expenditures have risen from approximately 50 million NOK in 1986 to about 400 million in 2000. The NRC acts as the only funding channel between the Government and the Red Cross and Red Crescent movement. Within the International Department, 65 per cent of the budget is dedicated to emergency aid, and 23 per cent to development (mostly institutional development for preparedness). Fifty-two per cent of the funding was given to ICRC in 2000 and 28 per cent to the IFRC, while in 1996 that proportion had been 42 and 40 per cent respectively. NRC funding represented the eighth largest contribution to the total ICRC budget, making it a significant actor in assistance provided in conflict situations globally.

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1 Executive Summary

Introduction to the Evaluation

The purpose of the evaluation is to describe and assess the performance of Norwegian Red Cross actions, and the role of the agency as a channel of support to humanitarian operations.

In its efforts to alleviate suffering, advance peace, human rights and democracy, the Norwegian Government has established a sustained relationship with the Norwegian Red Cross based on a flow of funding and reporting. This relies on key assumptions about the operations, and their links to those of partners. This report aims to highlight the factors affecting Red Cross humanitarian aid performance, and ways in which they can be improved.

The evaluation approach is to compare NRC practice with emerging best practice among other emergency aid actors, as well as consistency with policy aims, be they of the Ministry and the NRC, or those of the Red Cross Movement. The information comes from a review of documents, extensive interviews in Oslo and Geneva, and a detailed assessment in four countries: the Federal Republic of Yugoslavia (Province of Kosovo), Rwanda, Bosnia-Herzegovina, and India. The analysis was carried out between May and September 2001.

General Description of the Operations

The funding received by Norwegian Red Cross is equivalent to 10 per cent of the government's total funding for international NGO operations. It is the largest recipient of humanitarian aid funding in Norway. Annual budgets for the international operations in the period 1996–2000 have been approximately 400 million NOK.

The Norwegian Red Cross operates through projects implemented by the Red Cross and Red Crescent Movement, mainly in co-operation with the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and National Red Cross Societies.

In 2000 the Norwegian Red Cross supported operations in 65 countries (plus four regional programmes), with a particular focus on the Federal Republic of Yugoslavia, Russia, Rwanda, Somalia, Colombia and Iraq[1] in that order. A large part of the financing (75–82 per cent in the last two years) is given multilaterally (i.e. excluding the delegated projects), in response to the annual and emergency appeals of the Movement. The remainder is given for individual projects, which are the focus of this evaluation. Projects may be delegated in the case of the ICRC (with greater control to the ICRC), or bilateral for the ICRC and IFRC (more independent but complementing IFRC/ICRC objectives).

[1] The following countries (in descending order of budget size), were each allocated more than 15 million NOK: Lebanon, Israel and Occupied Territories, and Ethiopia. Out of this total of ten countries, four are traditional partners of the Norwegian Red Cross.

Performance of the Humanitarian Operations

The Norwegian Red Cross is highly effective in bringing supplies and personnel to crisis areas, and so contributes significantly to the work of the Red Cross Movement. This performance is achieved through:

- Ambitious and capital-intensive emergency projects, which respond in original ways to needs not often covered by other parts of the system.
- Actively co-ordinated project designs supported by exceptional access to official funding, thanks to a flexible relationship with the Norwegian Government, based on trust.
- Optimal achievement of planned outputs thanks to timely actions and very qualified personnel.

However, when compared to international standards[2] and NRC objectives which are stated in terms of the prevention and alleviation of suffering[3] and enhancing local capacity, the degree of overall effectiveness falls. NRC policy, which has evolved in the International Department over the years, emphasises:

- Increased understanding of International Humanitarian Law (first main objective).
- Strengthening the National Red Cross Societies (second main objective).
- Providing information on global humanitarian challenges (*vis-à-vis* the government).
- Linking emergency relief and support for long-term development.

These aspects have not been given sufficient priority in the projects. The value of the Movement in protection and capacity-building is not fully utilised. Too much attention is given to the project as such and the achievement of quantitative targets, to the detriment of aid networks and outcomes among the population.

The outcomes (benefits occurring beyond the delivery process) should reach the populations for prolonged periods. The objectives of most of the emergency projects of the NRC extend over years. This weakness in ensuring their continued achievement is due to a variety of factors, which have not been controlled adequately:

- There is limited continuity in project cycle management and country monitoring. Institutional learning is not carried over from previous projects. Projects are very isolated from one another.
- There are low levels within NRC for non-financial reporting and communication. Outcomes are not monitored. Personnel present in the field receive limited support.
- There is a passive approach to inter-agency communication on the part of all actors within the Movement as regards bilateral projects (including at times delegated ones), particularly in the area of protection
- There is an inability to optimise relations with local partners. This generally becomes a consideration very late in the project implementation period.

[2] Red Cross Code of Conduct, Humanitarian Charter, and Sphere Minimum Standards, and more generally the understanding of the word "humanitarian" in Red Cross practice.
[3] "Objectives for the International Operations of the Norwegian Red Cross 2000–2002".

This must however be seen against the strong potential of the Norwegian Red Cross stemming from its institutional and international position. Undoubtedly, the close working relations between the Norwegian Red Cross and the Ministry of Foreign Affairs add value to humanitarian aid activities. The relations woven in Oslo allow for considerable delegation of operational tasks and great funding predictability to the Movement (which is a major ongoing constraint in the performance of the humanitarian aid system). Procedures are finely tuned to the particular needs of emergencies (such as the Emergency Response Unit of the IFRC or the security and administrative systems of the ICRC). All this has allowed humanitarian aid to be given promptly according to the agreed international norms[4].

The NRC procedures for the planning and implementation of projects are of a unique nature. Critics have complained that the NRC is limited to translating from English to Norwegian the appeals sent out by the Red Cross Movement, and that projects are designed with little reference to donor or Movement priorities (depending on the point of view of the critic). This would be a gross misreading of the situation.

The NRC is indeed carrying out a work of translation, but of a more fundamental and sweeping nature than perceived. It is able to understand simultaneously, in technical terms, the political priorities in Norway and the priorities expressed by the Red Cross around the world. It is in a position to define early on the aspects which could be supported, and so add predictability to fundraising. It can draw on a nation-wide network of recruitment and resource mobilisation in a society highly tuned to overseas aid work. Even more significantly, it enjoys access to many years of investment by the Ministry in emergency response mechanisms, such as the Emergency Response Unit effectively used by the IFRC in India. These relations can be described as a key asset, the social capital of the Norwegian Red Cross.

However, from the point of view of the Ministry of Foreign Affairs the value creation of the NRC, in terms of actual programming content, should be increased. As a consequence the evaluation concludes that although efficient and timely, the NRC operations are only partially effective and relevant to the needs and priorities of the population, and consequently to the standards of Red Cross and official Norwegian humanitarian aid.

Recommendations

The projects would gain from a greater focus on extending humanitarian benefits for the affected populations as stated in project objectives. The focus should be less reductive, as both needs and investments last beyond the first response phase. The NRC would then work on a truly humanitarian level, in line with Red Cross ideals, rather than just in relief mode with limited forward planning.

The recommendations that follow are primarily intended for the Ministry of Foreign Affairs and NORAD; more detailed indications are also given to the Movement on how these could be implemented.

Recommendation 1: Preserve the "Social Capital" of the NRC:

[4] International Code of Conduct for the International Red Cross and Red Crescent Movement and International NGOs in Disaster Relief.

- The **Government** should continue to use the Norwegian Red Cross as a channel of funding of humanitarian operations and encourage the further development of NRC's web of contacts and communications across the International Red Cross Movement.

Recommendation 2: Enhance Contextual Understanding:

- The **Government** should require that the relief projects carry out more monitoring and analysis of the social, cultural and institutional factors of success of projects in harmony with current practice in the Development Section.
- The **NRC** should make more use of analysis instruments developed by ICRC and IFRC, and train its staff in the use of these instruments.
- The **ICRC** should design a mechanism whereby the NRC is informed of, and can respond to, the "Planning for Results" process at the field level (as is being done in an experimental way in some Delegations) for the relevant objectives, and the **IFRC** should consult NRC in the policy design for capacity support.

Recommendation 3: Communicate:

- The **Government** should require that the NRC change its reporting process, primarily to make it more consistent and include outcome assessments.
- The **NRC** should develop new reporting formats with more systematic procedures of presentation and secure transmission.
- The **ICRC** should systematically brief its protection delegates about communication with National Society project staff, and optimise information flows.

Recommendation 4: Follow-through on Objectives:

- The **Government** should require the NRC to ensure project management continuity in Oslo, possibly by requiring a single focal point for each project. It should maintain a close dialogue with, and require reporting from, NRC project managers.
- The **NRC** should ensure that projects are consistently managed over time and are interlinked with others in the Movement. It should create a new capacity to train field staff (particularly on reporting) and capitalise on knowledge acquired in NRC operations.

Recommendation 5: Strengthen Links to the Movement:

- The **Government** should require that the local Red Cross/Crescent be involved in some aspects of projects to the extent possible, acknowledging the existing severe constraints.
- The Relief Section of the **NRC** should provide training to local partners to facilitate handover of projects, especially in community health and psycho-social services, in greater harmony with current practice in the development section.
- The **IFRC** and **ICRC** should ensure that policy frameworks for the strengthening of the local Red Cross be emphasised in NRC projects.
- The **ICRC** and **NRC** should develop clearer policies on information flows for protection in Delegated and Bilateral Projects, especially for patients in health institutions, where the NRC has privileged access.

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2 Introduction to the Evaluation

2.1. Evaluation Mandate and Team

The Norwegian Red Cross has been one of the five principal NGO partners of the Ministry of Foreign Affairs in humanitarian assistance, and is highly recognised for its performance in conflict situations and disaster response.

However the complex issues involved in the management of Red Cross operations in emergencies underscored the need for a review of the partnership by the Ministry of Foreign Affairs. In its efforts to alleviate suffering, advance peace, human rights and democracy, the Norwegian government has established an operating relationship with the Norwegian Red Cross based on trust and a continuous flow of proposals, funding and reporting. This relies very much on certain assumptions about the effectiveness of the Red Cross assistance and of the collaboration and coordination that it achieves with its partners.

This report presents the humanitarian efforts of the Norwegian Red Cross (NRC) to assist the populations affected by wars and disasters. It has exclusively examined activities and projects emanating from the Relief Section of the International Department of the NRC, in accordance with the Terms of Reference. It seeks to highlight the factors affecting its performance and the ways in which those factors can be addressed.

With the intent of improving the effectiveness of public Norwegian support to international humanitarian assistance, the evaluation has been given two major objectives by the Royal Ministry of Foreign Affairs:

1. To describe and assess the international humanitarian assistance of the NRC, with an emphasis on bilateral project and projects the ICRC and IFRC have delegated to NRC for implementation
2. To describe and assess the role of the NRC as a channel for public support to the International Red Cross Movement.

There have been no previous global evaluations of the Norwegian Red Cross. The benefit to be achieved by the evaluation is consequently to test and refine key assumptions, so as to strengthen the results of Norwegian humanitarian assistance. The evaluation was carried out in parallel with another evaluation funded by the Ministry of Foreign Affairs,[5] whose focus is on internal management systems and learning. As a consequence, to avoid cumbersome duplication of work (a defect often found in evaluation processes), the focus has been given here to field performance. On the basis of the evaluation's findings and conclusions, recommendations for future assistance and arrangements for support are made.

The evaluation is focused on the international humanitarian assistance provided by the NRC, concentrating on the period 1996–2000 (with elements of 2001, when the evaluation was carried out). Aiming to complement the NRC initiated assessment, the present evaluation has covered the following issues:

[5] ECON-Report no. 66/01 « Institutional Learning in the Norwegian Red Cross ».

A statistical overview of public Norwegian humanitarian assistance involving the NRC by geographical area, type of activities, and partners (section 4).

The planning, implementation and termination of projects in which the NRC is operationally involved either bilaterally or under the ICRC/IFRC umbrella (section 5).

- The collaboration between the NRC and the ICRC/IFRC at the central level as well as in the field. The documenting of results of this collaboration through existing reports and knowledge (section 6).
- The role of the NRC as a channel between the MFA and the ICRC/IFRC, as well as the co-operation and exchange of information between the NRC and the MFA on projects for which the NRC is operationally responsible (section 7).

The evaluation team was selected on the basis of experience of the Red Cross and the countries to be visited (with a cumulative knowledge of the Red Cross of more than 10 years of direct professional experience). Mr Emery Brusset, who enjoys extensive experience of humanitarian aid evaluations, particularly in emergencies and crisis (Rwanda and the Balkans), led the evaluation. Dr Inger Agger has worked for many years on social trauma, especially concerning refugees and displaced people. Ms Kerry-Jane Lowery is a specialist of emergency responses and of the ICRC, with field protection experience in Rwanda, the Balkans and Latin America. Mr Peter Wiles has worked over the last twenty years on development and emergency response in India and many other Asian countries and has a wide knowledge of the IFRC.

2.2. Basis of Evidence and Risks in its Use

The evaluation involved a total of 176 person days (or an average of 44 days per person), spread between May and October 2001. Three separate visits were made to Oslo, and two to Geneva. The evaluation is built on a review of documents, interviews and direct observation. Workshops were also organised at all stages of the process: with the country teams and Delegations, and in Oslo.

The interviews have been an important part of the information collection, because of the complexity of operations and the lack of systematic reporting. They have involved NRC and Red Cross personnel, but also a broad spectrum of partners, donors, National Societies, and government personnel (in Norway and in the beneficiary countries). Particular care was taken to speak to beneficiaries, taking into account the limited perspective these often have of the nature of the Norwegian Red Cross, as well as in some of the cases of the sensitivity of the contacts with international personnel. Interviews took the form of semi-structured interviews, focus group discussions, and workshops.

The Terms of Reference allocated three regions for project visits, all involving relief assistance as well as some development projects: India, Rwanda and the Balkans. In the case of the Balkans the evaluation reviewed projects both in Bosnia and Kosovo, resulting in what are effectively four case studies.

Four pitfalls have been found in the accomplishment of the evaluation, some not easily avoidable:

- The first relates simply to length of reporting;
- the second to the representativeness of evidence, and the ability to generalise;
- the third to the depth required of evidence on field activities;
- and the fourth to the optimal process for the synthesis of field based information to produce an analysis of overall performance.

Most of these risks have been resolved through trade-offs.

In the first instance the Terms of Reference stipulate a maximum length of 40 pages, and the Ministry expressed the concern that no additional annexes be used apart from the three required. Due to the importance to be given to the descriptive elements, and the need to marshal evidence, however, it has been decided to extend the report beyond these limits.

The use of case studies carries the inherent risk of non-representative evidence. The countries proposed in the Terms of Reference for the evaluation were, however, relevant to the overall NRC operations in that they allowed the team to consider different geographical areas, different types of operations and phases of emergency relief:

- Natural disasters such as India, with an initial disaster response and subsequent hand-over phase pointing towards rehabilitation and development;
- Complex emergencies such as Kosovo and Rwanda with initial emergency aid and subsequent handover process involving a local partner;
- Rehabilitation phase as seen in the Bosnia case (support to health services).

The team considered, through these projects, different sectors of relief activity in which the NRC has considerable expertise: health, psycho-social services, physical rehabilitation, agriculture and construction work (the NRC is renowned within the Movement for its strength in the health sector and construction). Some (but not all) of the projects related to development activities because of the NRC long-term nature of the objectives: to improve the delivery of health services, restore the livelihoods of rural populations. The countries visited have either suffered from war or a natural disaster. Overall, the evaluation could therefore cover the various sorts of projects NRC tends to implement in the humanitarian aid field.

To enlarge the sample beyond the six projects themselves, the team collected further information about NRC activities in various countries. For example, the evaluators received reports concerning the hospital in Kukes, Albania, which was set up by the NRC. We also discussed the youth programme on humanitarian values that ICRC and NRC carried out in Bosnia. Interviews were carried out on the support given to the Rwanda Red Cross. The team also gained insights into other projects, through interviews, documents, and talks with NGO representatives, NRC and MFA personnel in Oslo and Geneva, and in the countries visited. Naturally professional experience gained elsewhere (including four other evaluations for the Norwegian government) was also used. The information collected more broadly confirmed the verified evidence from the project visits.

In the third type of pitfall the Terms of Reference requested an assessment of the assistance with an emphasis on projects, as well as an assessment of the value of the NRC as a channel. This required a compromise between giving time to the field visits and time to Norway-based information collection, as well as core (multilateral) funding to the Movement. It was decided

in the technical proposal that priority would be given to field information, and this was later confirmed for two reasons:

- It was deemed that this was the area of information least accessible to the Ministry.
- The team realised that the other contemporary evaluation commissioned by the NRC was focusing on headquarters management.

Due importance was also given to relations and procedures in Oslo. The team consulted a number of existing reports, including previous evaluations of the Red Cross Movement, as well as reports by other organisations that work in the same areas as NRC (described in the list of references in Annex 3).[6] Interviews were carried out with nearly all personnel in the International Department. Through this information, the team has been able to gain an understanding of patterns of NRC project management, and the predominant thinking in Oslo. These patterns and assumptions are described in Chapters 2, 5 and 6.

Below is an overview of the six projects that the evaluation reviewed in particular depth. The projects were selected either because they made comparisons possible across countries (Kosovo and Bosnia Herzegovina institutional health) or were in the process of being implemented (Mostar ambulances), or because they were the only NRC projects in the country. The projects' objectives were the following:

- The *Stimlje/Shtime* hospital in Kosovo. In the emergency phase: to cover immediate needs of patients by taking over the managerial responsibility of the institution, including repair of buildings and recruitment of new staff. In the rehabilitation phase: to create an institution for a maximum of 100 severely mentally retarded persons working in close collaboration with the community.
- *Agricultural Rehabilitation* project in Kosovo: To repair and provide agricultural machinery for the affected farmers in the Dreniza region (focus on tractors).
- The *Nyanza* hospital project in Rwanda. In phase one: to provide technical support to the Nyanza district hospital, 10 health centres and the local Red Cross. In phase two: to rehabilitate buildings of the Nyanza District Hospital and provide equipment and medical supplies to the hospital and health centres, as well as to train the hospital's surgical team.
- The *Psycho-Social Health Institutional Development* project in Bosnia: to provide both physical rehabilitation and seminars for the staff linking psychiatry and management to 8 (focus on 4) institutions for mental health patients and geriatrics.
- The *Emergency Ambulance* project in Mostar (in the process of being implemented): to provide ambulances and training to the emergency services of Mostar following the programmes in Sarajevo and Banja Luka
- The *Bhuj* field hospital project in India: to set up a joint Emergency Response Unit (ERU) referral field hospital with a capacity of 300 beds, train medical staff from local Red Cross and government systems and construct a semi-permanent hospital as an intermediate institution until a new hospital has been built by the Indian government.

[6] One major constraint of the evaluation was that it could not have access to internal ICRC documents, even though this has been a major partner of the NRC, and many projects were carried out under the ICRC umbrella (bilateral or delegated). Through interviews with ICRC personnel however the team is satisfied that it obtained all the necessary information.

The ambulance project in Sarajevo (funded in part by the Ministry of Foreign Affairs, as well as Olympic Aid) had been identified for analysis. However lack of documented information, of material evidence, and the fact that the project ended more than a year before the evaluation, led us to the conclusion that it should not be evaluated.[7] The ambulance project in Mostar was selected instead, since it provided insights into the early stages of project initiation.

Beneficiaries of projects were interviewed wherever possible. Patients of health facilities were interviewed in Stimlje/Shtime as well as in Rwanda and India. In relation to the Kosovo project, the team interviewed both beneficiaries of the agricultural rehabilitation programme, and non-beneficiaries, because in this case it was appropriate to have a basis for comparison.[8]

The fourth pitfall is shared with all external evaluations, which, in a limited time, must be able to identify key indicators in field performance and at the same time aggregate the (sometimes conflicting) findings about field effectiveness to the whole organisation. This requires a specific methodology for multi-country studies, which we have described below.

2.3. Evaluation Methodology

The Ministry of Foreign Affairs and the Norwegian Red Cross have developed a framework of operation and objectives in order to carry out their mandates. The evaluation has been asked to evaluate performance against these objectives, using the evaluation criteria most applicable to humanitarian aid. This includes in particular the Red Cross Code of Conduct and the Minimum Standards in Disaster Response of the Sphere Project, even though these are only occasionally referred to in the text. The objectives formulated in 1999 for the year 2000 by the NRC are referred to, as we believe they had been implicitly formulated in the previous years internally, and they represent the fundamental principles of the Red Cross Movement.

The understanding of the word "humanitarian" referred to in the title of the Terms of Reference is drawn from historical Red Cross practice.[9] It covers the types of assistance reviewed here, "not just what is distributed (output), but also *how* and *why* it is to be distributed".[10] The humanitarian imperative must be not restricted to the relief of suffering and loss of dignity, but also its prevention. In other words a project with the long-range objective of providing better health services after a war does not become effective upon the delivery of health resources. It must ensure that they are used towards the continued prevention of suffering. An established consensus on standards of humanitarian assistance has furthermore concluded that in the measure of the possible "local capacity and skills are used and enhanced by humanitarian emergency interventions",[11] thus making a link to development and making an optimal use of donor resources.

[7] It was later discovered that the ECON evaluation had come to the same conclusion on this project.
[8] The Mostar ambulance project was in an early phase, it was therefore irrelevant to seek the view of beneficiaries at the stage the project was at.
[9] "The meaning of the word 'humanitarian' in relation to the Fundamental Principles of the Red Cross and Red Crescent", Jean Luc Blondel, *International Review of the Red Cross*, November 1989.
[10] Ibid, p. 511.
[11] "Minimum Standards in Disaster Response", The Sphere Project, 1998, Geneva

Precise evaluation terminology, particularly for humanitarian aid, is still in the process of being defined. The team has used in a literal way the definitions provided by the updated OECD document drawn up by the Working Party on Aid Evaluation[12]:

Assumptions: hypotheses about factors or risks which could affect the progress or success of a development intervention.

Effectiveness: a measure of the merit or worth of an activity, i.e. the extent to which a development intervention has attained, or is expected to attain, its relevant objectives efficiently and in a sustainable way.

Efficiency: a measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to outputs.

Impact: the totality of positive and negative, primary and secondary effects produced by a development intervention, directly or indirectly, intended or unintended.

Logical framework: management tool used to improve the design of development interventions, most often at the project level. It involves identifying strategic elements (inputs, outputs, purpose, goal) and their causal relationships, and the assumptions or risks that may influence success and failure. It thus facilitates planning, execution and evaluation of a development intervention.

Outcomes: a measure of the likely effects of a development intervention's outputs, usually taken soon after completion of the intervention, and periodically thereafter (after outputs).

Outputs: the products, capital goods and services which result from a development intervention.

Relevance: The extent to which the objectives of a development intervention are consistent with country needs, global priorities and partners' and donors policies.

Results: the measurable output, outcome or impact (intended or unintended, positive and negative) of a development intervention.

This glossary is not fully satisfactory, but it is generally agreed among the evaluation personnel of the OECD member states. It presents the advantage of a degree of consensus, specifically adopted by the Evaluation Section of the Ministry of Foreign Affairs. Because it is, however, focused on development aid, we have introduced the following specific usage:

We understand results to encompass both output and outcome/impact.
We understand effectiveness to mean the degree to which results match objectives.

The evaluation has adopted the logical framework as analytical tool, taking advantage of the projects visited to obtain the required reliability of material evidence. These logical frameworks do not contain a column for indicators or verification (for reasons of simplicity),

[12] « Glossary of Evaluation and Results Based Management Terms », April 2001, ref : DCD/DAC/EV (2001) 3.

but rather one for realisations. Indicators of performance are based on the analysis of the gap separating planned results from the results actually achieved, followed by an analysis of the constraints which might explain these gaps. The key was then to identify, among those constraints, those that could be traced to NRC practices, and to identify the assumptions about the assistance that explained these practices.

Six draft evaluation logical frameworks were deducted from the information available in reports and in the field. It was not possible to draw up a log frame for the ambulance project as this is still in the design stage. The evaluation, however, drew up a logical framework describing the way in which the Norwegian Red Cross co-operates with the ICRC and IFRC and the Movement as a whole. We have captured the horizontal issues by relating the pattern of similarities between the projects to information collected in Oslo and Geneva, and constructed a synthetic logical framework placing assumptions at the centre, in the section on conclusions.

The team feels that, since the humanitarian activities undertaken by the NRC are very dependent on context, it is not productive to analyse the projects individually in detail through the logical frameworks. These six rough logical frameworks are instead drawn together to identify recurring common elements.

The analysis in the main body of the text reviews the project information in a narrative form against the existing planning and implementation procedures, defined from visits, reports and interviews in Oslo and Geneva. The report then focuses on the key assumptions made (either implicitly or explicitly) by Norwegian personnel. It is by altering these assumptions, when flawed, that the performance can be improved

3 Description of the Red Cross

3.1. The Red Cross Movement

The Norwegian Red Cross is among the largest of the 177 National Red Cross (or Red Crescent) Societies around the world. The importance it has from the point of view of the Ministry of Foreign Affairs derives in great part from its relations to the International Red Cross and Red Crescent Movement, to which the NRC belongs, as well as to a dense network of services irrigating society inside Norway. The Red Cross Movement is in fact the largest humanitarian network in the world with a presence and activities in almost every country.

The International Red Cross and Red Crescent Movement is unified and guided by seven Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality. It is composed of:

- The International Committee of the Red Cross founded in 1863 ;
- The International Federation of the Red Cross and Red Crescent Societies founded in 1919;
- The National Red Cross and Red Crescent Societies.

The International Committee of the Red Cross is an impartial, neutral and independent organisation. It is at the origin of the International Red Cross and Red Crescent Movement and is the guardian of the Geneva Conventions, which are an integral part of International Humanitarian Law.

The Geneva Conventions are the backbone of the Red Cross Movement and have been ratified by most states in the world. ICRC's exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It also endeavours to prevent suffering by promoting and strengthening international humanitarian law and universal humanitarian values. ICRC conducts and directs the Movement's relief activities in situations of conflict, and under such circumstances it becomes the lead agency with the other segments of the Movement who are present working under its 'umbrella'. It decides on the strategy to be adopted and is responsible for security.

The International Federation of the Red Cross and Red Crescent Societies is the world's largest humanitarian organisation. IFRC's mission is "to improve the lives of vulnerable people by mobilising the power of humanity".[13] It co-ordinates and directs international relief operations to assist victims of natural and technological disasters, to assist refugees and in health emergencies. It is also engaged in development work to strengthen the capacities of its member National Societies and through them the communities they work alongside. IFRC also promotes co-operation between National Societies and assists them in increasing their capacity to develop and carry out health, social and disaster preparedness programmes.

There are 177 National Societies, representing almost every country in the world. They embody the work and principles of the International Red Cross and Red Crescent Movement. They provide services such as disaster relief, health and social programmes acting as auxiliaries to the public authorities of their own countries in the humanitarian sphere. This unique network of National Societies is one of the Movement's principal strengths. It enables the Movement to reach individual communities and gives it a privileged insight and access into different cultures allowing it to respond effectively in times of need.

For the purpose of this report the National Society of the country where NRC is implementing a project will either be called the National Society of the host country, the local Red Cross or the Operating National Society.

Although they share the same principles, these bodies are independent of each other. Each has its own individual status. The Federation and Committee have struggled throughout their history to strike a healthy balance between them. These problems of overlap and lack of clarity and consistency in roles and approaches could become a thing of the past if a Movement wide strategy is adopted soon. Discussions are underway at the present time, after a successful 'joint' approach in Kosovo. The recently signed Seville Agreement was a step in the right direction, and further steps should be taken so as to maximise on the full potential of the Movement.

As a rule, the National Societies contribute to the ICRC and IFRC funding. The NRC, like other National Societies, carries out extensive domestic fundraising and provides services within Norway, in addition to the international operations that are covered by this evaluation.

[13] IFRC : World Disasters Report – Focus on Recovery. 2001.

The ICRC co-operates as closely as possible with the National Societies in the countries it operates in. For protection activities (central to its mandate, as described above), however, ICRC tends to work alone. This includes the assessment of needs, sharing findings with the authorities through a constructive and confidential dialogue, and recommending corrective measures. The work of protection as defined in the Red Cross and humanitarian law is essentially one of *persuasion*, and in no circumstance will the protection personnel use force, place themselves between the authorities and the persons protected, or generally substitute themselves to the authorities. This is a fine but fundamental difference in the meaning given to protection from that found in current international UN Security Council Resolutions, for example. It is however widely used and understood in international law and humanitarian work.

Protection refers to activities undertaken by neutral and impartial actors at the point where individual rights (defined by national and international law) meet the demands of public order and security. It must on no account be confused with the provision of security, which relies on the public use of force. Protection activities involve a vast range of activities, such as visits to prisoners of war, accessing areas where ethnic minorities live, negotiating access to places or people with warring factions or authorities, establishing links with individuals or families who have lost a relative in the conflict or aftermath, contacting people who have relatives who have disappeared, delivering Red Cross Messages from imprisoned relatives, families in exile, or those unsure if and where their relatives are living.

The delegates (expatriate staff) who carry out such work are constantly in contact with the government, local authorities, the different parties to a conflict or local leaders (the actors vary dependent on the situation on the ground) to uphold the Geneva Conventions, and discuss issues relating to the well-being of some parts of the population. For example, negotiated access to certain geographical areas or segments of the population, improvement of prison conditions, facilitation of the establishment of a link between opposing parties. Protection work is of a very delicate and confidential nature hence the tendency to work alone, rarely involving the National Society of the host country or Participating National Societies working under the ICRC umbrella.

In other areas, however, the ICRC does call upon specialised teams from other National Societies (Participating National Societies) to carry out certain projects for which it does not have capacity at hand. These are known as delegated projects. It also seeks to work alongside the National Society of the host country when possible.

When present in a country the Federation must work with the local National Society whereas ICRC does not have this obligation. However, the various parts of the Movement endeavour to work closely together (this trend is increasing). The Federation and the ICRC have important partners in the local National Societies, which they seek to strengthen and co-operate with. Delegates (international field personnel) carry out the work of and represent the ICRC, the Federation and Participating National Societies in the field.

3.2. The Norwegian Red Cross Objectives

As an organisation operating across regions in Norway, founded in 1865, supported by the financial contributions of some 200,000 members, the Norwegian Red Cross enjoys a unique prestige in Norwegian society. In accordance with its overall programme of activities,[14] defined in October 1999, the NRC seeks to promote solidarity in the country and abroad.

Its main overall objectives are to:

- actively engage in preparedness and emergency related work, and be able to provide assistance in case of accidents and emergency situations;
- contribute to establishing a safe society with greater equality and respect between people, free of violence, xenophobia and racism;
- provide help and care, and improve living conditions for vulnerable people in Norway and abroad;
- encourage voluntary work.

Inside Norway the main activities of the NRC translate as care for vulnerable groups, the mountain rescue service, support to AIDS victims, and a full-time telephone help-line for young persons in distress.

The Secretary General executes the decisions of the General Assembly and National Board. The International Department is in charge of all operations outside Norway, including relations to the Movement. It is one of five Departments, and operates in a highly autonomous manner. It has attracted considerable interest on the part of the successive Secretary Generals of the NRC over the years, and figures highly in public information in the country's media.

The International Department, currently numbering 32 staff members, is divided into four sections. The Relief Section plans and executes Norwegian Red Cross involvement in emergency operations, mostly basing itself on the proposals sent out by the IFRC and ICRC, supported by field assessments frequently undertaken by NRC staff. In the year 2000 70 per cent of the funding for this Section (whose work formed the core of the present evaluation) comes from the Ministry of Foreign Affairs. The Development Section supports the national Red Cross and Red Crescent societies around the world, and received 50 per cent of its funding from the Ministry in 2000 (and 31 per cent from NORAD). The Resources Section operates the department's financial systems once projects have been defined in the Relief and Development Section. The Delegate Section recruits and supports delegates (i.e. field personnel of the Red Cross) either for NRC projects or on secondment to the ICRC or IFRC.

The Development Section is divided geographically between four regional co-ordinators, two health co-ordinators, a development Special Adviser, and a district co-ordinator in charge of liaison with the domestic Red Cross in Norway. The Relief Section, on the other hand, is structured by projects, with the result that countries in situations of crisis often receive projects handled both by the Development Section and the Relief Section. Both these sections are responsible for the planning, resourcing and monitoring of the projects.

The management of relations with the Ministry of Foreign Affairs and NORAD is carried out by the Resource Section. Because of the project structure of the financing of the NRC, considerable staff time is spent on applications for funds and reporting to these bodies. This

[14] Hovedprogram for Norges Røde Kors 2000–2002.

application and reporting process reaches a peak in the months of January and February, May and June, and from mid-August to early November. During these periods staff from the other Sections are drawn in, and the field orientation of the Department is reduced.

The Delegate Section is responsible for the human resource functions of the International Department in the field, including the debriefing of personnel. The NRC receives some 15 applications for missions per week, and there is no shortage of personnel. However, the request from the international Red Cross for field experience for missions, as well as a lack of French and Spanish-speaking delegates, has hampered recruitment for certain regions. Respondents have repeatedly emphasised their high opinion of the quality of personnel put forward in the field by the NRC.

The overall objectives of the NRC flow into the objectives of the International Department, mainly through an emphasis on emergency assistance, and the promotion of international humanitarian law. The contributions formulated[15] are:

- Increased understanding and respect for International Humanitarian Law and improved protection of civilians in times of war and conflict;
- Strengthening of the national Red Cross and Red Crescent societies, upholding their integrity, independence and operational capacity;
- Providing humanitarian assistance in areas affected by conflict and natural disasters through the Red Cross network;
- Strengthening of the ICRC and IFRC.

The documents then describe the ambitions for the dialogue between the International Department and its stakeholders, in particular:

- Providing information on global humanitarian challenges (objective *vis-à-vis* the government);
- Linking emergency relief and support for long-term development (emphasised repeatedly in the NRC policy document).

The Norwegian Red Cross does not carry out its own projects managed solely from headquarters. Instead it works through the Red Cross Movement in four principal modalities:

- By supporting activities under the strategic plans of the ICRC/IFRC and under their operational responsibilities through responses to appeals (often called multilateral funding);
- By taking on the responsibility for projects that the ICRC delegate to NRC, within the ICRC budget. The NRC is responsible for the implementation of operations, in coordination with ICRC. In these cases the NRC personnel have equal rights and responsibilities as ICRC delegates;
- By entering into agreements with the ICRC to take on the operational responsibility for a project, outside the ICRC budget. Co-operation, not least with regard to policy and security, still takes place, and these projects are referred to as ICRC bilateral projects;

[15] Objectives of the International Operations of the Norwegian Red Cross, 2000–2002.

- By entering into bilateral co-operation with another National Society through a direct agreement.

The decision-making process involves all the Sections of the International Department, with the Development Section dealing mainly with the IFRC, Relief with ICRC, Resource for the Ministry and NORAD policy environment, and Delegates for the availability of personnel. The level of approval for the preliminary project proposal in the NRC depends on the sensitivity and the volume of funding proposed. It may be given by the Head of Section, the Head of the International Department, or the Secretary General. However the Regional or Relief Co-ordinators are the ones responsible for all aspects of the project cycle.

The priorities used both for the appeals and the projects (some 155 proposals in 2000) are allocated in Oslo according to the following criteria:

- NRC strengths in the sector proposed (mostly in health, and the provision of highly qualified delegates) ;
- Country experience or priority given to the country by the MFA (this may change rapidly due to the nature of crisis response and shifting foreign policy priorities) ;
- Ability for the IFRC or ICRC to find alternative contributors (this tends to mean that the NRC becomes involved in areas requiring prolonged commitments or high logistical costs) in some of the cases where the origin is the ICRC or IFRC.

3.3. The Norwegian Red Cross Project Management Procedures

Two separate channels are defined for the purposes of this evaluation in terms of NRC proposal procedures, one in response to projects, and one in response to multilateral needs expressed by the IFRC/ICRC through the appeals.

The appeals relate either to natural disasters, which come from the IFRC, or to conflict, and come from the ICRC. There are annual appeals for ongoing operations, and emergency appeals, for sudden fluctuations in needs. For both types there is a standardised procedure using the "Appeal evaluation form". All appeals are evaluated by the Relief Co-ordinator, who consults with the Regional Co-ordinator, the Health Co-ordinator (if appropriate), the Delegate Section for human resources, as well as the IFRC and ICRC for clarification on certain aspects if needed. The response to the appeals (annual or emergency) is based on an assessment of the level of funding available and geographical priorities. In recent years, the emphasis given in the MFA to conflict situations and the pursuit of peace has dictated a shift towards more funding for the ICRC, which has the relevant mandate.

The Relief Co-ordinator recommends whether the NRC should support the appeal, and whether delegates, cash or in-kind contributions are more relevant. The appeal is then submitted to the Head of Relief Section for approval. The next step is to confer with the MFA on funding, usually not questioned at this stage. Then the application is written and submitted to the MFA. If the application comprises delegates and/or in-kind as well as cash, the Relief Co-ordinator is responsible for writing the application and further contact/follow up towards the MFA. If the application is cash transfer only, the Project Officer is responsible.

The project (bilateral or delegated) is the principal other mode of intervention of the Norwegian Red Cross humanitarian aid, normally amounting to around a million NOK (many projects pass the 2 million mark, some, covered in this evaluation, reach the 30 million NOK mark). It complements funding to institutions given in response to the appeals, but is more sporadic and dependent on world events and Norwegian funding priorities. The delegated project is seen as a direct contribution to the ICRC operations, giving the NRC the benefits of all ICRC facilities, in exchange for an administrative overhead of 6.5 per cent. The bilateral project is more recognisably related to the NRC.

Emergency bilateral and delegated projects are based on formal contacts with the IFRC and ICRC. The delegated project is identified directly by the ICRC in the field, for the most part, and a proposal and budget are submitted to the NRC (or other partner National Society). In all other cases it is through visits to the field by Oslo personnel that projects are first identified. In some cases the appeals made by public authorities (such as the UN administration in Kosovo) are also used to inspire a new proposal. Specific contributions by Norway are discussed with these organisations, and in a second stage specific identification missions are occasionally undertaken by NRC personnel for headquarters, checking against the country strategies of the IFRC and ICRC, with particular inputs foreseen.

Once a project has been identified and received preliminary approval within the NRC, it is discussed with the Ministry, at first in a very informal fashion, at a level depending on the volume or sensitivity of the projects. During these discussions the Ministry contacts the Embassies, the operational and geographical personnel which might be concerned by the project, and an estimate of the desirability of the project is given. This is often conditioned by the level of funding earmarked annually for a given region, even though a global reserve is set aside for sudden new emergencies. This often means that the ability to fund a project increases towards the end of the year. The Ministry retains the final control of priorities and funding, but remains highly dependent on the information provided by the NRC for the exact nature of the projects.

The project, once the Ministry has expressed interest (or at least the NRC is confident of funding), is discussed in detail with the Red Cross delegations in country, at the capital and sub-delegation level. The ICRC and IFRC are fully informed of the content of projects, and have the ability to oppose a veto. This is rarely exercised, as the large investments of the NRC are often appreciated, at least as a complement to mainstream Red Cross policy in the country.

The actual project proposal (at this stage quite distinct from the appeals) is then sent to the relevant Ministry Department, depending on the region and type of project. A rather low proportion of projects proposed are refused,[16] at this written proposal stage. The document and contract are used as reference for subsequent financial and narrative reporting, and implementation can begin rapidly.

Delegates are sent to the field for bilateral and delegated projects, as well as in response to the appeals. Local staff members are also recruited on fixed term contracts. The delegated project

[16] In 2000, for example, out of 155 applications, 47 received funding as requested, 53 were accepted with budget reductions, 40 were refused, 7 received no response, 5 were not prioritised by the NRC, and 3 were delayed for funding in 2001.

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teams are placed under the authority of the ICRC Head of Delegation, while those of the bilateral projects are more isolated in the country operations, reporting for security and administrative or logistical issues to the ICRC and IFRC. While in theory they should be supported directly from Oslo, in practice the administrative burdens in Oslo, and the complexities of humanitarian operations, mean that teams on bilateral projects function in a very autonomous fashion. This can become problematic for staff who work in highly stressful environments, such as mental health institutions in countries in transition (for example the Shtime/Stimlje hospital in Kosovo).

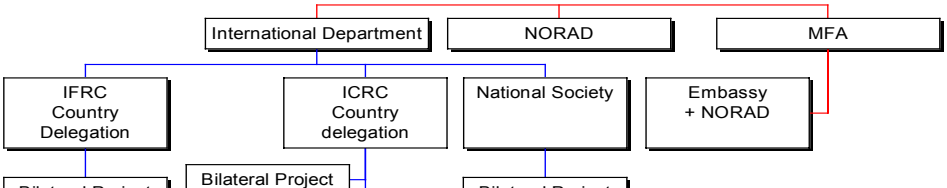
The reporting during and at the end of the project is highly unsystematic internally to the NRC, and very summarised to the Ministry. There is an annual report to the Ministry on all projects, and the final project report, upon completion, is essentially a financial report. Internal project reporting is based on a dual system of situation report (which may be weekly, monthly, or less frequent) and end-of-mission report. There is no format for either. The most important information is collected through telephone, fax and e-mail correspondence, as well as field visits. Summaries of past performance are occasionally prepared when new phases are due to be planned for projects. The diverse background of field personnel, and the difficulty of recruiting people with a long experience of the Red Cross, mean that the reports are of a very variable quality.

Termination is usually decided upon conclusion of the finalisation of all planned outputs, or because of the non-availability of funds, rather than the achievement of objectives defined in terms of outcomes and handover strategies. The discussions about how to end with local partners are often quite limited. At the termination of the project the final payments are made, resources handed over to local partners, and the Delegates return to Norway, occasionally to a post in Oslo or another post abroad, more frequently to their traditional career in the country (predominantly in the health sector). Even if monitoring missions are planned to follow the effect of projects, these rarely take place. Delegate end-of-mission reports are stored in Oslo, and shared with personnel working on the country, but these do not follow a specific format.

The geographical priorities expressed in NRC funding levels (in the year 2000 the Federal Republic of Yugoslavia, Russia, Rwanda, Somalia, Colombia, and Iraq) reflect this combination of criteria: strategic priorities for the Ministry (these are not described in priority countries in humanitarian aid, but depend on an evaluation of the significance of a country at the time of crisis), the sectoral nature of projects, and historical links to the National Societies. This does not contribute to a transparent process, and is the result of multiple tradeoffs. In essence it reflects the highly tuned prioritisation taking place from the Movement field delegations and National Societies, Geneva, and Oslo.

The organisation of the international operations could be represented in the following way:

Simplified Structure of the Movement Receiving Government Funding



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The large number of projects managed (300 on average per year) leads to considerable communication work (proposals and reporting), to the detriment of initial planning and field support. A large part of NRC headquarters' staff time is consumed by this process. This work is essentially carried out between the NRC and the Government in Oslo. Little information trickles down to Geneva and the field, and the Embassies generally only have a global overview of the projects.

The NRC procedures for the planning and implementation of projects are of a unique nature. Critics have complained that the NRC is limited to translating from English to Norwegian the appeals sent out by the Red Cross Movement. This would be a gross misreading of the situation. The NRC is indeed carrying out a translation, but of a more fundamental and sweeping nature than perceived. It is able to understand simultaneously the political priorities in Norway and the priorities expressed by the Red Cross around the world in technical terms. It is in a position to define the aspects which could be supported and so add predictability to fundraising. It can draw on a nationwide network of recruitment in a society highly tuned to overseas aid work. Even more significantly, it enjoys the benefits of many years of investment in emergency response mechanisms, such as the Emergency Response Unit effectively used by the IFRC. It also enjoys a sufficient level of trust from the Ministry to have great delegated authority in altering the content of projects to match changes in the local situation.

4 Statistical Overview of Operations

Funding received and given by the Norwegian Red Cross exhibits two general characteristics: an increase in overall levels that has been continued from the eighties, and a balanced geographical distribution. This highlights the global nature and continuity of the Red Cross network of assistance in the late nineties, as well as the privileged status of the Norwegian Red Cross in Norway, based on trust and predictability.

1.485 billion NOK of Government funds, including overhead, were received and disbursed by the NRC in its international operations over the period 1996 to 2000. The yearly levels have been gradually increasing since 1990, even though there was a slight drop in 2000. Over the last two full years (1999 and 2000) the total amount received and disbursed excluding overhead was 610,014,714 NOK, made up of 80,117,806 NOK from NORAD and 529,896,908 NOK from the Ministry. The NRC also contributed 254,917,708 NOK from its own private funding. The Norwegian Red Cross is the largest recipient of humanitarian aid funding in Norway.

Total MFA and NORAD income received and disbursed by the NRC (NOK)

	1996	*1997*	*1998*	*1999*	*2000*
With overhead	229,682,000	298,185,596	325,873,166	330,603,212	300,846,426
Without overhead	221,867,361	291,881,240	314,816,482	319,234,630	290,780,084

Source: NRC

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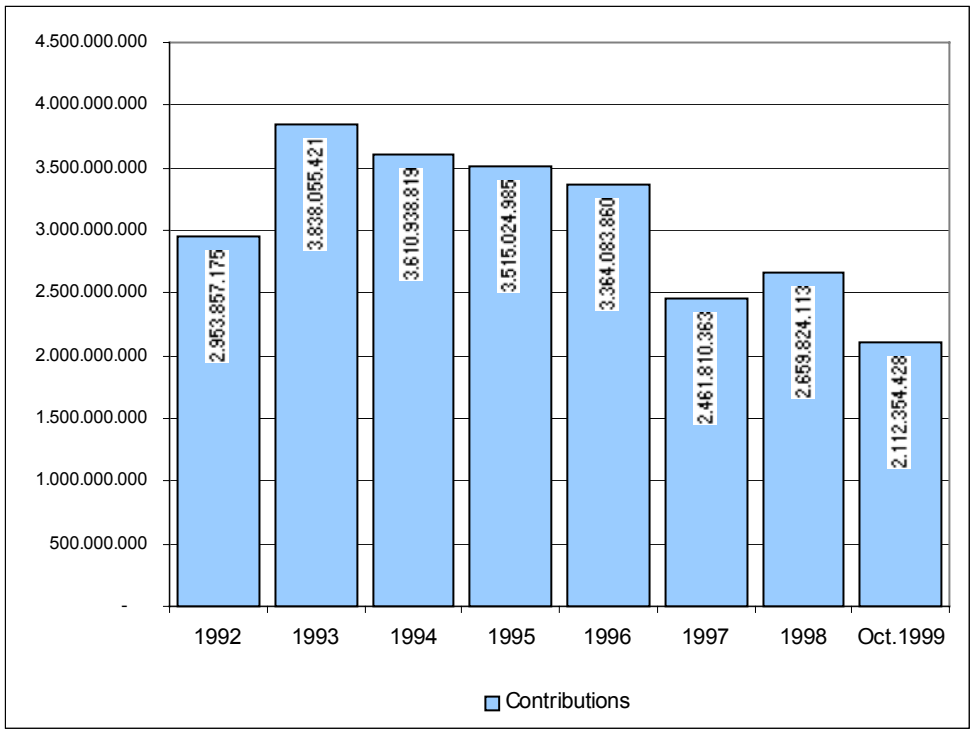
Worldwide response to the UN Inter-Agency Consolidated Appeals (US$)



Source: OCHA

The two tables above suggest that financing given by the Government to the Norwegian Red Cross has continued to increase over the last four years, as it had done since 1986 (when it received 50 million NOK). The higher peaks of 1998 and 1999 can be attributed to operations in Europe (Bosnia Herzegovina, the Federal Republic of Yugoslavia), leading to a slight drop in 2000. This trend in NRC funding is not related to the general funding trends for humanitarian assistance in the world, as shown in the response to the UN Inter-Agency Consolidated Appeals for example (the figures are from the OCHA Financial Tracking Unit). Instead the upward trend since 1986 is maintained in the last four years. This could indicate the value of an agency lobbying close to its main donors and public, whereas there appears to be less confidence given to organisations more removed from the domestic scene.

The NRC receives approximately 10–12% of total government funding to NGOs, a dominant status it shares with Norwegian People's Aid, Norwegian Church Aid, Save the Children and the Norwegian Refugee Council.

Total MFA and NORAD funding to NGOs worldwide 1996–2000
(in 1,000 NOK)

	1996	*1997*	*1998*	*1999*	*2000*
MFA	1,025,154	1,050,396	1,171,038	1,283,925	1,076,605
NORAD	951,735	1,074,568	1,183,595	1,266,105	1,332,410
Total	1,976,889	2,124,964	2,354,633	2,550,030	2,409,016

Source NORAD

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The following figures represent the total international budget of NRC, as based on NRC data. These figures include all sources of funding, for the most part from the Ministry of Foreign Affairs, NORAD and private donations.

Expenses per region 1999 and 2000 (NOK)

Amount (approx.)	Year	
Region	1999	2000
Admin. & Inst Dev	21,288,438	19,315,680
Africa	107,155,403	110,346,525
Americas	31,212,248	24,448,192
Asia	58,027,159	47,682,846
Europe	172,738,948	100,288,085
Global	38,480,125	48,584,696
Middle East/North Africa	33,455,197	50,175,259
Total	462,357,518	400,841,283

Per region and channel 1999-2000

Region	Year	IFRC	I CRC	BILAT	OTHER	Total
Admin. and Inst Dev	1999	1,328,109		407,405	19,552,925	21,288,438
	2000	1,492,647		153,578	17,669,455	19,315,680
Africa	1999	25,351,546	59,599,466	21,903,334	301,058	107,155,403
	2000	37,676,814	49,329,210	23,040,501	300,000	110,346,525
Americas	1999	10,458,435	19,099,821	1,653,992		31,212,248
	2000	6,275,572	15,190,595	2,982,026		24,448,192
Asia	1999	38,731,036	12,947,091	4,522,450	1,826,583	58,027,159
	2000	27,857,522	14,812,162	5,013,162		47,682,846
Europe	1999	36,652,783	65,496,322	32,715,722	37,874,120	172,738,948
	2000	19,516,306	67,831,587	10,801,630	2,138,563	100,288,085
Global	1999	2,262,108	31,166,835	689,157	4,362,024	38,480,125
	2000	8,556,470	33,536,754	767,365	5,724,107	48,584,696
Middle-East / North Africa	1999	10,244,111	23,211,086			33,455,197
	2000	17,954,126	28,676,193	3,544,940		50,175,259
Total		244,357,584	420,897,121	108,195,261	89,748,835	863,198,801

Expense per region, year and donor (NOK)

REGION	*YEAR*	*TOT.COST*	*MFA*	*NORAD*	*NRC*
Admin/Inst Dev	1999	21.288.438	1.700.000		19.588.438
	2000	19.315.680	574.324		18.741.356
Africa	1999	108.648.361	67.007.570	22.921.825	18.718.966
	2000	110.346.525	68.305.547	22.552.097	19.488.881
Americas	1999	31.452.910	24.596.090	983.080	5.873.740
	2000	24.448.192	17.435.091	.446.592	5.566.510
Asia	1999	58.027.159	45.858.959	656.004	11.512.196
	2000	47.682.846	40.026.777	1.152.972	6.503.097
Europe	1999	172.738.948	87.519.797	6.753.345	78.465.806
	2000	100.288.085	53.669.429	3.490.566	43.128.090
Mid East N. Af	1999	33.455.197	20.494.239	8.195.288	4.765.669
	2000	50.175.259	32.767.164	10.050.263	7.357.832
GLOBAL	1999	38.480.125	32.548.432		5.931.693
	2000	48.584.696	37.393.487	1.915.775	9.275.434

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Total	1999	464.091.138	279.725.088	39.509.542	144.856.508
Total	2000	400.841.283	250.171.820	40.608.264	110.061.199
		864.932.421	529.896.908	80.117.806	254.917.708

The item labelled "administrative and institutional development" corresponds to funding given by the NRC to National Societies for their operational costs, as well as personnel on loan and specific projects that do not fit the other categories. It gives the NRC a degree of flexibility in the countries of operation, which is much appreciated by its partners.

The priority has been given to Europe, Africa, and the Middle East, reflecting Norwegian foreign policy priorities. These figures reveal the NRC's great capacity to fine-tune its funding for the ICRC or IFRC on the basis of the types of needs found in each region. The higher proportion given to ICRC, as seen in Latin America and Africa as opposed to Asia, reflects the proportion of conflict related emergencies as opposed to sudden onset disasters in Asia, which fall under IFRC's mandate.

The two years analysed here clearly highlight the preference given by NRC to ICRC. This is related (on the part of Ministry officials as well as NRC staff) to the strategic priority given by the Ministry of Foreign Affairs to conflict related projects when working with the NRC, as opposed to the more developmental approach of NORAD. It would also appear to reflect a greater confidence given to the administrative, logistical and security systems of the ICRC (as shown in the Nyanza hospital project which NRC shifted from the IFRC to the ICRC for these reasons). This dimension could not be easily verified, but has been mentioned repeatedly in interviews.

This preference has undoubtedly had an effect on the profile of the projects:

- A great emphasis on structured teams with a high degree of delegation of authority and an implicit acceptance of the overall operational framework;
- A lower emphasis given to the termination and handing over of projects, as opposed to a greater sensitivity to the local perceptions of the project and the public perception of the emblem.

This greater emphasis on an increased orientation towards relief over development (defined in the Movement in institutional development terms rather than in economic development ones) is also reflected in the proportion of funding given to the IFRC projects by NORAD:

Distribution by donor and channel (without overhead) (NOK)

	1996	*1997*	*1998*	*1999*	*2000*
Total NORAD	29,624,151	38,309,863	44,197,311	39,509,542	40,608,264
ICRC	N/A	N/A	N/A	964,453	377,358
IFRC	N/A	N/A	N/A	21,503,549	22,672,160
Bilateral	N/A	N/A	N/A	17,041,540	17,558,746

Source: NRC

This focus on the IFRC and bilateral projects reflects the division of areas of responsibility between the Ministry of Foreign Affairs and NORAD. It has, however, led to a certain polarity within the NRC. The evaluation visited a project which began with Ministry funding

and became much more developmental after being endorsed by NORAD (Health Institutions in Bosnia). This project, which generated useful technical knowledge in technical co-operation suffered from a lack of integration into the mainstream work of the NRC.

These proportions can better be appreciated in the following table, which is another version of the previous table. The figures are not the same. NRC notes that differences are due to variations in bookkeeping procedures, e.g. time periods.

Distribution of MFA & NORAD funds by channel of funding (NOK)

	1996	*1997*	*1998*	*1999*	*2000*
ICRC	42% = 93,184,292	40%=116,752,496	48%=151,111,911	55%=175,823,702	55%=158,592,556
IFRC	40% = 88,746,944	42%=122,590,121	37%=116,482,098	30%= 94,086,644	32%= 93,208,217
Bilat. + other	18% = 39,936,125	18%= 52,538,623	15%= 47,222,472	15%= 48,230,642	13%= 38,812,785

Source: NRC

The following figures reflect the proportions of funding given by the Ministry to the different modes of the Red Cross operations. Multilateral projects are core funding to the ICRC and IFRC, delegated projects are those which are exclusively NRC but closely integrated into the ICRC/IFRC objectives, and bilateral in the ICRC are those which benefit from some support from the ICRC while less integrated into the strategy. Those labelled simply bilateral are the projects the NRC manages outside the IFRC or ICRC operations.

Distribution by donor and channel (only MFA without overhead) (NOK)

	1996	*1997*	*1998*	*1999*	*2000*
Total MFA	19,243,210	253,571,377	270,619,171	278,631,446	250,005,294
ICRC multilateral				149,125,527	135,494,891
ICRC delegated				19,779,960	15,052,665
ICRC bilateral				5,953,762	7,667,642
IFRC multilateral				57,471,083	69,960,295
IFRC bilateral				15,112,012	575,762
Bilateral				21,394,080	15,651,942
Other				9,795,022	5,602,097

Source: NRC,

The table highlights the significance of the appeals in the overall NRC operations: 74 per cent in 1999 and 81 per cent in 2000. The ICRC general operations are given the priority and, to a lesser extent, those of the IFRC. There is a preference for projects that are more closely integrated into existing operations (primarily those of the ICRC).

5 Effectiveness & Relevance

5.1. Outputs

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All the projects visited by the evaluation team showed a high level of correspondence between the objectives and the timely achievement of outputs, as well as between the reporting on outputs and the outputs that could be verified. The international operations show a uniformly high level of effectiveness as regards output delivery in a wide variety of environments. The assessment of the six projects visited by the team is consistent with its understanding of several other NRC projects it has discussed during its meetings with NRC and other personnel. Comparing NRC projects with those carried out by other National Red Cross Societies known to the evaluators, the NRC was distinctly innovative and original. Reliable funding and the strong work ethic of its personnel have often been key to the NRC's ability to meet its objectives.

The NRC has a strong capacity for emergency response in Oslo. This is demonstrated primarily by the emergency deployment of hospital equipment and personnel in India. It is also demonstrated for example by the assistance provided for the Shtime/Stimlje Special Institute in Kosovo. The identification of this project was in accordance with the overall objectives of the humanitarian aid of both Ministry and NRC. It required an operational and technical capacity few agencies in the field had. Project implementation began promptly in September 1999 and the organisation has since ensured continuous support. This continuity is essential to a high profile project and for a structure with highly dependent beneficiaries.

There were approximately 300 mentally handicapped patients of all ages (from five years upwards) living in sub-human conditions in Shtime/Stimlje. Aid co-ordination mechanisms agreed that ICRC, with its experience and strengths, should ensure the basic needs of the patients in an initial emergency phase of 6–12 months. ICRC delegated the managerial responsibility of the institute to NRC who began improving the standards and levels of care offered by the institution.

Likewise, with regard to the assistance to the victims of the earthquake in India, NRC fully achieved its objectives of providing an emergency referral hospital in the immediate aftermath of the disaster when government facilities and staff were mainly out of action. The NRC response appears to have been efficient and effective with no significant outbreaks of infection in the hospital and the provision of equipment that was appropriate and of a high quality. The field hospital has been widely praised for its work and standards of treatment and care.

The emergency physical rehabilitation of structures and materials is also a thoroughly developed speciality of the NRC. This includes the following in the projects visited: hospital and health structure rehabilitation (most notably in Rwanda but also in Bosnia Herzegovina and Kosovo); agricultural equipment repair and donation (a large-scale tractor repair project in Kosovo which mobilised 28,394,862 NOK in 2000); and household items for populations in health institutions. Two aspects are particularly important for this performance: the logistical resources and speed of deployment and the dedication of personnel operating in extremely difficult environments. Both rely in part on the public support the NRC enjoys in Norway.

Technical co-operation relating to the training of staff and the development of institutions in the health sector were reviewed during the evaluation. Even though such activities are not normally a major component of NRC projects, the performance has been good. Visits to the Bosnia institutional development demonstrated continuity in the phasing of objectives (from

relief to development), strong implementation capacity and an adaptable approach over the five-year project period. In particular, a strong sense of partnership and mutual respect has been created with the institutions. Results have been achieved with modest budgets and links have been established between patients and public health authorities. Moreover, the staff has been spurred on to perform in increasingly valued and creative ways, beneficial to all.

5.2. Outcomes and Handover to National Partners

The NRC has not given outcomes the attention they deserve when defined as the range of changes occurring beyond the delivery of quantitative outputs. Without this focus the projects risk becoming less relevant and achieving a much lower quality/cost ratio. Moreover most of the projects visited have shown weak or non-existent relations to the National Red Cross societies (with the qualified exception of the response to the earthquake in India). This reduces the relevance of NRC contributions from the Red Cross value perspective.

The high standards in the design and first phase of projects is partly to blame. In two of the three hospital projects (Kosovo and India), NRC was addressing the needs of the poor and the marginalized: mentally handicapped in Kosovo; poor people in India that could not afford the private hospitals. The NRC took on the costs, but handover becomes naturally a problem. In Rwanda, the project was also aimed at providing improved structures to the local people, although patients had to pay a small amount for treatment and medicine. This made treatment unaffordable for many – a dilemma due in part to government changes of policy.

The most significant problems faced by the NRC in achieving satisfactory outcomes are illustrated in the rehabilitation of the Nyanza hospital in Rwanda. This project, totalling 18,422,365 NOK, was successfully begun in 1996 and ended in February 2001. The evaluation visit to the hospital showed a very low attendance rate (less than a third of capacity for the total hospital and a quarter for the surgical unit), and understaffing. Even though the structure itself was of a high quality and hence relatively sustainable in itself, there was evidence that the NRC investment had ignored contextual factors that dictated the relevance of the project.

The evaluation visit identified the following reasons for low attendance: the price of health services and difficulties of transportation (relatively high official costs of services are topped up by additional informal fees, with a resulting cost far superior to the means of the population of this rural district); distrust in the quality of staff; and a more deeply seated distrust of an ethnic nature (resulting from the wars of the nineties). The NRC did not take these concerns into account. It preferred the Government of Rwanda's priorities for a high-level hospital against those of the Rwanda Red Cross, and to a degree ICRC, for a more modest rehabilitation and more community outreach. UNICEF reports that the mortality and morbidity in the district have not been affected by the renovation of the hospital.[17]

The lack of handover is another element weakening project performance. It is partly due to the conditions that prevail in emergencies: weak or politicised local Red Cross structures

[17] It must be said that the excessive cost of treatment at the Nyanza hospital stems primarily from a policy set by the Ministry of Health of Rwanda, and is therefore outside the control of the NRC. It runs against the agreement reported by the NRC.

(Rwanda, Bosnia Herzegovina, Kosovo, India), and communication difficulties. These difficulties are compounded by the limited availability of delegates with experience in transition management in IFRC (India). The local Red Cross may itself be an ineffective partner, due to the destruction of the Society through conflict (Rwanda) or to the division of the Society along ethnic or religious lines leading to the existence of separate and unrepresentative entities (Bosnia Herzegovina, Kosovo).

The lack of handover is not a problem unique to the NRC, but no measures are taken here to reduce it. The programmes often do not offer clear inroads for the country's National Society to intervene. The projects themselves include few, if any, of the traditional activities the local Red Cross is engaged in, rendering inclusion or participation difficult. Once programmes are underway, it is sometimes possible to devise processes to involve the local Red Cross more decisively – however this is rarely done.

In the institutional development programme in Bosnia, for example, the National Society, although divided until recently, could have benefited from training for volunteers to visit patients in some of the mental health institutions. Specific steps could have been taken by NRC to extend the training and institutional development to the local community, benefiting both the National Society and the community at large.

Although the outcomes of this particular project were positive (to the evaluators there were clear indicators that it helped the institutions move ahead creatively, take on their responsibilities, open up to communication, learn new work methods and address the patients' needs with renewed vigour and appreciation), a link to the existing health and assistance structures secured through the NRC project would have been a very positive step.

In Kosovo, even though the Mother Teresa Society was the preferred partner for the agricultural project, there could have been more of an effort to use the Red Cross of Kosovo towards the end of the programme. Some training (a technique some of the NRC projects have mastered) could have benefited the Society greatly; the handing over to them of the responsibility for the management of communal tools or equipment could also have had positive effects.

At the Shtime/Stimlje Institute the NRC could have strengthened the transition to local management by connecting the Institute to the local University Clinic. Due to the low prestige of the Institute among local mental health professionals, it is very difficult to find doctors to replace the NRC technical personnel. By extending its work more widely to the local context, NRC could ensure a better handover of projects.

Specific steps could also have been taken by the NRC to include the troubled National Society in Rwanda (begun as an IFRC delegated project, although it was clear it would not be handed over to the Rwanda Red Cross). Extending training and institutional development (originally foreseen in the budget), introducing more significant primary health care components in the project (a focus of the Rwanda Red Cross which is more in line with public health needs in the country) and building the Society a branch office in Nyanza would have contributed greatly to the Red Cross' development. This has been instead the focus of a totally different project handled from the Development Section, which has made the NRC the first donor to the Rwanda Red Cross.

Overall, there have been considerable difficulties in the selection of local partners, and this should lead to some reflection in the NRC. In Kosovo the partner selected was only superficially appropriate (Mother Teresa Society) and was in need of greater monitoring and capacity building than originally allowed for. The Mother Teresa Society was a highly decentralised structure, an unregistered civil society solidarity structure, with limited independence to select beneficiaries. The NRC personnel, devoid of any credible Red Cross partner, asked this Society to draw up lists of beneficiaries of agricultural equipment, and help in the distribution. There have been numerous accusations of favouritism, and even threats against the staff. This lack of appreciation of the actual capacity of the local partner and its ability to withstand pressure had serious consequences at times on the agricultural programme and was never truly addressed or remedied.

In Rwanda even the Ministry of Health has proved unable to live up to its commitments (after developing rather ambitious standards), namely the correct staffing and support of the health structures (hospital and health centres). These commitments, made in early 2001, represented critical assumptions made by the NRC for the effectiveness of the project. Although these elements were recognised early on in the programme, no clear and decisive steps were taken by NRC to address them and build a healthier and more constructive working relationship with local actors.

One of the underlying difficulties in building links with the National Red Cross appears to come from the nature of the resources handed over by the international actors, as mentioned earlier in terms of standards. The assistance standards set by the NRC are often beyond the reach of the local Red Cross and most local actors. This is at the heart of the difficulties experienced by the IFRC in handing over the hospital developed in Bhuj in response to the Indian earthquake. No specific measures are taken in the NRC to ensure some transfer of ownership. Since the focus is primarily on construction, training and carrying out some of the services (emergency health care in India or tractor repairs in Kosovo), relevance decreases over time because these are not historic forms of such services, and they are not sustained.

There is a need for a more extensive analysis of the ways in which resources can be transferred to local actors. Interviews in the NRC show that this is discussed but not systematically integrated into project design. The exit strategy and handover procedures should be integrated into the project's contextual analysis from the start and focused upon throughout projects, not only towards the end. This would ensure more focused thinking on the relevance of programmes once NRC has withdrawn and encourage the development of more realistic ways in which local partners can take up where NRC left off.

5.3. Management Efficiency

The multiplication of project phases is a notable aspect of many of the projects visited (cf. logical framework for Rwanda, Bosnia and Kosovo). The visits to the projects, and subsequent interviews, reveal that even though the general perception is that the relief projects are short term, many of them span many years (Nyanza hospital, Shtime hospital) or have longer-term effects (ERU in India). This means that the projects often move from the relief stage to the developmental. This is characterised by the fine-tuning of objectives, accompanied by high personnel turnover.

Changes in objectives are justified by emerging constraints (for example poor security cover in Rwanda, the need to register as an NGO, tendering procedures) and new opportunities (recruitment of local staff and deployment of a consultant specialised in human resource training in Bosnia Herzegovina). They illustrate the flexibility and resourcefulness of NRC personnel as well as improved performance. In some cases change is justified by the protracted strategic effort necessary to begin the construction of a hospital for example. However in most cases this multiplicity of phases also reflects discontinuities in policy in Oslo, whereby projects are conceived after a brief field visit, passed between the Relief and Development Section personnel, and the early relief objectives rapidly lose relevance and have to be replaced.

The changes in personnel in charge of projects both at headquarters, in the country capital and in the field are not easily justified. Delegates remain in the country for fixed term assignments and even if turnover is less than in some other international agencies, the clarity of information and the framework of objectives[18] are not sufficient to counterbalance the destabilising effects on performance. Frequent changes in staff mean that the memory of projects is sometimes forgotten. This results at times in a lack of understanding of projects on the part of staff in the capital and sometimes even in the field. The focus can change from one person to the next, confusing the desired outcomes of some projects, enhancing others. The lack of good and systematic reporting further affects the institutional memory and an informed appreciation of projects. This frequent changeover of staff, which is fairly typical in the humanitarian context, could be counterbalanced with more efficient and stringent report writing, clearly following through projects so that important changes and events do not go unnoticed by later participants.

The changes between Delegated Projects, Bilateral Projects and other types of projects are sometimes not obviously justified by operational concerns. They seem to reflect a priority given to the administrative (overheads are higher for delegated projects) and logistical aspects of the agreements with the Movement, rather than a strategy in relation to the Movement or the country. This last point is reinforced by the lack of connections between projects in a particular country (for example support to the Rwanda Red Cross and the hospital in Nyanza, or the support project for the IFRC for the Bosnia Red Cross and the institutional development of health institutions project).

Moreover, similar projects implemented in different countries (even neighbouring ones) do not mutually benefit from the experience and lessons learned. Similar health projects have been running in Bosnia Herzegovina and Kosovo, yet no link was created, no information was exchanged and no trips were made between the two. The newer programme in Kosovo could have benefited from this and drawn on the knowledge and know how of the project in the Republika Srpska.

The loss of good practices and valuable experience was observed in many of the projects evaluated. In Rwanda this concerned links between projects, whilst in Bosnia Herzegovina some of the valuable effects of the institutional project were lost through a premature closure and poor reporting. Much of the experience acquired, methods developed and problems addressed simply fall to the wayside once projects are over. There is no systematic learning process, no collection of information or valuable and valid reporting stored away for the

[18] Cf next section on the Movement

future. Such losses are easily remedied, as was shown in the case of workshops held in 2001 on the deployment in India.

Support given to personnel in the field and final debriefings are in many cases very limited. This is compensated by and contrasts with the high degree of commitment coming from individual staff members in the field, with no exceptions that the evaluation could detect. The distance from headquarters, a perceived weak appreciation by Oslo of programme staff dedication, together with lack of follow-up once the programmes are over, all lead to disengagement and misunderstandings of aims during the course of projects. Low moral or reduced appreciation of NRC as an institution can also result from this.

This was acutely observed in the mental health programmes in Kosovo and Bosnia. The fact that the NRC headquarters do not offer any kind of supervision or coaching for the staff was surprising, especially since this is usual practice in Nordic psychiatric institutions. NRC staff runs a risk of "burn-out" without this support. Coaching or similar support would also help staff members to separate themselves from a pervasive institutional culture of powerlessness *vis-à-vis* the problems of mentally handicapped people.

5.4. An Example: The Emergency Response Unit in India

The NRC Emergency Response Unit, in conjunction with the Finnish and German RCs, was a highly relevant and important Red Cross Movement intervention in the Gujarat earthquake response. It had an important impact in terms of saving lives and treating patients and also in terms of raising the credibility and profile of the Red Cross as a whole. At the same time, the ERU illustrated some of the weaknesses inherent to the emergency projects: lack of cultural sensitivity, limited consideration given to the coordination and the outcomes of the project. Due to the unique combination of these characteristics, it has been considered useful to include the analysis of the operation in some detail here. The individual logical frameworks and chronologies of projects visited for the evaluation could be made available by the consultant independently from this report.

The field hospital fully achieved its objectives of providing an emergency referral hospital in the immediate aftermath of the disaster when government facilities and staff were mainly out of action. There were no significant outbreaks of infection in the hospital and the equipment appears to have been appropriate and of a high quality. The field hospital has been widely praised for its work and standard of treatment and care.

NRC delegates were also generally of a high quality, well trained in the establishment and use of the ERU. However, some of the NRC delegates in the second rotation had not undergone ERU training. The NRC should consider the expansion of its pool of ERU trained delegates.

The timeliness of the NRC response was good – the field hospital arrived within 7 days of the earthquake and was operational 3 days after arrival.[19] However, in theory the deployment could have been faster by one or two days. Delays may have been caused by the time taken in Norway to procure drugs and technical delays relating to the airlift to India which were

[19] In fact, patients were treated in the field hospital from 2 February due to the earlier arrival of the Finnish RC ERU

beyond the NRC's (and the Federation's) control. The NRC should review this part of its operation to see what lessons can be learned for the future. Is it possible to speed up drug procurement by using rolling stock or other means?

The NRC, in collaboration with the IRCS and the government health services, used local human resources in the running of the hospital. This was difficult at times: local staff were suffering from trauma, concern about their families etc; staff from outside were reluctant to stay long in Bhuj; government doctors were rotated on a weekly basis. At the medical level there were also issues about different standards of hygiene, equipment, medication etc. Staff were given training by the Red Cross delegates. Inevitably not all this training could be used by staff later in government facilities with different standards from the ERU. The NRC/Federation should look at whether in the future such training could take local standards into account.

Perhaps related to the tensions created by the issue of standards, the team received some reliable evidence that some of the NRC team members were not always as culturally sensitive to national staff as might be expected. The NRC, in conjunction with the Federation, should consider ways in which ERU staff can be sensitised to different cultural contexts.[20]

The handover of the hospital to government management with continuing IRCS support has gone reasonably smoothly. The NRC/Federation managed a transition process with a Finnish RC admin/finance delegate continuing until July. Currently there are concerns in the Federation about the management of the hospital and the deteriorating standards since the handover. There are differing views in the Federation about how to deal with this. Some feel that the change to "normal" Indian standards is unavoidable. Some feel that the Red Cross (Federation and IRCS) should distance itself altogether from the hospital. An alternative view is that the Federation/IRCS should continue its engagement and try to improve standards, possibly through management support and training.

The coherence of the NRC field hospital response with other medical and health responses to the disaster is difficult to gauge during a short evaluation. The team found no evidence of lack of co-ordination with other responses. There is some general concern amongst agencies in Gujarat that some patients operated on during the early stages of the disaster may need corrective work, but may not be aware of that. There is also a question about how well co-ordinated rehabilitation services have been in terms of orthopaedics, prostheses and physiotherapy. None of these issues has been directed as a criticism to the field hospital response. However, the NRC, in conjunction with the Federation and IRCS, may like to review these issues. Now that the IRCS, supported by the Federation, is developing community-based programmes, there may be opportunities for some follow-up survey work for the patients who received surgery at the hospital, i.e. some kind of small survey?

In terms of handover issues, relations with primary health care and follow-up services etc., the NRC should consider including in its ERU team, a "development" delegate from the start whose job it would be to look at longer-term issues and relationships with other agencies and programmes. (The Federation might also consider a similar position with its FACT team.)

[20] Reference point 5 of the RC/RC/NGO Code of Conduct, "Agencies shall respect culture and custom".

The shift of the hospital from tents to prefabricated buildings is being managed by the Federation. It had been planned that this shift would take place in September but has been delayed for variety of reasons. In fact it seems to have been a confusing process with a very wide range of players involved, communications difficulties at times and lack of a clear decision-making process. The NRC applied to the MFA in early June for part funding for the prefabricated structure and received a decision in September.

The team found that internal reporting by the NRC on its ERU was minimal and it has not apparently carried out any internal review or evaluation of its Gujarat intervention. The Federation has done an "Inception Report" prior to an evaluation of its overall response (this is still in draft form and has not been seen by the team). The NRC should consider reviewing ERU deployments as a matter of course in order to learn lessons and fine-tune the system. These reviews may be carried out in conjunction with other national societies and the Federation as appropriate in each circumstance.

The evaluation point of reference, the Sphere standards,[21] give limited importance to referral hospital standards. They suggest that there should be at least 1 doctor and 1 nurse to 20–30 beds. Introduction of any new medical supplies or equipment should be accompanied by thorough explanation and supervision. The guidelines also talk about the involvement of local health staff and the strengthening of local services. All health care providers should agree on the common use of standardised procedures for diagnosis and treatment. As far as can be ascertained, the NRC intervention operated within Sphere guidelines. However the team did not see any evidence that the NRC or the Federation were monitoring responses against Sphere standards.

Co-ordination within the RC/RC Movement for the Gujarat earthquake response generally appears to have been good, given the speed, scale and profile of the disaster and the response. The Federation teams and offices played key roles in this co-ordination, as per their mandates. The deployment of the FACT team was rapid, although initially under-resourced both in staff and logistics.

The NRC has co-ordinated well within the overall Movement response and has functioned fully within the ERU standard operating procedure. The referral hospital was a joint response of the NRC, Finnish and German RCs. In particular, the NRC and FRC agreed to merge their ERU hospitals in to a common management structure. This was an appropriate decision and generally worked well, although inevitably there were some teething problems in terms of levels of experience with the ERU system, agreeing responsibilities and making the two ERUs fit together. The IRCS/Federation is now developing community-based health programmes. Some training may be conducted at the referral hospital in Bhuj. The IRCS/Federation should explore whether there could be any further synergy between the investment it has made in the Bhuj hospital and its developing community based health programmes.

The NRC input has been highly appreciated by the national Red Cross (Indian Red Cross or IRCS) at both State and National level. It is seen as a positive experience from which the Movement can benefit in the long term. The Indian Red Cross was not familiar with the ERU

[21] Minimal standards of performance proposed by the Sphere Project, based out of Geneva, for emergency aid. These are proposed as reference in our section on methodology.

concept and had to adjust quickly. The NRC/Federation should discuss with the IRCS within the context of disaster prevention and preparedness work further ERU training and orientation.

The IRCS and the Gujarat State Government have expressed some interest in developing in-country ERU-type capacity. The NRC should consider support to the Federation/IRCS for this follow-up work, sharing the costs and specifications for the ERUs with the authorities and possibly holding a workshop to discuss the options.

The deployment of the NRC emergency field hospital has been an important and successful example of the Federation's ERU system at work. It has demonstrated the value of the investment made since 1994 by the NRC and the Federation in developing the system. The MFA should regard its investments in this system over time as a success. The MFA should consider continued support to the development of the ERU response capacity.

5.5. Analysis of Some Project Results Against Goals

This section analyses in a contextualised manner the performance of some of the projects, to provide the reader with a concrete example of the activities involved.

PSYCHO-SOCIAL HEALTH INSTITUTIONS, BOSNIA HERZEGOVINA

Objectives:

Eight institutions were severely affected by the war which ended in 1995, and the project was to enable them to operate again with limited needs for additional aid. It was intended in particular that improved treatment of the beneficiary group in the services would be achieved through changes in attitudes towards patients and work. The aim was also that local staff be continually trained and remain on site.

Results:

The support given to the eight institutions, at first limited to repair of buildings, led to a boost in the morale of staff. The transition from the previous system of administration of public services in health is still undergoing in the country, and numerous problems remain, but the personnel believe that they are better equipped to achieve this transition. The living conditions of patients have visibly improved.

This project presented the feature of long enduring outcomes, as the skills and methods learned by the beneficiary personnel is being further transmitted. Changes in staffing structure could also be observed. This could have been pursued further, but the project was closed in August 2001. The physical rehabilitation, on the other hand, appeared to be less durable, as at the time of visit some of the renovation was deteriorating again (Sokolac).

SHTIME/STIMLJE MENTAL HEALTH INSTITUTE PROJECT, KOSOVO

Objectives:

The Institute presented a nightmare picture just after the war in 1999. The intention from August 1999 was to cater to most urgent needs, then have the administrative and mental health capacity of this key institution reinforced, with some economic sustainability achieved through income generation. Families willing to do so would be reunited with the patients, and the institute would be integrated into the policy for mentally retarded people in Kosovo.

Results:

The staff refresher training and material assistance side of the project have been very well achieved. However the NRC achieved only limited influence over the hospital, as key aspects of personnel and supply management continued to follow its own rules. The work of family reunification has been carried out, but ran into the overwhelming adverse cultural mores of Kosovo, in which "social cases" are expected to be kept in institutions. These institutions will not be receiving the level of resources which they did have in the past, and pressure on staff and consequently on patients is increasing, with little hope other than extended NRC-type help in the long run. This has led to the neglect of important aspects of human dignity, and continued rumours of rights violations, which NRC was not able to address fully.

NYANZA HOSPITAL REHABILITATION PROJECT, RWANDA

Objectives:

The NRC launched this extensive hospital rehabilitation project in 1996, including a surgical unit and renovation of 10 primary health care centres, to support the IFRC and later the ICRC programmes in health service delivery. This would lead to improvements in the health of the general population, specifically in Nyanza District, relying on community-based approaches, and better resources for clinical care. It would also strengthen the Rwanda Red Cross, and, in the later part, the ICRC would gain greater credibility with the government.

Results:

The hospital was fully completed and equipped by 2000, and handed over to the administration, after arduous project transactions in the course of construction. However since the end of the project there has been little change to mortality and morbidity in the region of the hospital; facilities are used at less than 50 per cent capacity; and links to the Rwanda Red Cross have not materialised. A large part of the personnel has left the institution months after the finalisation of the project (2 out of 3 doctors, for example). There is evidence that the primary health care system, which should underpin the hospital, is in a worsening condition. The NRC has not taken measures that could have made this investment viable.

AGRICULTURAL REHABILITATION PROJECT, KOSOVO

Objectives:

As part of the emergency rehabilitation of the economy of Kosovo, tractors and other farm equipment have been repaired or provided directly from Norway for Kosovar farmers, specifically those who have lost their productive assets. This 30 million NOK investment

would address a critical constraint to the return to a normal life in Kosovo: damage resulting from the specific targeting of productive assets as part of civil warfare in 1999.

Results:

3,100 tractors have been repaired as part of the project, some second-hand ones have been given. This was done through a considerable logistical operation out of Norway and the establishment of a web of workshops in Kosovo, comprising expatriate personnel and trained local help. The critical function of assessing needs however has been delegated to a local charity organisation, with limited oversight (Mother Teresa Society, a reincarnation of the Albanian part of the local Red Cross). As a result there has been a considerable dispute about the selection of beneficiaries, although the evaluation felt through random checks that few needy beneficiaries could have been neglected. Yet the continued benefits of the investment have not been ensured. At the time of the evaluation all the workshops have disappeared. Many of the tractors have no spare parts. However the 68 per cent of the population which is rural has remained on the land.

6 Coherence of Relations with the Movement

6.1 The Definition of Needs and Target Groups

The projects for which the NRC seeks MFA funding do not remain limited to the original ICRC outline: a Norwegian profile emerges when the proposal is drawn up. This is based partly on the type of expertise or material available in Norway, yet this is not the only reason. It is also rooted in the distance that separates the Planning for Results process undertaken by ICRC in Geneva, and the IFRC appeals process also in Geneva, from the proposal and approval dialogue taking place in Oslo.

In Oslo a translation of the outline of a project into slightly divergent objectives sometimes takes place. This was observed in the cases of Rwanda (less community-health based than the Rwanda Red Cross blueprint) and in Bosnia (more focus on staff training). This leads to a certain loss of transparency for other actors, due to the unclear reasons for the changes from the point of view of both the Ministry and the Red Cross partners.

Most importantly though, the evaluation did not find a case where the objectives chosen were irrelevant, with the possible exception of the hospital in Nyanza, which, with the benefit of hindsight, does not cover a priority need (a highly specialised structure located between the hospitals in Butare and Kigali, lack of public sector support for surgical treatment – the ICRC health delegate did not agree on the extent of the rehabilitation proposed, while the Delegation was more keen for this assistance to be provided, to balance out the focus on protection, than on the location). The projects NRC implements are perceived by the Movement as being original, relevant, meeting needs in the community and, above all, dependable.

It is interesting to note however, that the position the NRC occupies as a predominant donor Participating National Society makes the ICRC much more reluctant to contradict NRC

project proposals. This partly reflects the debate around the kind of partnership ICRC and the Participating National Societies want, and the relevance and appropriateness of the current bilateral arrangements, and even more so the delegated projects. This debate has led to the publication of an internal ICRC position paper, which the evaluation could not have access to. It would however suggest the need for a better awareness of the ICRC objectives on the part of the PNS, possibly by creating a mechanism for informing them of planning debates and decisions.

6.2 Operational Co-ordination

The Red Cross benefits from an extensive global network of delegations (177 national societies, the ICRC had 41 country delegations and 24 regional delegations in 2000). These represent, along with finely tuned response mechanisms, a unique resource. The deployment of the NRC emergency field hospital in India illustrates this well. It has been an important and successful example of the Federation's ERU system at work. It has demonstrated the value of the investment made since 1994 by the NRC and the Federation in developing the system. The MFA should regard its investments in this system over time as a success, and would do well to consider continued support to the development of the ERU response capacity

The NRC has been able to field some unique resources (such as the ERU, the tractors in Kosovo, or a boat in Colombia) or carry out highly specialised functions which few other Red Cross Societies could have carried out. This is a real added value for ICRC for example, since it is not able to respond to all the needs it identifies and does not always have the necessary skills or funding. NRC is a reliable and competent National Society which can take on certain programmes within the ICRC framework. Similarly, IFRC relies on the NRC for its expertise in setting up and running hospitals in disaster stricken areas for example. This ability to field unique resources or carry out specialised functions is partly due to the type of material aid brought in: the agricultural equipment for Kosovo or the hospital in India for example. It is also due to NRC's willingness to take on responsibility for hospitals and associated structures. Finally it is due to the flexible and decentralised structure for the running of projects (for example the Mostar ambulance project as it is developing, and the health institutions project also in Bosnia).

Qualified and dedicated personnel have been at the heart of this particular contribution of the Norwegian Red Cross. Although the perception in Oslo is that the pool of expertise to draw from is small and shrinking, the field presence has been of a very high quality. However, in some cases personnel may not have shown a good level of contextual and cultural understanding (in Kosovo and in India in particular). This should be attributed to the limited technical briefings which personnel deployed in the field have been given. Most notable are the absence of briefings for field personnel about impact assessment methodology; relationships with other projects in the area; and strategies to ensure co-operation and avoid conflicts with local partners.

Lack of contextual understanding led to some missed opportunities. It is recognised, for example, that the team deployed by the IFRC (the FACT team, on which one NRC staff member played a key role) was under-resourced. While the NRC and its direct partner the Finnish Red Cross and other Red Cross teams operated with comparative ease thanks to a sophisticated logistical system, the IFRC FACT team was not given (by the NRC among

others) the necessary tools to ensure overall coordination. This example reflects both the overly strict limits of NRC projects (lack of attention to the network as a constraint on performance) and the inability of the IFRC to take advantage of these resources in its own planning.

Security and logistics have, however, generally been of a high quality, possibly giving the Norwegian Red Cross a great advantage over other Norwegian organisations which have had to establish a presence in large crises situations (Rwanda, Kosovo, India). The availability of cars (which the evaluation team also benefited from), suitable communication equipment, office space and financial support have always been granted to ICRC-delegated projects and IFRC bilateral projects and enabled projects to be set up very rapidly. The only exception to this (which the evaluation could not verify) was the reported failure of the IFRC security cover in Rwanda in 1998, which led to the project being transferred by NRC to the ICRC.

The Rwanda example illustrates very graphically the difference between delegated and bilateral frameworks in terms of speed of implementation. The evaluation team drew up a timeline for this project, which shows that the project was delayed by seven months (from January to July 1999) when the NRC lost the cover provided by the ICRC (as stated in the Memorandum of Understanding) and was obliged to register as a local NGO.

6.3 Protection

The Norwegian contributions have been of great importance to help bring about the acceptability of the work of the Red Cross in particular countries. While in Rwanda 51 per cent of the total ICRC country budget was dedicated to protection in 1999 (source: KPMG financial records), the construction of Nyanza hospital reinforced the more hospitable impression that the Red Cross was not just a counter-power to the government, but was also assisting the population in general. In Kosovo, addressing the very high profile problems of Shtime/Stimlje hospital, also helped the promotion of the emblem.

However, the evaluation noted a loss of protection related information in the delegated projects and the bilateral projects concerning the beneficiary population. While in Rwanda ICRC has not included protection of the civilian population in its objectives, in Bosnia and Kosovo many patients are from minorities. Two examples of loss of information are given below.

In Shtime/Stimlje there have been serious allegations of human rights violations on a population composed in part of minority groups. These allegations were not brought to the attention of the ICRC local protection delegate,[22] according to the ICRC documentation and to personnel interviews. Even though UNMIK (UN Mission to Kosovo) was quite appropriately notified (with no result), the expertise of the Red Cross in this field was not taken advantage of.

[22] A letter in particular described the abuses, but was not shared with ICRC. The evaluation could not verify the allegations about violations, but ascertained on site that the reports were plausible and consistent, which increased their credibility. The ICRC Field Protection Delegate for the sector made many visits to the hospital and the NRC team, but the exchange of information was limited to issues of family reunification, an important part of protection, or the abusive detention of patients. The apparent lack of ethnic motivation to abuses meant that ICRC was not actively interested.

A similar situation arose in the Banja Luka psychiatric hospital. The project had a considerable impact on the relations between staff and patients and contributed to a dynamic of change. The limited response to serious problems experienced by a particular institution involved personnel from the health structures in the area, but not ICRC, and escaped the attention of the NRC in Oslo and the ICRC in Banja Luka. Once again the potential for the Movement to come together and help one part of it benefit from the expertise of another (here the ICRC) was not used. Such situations arise for different reasons, one of them being the lack of appreciation of the role the different components of the Movement play and the limited overview individual staff may have when engaged in a project.

The fact that the Movement does not always come together in a very constructive and obvious way is a shared responsibility. However, the sense of rivalry between the various components and the occasional lack of transparency and differing goals and worldviews should not affect the beneficiaries. Efforts must be made and steps taken on all sides to ensure that the complementary roles of the different actors of the Movement are clear to all, especially those in the field who are closest to the beneficiaries.

Protection is a key element of the work of the Red Cross. It is at the heart of the mandate of the ICRC and is not shared with other parts of the Movement. Consequently, it should be a rule that all Red Cross personnel in the field, including those working on other issues, should have a clear understanding of what it means, and easy access to ICRC protection delegates if need be.

For complex historical and political reasons related to the need for confidentiality and independence inherent to effective protection, the ICRC tends to maintain an arm's length relationship with all other actors, including other Red Cross organisations, whenever protection is concerned. Although this attitude is understandable and justified to a certain extent, clear guidelines and, where possible, reliable channels of information should be made available to Red Cross personnel, in addition to adequate training. This could help avoid situations where information relating to protection does not flow or is simply put aside.

Such guidelines or channels would in no way interfere with the core activities of the ICRC. Indeed, they could enhance it and lead to less frustration for PNS staff in constant contact with beneficiaries. Briefings in the field for the newly arrived could encourage these links, as could the Basic Training Courses. The BTCs should be obligatory for all field staff to ensure that no one goes to the field without a basic understanding of the work of the different components of the Red Cross. In addition most delegates attend a one-week induction course in Geneva, but this is not available for rapidly deployed relief delegates.

The roles the various partners play in the delegated and bilateral projects, although fairly well defined on paper, are hard to enact in the field. In Kosovo the ICRC delegation appears to have felt that it did not have the capacity at the height of the crisis to manage relationships with so many national societies handling delegated projects. The ICRC reached this conclusion, partly as a result of the immense needs of the province straight after the war in the summer of 1999. However, ICRC also appears to have lacked sufficient effective management, and seemed to sometimes underestimate PNS projects, because they were not always perceived as really contributing to the ICRC's own objectives.

Another element contributed to the distance between ICRC and PNS: the ICRC was reluctant to involve itself in the supervision of PNS activities because it did not wish to be perceived as "burdening" the PNS instead of being a resource. Aware that there is a fine line between support and interference, the ICRC has tended to err on the side of less interference in the running of projects unless it is asked to help.

Moreover, much of the interaction and constructive input into projects depends on the presence and experience of field staff. The less experienced PNS delegates often tend to shy away from the ICRC for lack of inclusion by it and understanding of its workings. This was observed in Kosovo in the agricultural project, where mechanics, for example, who had little or no understanding of the Red Cross Movement, worked in a highly charged and sensitive political area with very little support. When problems came to the attention of the ICRC it was often late in the day and hence all the harder to find suitable and timely solutions.

7 Value of the Norwegian Red Cross as a Channel of Assistance

7.1. Resource Flows

The funding context in the Scandinavian countries is in stark contrast with that surrounding many other donors. It is characterised by a privileged relationship between the donor Ministries, the NGOs, the diplomatic posts and the media, with the general public as a supporting block. Frequent meetings and implicitly shared views bolster a very real co-operation.

This is in marked contrast with the rest of the European and Western sphere, where shared political cultures are more elusive, and competition for (often unstable) funding is pervasive and frequently causes problems. Thanks to the particularities of the Scandinavian context, the volume of funding enjoyed by the Movement through the Norwegian Red Cross is probably better ensured, as is the access to a pool of qualified and committed personnel.

The continuous policy dialogue and mutual respect facilitate the presentation and approval of projects. Even if it appears that the number of projects the Ministry is refusing to fund has been increasing, the risk that a project be rejected once it has been presented is limited: 75 per cent of the applications are funded.[23] NRC has a continuous contact with the MFA and NORAD both through regular meetings at the bureaucracy level and through other meetings at the political level. NRC has established positive working methods in emergencies with MFA, and this has enabled MFA to be operative very fast – a quality that has been noted about Norwegian assistance in general.

NRC appreciates this consultation process, but is less satisfied with the application procedure where a lot of time is spent on submitting single applications with all the paperwork required. NRC would clearly prefer a lump sum, and finds that it is not rational to deal with the funding

[23] This contrasts with the European Commission, where a recent Call for Proposals on human rights and democracy triggered requests for financing which were ten times the volume actually available.

in small baskets. Both in relation to MFA and NORAD, NRC would also like to develop a dialogue that is more focused on the humanitarian issues than on financial matters.

The MFA and NORAD, on the other hand, need to have to flexibility in their funding policy so that they can use various channels for a more politically oriented steering, and therefore find it important to keep control of the flow of funding. At the political level, MFA and NORAD decide about priorities, including geographical areas, sectors etc. prior to the funding process. This policy is being strengthened in 2001 where the MFA is planning to concentrate its funding to certain geographical and thematic areas. However, MFA also wants to strengthen its dialogue with NRC and other actors, although it already values the close dialogue that has developed with all the five major organisations before they send in their applications.

NORAD is now considering allocating funding for a five-year timeframe, but this is dependent on a parliamentary decision, and also wants to give more priority to the continuum between humanitarian and development aid. However, it seems as if the dialogue between NRC and NORAD could be improved where NORAD would encourage NRC to develop a better understanding of their system and rules – including time limits for applications as well as the reporting of local partners.

The delegation of project management is a real saving in terms of Ministry workload. The amount of work put in by country delegations (ICRC or IFRC) to host and support the NRC teams is far superior to what the NRC could provide on its own. Similarly the NRC provides the Ministry with a constant processing of appeals and filtering of needs in a professional and competent manner which partly draws on the body of knowledge that exists in the countries NRC intervene in thanks to the presence of components of the Movement there.

The evaluation would see this relationship as social capital: that is, a web of relationships based on trust and shared assumptions, which greatly increases the efficiency of project transactions. Whilst in some cases it may run the risk of creating a degree of complacency, above all it allows the NRC to concentrate to a great extent on project implementation.

The evaluation was not able to judge whether there was a way of reducing the number of projects the NRC manages on a yearly basis (approximately 300). This leads to considerable paperwork and possibly a loss of attention given to the field. The project format appears to be dictated primarily by the considerations of Ministry strategic control, an issue that did not appear crucial to project performance in this evaluation. However, a useful recommendation, if a rather minor one, would be that the Ministry and NORAD allow for a certain number of project proposals and reports written in English not to be translated into Norwegian.

7.2. Information Flows and Societal Mobilisation

Reporting plays an important role in the projects and overall structure of NRC. Reports do contain key information, but are fairly poor in volume and precision (although quantitative data is frequent and sufficient, such as informing on the structures renovated or the number of workshops held). The reporting function has been particularly important for staff reporting to Oslo. However, the quality of the reporting varies greatly, to the extent that projects have been somewhat misunderstood by Oslo at times.

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Poor or unfocused reporting has limited the perception of impact, both for in-country personnel and in Oslo. The remarkable impact of the health institutional development project in Bosnia was not highlighted in the reports, facilitating the early termination of the project. Similarly, there were no NRC reports that recorded the impact of the field hospital in India. The lack of precise reporting has probably also contributed to adjustments not being introduced in Rwanda.

There is little information available in reports beyond the quantitative data. The political and societal context are rarely mentioned, links between the project and the local community (if they have been created) are not described, nor are the local perceptions of the programme given a place in the reporting. Such elements are vital to take into account when planning a project and must be considered once it is up and running. By having a more structured approach to report writing, such elements could be addressed, possibly leading to a more sensitive, better-informed and broader outlook. The focus on output would diminish to the benefit of awareness of the needs of the population.

Valuable information and lessons learned are lost through poor reporting. Clear guidelines should be developed for reports, highlighting topics and aspects that ought to be an integral part of the project and which must be systematically reported on. Better reporting will ensure that a project can be "remembered" and that this "memory" can be used as a learning tool. Reports will have a broader readership if they have a wider spectrum of analysis and a user-friendly format. It is also important for the personnel in the field to realise the importance of accurate and valuable reporting and know who the readership is.

On many occasions the role of the NRC has been presented as ferment for popular support to international relief operations. An example of this was the popular mobilisation that occurred among Norwegian farmers when NRC appealed for donations of used tractors for farmers in Kosovo. This represented a real impetus to the Movement in Norway. (However, there were also problems with transporting the Norwegian tractors, and maintaining them once in Kosovo.)

7.3. Priority Selection and Field Presence

The priorities given to the Norwegian Red Cross in the ICRC strategy are only moderately related to protection. This remains a central concern of the ICRC and it is only through personnel secondment that the NRC participates directly in protection. Core funding does not provide the same level of interaction.

On the other hand, the involvement of NRC personnel in the general definition of country strategies also remains minimal, only a little deeper in the case of the IFRC than that of the ICRC. The Planning for Results process remains an internal ICRC mechanism tending to make the integration of NRC objectives somewhat difficult. Yet the ready provision of fully equipped teams with a capacity to remain in the long run in an operation considerably strengthens the ICRC.

The visibility of Norwegian contributions is another aspect of the NRC integration into the Movement, which is rather unique. Rather than being manifested superficially through logos

and plaques (these are remarkably absent in the field) it is translated through a strong awareness of the national identity of the contributors among local actors. Similarly the public in Norway is apparently well aware of contributions made by the government.

8 Conclusions and Underlying Assumptions

8.1. Matching Objectives and Results

The achievement by the NRC of the output targets it set itself in project proposals is high when compared to the standards observed in humanitarian aid in general. Information on the crises and the reporting on the beneficiaries are factually very correct. The flexibility and reliability of the NRC as channel of co-operation and funding between the government and the Movement has been highly valuable to the Movement and to humanitarian efforts in general.

Essentially, the NRC is effective at achieving the delivery aims described in the projects, and in adapting these aims to changing circumstances. It achieves its aims thanks to reliable funding, the strong work ethic, commitment and competence of its staff, and also because it has very quantitative goals. However the focus of the NRC is often no wider than the quantitative goals it has set itself. As a result, there is insufficient attention to the consistency of the outputs with the local sensitivities and the aims of other organisations in the field. Learning or adapting beyond what was set out originally does not appear to take place as often as necessary.

Two flaws remain:

- The importance of outcomes is not given adequate importance in the design phase (including in protection);
- The continued usefulness to the beneficiaries of the contributions is not ensured, even if that could be done at low cost, and remains within the humanitarian aims of the NRC.

For this reason, the organisation has not lived up to its full potential as a Red Cross actor. Although the NRC operates within the Red Cross movement, the two defining characteristics of the Movement do not feature highly in the projects visited: co-operation with the national/operational Red Cross societies, and protection. The poor outcomes are regrettable especially when one considers that lives can continue to be saved or improved once the implementation phase is over, and when one takes into consideration the high level of investment (hospitals, tractors, etc…).

NRC policy documents emphasise:

1. Increased understanding of International Humanitarian Law (first main objective)
2. Strengthening National Red Cross Societies (second main objective)
3. Providing information on global humanitarian challenges (objective *vis-à-vis* the government)
4. Linking emergency relief and support for long-term development (repeated in document)

However, these aspects have clearly not been sufficiently in focus in the projects visited, and in the work of the International Department.

8.2. Management Strengths and Weaknesses

The Norwegian Red Cross has invested in a very high degree of effectiveness. It represents a highly operational body for project execution within the Red Cross Movement. However, two key weaknesses are recurrent: a lack of continuity or follow-up in project cycle management and limited attention given to contextual factors in project design, monitoring or handover.

Lack of continuity occurs around the changeover of personnel (frequent interventions by a variety of personnel on the same project, lack of ownership of a particular project), and around the knowledge about the projects (reporting is reductive, important information is not communicated). The project remains, as a unit for operation, too isolated and limiting. It should be linked with its environment.

Contextual myopia occurs for those aspects of reality located beyond the specific (often quantitative) operational targets set itself by the NRC. The policies of the Movement are not present equally in all projects, whilst the most widely shared policy (albeit an implicit one) of the NRC is to seek and implement projects rather than secure lasting changes.

8.3. Critical Assumptions

These weaknesses in project management and general Red Cross performance are caused by a set of mistaken assumptions that permeate decisions by the Government, the Norwegian Red Cross, and, by induction, the IFRC and ICRC, which could be addressed. The assumptions are defined here as those factors that are important for the success of the project and lie in the design of the project but outside the scope of the implementation.

The interaction between assumptions and performance can best be seen in the following very simplified logical framework of the Norwegian Red Cross taken as a whole. The loss of performance (matching the intervention planned with the intervention achieved and then allowing the intervention achieved to generate changes in the upward levels of the logical framework) is caused by unexamined errors in design.

This information was drawn from the logical frameworks written up by the evaluation team in the course of the case studies. They helped detect and identify the recurring flaws in the projects. The non-performance of aspects of the projects was then traced to those assumptions that proved to be mistaken. These assumptions were then found to exist in nearly all the projects.

The following summary table is an extrapolation of the project logical frameworks whereby the assumptions have been moved from the traditional right hand column to the central column. It should be read from left to right, to understand the reasons for targets not being met.

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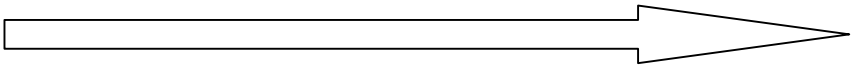
The left column describes the categories used in the levels of intervention of the NRC as a whole (based on the glossary in chapter 2). The second column from the left reflects the objectives found in project documents and shared in all NRC humanitarian operations. The third column reflects the mistaken assumptions used in implementation, which have affected the achievement of the objectives.



Level of Analysis	*Results as Planned*	*Mistaken Critical Assumptions*	*Negative Effect of Assumptions on Results*
General Objectives and Outcomes			
	The Red Cross and Crescent Movement is strengthened	The NRC can fulfil its objectives by operating in a very narrow project focus.	Red Cross Movement is strengthened up to a point (excludes direct protection and includes only limited IFRC capacity-building functions)
	Mortality and morbidity of target populations reduced, well being increased in a long term fashion, international humanitarian law respected		Mortality and morbidity affected in some cases, mostly in the short term.
	Norwegian society is mobilised in solidarity with the victims		Norwegian society is mobilised for some high profile emergencies but little in-depth understanding emerges
	The Norwegian Government is seen as participating in operations in key countries		Norwegian Government is seen by Norwegian public and decision makers in country

Level of Analysis	*Results as Planned*	*Mistaken Critical Assumptions*	*Negative Effect of Assumptions on Results*
Specific Objective			
	Humanitarian aid delivered to victims of disasters and wars	The high standards of Norwegian Red Cross material assistance are an intrinsic part of the quality of assistance and are compatible with the capacities of local partners.	Assistance is delivered in a rather narrow and short term manner
			Protection provided is not enough, and limited to improving the access for ICRC delegates
		Relief projects, protection and Red Cross development projects	

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		affect such different aspects of reality in a country that they can be carried out with few linkages, and the costs of making linkages between projects are higher than the potential benefits.	

Level of Analysis	*Results as Planned*	*Mistaken Critical Assumptions*	*Negative Effect of Assumptions on Results*
Outputs	Projects are carried out Information is provided Personnel is seconded	Effective projects can be carried out on the basis of rapid country assessments, commitments on the part of the Movement partners, and qualified dedicated staff on fixed term missions. Introducing mechanisms for handing over at the beginning of projects is not a priority in emergency aid.	Projects are carried out but end prematurely Proper handover has not been observed in any of the projects Information flows are truncated Personnel do good work but are frustrated

Level of Analysis	*Results as Planned*	*Mistaken Critical Assumptions*	*Negative Effect of Assumptions on Results*
Activities	Health sector assistance is delivered Resource-intensive rehabilitation is carried out Training is carried out Handover is achieved	The primary aim of relief assistance is the achievement of specific and quantifiable goals; qualitative goals are not verifiable and/or hard to report. Issues of protection pertain only to the ICRC; issues of impact pertain to the national operational partners or authorities.	All targets set are met with slight extensions of deadlines. Few contacts are made outside the direct scope of the project.

Level of Analysis	*Results as Planned*	*Mistaken Critical Assumptions*	*Negative Effect of Assumptions on Results*
Means	Appeals and assessments, Planning for Results.	Political and cultural analysis and day-to-day personnel back-up can be	

	Detailed country information Policy discussions with the Ministry, funding mechanisms Delegated and bilateral projects, secondment system, direct bilateral funding Funds, equivalent to approximately 300 million NOK Pool of experts	delegated to operational partners in country, the analysis is of secondary importance.

The mistaken assumptions defined in the column above are articulated around the notion that humanitarian and disaster aid are not concerned with follow-on once the aid has been started, or been given. Projects are to be decided in a timely manner, and focus on supplies and rapid impact services. According to this line of thinking emergency aid, disaster assistance, or humanitarian aid (all terms are used interchangeably) should follow different criteria from development, in particular a focus on output but not outcomes.

This evaluation, following in the wake of much recent thinking in the Red Cross on humanitarian and emergency aid, in addition to a long tradition of thinking about the nature of suffering and intervention in humanitarian aid, suggests that this is not sufficient. All emergency projects of the NRC have achieved outcomes of a structural and long-lasting nature. Errors of design have unnecessarily deprived the beneficiaries of the benefits.

This is of concern because of the humanitarian nature of the assistance provided by the NRC, and because of the lasting presence of the Movement in the countries of operation. Many of the projects entailed emergency procedures (procurement of boats for Colombia, trucks for the Barents in Russia) but often for capital goods of a much higher value than normal relief items such as food aid, medical supplies, or relief kits. The surgical units, the mental patient institutions, are of such a high value that they require handing over.

For this reason the evaluation concludes that under the modalities of disaster and emergency aid, the NRC is carrying out rapid reaction work implying high structural effects. The ability to construct a hospital of high quality, which is not attended by patients, cannot be described as complete effectiveness, only effectiveness in terms of outputs. In the opinion of the evaluation this does not put into question the division of labour between emergency and development aid services within the same administration. Humanitarian aid requires rapid procedures and a stronger political framework than development aid. As such it may be handled from different departments in an organisation. However, this does not dispense the emergency services from exercising foresight and contextual sensitivity.

These elements of good quality humanitarian aid could consequently be better mastered by introducing certain analytical and reporting procedures at no additional cost – in human,

financial or time resources. The recommendations which follow point out the ways in which this could be done.

9 Recommendations

The following recommendations are primarily intended for the Ministry of Foreign Affairs and NORAD; more detailed indications are also given to the Movement on how these could be implemented.

Recommendation 1: Preserve the "Social Capital" of the NRC

- The **Government** should continue to use the Norwegian Red Cross as a channel of funding of humanitarian operations and encourage the further development of NRC's web of contacts and communications across the International Red Cross Movement.

Recommendation 2: Enhance Contextual Understanding:

- The **Government** should require that the relief projects carry out more monitoring and analysis of the social, cultural and institutional factors of success of projects in harmony with current practice in the Development Section.
- The **NRC** should make more use of analysis instruments developed by ICRC and IFRC, and train its staff in the use of these instruments.
- The **ICRC** should design a mechanism whereby the NRC is informed of, and can respond to, the "Planning for Results" process at the field level (as is being done in an experimental way in some Delegations) for the relevant objectives, and the **IFRC** should consult NRC in the policy design for capacity support.

Recommendation 3: Communicate:

- The **Government** should require that the NRC change its reporting process, primarily to make it more consistent and include outcome assessments.
- The **NRC** should develop new reporting formats with more systematic procedures of presentation and secure transmission.
- The **ICRC** should systematically brief its protection delegates about communication with National Society project staff, and optimise information flows.

Recommendation 4: Follow-through on objectives

- The **Government** should require the NRC to ensure project management continuity in Oslo, possibly by requiring a single focal point for each project. It should maintain a close dialogue with, and require reporting from, NRC project managers.
- The **NRC** should ensure that projects are consistently managed over time and are interlinked with others in the Movement. It should create a new capacity to train field staff (particularly on reporting) and capitalise on knowledge acquired in NRC operations.

Recommendation 5: Strengthen Links to the Movement

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- The **Government** should require that the local Red Cross/Crescent be involved in some aspects of projects to the extent possible, acknowledging the existing severe constraints.
- The Relief Section of the **NRC** should provide training to local partners to facilitate handover of projects, especially in community health and psycho-social services, in greater harmony with current practice in the development section.
- The **IFRC** and **ICRC** should ensure that policy frameworks for the strengthening of the local Red Cross be emphasised in NRC projects.
- The **ICRC** and **NRC** should develop clearer policies on information flows for protection in Delegated and Bilateral Projects, especially for patients in health institutions, where the NRC has privileged access.

10 Annexes

ANNEX 1. Terms of Reference

1. Background

The main objectives for the international operations of the Norwegian Red Cross are to help victims of war, conflicts and disasters, to assist vulnerable groups in countries that are in the rehabilitation phase in the aftermath of conflict or disaster situations, to contribute to the development of Red Cross and Red Crescent Societies through active cooperation with other donor organisations and the International Red Cross Movement, to contribute to increased international disaster preparedness, and to improve international coordination of emergency aid.

The International Red Cross Movement is one of the world's major international humanitarian operators, comprising the International Committee of the Red Cross (ICRC), National Societies and the International Federation of the Red Cross and Red Crescent Societies (IFRC). The International Red Cross Movement plans and implements relief programmes for communities hit by natural disasters as well as conflict and war, visits prisoners of war and traces lost family members in the wake of turbulence. While the ICRC mainly operates in war zones, the IFRC mainly works in natural disaster situations and on capacity building of local structures. A particular feature of the International Red Cross Movement is that it combines emergency preparedness with country-specific knowledge and local presence through its National Societies. IFRC consists of 176 National Red Cross and Red Crescent Societies, of which the Norwegian Red Cross (NRC) is one.
In its international engagements, the NRC operates in the following ways:
1) by supporting activities under the strategic plans of the ICRC/IFRC and under their operational responsibilities
2) by taking on the responsibility for projects that the ICRC/IFRC delegate to NRC, within the ICRC/IFRC budget. The NRC is responsible for the implementation of operations, in coordination with ICRC/IFRC
3) by entering into agreements with the ICRC to take on the operational responsibility for a project, outside the ICRC budget. Cooperation, not least with regard to policy and security, still takes place, and these projects are referred to as ICRC bilateral projects
4) by entering into bilateral co-operation with another National Society through a direct agreement.

The overall objective of the Ministry of Foreign Affairs' (MFA) support to emergency aid, human rights, peace and democracy building, referred to in this ToR as humanitarian assistance, is to contribute to alleviate suffering in connection with conflict situations and natural calamities, and to contribute to advance peace, human rights and democracy (Budget Proposal 2001, Programme category 3.40). The Norwegian Red Cross (NRC) is one of the major actors, and channels, for public Norwegian support for humanitarian assistance. The MFA, one of the International Red Cross Movement's major contributors, supports the NRC in its operative engagements and channels all humanitarian assistance to the ICRC/IFRC through NRC.

In 2000, of the total MFA support to the NRC of NOK 250 mill., the NRC channelled NOK 137,4 mill. to the ICRC and NOK 69,9 mill. to the IFRC in cash, kind and services. NOK 15 mill. and NOK 0.5 mill. went to operations delegated to the NRC by the ICRC and the IFRC respectively. NOK 7,6 mill. went in support of projects for which the NRC had agreed with the ICRC to take on the operational responsibility outside the ICRC budget. Finally, NOK 15,6 mill. supported bilateral cooperation between the NRC and another national society outside the budget of the International Red Cross Movement. In administrative support for its role as a channel in relation to the ICRC and the IFRC, NRC keeps 2-5% of the MFA-support. According to its own priorities the NRC allocates own funds to the operations of the ICRC/IFRC. Over the last five years, such support has amounted to 11-17 % of the total allocated by the MFA.

2. Objectives

With the intent of improving the effectiveness of public Norwegian support to international humanitarian assistance, the evaluation has two major objectives:

1. to describe and assess the international humanitarian assistance of the NRC, with an emphasis on bilateral project and projects the ICRCand IFRC have delegated to NRC for implementation

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2. to describe and assess the mediating role of NRC as a channel for public support to the International Red Cross Movement.

On the basis of the evaluation's findings and conclusions, recommendations for future assistance and arrangements for support shall be made.

3. Scope of work

The evaluation is to focus on NRC's short-term international humanitarian assistance, concentrating on the period 1996-2000. A NRC-initiated ongoing assessment has among its central concerns the integration of short-term humanitarian assistance and long-term development assistance, and the role of NGOs in development cooperation. Aiming at complementing the NRC-assessment, this evaluation should cover the following issues:

Descriptions:

Provide a statistical overview of public Norwegian humanitarian assistance involving the NRC by geographical area, type of activities, and partners

Describe the planning, implementation, and termination of projects in which the NRC is operationally involved either bilaterally or under the ICRC/IFRC umbrella.

- Describe the collaboration between the NRC and the ICRC/IFRC at the central level as well as in the field, and document results of this collaboration through existing reports and knowledge
- Describe NRC's role as mediator between the MFA and the ICRC/IFRC, as well as the cooperation and exchange of information between the NRC and the MFA on projects for which the NRC is operationally responsible.

Assessments:

- Assess the planning, implementation, and results against goals of projects in which the NRC is operationally involved. Objectives such as the quality of the assistance, timeliness, efficiency of the operations and the use of local resources should be emphasised. Issues such as the arrangements and routines for acquiring emergency equipment and personnel, the securing of personnel, the termination of projects, and NRC's way of detecting and handling unintended consequences of operations should also be considered.
- Assess the relevance of the operations
- Assess the collaboration between the NRC's and the ICRC/IFCR at the central and field levels, and the coordination with NRC and other agencies operating in the field
- Assess the strengths and weaknesses of NRC as a channel between the MFA and ICRC/IFRC
- Assess the NRC's and the MFA's collaboration with an emphasis on decisions of support with respect to priorities, the communication of results, and the follow-up.

4. Methodology

The evaluation of the NRC is to be carried out using the following among its main sources of information:

- Written material, including statistics, archive material, reviews, and completion reports, mainly from the MFA and the NRC. The assessment of the humanitarian assistance of ICRC and IFRC is mainly to be based on existing evaluation reports and other accessible written documentation. Within the limits of information access, non-public policy documents from the ICRC, IFRC and NRC should be included
- Interviews with relevant staff in the MFA and in the NRC, IFRC and ICRC

Field visits to a selection of NRC delegated and bilateral projects in former Yugoslavia, Rwanda, and India. For each project the team is to study available documentation in Norway and on location, interview relevant staff as well as partners, key informants and recipients of the aid provided.

5. Process and results

The team should involve stakeholders in the process with the view to make the evaluation useful in improving their work. For each project visited in the field a debriefing should be held with the main stakeholders. The team is also responsible for organising a debriefing workshop in Oslo during the team's writing up of the final draft report. A workshop is to also be planned for in Geneva. The evaluation is to conclude with a concise (40 pages), well-documented report with few, prioritised recommendations. The final report is to follow the MFA's evaluation report template.

6. Work plan and financial limit

The evaluation shall start no later than 20 May 2001. The deadline for the draft final report is set to 20 September 2001. The final report shall be revised on the basis of received comments and be submitted to the

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Ministry no later than 1 November 2001. The tender should include a detailed work plan comprising milestones for progress and plans for feedback to stakeholders

The financial limit for the evaluation is NOK 1,2 mill.

7. Composition of the evaluation team

The evaluation team shall consist of no less than three persons with experience from the following areas: relief work, international organisations, economy, evaluation of humanitarian assistance, and knowledge of the countries selected for field visits. At least one team member must be able to read Norwegian.

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ANNEX 2. List of Institutions Visited and Persons Consulted

Royal Ministry of Foreign Affairs & NORAD, Oslo

Ms Gunnvor BERGE, Adviser, Evaluation Section, MFA
Mr Jan DYBFEST, Deputy Director General, Evaluation Section; MFA
Mr Ketil EIK, Adviser, Balkans Issues, Dept. for Civil Society and Private Sector Development, NORAD
Ms Anne-Liv EVENSEN, Adviser, Dept. for Civil Society and Private Sector Development, NORAD
Ms Dagfrid HJORTHOL, Higher Executive Officer, Section for Foreign Policy and Justice Affairs, MFA
Ms Kristin Hoem LANGSHOLT, Principal Officer, Humanitarian Assistance Section, MFA
Ms Merete LUNDEMO, Officer on Leave holding a post at the International Federation of the Red Cross
Mr Ivar SELBYG Adviser, MFA
Mr Bjørn SKOGMO, Director General, Department for Development Cooperation Policy, MFA
Mr Jo SLETBAK, Adviser, Section for Foreign Policy and Justice Affairs, MFA

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Norwegian Red Cross, Oslo

Mr Geir ANDREASSEN, Head of Field Personnel Division
Mr Magne BARTH, Director, International Department
Mr Svein BEKSRUD, Relief Coordinator
Ms Karen BJØRNESTAD, Officer on Secondment to IFRC
Ms Turid GLAERUM, Head of Development Division
Ms Elisabeth Dehn JORDBAKKE, Consultant
Ms Bente KNAGENHJELM, Officer on Secondment to IFRC
Mr Halvor LAURITZSEN, Acting Head, International Department
Ms Bente MacBEATH, Special Advisor
Mr Sven MOLLEKLEIV, Secretary General, Norwegian Red Cross
Ms Marianne MONCLAIR, Health Coordinator
Ms Toril PARELIUS, Personnel Officer
Ms Bodil RAVN, Regional Coordinator, Africa
Ms Anne SLETMO, Head of Resource Division
Mr Karsten SOLHEIM, Regional Coordinator Europe
Ms Ingrid TJOFLAAT, Personnel Officer Rapid Response (formerly Team Leader and Head Nurse, Bhuj, India 6/3-16/4/01)
Ms Helene VIKAN, Relief Coordinator, Relief Section

Other, Oslo

Mr Olav Kjørven, Director, ECON

ICRC, GENEVA

Ms Louise ABBOTT, PNS Coordinator Kosovo 2000-2001 (February)
Ms Lois AUSTEN, Coordinator External Resources Division (formerly PNS Coordinator in Kosovo, 1999-2000)
Mr Patrick BERNER, Economic Security Desk
Dr Gerard BISE, Health and Relief Coordinator
Ms Viviane CAGNEUX, External Resources Division
Ms Sandra CARR, External Resources Division
Mr Wayne MAC DONALD, Head of the Planning, Monitoring and Evaluation Unit
Mr Geoff LOANE, Head of the Economic Security Unit
Mr Patrick MARTIN, Agriculture Expert, Kosovo 2000-2001
Mr Jean-Luc METZKER, Deputy Head of Operations for Central and South Asia
Ms Stephanie O'CONNOR, Human Resources, Sansec Logistics
Mr Pierre-Michel PERRET, Agricultural Officer, Health and Relief Section
Ms Dominique PRAPLAN, Planning and Training, Sansec Division
Mr Rune SKINNEBACH, Monitoring & Evaluation Advisor

Ms Olgica STANIC, Responsible for External Resources Programmes, Assistant Head of Unit REX
Ms Susanna SWANN, Deputy Head of Operations, Central and South-Eastern Europe
Ms Bénédicte TRUNNINGER, Assistant, 'Direction des Affaires Générales' Ms Anne ZEIDAN, Deputy Head of Task Force Great Lakes

IFRC, GENEVA

Mr Martin FISCHER, Programme Officer, Africa Department
Mr Marcel FORTIER, Desk Officer, Asia & Pacific Department
Ms Smruti PATEL, former Liaison Delegate in India, Earthquake Operation
Mr Mathew VARGHESE, Head, Evaluation Department

BOSNIA AND HERZEGOVINA

Mr Frode OVERLAND ANDERSEN, First Secretary, Royal Norwegian Embassy
Mr Robyn BAXYNDALE, ICRC Cooperation Delegate
Mr Milorad BIJELIC, former assistant to the MOH, Banja Luka
Mr Tihomir CULE, Head Nurse, Mostar West Health Centre
Dr Mirjana DJERIC, Director Sokolac Psychiatric Hospital
Ms Nancy FOURNIER, ICRC Head of Sub-Delegation, Mostar
Ms Branka IVANOVIC, NRC Programme Co-ordinator, Banja Luka
Dr Emira KAPETANOVIC, University Clinical Centre, Sarajevo
Mr Boric KELECEVIC, ICRC Head of Sub-Delegation, Banja Luka
Ms Seila KULENOVIC, CRS Programme Manager for the Psycho-Social Department, Sarajevo
Dr. Senad MEJEDOVIC, Head of Emergency Department of Ambulanta Carina, Mostar East
Mr Dusko MIJATOVIC, Head of Institution, Dragocaj Psychiatric Geriatric Institution, Banja Luka
Dr. Anton MUSA, Director of Health Centre, Mostar West
Mr Boris NIKULIN, ICRC Relief Coordinator (formerly ICRC Medical Field Officer)
Dr Biljana PRSTOJEVIC ZELINCEVIC, Head Nurse, Jakes Institution
Mr Thierry RIBAUX, ICRC Protection Coordinator (formerly ICRC Tracing Delegate, Pale 1995-1996)
Dr. Zlatko SANTIC, ICRC Mostar, Responsible for Primary Health Care
Mr Balthasar STAEHELIN, ICRC Head of Delegation
Dr. Bajro SARIC, Director of Health Centre (Ambulanta Carina), Mostar East and Deputy Director of the Regional Medical Centre
Ms Sinisa STEVIC, World Bank (formerly Assistant Project Coordinator for the NRC ambulance programme in Banja Luka, 1997)
Ms Jelena STIGACIC, ICRC Head of Office, Pale
Mr Michael TIERNAN, IFRC Resource Development Delegate
Mr Cvijo ZELINCEVIC, Director of Jakes Institution

CROATIA

Mr Per Ivar LIED, First Secretary, Deputy Head of Mission, Royal Norwegian Embassy
Ms Anja POLDEN, Attaché, Royal Norwegian Embassy

INDIA

NEW DELHI

Ms Bente BINGEN, Deputy Head of Mission, Minister – Counsellor, Royal Norwegian Embassy
Alan BRADBURY, Regional Disaster Preparedness Delegate, IFRC South Asia
Ms Agnete ERIKSEN, Counsellor, Royal Norwegian Embassy
Mr Patrick FULLER, Regional Information Delegate, IFRC South Asia
Dr J. GANTHIMATHI, Deputy Secretary (Medical Services), Indian Red Cross
Ms Adelheid MARSCHANG, Health Delegate, IFRC India Operations Centre
Mr Bob McKERROW, Head of Regional Delegation, IFRC South Asia
Mr Steve PENNY, India Disaster Preparedness Delegate, IFRC India Operations Centre
Mr Daniel PREWITT, Head of Delegation, IFRC India Operations Centre

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Dr Vimala RAMALINGAM, Secretary General, Indian Red Cross

GUJARAT

Dr B.F. ACHARYA, President, Ghandidam Indian RC Branch
Dr R.K. AGARWAL, Vice President, Ghandidam Indian RC Branch
Mr Kailash BHATT, Trustee, Ghandidam Indian RC Branch
Mr Mihir BHATT, Honorary President, Disaster Mitigation Institute, Ahmedabad
Ms Jaishree CHAUHAN, Local Coordinator, SEWA, Bhuj (local NGO)
Mr H.N. CHIBBER, Collector, Bhuj Governmental Authorities
INTERVIEW with beneficiaries of Field Hospital (6 children, 4 women, 4 men), IFRC, Gujarat Earthquake Operation
Mr Gagik JRBASHYAN, Construction Delegate**,** IFRC, Gujarat Earthquake Operation
Dr Folke LAMPEN, Health Coordinator**,** IFRC, Gujarat Earthquake Operation
Ms Elodie MARTEL, Head of IFRC Sub-delegation, Ahmedabad
Mr R.S. NINAMA, Res. Deputy Collector, Bhuj Governmental Authorities
Mr Shri PRAHMULJI of Kutch, Maharaja of Bhuj
Dr. RANA, Training Officer, Bhuj Indian RC branch
Mr S.K. SHARMA, Honorary Organising Secretary, Gujarat State Branch, Indian Red Cross Society
Mr. SRIKANT, Administrative Coordinator, Bhuj Indian RC Branch
Dr. Bheda SURYAKANT, Chief District Medical Officer and Civil Surgeon, Kach District
Mr Thor M. THORBRO, Team Leader, IFRC, Gujarat Earthquake Operation
Dr Prasad WAINGANKAR, Team Leader, WHO, Bhuj

KOSOVO

Dr. Ferid AGANI, Mental Health Coordinator, UNMIK, Department of Health and Social Welfare
Mr Vidar ANZJON, Agro Delegate, NRC
Mr Halil ARIFI, Carpenter, Shtime/Stimlje Special Institute
Mr Naim ASLLANI, Nurse, Shtime/Stimlje Special Institute
Ms Vlora AZIZI, Medical Assistant, NRC
Mr Ekreh BAJRAMI, Field Officer, NRC
Mr Clive BALDWIN, Human Rights/Legal Advisor, Human Rights/Rule of Law, OSCE Mission in Kosovo
Mr Stefan BAUMGARTNER, Head of IFRC
Mr Pascal BERNARDONI, FAO Agronomist (formerly ICRC agronomist 1999-2000)
Ms Valerie BRASSEY, ICRC Protection Co-ordinator
Ms Agnes BEATON, Health Coordinator, ICRC
Ms Lirie BYTYQI, Head Nurse, Shtime/Stimlje Special Institute
Mr Bob CHURCHER, Country Director, ICG
Mr Jesus CRUZ, Spanish Red Cross
Ms Caroline EBNER, ICRC Head of Office, Belavista, Pristina
Ms Harriet EPSTEIN, Project Director, Shtime Project, Doctors of the World USA
Florin, NRC Field Officer
Ms Siri GRANUM, Social Worker, NRC
Ms Hannah GUTEMA, Social Welfare Officer, UNMIK, Department of Health and Social Welfare
Ms Sandra HUDD, Deputy Co-Director, UNMIK, Department of Health and Social Welfare
Mr Olivier JENARD, Deputy Head of Mission, ICRC
Mr Nijasi KORCA, Social Security Officer, UNMIK, Department of Health and Social Welfare
Ms Lendita KRASFIQI, Caretaker, Shtime/Stimlje Special Institute
Ms Celine LEONET, ICRC Cooperation Co-ordinator
Mr Jose MAS, Spanish Red Cross
Mr Olaf ROESSET, Team Manager (phone interview), NRC
Mr Deme SOKOLI, Chief of Social Department, Shtime/Stimlje Special Institute
Ms Ragnhild TELHAUG-HOEL, Psychiatric Nurse, NRC
Ms Elizabeth TWINCH, Head of Mission, ICRC
Dr. Liliana URBINA, Mental Health Officer, WHO
Mother Teresa Society, Rahovac
Red Cross of Kosova, Rahovac

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Yvonne, ICRC Ecosec Co-ordinator, Pristina

RWANDA

Dr Ousmane DIOUF, Representative, WHO
Mr Phillip Gerry DYER, Programmes Coordinator, Deputy Representative, UNICEF
Mr Heywood HADFIELD, Representative, IFRC
Mr Peter HAILEY, Nutrition Consultant, UNICEF
INTERVIEWS with 12 patients (4 men and 8 women), Nyanza Hospital
Dr. Augustin KABANO, Doctor, UNICEF
Mr Apollinaire KARAMAGA, Chief of Technical Support Department, Rwandan Red Cross
Ms Francoise KAYIGANBA, Program Officer, UNDP
Ms Cecile NZABONIMANA, Advisor for Health and Social Welfare, Rwandan Red Cross
Mr Tore ROSE, Resident Representative, UNDP
Dr. Bocyana TATIEN, Doctor, Nyanza Hospital
Mr Jean-Baptiste TWAGRAYESU, Engineer, SNATCO
Ms Jeanette UMUPFASANO, Head Nurse, Nyanza Hospital
Ms Anitta UNDERLIN, Regional Finance Development Delegate, IFRC
Mr Rolin WAVRE, Head of Delegation, ICRC
Ms Marie-Louise WIBABARA, Logistic Assistant & Interpreter, ICRC
Mr Pascal YAMUREMYE, Administrator, Nyanza Hospital

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ANNEX 4: Detailed Analysis of Some Project Results Against Goals

The left hand column presents the goals, and the right hand column presents the achievements

PSYCHO-SOCIAL HEALTH INSTITUTIONS, BOSNIA HERZEGOVINA **General Objective**	
Institutions are able to begin operating again with limited follow-up, hence few demands for continued funding.	Improved treatment achieved with some limited exceptions.
Improved treatment of the beneficiary group in the services through changes in attitude towards patients and work, local staff are trained and remain on site. Eight institutions receive assistance, four to a high degree in later phase.	General problem of weak social service structures remain a risk to the project. This may have been partly addressed through local Red Cross support.

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Specific Objective Beneficiaries reached by contributing to the service environment on an equal footing basis ("friendly help") regarding them as counterparts and colleagues, and achieving commitments made.	Project objective practically met by time of August 2001 closure Linking and addressing psychiatry and management in the seminars is a new but effective method to improve life for all in such institutions Poor information strategies means that the programme does not get all the support it could in Oslo. Loss of some impact because of absence of a policy on protection and follow-up on personnel changes.
Results Provision of the skills and expertise staff have lost/never had. Problematic personnel is moved away, promising personnel promoted. Premises become more agreeable to live and work in thanks to refurbishment of some places and rehabilitation of others. Communication and solution finding is increased due to impetus of seminars, energy conveyed, distance to problems taken and identification /realisation of problems. Initiative, strength and potential of all members of staff participating in the seminars increased. Divisions and tensions within staff of institutions disappear/defused after seminars.	All results achieved, except in Banja Luka Psychiatric hospital where a problem was diagnosed late and project closed too early. Rehabilitation of some of the buildings in Sokolac not lasted long enough (tiles falling, roofs leaking). NRC image and approach benefited / influenced other programmes since Director of Sokolac presented method of work in conference in Dubrovnik and other NGOs changed to incorporate NRC 'way'.
Activities **Phase 1:** End 96–Mid 98: Sokolac and physical rehabilitation of some of the buildings. **Phase 2:** Feb 98 to May 98 first seminar. **Phase 3** August 98 to August 2001, most seminars.	Quantitative targets for workshops and material assistance all met except for Banja Luka Psychiatric Hospital. Continued meetings with personnel, attendance at their meetings. Attention to individual cases and counselling of health personnel.

SHTIME/STIMLJE MENTAL HEALTH INSTITUTE PROJECT, KOSOVO	
Overall Objectives Administrative and mental health capacity reinforced Sustainable well-functioning system created building on the previous system (10 years ago) that worked well (e.g. pig and chicken farms, carpentry, art and crafts and kitchen programmes that created activity and income for patients) Family links regenerated by through visits to families and patients. Institute integrated into the policy for Mentally Retarded People in Kosovo and into the UNMIK policy/strategic plan for community-based mental health.	Achievement of the reinforcement of staff objective Technical assistance provided to the Institute in limited form as key areas (such as management of stocks) remain out of NRC reach. System created, but not sustainable because of inexistence of social service structures apart from UNMIK Family links are improved, but impact is limited because of prevailing cultural mores. Integration into overall health policy (WHO, not Belgrade) achieved, but protection dropped out. Legal protection an issue.
Specific Objective Phase I (August 1999–May 2000 = emergency phase) Immediate physical and health-care needs of patients covered, buildings and systems repaired, recruitment of the necessary staff to undertake managerial responsibility of the Institute. Phase II (From May 2000 = Rehabilitation Phase) Rehabilitation Institute redesigned for a maximum of 100 severely mentally retarded persons working in close contact with the communities where the patients are from.	Immediate emergency needs covered. Rehabilitation begun, some change in attitudes in staff. Some of the patients are moved to other institutions or find their families.
Results **Phase I: Palliative assistance** Medical help is given to patients irrespective of ethnicity. Norwegian delegates are recruited. Staff salaries are paid. Recruitment of new staff. Training of staff. Delivery of food, clothes and hygiene articles. Rehabilitation of water and electricity. Buildings rehabilitated. **Phase II: Development** A Rehabilitation Centre is established in the Institute. Legal rights for patients are defined. A management handbook for the Institute is prepared. All children below 20 are discharged to protected homes Mentally ill gradually discharged after rehab. and social reintegration programmes. A Centre of Competence and Development of Mentally Retarded Persons is established.	**Phase I** Patients have been treated on equal basis Too few staff have been recruited (no director, special teachers, social workers or physiotherapists) Number of nurses increased from 4 to 15 Salary has been paid but dissatisfaction with amount and regularity of payments influencing staff motivation Rehabilitation of buildings have had positive effects on patients and staff **Phase II** New Director employed from May 2000. The Rehabilitation Centre almost established at time of visit. A “de-institutionalisation team” has been created. Number of patients have been reduced to 260. A Strategy Group has been established under the auspices of WHO.. 2 Seminars have been held for the staff. A Masterplan for 2001–2008 has been developed. A 6 months training program for nurses has been organized. 5 books on nursing translated from Norwegian to Albanian. Contact with some relatives has been established through

	a mobile social workers. Contact to Serb institutions and families have been established through ICRC, and patients have been transferred. Patients' rights are being examined by courts. 9 children have been discharged to protected homes It has not been possible to employ a doctor (GP) due to low salary. 62 staff members are involved with patients.
Activities **Phase 1** Contracts made for delivery of food. Collaboration with UNMIK about recruitment secured Stipends to staff from Sept. 99 paid. Rehabilitation of buildings Oct.–Dec. 99 achieved. Norwegian Management team deployed (2 Norw. Nurses from Aug. 99, administrator + head nurse from Sep. 99, 1 doctor, 1 psychiatrist + 2 nurses from Oct. 99). Norwegian team leads rehabilitation of the building. Collaboration with Danish and German RC secured. Administrative systems set up. Development of an organisational plan. Reinforcement of Albanian staff capacity (technical aid). **Phase 2** Living standard of patients raised to that of average households in Kosovo. Patients supported in an independent life outside of the Institute. Patients protected against abuse and ill treatment No patient is detained against his or her will in the Institute by the end of 2001. All patients assisted in living as freely as possible and in contact with their relatives and communities. Patients discharged and number downsized to 100. Rehabilitation profiles for all patients developed.	Limited scope of NRC personnel influence, and limited support from HQ and ICRC, mean that all activities are undertaken, but with partly limited results.

NYANZA HOSPITAL REHABILITATION PROJECT, RWANDA **Overall Objectives** ICRC/IFRC programmes reinforced in the health service delivery. General population's health is improved, specifically in Nyanza District, relying on community based approaches. Rwanda Red Cross is strengthened in the district. ICRC gains better credibility with the government, because they are broadening their assistance.	Little change to mortality and morbidity in the region of the hospital, facilities used at less than 50% capacity Non-achievement of the objective of strengthened RRC Non-achievement of the PHC approach of RRC described in the first project document. A well-designed and locally exceptional hospital is built. Health centres are renovated with radio and ambulances for referrals. Personnel is trained, but most of them leave in pursuit of better jobs, only one interim doctor in residence.
Specific Objective Delivery strengthened by hospital and 10 health centres rehabilitated.	Hospital is renovated, extended, and some support given to health centres. Other agencies provided some inputs to deliver the community outreach component that is failing.
Results **Phase 1** Provision of professional support to Nyanza district hospital. Provision of technical support to 10 health centres. Training of RRC volunteers in the community based first aid and primary health. **Phase 2:** Rehab of health centres with water and electricity Medical equipment to hospitals plus 6 months of medicine to health centres. Office equipment for the administration of the MoH health district authorities. Planning of new hospital. Building of surgical ward (5 buildings) by local firm. Equipment of surgical ward. Training of surgical team.	Surgical ward is equipped, surgical team is trained. Hospital is handed-over to local authorities in 2000 RRC volunteers are not trained. Rehabilitation is carried out to a very high level of quality by local firm. Equipment is delivered. Planning is done in co-operation with the health authorities of Rwanda.

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EMERGENCY HOSPITAL PROJECT, BHUJ, INDIA **Overall Objectives** I. Short term (4–6 weeks, from 1 February – 15 March): - As many lives as possible are saved - Suffering is alleviated II. Midterm (6–12 weeks, 15 March–30 April): - Collapsed Go District referral hospital is replaced and strengthened - Medical staff from IRCS and GO is trained III. Long term (12–28 weeks, 1 May–1 September): A semi-permanent hospital is constructed as an intermediate institution until fixed health infrastructure has been replaced.	Short term objective achieved. Hand-over achieved but concern about standards of care mean that results will not be sustained. Results of training limited by rapid turn-over and issue of different standards. Work has started but the construction has been delayed. Is due to be completed after evaluation visit.

Specific Objective A joint ERU Referral field hospital in Bhuj is set up with a capacity of 300 beds.	 Achieved.
Results I. Short term: A maximum number of most vulnerable sick and wounded patients from the Kutch District are treated regardless of religion, caste, gender and income. II. Midterm: A fully functional field district hospital replaces the collapsed. GO hospital for the Kutch District. A sufficient number of local nurses, doctors and other staff are trained enabling them to take over the hospital both at medical and administrative level. III. Long term: Local medical staff are fully capable of operating the district field hospital. A pre-fabricated hospital is constructed containing all normal district hospital services with a capacity of 200 beds.	I. Until end of march: Outpts = 10.500 Admissions = 942 Operations = 498 Deliveries = 198 X-rays = 1912 Tests = 3608 90 local staff are employed and trained. Staff were keen to learn new procedures. II. In April: Outpts = 4.235 Admissions: 530 Operations = 91 Deliveries = 154 X-rays = 1489 Tests = 3935 III. From 1 May – 31 August: Outpts = 32.927 Admissions = 2259 Operations = 566 Deliveries = 536 X-rays = 2677 Tests = 17.000 Major illnesses treated in whole period: 1. "Other" = 32.545 2. Diarrhoea = 2113 3. Resp. Tract. Infection = 1889 4. Earthquake related trauma = 256 Differences between Gujarat and Western/Scandinavian standards of medical care results in RC withdrawal of medical responsibility for hospital. Standards have gone down and patients must buy drugs which are not available in hospital. New procedures in hygiene and drug administration are not allowed by govern. health system. Construction of pre-fab hospital is delayed two months for many reasons (cyclone, funding, org. Problems in IFRC, GO, IRCS…).
Activities **I. Short term** ERU Field hospital requested. IFRC HQ issues ERU alerts for release of field hospital to NRC and Finnish Red Cross. Hospital with medical team is released and sent from Oslo. First shift of NRC staff starts to work (4–6 weeks contracts) Field hospital is erected and receives pts within 24 hours of ERU arrival.	 Approx. 18 NRC staff are sent with hospital. GO and IRCS sent doctors and nurses for 7–10 days periods – much staff turn-over Last Norwegian doctor and head nurse leave in July.

Triage is performed to treat most critical pts. Outpatient department is started within 2–3 days Kitchen, latrine & washing facilities set-up for pts and relatives. Employment and training of local staff from IRCS and government started within 2–3 days. Treatment starts of sick and wounded pts not directly related to earthquake. **II. Midterm** Systematic training and inclusion in core position of local staff to facilitate later local management of hospital. Treatment spectrum widened to include all common diseases. Second shift of NRC staff arrives (contracts from 6–12 weeks). Gradual reduction of NRC staff. Contract of hand-over is negotiated with IRCS, IFRC, GRC, FRC and GO. Hospital is officially handed over. **III. Long-term** Pre-fab hospital is planned with teams from IFRC and IRCS to be completed by end of September. Construction of pre-fab hospital starts.	Contract is signed in beginning of April. 5 Ex-pats from NRC and FRC until end of August + 112 local staff from IRCS and GO. NRC technical engineering delegate leaves in August (last NRC hospital delegate). Construction starts in August in expectation of funding.

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AGRICULTURAL REHABILITATION PROJECT, KOSOVO **Overall Objectives** Kosovar agriculture restored rural population stabilised in their communities. Food production and economic security ensured for target population of 200,000 people.	Agriculture favourably affected in 2000 in most needy areas. Continued capacity of mechanised agriculture threatened by disappearance of NRC workshops after termination of project.
Specific Objective Tractors and other equipment repaired for Kosovar farmers who have lost their productive assets. Tractors and other key equipment supplied to Kosovar farmers.	Some 3000 tractors repaired. Politically moderate (but open to pressure) community structures of the Mother Teresa Society strengthened. Few gaps remain in coverage of the country. No momentum for the continuation of repairs once the project is over. Limited knowledge of the beneficiaries proved problematic, as disputes were frequent.
Results Tractors repaired. Tractors and heavy equipment imported from Norway. Free tractor hire service provided. Tractors available for farmers. Skills for repair acquired by assistant mechanics.	Delivery on time. Some tractors quickly unusable for lack of spare parts. No sense of ownership to or role for local farmers in project. Lack of understanding of criteria by locals and local structures. Lack of support to mechanics concerning pressure from non-beneficiaries. Lack of understanding of context by inexperienced delegates. Lack of communication within project. None of the workshops have survived the project The local mechanics are for the most part without employment once workshops close.
Activities 8 workshops provided (6 in October 99 + 2 in Feb.–March 2000). Serb farmers also helped (ICRC request). Distribution of donated equipment to most needy and co-operative structures. Collection campaign in Norway (“Momarket”). Transportation of equipment.	8 workshops started. Norwegian farmers have donated 1200 tractors, some donations antiquated or inadequate. No follow-up towards end of project regarding donated equipment and impact of project. Little experience, communication and transparency on NRC part led to confusion, security issues, increased antagonism in communities, pressure on staff, local mechanics and expats. No staff recruited specialised in community participation. Limited exchanges of information with other PNS. Limited management follow-up by ICRC.