

Norad NorCross cooperation agreement 2017-2020

End-of-project evaluation

Overall Report

Including summaries of country reports of
Burundi, Guatemala and Pakistan



Healthmatch consultancies

End-of-project evaluation

NorCross - Norad cooperation agreement 2017-2020

Overall Report

The evaluation has delivered the following reports:

Country report Burundi
Country Report Guatemala
Country Report Pakistan
Overall Report

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The Netherlands, May 10, 2021

Healthmatch

Pim de Graaf and Han Kok

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Acronyms and abbreviations

BHS	Basic Health Services
BOCA	Branch Organizational Capacity Assessment
BRC	Burundi Red Cross
CBHC(FA)	Community Based Health Care (First Aid)
CPM	Country Program Manager
CPO	Country Program Officer
DRR	Disaster Preparedness and Response
FD	Financial development
FGD	Focal Group Discussions
FSW	Female Sex Workers (KP group in HIV)
GRC	Guatemala Red Cross
HRD/M	Human Resource Development and/or Management
IFRC	International Federation of the Red Cross
IGP	Income Generating Projects
ITT	Indicator Tracking tables
KAPB	Knowledge, Attitudes, Practice and Behavior
KII	Key Informer Interview
KP	Key Populations (related to HIV control)
MFA	Ministry of Foreign Affairs of Norway
MNCH	Mother Newborn and Child Health
MoH	Ministry of Health
MSM	Men having Sex with Men (KP group in HIV)
NS	National Society
NSD	National Society Development
OCAC	Organizational Capacity Assessment and Certification
OVI	Objectively Verifiable Indicators
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
PRCS	Pakistan Red Crescent Society
RBM	Results Based Management
RF	Results Framework
RM	Resource Mobilization
SGBV	Sexual and Gender Based Violence
SOP	Standard Operational Procedure
SMART	Specific, measurable, achievable, relevant and timely (criteria for OVI)
TA	Technical Assistance
ToC	Theory of Change
ToR	Terms of Reference
TG	Transgender (KP group in HIV)
VCA	Vulnerability and Capacity Assessment
WASH	Water, Sanitation and Hygiene promotion

Executive summary

This evaluation report presents a mostly qualitative assessment of the Norad-NorCross 2017-2020 agreement and its corresponding program. It has been conducted by a team of two international evaluators with support of three national consultants and took place between December 2020 and March 2021.

The Terms of Reference relate to the use of the OECD-DAC criteria, with a focus on the counterpart relationship with the National Societies (NS) it supports. Risk management is mentioned as a specific area of interest. The evaluation also assesses NorCross' added value and provides some recommendations.

The team made an in-depth assessment of the program in three countries selected by NorCross: Burundi, Guatemala and Pakistan. Findings are based on information gathered through document review, interviews at different levels of the Norcross and NS hierarchy, as well as observations on site. Focus Group Discussions with volunteers and beneficiaries complemented the information. An online survey on risk management was carried out among (ex)staff of NorCross.

The evaluation took into account that the NORAD financed program was part of a wider set of programs with programmatic synergies and a facilitating role of the IFRC, often financed by the Ministry of Foreign Affairs of Norway and NorCross own funds.

Within the overall goal of resilience, the programmatic objectives are divided in two areas: access to health & WASH of vulnerable populations and National Society Development. The latter consisted of 4 components, the development of Financial management, Resource Mobilization, Results Based Management, Human Resources management as well as overall management.

In addition, the program facilitated the work of the IFRC, as a means to technically support the NS. In all three countries, NorCross had operated for many years and this program was in most cases a continuation of earlier programs. Halfway the implementation, NorCross reviewed its International Strategy and introduced changes in the objectives, mostly modifying the support to NSD. Only in Pakistan the provision of population services shifted and changed from one province to another.

The findings of the evaluation were strongly influenced by NorCross announced withdrawal from the relationship with the NS in two out of three countries: Burundi and Guatemala. Many interlocutors reflected on the results of the program through the lens of NorCross' departure.

We consider the aims and objectives of the country programs highly relevant, since they are all based on specific assessments or on a consensus with the NS counterpart on population needs. In a few cases NorCross advocated to address specific target groups, like Key Populations in Guatemala. NSD support initially focused on RBM as well as Financial Development and Human Resource Management. After NorCross' strategy changed, the emphasis was mostly on Financial Development. In the face of the overwhelming needs and limited time and resources, choices for specific activities seem to have been the result of a trade-off between many factors, such as host country policies, NS positioning and its absorption capacity, NorCross' own capacity, and sheer practical feasibility.

NS mostly played a well-defined auxiliary role in their countries and coordinated actively with other actors, mostly national and local authorities but also international agencies. It addressed the many coordination challenges, not always fully successful. Sometimes there were gaps in the service packages, such as an incomplete integrated approach in maternal health leading to a low coverage of institutional deliveries. Due to the diversity in needs and response capacity by the NS, NorCross tried to tailor its overall support and guidance to the country programs and balance its contributions to each of them. NorCross' internal coordination and its effect on collaboration with the NS was

influenced by its regionalisation strategy implemented during the program. Considering all these aspects, we found the overall coherence good.

Generally speaking, the effectiveness of the program has been satisfactory, but many variations exist. Beneficiaries asserted their satisfaction with the services offered, as in Mother Neonatal and Child Health (MNCH), hygiene education and community organization. A frequent critical comment however, was the short duration of the program's implementation per targeted area/population. This occurred in Burundi and Guatemala: In Burundi, the previous Norad program focused on different branches, so there is no continuity in terms of the population receiving support; in Guatemala, the previous program phase covered basically the same health, HIV, DP and NSD interventions in a different region. Also the coverage is limited: relatively few people within a given district benefitted from the program. In Pakistan, before the strategy change, for a part of the target group, the program was a continuation from the previous program; after the strategy change, a completely new target area was addressed, for a short period of time.

Support to National Society Development has been irregular. Financial Development in two out of three countries was effective, in Burundi much less effective. The extension of NorCross' support in Financial Development with own funds in 2021 may enhance effectiveness beyond the program phase. Results Based Management investments did not strengthen NS capacity very much and seemed to serve own programmatic purposes more than the NS. The support to Resource Mobilization was limited but effective and innovative. Support to volunteer management with trainings and the instalment of online database systems was welcomed and a step forward although not everywhere leading to accurate data. Overall, NS' capacity improved but some opportunities were lost for them to benefit more, especially in the cases of Results Based Management and Resource Mobilization.

NorCross and the NS are part of an established RCRC culture with cost consciousness and even frugality. Striving for efficiency is almost implicit, with good practical measures taken, even redirecting savings to tackling the effects of COVID 19. Still there are no data, no standard criteria or specific benchmarks for efficiency of program management, e.g. the costs of Community Based Health Care and First Aid trainings or the costs of program management. The revised International Strategy may require clarification of standards and good practice.

In the limited period of time of program implementation, changes are to be found in health practices and seeking behaviour, as well as improved community resilience in organizing itself in health, WASH and disaster preparedness & response, but they are not yet consolidated. There are no solid quantitative data to assess program impact, due to the way baseline/end line surveys at population level were implemented, and the lack of counterfactual scenarios.

We consider sustainability of the results as low. Most regular population services cannot be sustained by the NS or be incorporated in national structures like those of the Ministry of Health often due a lack of resources. In National Society Development, the panorama varies, but in absence of external funds, the NS capacity that has been built risks to disappear rapidly as well.

NorCross' risk management system performed reasonably well, but mostly for its own purposes. Linkages with those of the NS were not established or weak and not yet consolidated, and NS acknowledged the need to make it more performant.

NorCross has a definite added value in reaching the last mile in health through its Community Based Health Care and DRR approach. Added value can be further enhanced by maintaining its focus on

Financial Development , because it is one of the few PNS involved in the area. It needs to increase its regional technical capacity by further improving the chain of command in the managerial hierarchy.

Recommendations:

- To use a Theory of Change for the programs that address long terms needs or operate in protracted crises, both for population support and NSD. This includes the use of explicit sustainability plans with technical, managerial and financial parameters, and a corresponding exit strategy.
- To optimize investments in data management.
- To strengthen Norcross' capacity in supporting health programs, leading to optimization of intervention packages.
- To strengthen human resource management, with emphasis for the role of Country Program Managers.
- To strengthen ability of NorCross and NS staff to consider issues of efficiency.

Introduction

This evaluation report is a final version, written after comments and questions from NorCross on an earlier version have been addressed.

The program to evaluate

The report describes the evaluation of the program executed on the basis of the 'NorCross Cooperation Agreement 2017-2020' with Norad, which follows the previous 2013-2016 agreement and precedes the 2021-2025 agreement, currently under discussion.

In 2017, the expected results of the program of NorCross support to National Societies (NS) was as follows:

The Project's¹ planned effect on society is Community Resilience. The planned effects for the target group of the Project are (Outcome):

- Improved health for vulnerable people
- Strengthened ability of the NS to deliver countrywide services to vulnerable people

The planned main products and/or services of the Project are (Outputs):

- Organisational development of the NS: National Society Development (NSD)
- Increased access to health services, water, sanitation and hygiene (WASH) and increased knowledge on health prevention.

The intended target groups are vulnerable people in nine countries included in the Project: Burundi, Colombia, Guatemala, Honduras, Lebanon, Pakistan, Palestine, Somalia, and South Sudan.

A global Results Framework² and a framework for each of the countries describe planned outputs, outcomes and impact.

In addition, with resources from the agreement, NorCross funded IFRC to develop and use tools to support the NS of the Red Cross/Red Crescent movement.

The budget according to the agreement, rounded off at 1000 NOK:

Country	Budget 2017	Budget 2018	Budget 2019	Budget 2020	Total 2017-2020	% of total budget
Burundi	7.154.000	7.154.000	7.154.000	7.154.000	28.616.000	8,9
Colombia	3.306.000	3.306.000	3.306.000	3.306.000	13.224.000	4,1
Guatemala	3.080.000	3.080.000	3.080.000	3.080.000	12.320.000	3,8
Honduras	2.267.000	2.267.000	2.267.000	2.267.000	9.068.000	2,8
Lebanon	4.722.000	4.722.000	4.722.000	4.722.000	18.888.000	5,9
Pakistan*	7.450.000	7.450.000	7.450.000	7.450.000	29.800.000	9,3
Palestine	9.069.000	9.069.000	9.069.000	9.069.000	36.276.000	11,3
Somalia	17.354.000	17.354.000	17.354.000	17.354.000	69.416.000	21,7
South Sudan	8.193.000	8.193.000	8.193.000	8.193.000	32.772.000	10,2
Global Health**	8.453.000	8.453.000	8.453.000	8.453.000	33.812.000	10,5
Global NSD**	8.911.000	8.911.000	8.911.000	8.911.000	35.644.000	11,1
Total budget	79.959.000	79.959.000	79.959.000	79.959.000	319.834.000 ***	100

* 59,6 % of the amount for Pakistan is channelled through IFRC.

¹ The documents of the agreement refer to the agreement as a project. In this report the term *program* is used.

² Terminology: NorCross uses the term Results Framework for the Global Results Framework for 2018-2020; Norad uses the term results frameworks for the logframes/ITTs.

- ** A part of Global Health and Global NSD is channelled through IFRC. Of the total project budget 22,1 % is channelled through IFRC.
- *** Small differences due to rounding off

Norad's contribution to the agreement is 90 % of the project budget shown above, NOK 319.834.000.

Ultimately, total project expenses have been NOK 313.000.000, of which NorCross has contributed 12,55 %. So, the financial implementation deviated less than 1 % from the planning. These numbers do not include the budget for the cholera project for Burundi, South Sudan and Kenya, in 2018 and 2019.

In the three countries selected for this evaluation, the Norad funded program is part of a larger set of support activities and funding by NorCross. Contributions from The Ministry of Foreign Affairs of Norway (MFA), EU funding and NorCross own funds are also used. This means that the evaluation is limited in capturing the full extent of the NS relationship with Norway's foreign aid.

Percentage of Norad budget compared to the total NorCross budget for the country from all donors combined ³ .	2017 ⁴	2018	2019	2020
Burundi	67	92	90	73
Guatemala	50	34	68	79
Pakistan	100	52	49	43

The allocation of funds to NSD and to population services differs per country, as the table shows.

Budget sub-division in percentages	health and WASH	NSD
Burundi	41,7	58,3
Guatemala	65	35
Pakistan	54	46

During the program, in 2017 and 2018, NorCross reviewed its International Strategy 2015-2020. It modified the objectives for the period 2018-2020 as follows: 'The Project' s planned effect on society is Community Resilience where basic needs are met, and the health of the most vulnerable people affected by conflict and protracted crisis is improved (Humanitarian impact). Long-term outcomes will be that vulnerable populations have i) improved access to and use basic service, and ii) improved practices related to health, included WASH. Shorter-term enabling outcomes are i) strengthened NS (in terms of financial development, resource mobilization and Planning, Monitoring, Evaluation, Reporting (PMER), and ii) stronger complementary roles and responsibilities in the RCRC movement, will contribute to that end.'

Norad agreed with the change of objectives of the program. However, it requested to continue using the same results frameworks and ITTs; these will be discussed later.

The most significant program changes as a result of the new International Strategy have been the increase of focus on conflict settings and the lowering of priority for capacity development of the NS.

³ Please note that the figures does not include carry-overs from one year to another (quite a lot in Burundi), but is based on revised budget for each country per year. Figures therefore may differ from the yearly audit reports.

⁴ Additional data will be inserted

In Burundi and Guatemala the planned activities for population support hardly changed, whereas the support to NSD diminished from 2019 onwards. In Pakistan, there was a major geographical shift in 2019, to a conflict setting. Support to NSD shifted from Sindh province to the national HQ of Pakistan Red Crescent Society (PRCS).

At the same time, NorCross started decentralising its management from 2016 onwards. Functions and decisional authority were transferred to the five regions and to some extent also to the offices of NorCross in the countries where it works. This had consequences for NorCross' handling of the partnerships; this will be discussed in later chapters.

Details on the activities and outputs are described in the reports of the three countries selected by NorCross for this evaluation: Burundi Red Cross (BRC), Guatemala Red Cross (GRC) and PRCS, see annexes for the summary of each country evaluation.

[Background relevant to the program](#)

Internal

With all of the NS in the nine countries concerned, NorCross has a long-term collaboration, with some more than 20 years. This has led to mutual respect and understanding of each other's strengths and weaknesses. It also created expectations from the side of the NS for real dialogue in case NorCross would intend to alter the relationship.

During 2020, NorCross has decided and communicated to several of the NS that it would cease its work in the country and shift to other countries, with a context of chronic crisis or conflict. This was the case for the NS in two of the three countries selected by NorCross for this evaluation: BRC and GRC.

External

Covid 19

Covid-19 was the most important external factor affecting implementation, leading to programmatic interruptions and shifts in activities (including the required budget)

NorCross headquarters in Oslo was very reactive and proactive: on March 10, 2020, it closed its office in Oslo and sent out a message to the international field staff, offering the option to repatriate. Uncertainty about what would happen with regards to health care in the countries, insurance coverage and closing of airspaces, it managed the risks immediately. Some international staff, like CPMs, indeed evacuated. Others stayed, in some cases they were asked to stay, due to the complex management set-up.

Working from home became the norm. CPMs, when evacuated, continued to work from their home country, which worked well for a while, but then no field visits could be done. NorCross' planning for the coming years, especially when it comes to new partners, slowed down, because new partnerships need face to face contact, which was not possible. Online team management became a struggle, especially when functions, tasks and new roles need to be agreed. So, for the short term working from home worked well, but for the longer term it meets obstacles.

In the countries, the impact of the pandemic differed: in some life and work went mostly on as usual and only the airport was closed for a while, like in Burundi. In other countries the work of the NS was paralysed to quite some extent for a period of time. In some countries activities had to be re-oriented towards (strengthening of) WASH and health activities, with project-by-project revisions.

The work on these changes, additional to the routine, also with budgetary consequences, added to the general Covid 19 stress among staff.

Terms of Reference for this evaluation

The purpose of this evaluation is to provide learnings to NorCross by assessing the performance of NorCross support in the nine countries, funded by Norad, during the period of 2017-20. The assessment focuses on three countries: Burundi, Guatemala and Pakistan.

The Terms of Reference (ToR) of this end-of-project evaluation essentially ask to assess the relevance, coherence, effectiveness, efficiency, impact and sustainability with regard to the objectives and results specific to the country and the general objective and results of the grant agreement. Additionally, NorCross would like to know more about the following:

- The approach and implementation of risk management by NorCross and its partners, based on the requirements of the grant agreement
- Learnings that NorCross and its partners can use to improve program delivery, the partnership approach and to inform thematic and methodological development
- The added value of NorCross in obtaining results in terms of impact and outcomes and providing recommendations on possible improvements

Further NorCross emphasised that, against the background of its long term relationship with the partners, it was particularly interested in learnings about its handling of NS partnerships. We have taken this as the leading theme of the evaluation.

NorCross later requested to include specific recommendations on how to strengthen baseline and end-line surveys in project management.

The ToR require a qualitative assessment only, since it is NorCross routine to assist NS with baseline and end-of-project surveys, which collect quantitative data. The collection of quantitative data will be discussed later. In Annex 1, the full ToR are included.

Evaluation methodology

Evaluation team

The evaluation is carried out by a two-person core team, Pim de Graaf and Han Kok, both based in the Netherlands. They have selected and given guidance to a national expert (Guatemala, Pakistan) or a national expert team (Burundi) in each of the three countries selected by NorCross.

In order to enhance common comprehension of the approach to the evaluation, an online workshop of 2 x 2 hours has been conducted on January 4 and 5, 2021, with all evaluators present.

For short biographies of the evaluators of the core team see Annex 2.

General

The evaluation was carried out in the period December 2020 – March 2021. The two-person core team developed the evaluation methodology, described in the Inception Report that was accepted by NorCross on January 13, 2021.

The evaluation is qualitative in nature, with the use of quantitative data that are collected by NorCross and NS: baseline and end line surveys. Data collection exists of use of available documentation, a series of interviews with staff of NorCross, the NS and some external parties. The national experts conducted most of the interviews in-country (KIIs) at (sub)national levels and held Focus Group Discussions (FGDs) with volunteers and beneficiaries.

In Annex 3, a list of persons interviewed at NorCross headquarters and regional level is included. The country reports provide lists of NorCross staff at country level and NS interviewed.

KIIs and FGDs addressed topics and questions that were drawn from the evaluation framework in the Inception Report. This framework distinguishes the different levels and roles/responsibilities of staff of NorCross and the NS: NorCross HQ, regional offices, NorCross Country Program Managers (CPMs) and staff in country, NS HQ, branch offices, volunteers and communities.

Once the evaluation had started, and after the Inception Report was approved, the core team has introduced two modifications to the evaluation approach:

- Inclusion of interviews with several (ex)CPMs from other countries than the three countries selected by NorCross, in order to benefit from a wider range of experiences.
- An online survey among (ex) NorCross staff on the subject of risk management.

Scoping further this evaluation.

- As mentioned above, since 2016, NorCross has gone – and still is going - through a period of major change: a decentralisation process and a strategic shift from 2018 onwards, towards working in conflict areas and protracted crises. The Norad-NorCross program changed with

Evaluation consultant meets with Community members in Jacobabad district, Sindh Province, Pakistan



that. This evaluation therefore addresses a moving target: initial objectives and results are not anymore valid for NorCross. We have endeavoured to avoid that our conclusions and especially our recommendations address a non-existing situation and regularly clarify our view on the applicability of our findings.

This evaluation was carried in a period when NorCross is phasing out from two of the three countries selected for this evaluation: Burundi and Guatemala. The phasing out itself and the way the phase out is communicated by NorCross with the NS influence the perception of the interlocutors of NS who are informers to the evaluation. We have taken this into account.

To some extent therefore, the process of change itself is subject of the evaluation, since it affects the relationship with the NS so much. However, the focus of the evaluation remains on the established evaluation criteria.

- As mentioned above, in all the three countries selected for the evaluation, the Norad funded program to be evaluated is part of a larger set of support activities and funding by NorCross, mostly through the MFA and NorCross own funds. Therefore, the evaluation cannot capture all the dynamics of the relationship between NorCross and the NS.
- For Pakistan, the evaluation addresses the so-called bilaterally funded activities only, not the multilateral Norad funds channelled through IFRC. The activities carried out by funds channelled through IFRC are not considered, since they do not fall under the relationship NorCross – PRCS.

Limitations of the evaluation

Due to travel restrictions, the core team could not make country visits. This has been an obstacle to smooth communication and free exchange of experiences and views. The National Experts have been excellent in compensating for this, however.

After the training workshop for this evaluation, one of the National Experts had to step back because of personal reasons and another National Expert was recruited ad hoc. This created a delay in the evaluation process.

Findings

NorCross – NS relationship general

NorCross' long standing commitment to and relationship with the various NS is mentioned often by NS interlocutors and very much appreciated by the NS.

Unlike other PNS, NorCross over the years worked with a hands-off approach. Within the overall goals of resilience of the populations, NorCross left priority setting and choices of activities very much to the NS, as the ultimate owners of the activities in country. The latter were satisfied with this relationship of trust in their ability to set the right priorities. This does not mean that the NS went unchallenged, though. NorCross critically reviewed priorities and stimulated reflection. For example, it generated a debate – and possibly a mentality change. This applies to GRC on the inclusion in the program of the Key Populations (KP) component; in PRCS, the subject of Sexual and Gender Based Violence (SGBV) was put diplomatically on the agenda by NorCross, against some resistance.

Over the years, NorCross was one of the few PNS to invest in capacity of the NS. In combination with the relationship of many years, this has earned NorCross much respect and credibility. In recent years, in several countries NorCross was confronted with a range of issues in its relations with NS. Many were of a financial nature, but there also were issues of lack of information on results achieved and of technical capacity of the NS. This made NorCross modify its approach to the partnerships: from a relationship of (mostly) trust to a relationship of (mostly) control. It made NorCross want to have more ears and eyes on the ground and to control financial flows more intensely. This is how the decentralisation process started, from 2016 onwards.

Since the decentralisation process, relationships change. The shift of tasks and authority from Oslo to the regional offices and to the NorCross in-country offices implied more responsibilities of the CPM, the introduction of the standard function of the CPO and in some cases more functionaries in the headquarters of the NS, funded by NorCross. On the part of the NS, this was indeed felt as control – which it was. During the few years of transition, the new set-up took time to be understood because it was so different from before. Even as late as 2020, in one case, the CPM initially was not allowed to communicate with program-related staff of the NS and to make field visits, because she was supposed to be involved only at a high strategic level, with the Secretary General. Overall, NorCross has moved indeed to a partnership model in which it exercises more control. As such, it works more like most of the PNS already do.

This evaluation does not address the decentralisation as such. However, when it comes to the relationship NorCross - NS, we found several issues that deserve to be mentioned.

The coordination of national Norcross teams with its regional offices and HQ was generally good, but decision-making processes were not decentralized and therefore at times questioned. At key times there was also a lack of communication, from HQ via regional to national offices notably at crucial moments, i.e. during the process of announcing Norcross' withdrawal from Burundi and Guatemala in 2020. The role of the regional office is not always very clear for the country-based NorCros staff, in some cases there are doubts about its effective TA support to the programs.

The CPM is key in the relationship with the NS and has a double role. One role is to steer, facilitate and ensure the implementation of program activities, which requires a technical background (mostly in health), high reactivity, quick decision taking and strong orientation towards results for the beneficiaries. The other role is to help the NS to gradually develop itself as an organisation, which requires a strategic and diplomatic approach with another skill-set. This combination of attributes in one individual requires a rather specific profile. Further, the CPM has many tasks and responsibilities and a high workload. On the other hand, the CPM has limited decisional power because the main strategic decisions are taken by the regional representative or at NorCross HQ.

Technical assistance to the NS in the fields of health, PMER and Financial Development (FD) have been decentralised from Oslo to the regions; some of those functions are yet to be filled. Simultaneously with the decentralisation process, and in accordance with its revised International Strategy, NorCross started to specialise in specific areas like health, WASH and Financial Development (FD). Building up its expertise is ongoing.

[NorCross - IFRC](#)

NorCross supports IFRC through several funding channels: Norad, MFA and own funds.

The themes funded under the Norad agreement are NSD, Disaster Management and Recovery, Health and Emergency Response. These cover a range of topics in terms of developing policies and tools to support NS; mostly these are multi-year and ongoing:

- HIV/TB harm reduction
- Community Health
- Reproductive, Maternal, New-born, Child and Adolescent Health
- Malaria Coordination
- Immunization
- health general
- health in emergencies
- WASH

NorCross contributions are co-funding, much appreciated by IFRC. NorCross does monitor the results of its funding to IFRC through the latter's reports, based on the agreed Results Frameworks, with frequent updates by IFRC and annual reporting and dialogue between NorCross and IFRC on progress and further priorities.

NorCross does not use a mechanism in the field to monitor results.

NorCross' strategic shift towards working in conflict and protracted crises does change its priorities for IFRC funding – which in general becomes less. Indeed, the shift is not based on IFRC performance but on NorCross strategy change. Simultaneously, there is a gradually closer working relationship between NorCross and ICRC.

In addition, some of the Norad funded country support to the NS is channelled through IFRC. This occurs especially in Pakistan.

Since this evaluation is especially interested in NorCross' bilateral support to NS, the results of the support of IFRC have not been further assessed.

The DAC criteria

The evaluation team uses the original strategy as starting point for assessing the criteria, as the formulation of the Norad financed program was based on it. However, we also take into consideration the shift towards the new strategy as introduced in 2018.

We basically distinguish between two main objectives, population access to health services⁵ and National Society Development (NSD)⁶.

Relevance

Relevance is understood as the extent to which the design and the objectives respond to beneficiaries' needs, as well as national policies and priorities of partners and institutions. It continues to do so even if circumstances change. Popularly: Were the right choices for interventions made.

In the three countries studies, needs for population and institutional support were defined by applying assessment tools, such as the Vulnerability and Capacity Assessments (VCA), Organizational Capacity Assessments and Certification (OCACs) and Branch Organizational Capacity Assessments (BOCAs), the latter two facilitated with IFRC support. The participative approaches were highly valued and the results recognized. The inclusion of decentralized branch structures within the assessments, was especially instrumental, as the results of the exercises allowed to establish chains of support in capacity building.

NorCross and the NS were in agreement as to the identified needs that would be supported by the program. Choices used for intervention were based on criteria of vulnerability (following the Leave no One Behind principle), poverty and feasibility of program implementation. At times, the choice of locations may have been arbitrary because of the overwhelming needs. Context analysis has been very useful in incorporating "local wisdom". This particularly applied to Guatemala where the indigenous population has its own culture and ways of organizing itself.

In Burundi, the choice for the programme objectives, improved access to services, including household and personal hygiene, proved to be the right one when a cholera outbreak emphasised the need for hygiene and NorCross strengthened existing support for WASH. In Guatemala, there has been initial resistance within GRC to get involved in working with Key Populations (KPs) in HIV prevention, because of stigma and discrimination. In Pakistan, in both the first and second two-year period, the target groups and objectives had high needs in terms of health and access to health services.

As to NSD, NorCross chose FD, PMER, resource mobilization (RM) and human resources management (HRM, mostly volunteers) components based on agreed gaps in institutional profiles. Few other organizations provided NSD support, which may have led sometimes to dependency on Norcross, but at any rate avoided duplication of methods and tools.

⁵ Access is defined as an effective match between needs, demand and response capacity. It depends on geographical, economic, cultural factors as opposed to coverage which is based on the availability of services within a given area and therefore only supply oriented. Access translates into output of services and its respective indicators.

⁶ We understand NSD as a means of institutional strengthening which is systemic by nature and intends to improve the functioning of different components like FD, PMER, HRM and resource mobilization for better performance.

NorCross strategy shift

NorCross intended to take time to implement its International Strategy shift designed in 2018, that, briefly said, was a change from supporting populations in a development context to conflict context. In Burundi, the field activities did not change. In Guatemala, with the shift from developmental to a more humanitarian approach, GRC first introduced income-generating projects (IGP) to help increase family income of the poor. Later, during the COVID pandemic, it started to donate food baskets to the poor in the rural areas. As such it helped families of volunteers as well.

In considering continued support to Guatemala, cut off points for using the criteria on violence were not well defined: what context harbors sufficient violence or protracted crisis to qualify for NorCross support? In the chain of communication between NorCross HQ, regional and in-country and national staff information did not flow well. If a CPM does not receive the (correct) information in time, it is hard to communicate well with the NS. An additional issue was the lack of NS participation in decision making, while the assumption or expectation was that the work was being done as equals. Communication during the process seemed to have been hampering. As a result, some decisions were received with surprise and incomprehension.

In Pakistan the program was changed drastically, both in the choice for locations, from one province to another, as in the type of support given: from hygiene and health awareness to strengthening health services. NorCross looked at needs through another lens – humanitarian support rather than development support, and indeed needs were overwhelming.

As a result of the strategy shift, NorCross changed its NSD support as well. It stopped supporting PMER and resource mobilization and focused on FD. This was not based on lesser need in the NS but rather on NorCross' wish to build on its specific added value.

In conclusion, In Burundi and Guatemala the changes had few implications for the population services, but in Pakistan the program changed entirely and in all three countries the NSD was modified. The activities that NorCross supported, before and after the strategy change, were relevant because they addressed real population and institutional needs.

How these changes worked out in practice is described in the sections below.

Coherence

The compatibility of the intervention with other interventions in a country, sector or institution. This is the extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa. Includes internal coherence that addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government; and the consistency of the intervention with the relevant international norms and standards. It also includes external coherence: consistency of the intervention with other actors' interventions in the same context. This includes complementarity and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

In the three countries under evaluation, as in most other countries, the NS has a legally established role as auxiliary to the state. There is a specifically agreed complementary role to the health system. There are different levels of independence and freedom of strategic and operational decisions of the NS in relation to the governmental institutions in the various countries.

The NS planned the services to the population (health, WASH) in coordination with the respective national ministries (MoH) and relevant authorities. The added value of the NS with their many volunteers is often at the level of community based health services (CBHC), linking it with the regular institutional basic health services (BHS), which is especially useful in areas with low coverage⁷ or in emergency or protracted crisis situations.

In Burundi, coordination of population support and synergy with the MoH and administrative authorities was well done in terms of agreeing on the role of the BRC. A particular aspect is the synergy, or lack of it, between the role of BRC volunteers and the Community Health Workers system; there are around 10.000 of these. There is no policy that defines their roles or complementarity.

In Guatemala, the GRC and the MoH and its decentralized structures collaborate with mutual benefits for both, using equipment and methods, training volunteers and delivering data for the management and monitoring of services within the health model. In Burundi, there is a task division between the MoH and BRC, with UNICEF also stepping in.

In Pakistan, coordination between PRCS, the MoH and the National Disaster Management Agency was ensured at provincial and district level. Depending on the area, security has been a constraining factor when it comes to PRCS access to population groups.

The nature and frequency of coordination between NS and Partner National Societies (PNS) vary. Some of them find each other easily and contribute jointly to the NS portfolio or specific programs. This happened occasionally in all three countries, but is not directly a result of NorCross specific strategies. In all three countries, other PNS hardly got involved in NSD activities and NorCross stands out in this respect.

While these forms of collaboration are very much wished for and necessary, they also lead to the question of attribution and contribution, when it comes to the programs' results. This will be discussed further under the section on PMER.

In conclusion, external coordination and mutual collaboration has been well assured to the extent possible given the circumstances, both with national entities and if present, the PNS. Coordination between the NS and the PNS is a double edged sword. On one hand, the NS is interested in as much harmonized planning as possible, in order to optimize coverage of the programs and the use of resources. On the other hand, the NS may prefer to deal with the PNS one by one, in order to keep some leeway in its own planning and use of resources.

We did not meet issues of internal coherence during this evaluation. Obviously, during a period of major change, such as the revision of the International Strategy and decentralization, not all organizational changes are harmonious and simultaneous. For example it takes time to recruit staff for certain new support functions at HQ and regional level or to develop new policies. This may rather be an issue of effectiveness than of coherence. With the current strategic leadership, overall policies and approaches are aligned.

The NorCross programs generally do not have a broad platform, such as a Steering Committee, in the NS for monitoring progress and decision-making at strategic levels; whether or not in conjunction with other PNS and similar interventions. Projects are carried out in relative isolation from each other. While at a high internal strategic level there may be alignment, the impression is that at implementation level the NS are factories that process individual projects.

⁷ We define coverage as the extent to which major population groups are reached by (humanitarian) action.

Effectiveness

Effectiveness is understood as the extent to which interventions have achieved or are expected to achieve its objectives and results, including differential results between groups.

Access to health services

The set of interventions leading to better access to health services for vulnerable populations has varied between the three countries, but in most cases could be described as CBHC, as well as the creation of the interphase with BHS, the most peripheral tier of the health system), or in other words, linking the informal and formal health care system through preventative and promotional activities, if needed reinforced with components of WASH and nutrition.

In Burundi, through a cascade of trainings, BRC branch staff and volunteers have been trained in sensibilization and health education in 10 communities⁸ situated in four provinces. Also, materials to build latrines and household hygiene (water canisters) have been distributed and some water sources have been improved or constructed. In spite of several interruptions of the program outside the influence of the BRC at branch level, most of the activities and outputs planned have been realized. The population of the 10 communities is around 2,5 million persons, but estimations are that less than half only have ever been reached by a sensibilization session. The coverage of the population having received some form of material support is much less, estimated at a few percent. Due to poor data quality, it is not possible to be more precise in terms of the ultimate coverage of the program.

The program has been interrupted for around nine months in 2018-2019, when NorCross funding was frozen and all activities were put on hold due to suspicion of fraud in the BRC by NorCross and the subsequent forensic audit. While salaries of BRC staff working for this program continued to be paid, staff did not carry out activities in that period, which has effected the amount of activities and the coverage of the program, in spite of a partial catch-up later.

In Guatemala, GRC complements the MoH locally and increased access by providing a number of interventions within Mother, Newborn and Child Health (MNCH), community organization and planning. This was done both for the rural indigenous population and for the urban KP population. The GRC also incorporated DRR mechanisms in its daily practice in rural areas, through trainings, simulation exercises and boosting revenue generation at branch levels. The coverage of rural services in Chiquimula was approximately 30% (15 communities with 10,000 inhabitants of the total population of 30,000 inhabitants), in the case of KPs the estimate is around 4% (1,950 people out of 50,000).

^{8 8} In the case of Norcross access to health is a package of preventative and promotional activities at the community level (CBHC) which include those tackling determinants of health in nutrition, WASH and DRR. Sometimes it also involves economic activities like income generation activities at the community level. The emphasis generally is on women and under five children (MNCH), but could target other groups like adolescents (MNCAH) and specific populations such as KPs and LGBTI. For the sake of clarity, we also include trainings, supervision and/or continuous education of service providers part of this package (as opposed to the more systemic and differentiated management and guidance of Red Cross volunteers which is accommodated in organizational development).

The intervention packages were incomplete. For example, the “Three Delays Model”⁹ as an integrated approach to reduce maternal mortality through institutional deliveries was not fully addressed. In WASH, quality improvement of water sources and latrines did not always accompany hygiene promotion. In HIV prevention and control working in the urban setting, KP referrals, treatment after testing and risk management were not included in the services offered. It remained unclear if this was a coordination matter with the respective counterpart (MoH), a lack of expertise during the time of program design and/or a budget issue.

As a result of the interventions, access to health services as well as KAPB (knowledge, attitudes, practices and behavior) in health of rural people and KPs improved. However, it was difficult to confirm progress in quantitative terms, as the base and end line studies were incomplete and had methodological flaws. In any case, whatever progress was reached, can be attributed to the joint cooperation between the GRC, MoH and NorCross, as no other actors were present.

In Pakistan, the 2017-2020 program was informed, amongst others, by the ‘External Evaluation of Norwegian Red Cross Supported Pakistan Red Crescent Programs in Sindh’ of May 2016. The organizational memory is too short to identify what recommendations of the 2016 evaluation were followed – or rejected.

During the period 2017-2018 a program very similar to that in Burundi was carried out in two districts in Sindh province, through a cascaded training of district PRCS staff and volunteers. The total population that benefitted materially of some form of support d in the two districts is 2271 households. Here also, the percentage of the population that received material support is low, generating some tensions in the villages.

In 2019-2020, the program implementation actually lasted one year. NorCross had shifted to another province, where it supported the upgrading of four dispensaries into Basic Health Units (BHUs) in two Tribal Districts. These BHUs were equipped with medical staff, medicines and an ambulance for referrals. They provided general and maternal and child health services. The population covered by these four BHUs is around 80.000. The Results Framework (see below) estimates the population at 120.000. During the period of functioning, less than one year, the BHU number of visitors was around 120 to 130 patients per day, mostly women and children. This has decreased to 1.200/month at the time of field visit for this evaluation.

In all countries, the program carries out many trainings for various target groups: staff of the NS, volunteers and beneficiaries. The effectiveness of the trainings is not monitored and there is no quality assurance of the trainings nor of the services provided to the population.

Guatemala: Covid-19 training for volunteers



⁹ Patient delay in decision to seek care; delay in reaching care (accessibility); delay in receiving adequate health care

In conclusion, as a result of the interventions, access to health services and KAPB generally improved for the duration of the program. It narrowed the gap in availability of services, sometimes also diminished the cultural and financial barriers to access. The comprehensive nature of the interventions was well appreciated by the beneficiaries and authorities. Income generation was included in some cases and served as an entry point for activities with less popular demand. However, interventions were mostly limited to small populations (Guatemala, Pakistan) or to larger populations with limited coverage (Burundi) and without a clear strategy to complete the package as compared to the original design and/or expand the services to other geographical areas. There would have been room for more effective chains of intervention, like in reproductive health, tackling SGBV or in WASH.

Event to support resource generation in Burundi



NorCross evaluates the effectiveness and outcomes of the RCRC movement and its own support at strategic levels. It regularly commissions thematic evaluations, such as the 'Strategic Evaluation on Community Health Promotion' in 2018 and the 'Health in the Last Mile' report in 2020. The latter extensively studies the results of support in terms of equity and gives a series of excellent recommendations.

We consider these strategic evaluations as an effective approach to enhance program effectiveness because they all contain also suggestions for implementation. Translation of these evaluations in NorCross' policies is ongoing but incomplete. The health framework that resulted, to some degree, from the community health promotion evaluation, describes context and NorCross' focus areas and intentions, but does not provide practical guidance to the organization in terms of competencies to develop and resources to be allocated. The regional frameworks 2021-2023 do not provide directions in this sense as well.

National Society Development

In general, NSD included the introduction of systems, methods and instruments, either directly, facilitated by IFRC or through subcontracting national consultants, in order to help improve the NS technical and managerial performance in FD, PMER, Human Resource Development and Management (HRD/M, mostly volunteers) and Resource Mobilization (RM). The content of the support to NSD and the degree of success varied between each of the three countries.

In Burundi, NorCross initially supported FD, PMER and HRM. In practice, support to FD was the development of a manual, training of financial staff and funding of an officer in the financial department of the BRC. Altogether, this investment had not sufficiently resulted in correct financial management. This came to light when there were issues with auditing in 2017, 2018 and 2019 (BRC had selected non-licensed auditors) and when a forensic audit in 2018/2019 identified many shortcomings in the financial administration. Support to PMER took place during the first two years only. This was effective, as various types of training helped the PMER function to better manage the

around 20 projects with various PNS, from a PMER point of view. From 2019 onwards, NorCross discontinued this support.

NorCross supported BRC staff at national level and in the same four branches as the population services were offered: trainings and the overall organization, such as establishing job profiles and the volunteer database.

In Guatemala, GRC benefited from all four areas of managerial support, with only PMER lagging behind. With support from Norcross, the NS strengthened its institutional structure and procedures through SOP manuals in accounting and budget manuals, transport and human resources, also specifically for delegations' administrative processes.

NorCross had supported FD during previous programs and continued to do so: it supported the use of "Peach tree" software called PAGE 50 at HQ and delegation level with a series of technical manuals that also served regional learning purposes.

In HRM, the management of volunteers with comprehensive trainings was promoted. It included the installation of an extensive database of active volunteers with different profiles. Resource mobilization supported branches in setting up revolving funds and providing seed money for IGPs at community level, varying from lucrative pharmacies to animal production.

In PMER, the online M&E system was introduced, switching to a Results Management (RBM) approach with better planning and monitoring from the Board of Directors level to Delegations. This process is still in the initial phase of implementation. The Mid Term Review in 2019 was an excellent exercise in qualitative assessment for learning and planning purposes.

Guatemala: Pharmacie as income generating activity for the GRC



In Pakistan, NorCross supported PRCS in Sindh province in the first two years, through funding of a PMER position and facilitating various trainings. This position has been cancelled since. NorCross also helped to develop an Emergency Operation Centre at provincial level. With non-Norad funds NorCross also supported resource generation at provincial level... In the period 2019-2020 the NSD support consisted of paying 50 % of the rent of the sub-branch building in KPK, in Peshawar. At HQ level, NorCross developed and implemented a substantive FD support program, covering supply of hardware, software, SoP introduction and training,

Financial Development

Incidents of fraud and corruption in a few NS and the obvious lack of capacity of NS to manage finances, have led to the 'Strategic Evaluation Study: Support to the development of National Societies Financial Management Capacity' of December 2018. This study and the subsequent management response of NorCross of January 2019 highlight challenges to financial management of the NS and further NorCross' intentions for support to FD. The study does not address efficiency of the work of NorCross and the NS in general or efficiency of FD: the balance between inputs, outputs and effectiveness.

This evaluation corroborates the findings and recommendations of the study, in particular with regards to NS capacity of financial management and integrity and the absence of an effective NorCross' FD approach in the past. NorCross management response can be considered as the start of a NorCross FD policy and its implementation is ongoing, with an active network of FD experts and support officers at regional and HQ level.

Overall, NorCross has become very alert to issues of fraud and corruption. This is also demonstrated by the increased use of a working advance instead of a cash transfer disbursement modality. The modality is mainly decided based on risk assessments with NS.

RBM and PMER

NorCross' RBM approach is to develop standards, methods and instruments for internal and external use, incl. assessment and PMER tools. NS are supported in introducing and implementing these tools. Key element is reporting access to health services with the use of the Results Framework: it describes program outcomes and outputs, with targets and annual results, as summarized in the Indicator Tracking Tables (ITTs). The data for the ITTs are collected and reported by volunteers and then sent through the chain of local, district, provincial and national level of the NS. In some cases data officers, whose position is funded by NorCross for the duration of the program, enter the data electronically at branch level. Project guidance and follow-up are supposed to be enhanced through NorCross regional RBM coordinators (four in total) carrying out Data Quality Assurance through supervision visits and monitoring by applying spot checks in countries.

There are several issues with regards to this system:

Technical considerations

- At country level, RFs and ITTs are of variable quality and the chain of cause/effect frequently is not logic, meaning one level does not automatically lead to the next, for example outputs do not necessarily lead to the desired outcome.
- Data quality and precision vary, but is often below standard for several reasons: unclarity about definitions of targets and indicators, incomplete registration of data, loss of data, double counting. Some data in the RFs are supposed to be provided by the NS, such as on income generating activities in Burundi, but the data are not forthcoming or only partially.
- The number of indicators sometimes is exaggerated. For example, in Colombia there are more than 100, therefore the field struggles with the workload. This may be a result of the transition: combining the old and new strategy with additional donor requirements.
- The regional support to PMER development is constrained by insufficient time and resources of PMER officers /departments. Most of their time is consumed by working on the planning and reporting of projects. During 2020, also as a consequence of the pandemic, hardly any visit monitoring visit took place at all. That has contributed to the questions around data quality. This makes interpretation of the annual results difficult.
- There is immediate feedback loop to the producers of the data, for example in the branches, a basic principle in data management. No interlocutor gave an example of activity planning that was adjusted on the basis of a quarterly report.

Coordination in PMER

- The PMER system and the support to NS in its use – support that has largely been withdrawn since 2019 - is mostly oriented towards NorCross' own information needs, not towards intrinsic capacity of the NS in the field of PMER. As soon as the NorCross program finishes, there is little lasting result of the PMER support, to a large extent because the NS cannot afford the salary of (sufficient) PMER functionaries.
- When the NS is working as a complement to health services, it should also provide regular health data to the health authorities in the country, as part of the HMIS. We found no evidence that this was done in any country.

- Coordination on PMER with other partners, PNS and IFRC, in as far as attempted, was not effective in either one of the three countries. The NS are resigned to accepting that all PNS decide on their own frameworks.
- This also applies to the relationship Norad-NorCross: we found no dialogue between the two organizations on the results of the program.

Human resource management; working with volunteers

In 2015, IFRC published a 'Global Review on Volunteering Report'. It highlights challenges to the phenomenon of volunteerism worldwide, in particular for the RC movement, and made a series of recommendations. During this evaluation, we observe a series of issues with regards to volunteers that are addressed in the report as well.

The BRC claims to have around 800.000 active volunteers in its database. The reality of this number is one question mark. Even when one would assume that numbers in reality may be much lower, the question is also how to manage large numbers of volunteers: their (re)training, supervision and recording of activities needs a huge effort and skills of the NS at national and branch level. Thus it also needs financial resources. Further, if their roles and those of the CHWs are not clearly defined, then inefficiency is around the corner.

In Burundi and Pakistan volunteers are mostly community members with one or more basic but specific trainings. Several of our interlocutors raise the question of quality of trainings and of volunteer performance, and also of flaws in supervision and guidance. In some other settings volunteers may be professionally more independent: board members, accountants, logisticians, or health service providers and profiles may be even more differentiated according to needs at national and local level.

There have been incentive problems, sometimes aggravated by reduced family income as a result of the COVID pandemic. It has led to a reduction of active volunteering in some cases.

In different cultures, there are different perceptions and habits with regards to volunteering.

Volunteering in a conflict setting has its own dynamics, there is not one template for all contexts.

NorCross has invested significantly in volunteer management systems, such as their trainers and databases. In our view, NorCross' support to the NS would benefit from a more informed approach. The above mentioned report has lost nothing of its significance and can help to develop that approach.

In conclusion, it is difficult to see a clear overarching strategy in NSD, with large differences between the set-up and results of interventions in the respective countries: some are systemic in nature, some are isolated types of support. In general, FD and HRM were more successful than PMER, while RM has not been applied very often. The results in PMER could have been better with more solid technical advice from the regional office.

Investments in PMER were more done to satisfy NorCross' own information needs. The same applied to FD, that initially focused on NorCross' need to have reliable information. Over the last two years, NorCross developed a comprehensive FD approach, that effectively strengthens NS capacity as such.

Efficiency

Efficiency is understood as the extent to which interventions are implemented in an economical and timely manner. Popularly: How good were the resources used (finance, equipment, time factor)

The program expenses over the four years were 99 % of the budget, which is well on target. Between the years there is quite some variation. In 2020, 85 % of the budget was spent, in other years it was 104 %. Some activities were only partially implemented, due to program interruptions, like in Burundi, or general interruptions due to Covid-19. On the other hand additional expenses were made for activities related to Covid-19.

The RCRC Movement has a culture of using resources in an economic manner, in some NS even of frugality. The concept of being an organization based on volunteers does inspire this culture. The very idea of IFRC is to jointly develop, maintain and share know-how, which contributes, amongst others, to an efficient movement, a process co-financed by NorCross. These elements are a sound foundation for working efficiently. In this program, NorCross' financial and program administration do monitor intensively correct and timely implementing of activities and of their relation with expenses done.

We do not find a rational for the distribution of funds between the nine countries in this program: why does the program allocate 21,7 % to the NS of Somalia and 10,2 % to the NS in South Sudan. Expectedly, commitments and amounts of funding in the past do play a role, but neither in Norad nor in NorCross we found a deliberation on the size of the budget related the numbers or types of beneficiaries.

We do not find standards or instruments to balance inputs with outputs. NorCross has no criteria of the efficient use of resources in service provision and NSD. It does not apply criteria, standards or targets in terms of efficiency. In PMER, the relationship between budgets for activities and quantitative results could not be established. There are also no average cost estimates per intervention and/or target population to define cost benefit. In addition, in planning and reporting there is no clear relationship between inputs, outputs and outcomes. It would require adjustments and a whole new framework, to make more detailed judgements on the efficiency of NorCross' program. Overarching thematic evaluations do not address the use of resources either.

Above, tools such as PMER and FD are discussed. If well used by both NS and NorCross they contribute to working efficiently. We found several examples of enhancing efficiency:

- While NorCross financial procedures are considered strict by the NS, it showed greater flexibility in 2020 with the COVID pandemic, allowing the reallocation of unused amounts for immediate needs of beneficiaries, e.g. shelter and food.
- Some training-of-trainers schemes use national technicians as volunteers, supported by regional or local institutions. Outsourcing is only done if necessary.
- CBHC strategies assisted by NS volunteers, led to substantial savings that were used to access larger or reinvested goals in unforeseen activities, like the COVID emergency.

Some aspects that may have affected efficiency of the program negatively:

- The implementation of the 2017-2020 program actually started halfway 2017, after the Norad-NorCross agreement was signed in May 2017. This created waiting time and reduced the time available for implementation.
- There was a high turnover of staff (delegates, technicians and volunteers), the latter aggravated by COVID and the implications it had for family income of local staff.

We were unable to identify alternative approaches to the provision of services that would have been more practical or efficient (home visits, trainings, etc.).

NorCross tries to get insight in core costs versus operational and other costs of the NS. These data are extremely difficult to collect, since the accounting and administration systems of the NS need to be shaped for that. With the continuing support to FD in Burundi and Pakistan, these data may become available in future.

A reflection:

In developmental aid, efficiency is a central theme, because it is linked to the ability of the community to maintain results beyond external financial support.

In humanitarian aid and contexts of conflict or protracted crises, addressing immediate needs often is more costly, for example due to transport costs (water, food, shelter, staff etc) and time pressure. Very often, unit costs are higher. NorCross' mindset and the calculations in costs-benefits certainly will be different when shifting from supporting resilience in relatively stable situations to addressing immediate humanitarian needs. The shift has already occurred in Pakistan, where material for latrine construction in conflict areas is more expensive than in Sindh, the previous area of intervention. Also, many years of support to the Somalia and South Sudan RC's has confronted NorCross with costs-benefit levels different from stable contexts. We found no evidence of major internal discussions on this matter or a mechanism to balance costs versus benefits in different contexts.

Impact

Impact is understood as the extent to which the interventions have generated or is expected to generate significant positive or negative effects, anticipated or unintentional. Popularly: What significant change has the project achieved?

While the notion of resilience can be unpacked in specific components, as the RCRC movement is used to do, quantitative evaluation of strengthening resilience remains a major challenge. At a lower level of program goal or objectives, such as mortality, morbidity and access to health services, these can be measured but rarely can be attributed to specific interventions, because they are the result of a complex inter-action of many factors and actors, including the factor time. Population based surveys may be useful to monitor overall needs and trends, such as morbidity, mortality and KAPB, but only under very specific conditions provide information that allows for attribution to single programs.

Measuring results, baseline and end line surveys

In the three countries under study, NorCross planned baseline and end line studies, partially because of donor requirements. The point of doing baseline-end line surveys is to assess the impact of a program, by comparing certain parameters before and after the intervention. When it comes to population based studies, they require well considered and calculated sampling, from the same areas/populations and with comparable methodology before/after. For impact to be observed, the time lapse between before/after needs to be carefully planned: some types of impact may require many years to materialise and if the end line study is carried out too soon, it has no meaning.

NorCross HQ, regional and country offices combined have technical expertise on how to do baseline and end line surveys, from sample size calculations to training of surveyors. If needed, NorCross can outsource assignments. Recently, further internal guidance on these surveys has been made

available¹⁰. NorCross considers that the NS have a final responsibility for surveys and, because none of the three NS in this evaluation had the full capacity, offers extensive support.

The following table shows our comparison between baseline and end line studies for the program in the three countries studied:

	Availability Baseline	Issues Baseline	Availability End line	Issues End line	Comparability	Evaluability
Burundi 2017-2020	2017	Several quality issues	One survey for both end of 2020	None	+	Small sample sizes
Burundi Cholera	mid-2018	Part of international survey by external party			++	
Guatemala 2017-2020 general	2017		2020 pending	No narrative report. Data inconsistencies		0
Guatemala 2017-2020 HIV	None		None		N.A.	0
Pakistan 2017-2018 Sindh province	The end line of the previous project is baseline for the current project	The end line is no survey but reports from volunteers	None	N.A.	N.A.	0
Pakistan 2019-2020 PK province	None	N.A.	Data available, no report as yet	N.A.	N.A.	0
N.A. = not applicable or feasible 0 = not evaluable + = evaluable with severe limitations ++ = evaluable without or with minor limitations						

The table shows that, in some cases, there is a baseline without end line or an end line without baseline, or none of both. For none of the three countries there is a set of baseline/end line studies that has sufficient quality to allow for comparison and to draw conclusions on impact. In the case of Burundi, the results of the surveys are not analysed, there is no plan for that.

We conclude that currently, the significant investments in baseline and end line studies do not generate relevant results. There are no baseline and end line criteria with regards to NSD.

In absence of quantitative data, we appraised the resilience of target communities and the NS in the three countries, since resilience is the main overall goal of the program.

In Burundi, mainly based on the 14 FGDs with volunteers and community members, we consider that the resilience of the communities targeted has somewhat improved, if it were only because of increased awareness of the importance of hygiene. In synergy with other stakeholders, such as local health services, Community Health Workers and administrative authorities, BRC has had a relevant impact. In spite of the setbacks, we consider that the program has strengthened BRC as an organization.

In Guatemala, the widespread perception (NS and NorCross team members, national and local authorities, leaders and beneficiaries) is that communities are now somewhat more resilient to

¹⁰ Baseline & Endline Guidance Manual, 2021-2023, version 1.1, February 12, 2021

unforeseen and adverse circumstances, compared to the situation before the project. They now count with better structures, capacity and some limited funding to better respond to emergencies by coordinating with institutions in the municipality and department. In a relatively short period of time, the project with support of local leaders, developed local committees for training, monitoring and logistics of regular and emergency situations (health, water, DRR).

We believe that as a result of the project during the 2017-20 phase, the most significant change has been the improvement of local health and development awareness, as well as the increased self-esteem at different levels of the NS which allows it to undertake similar initiatives in the near future. At the same time villagers say that it was only the beginning of a pathway. Comprehensive PHC with a developmental approach requires more time to impact and be sustainable. Finally, it would have been interesting to have included a second district for reasons of comparison and mutual learning.

In Pakistan, the first two years of the program in Sindh province, the community support was similar to the one in Burundi. However, there was limited synergy with health services and community engagement was not strongly developed. On the basis of the FGDs, we consider that the community awareness did increase somewhat, which may have contributed to some increase of resilience. During the last two years of the programme in KPK province, the strengthening of four basic health units temporarily, during 12 months in total, and investment in community engagement in that period, have increased access to health of the population. Despite establishment of village health committees this did not lead to lasting resilience, since the support was stopped at the end of the program.. Further PRCS in Sindh province, through investment in disaster related preparedness, was found ready to respond in case of emergencies. At national level, PRCS comes out stronger, mainly due to investments in FD.

The overall picture is that it is plausible that the program has contributed to strengthening the resilience of the communities supported, but lack of sustainability remains. See further the section on sustainability below.

Sustainability

Sustainability is understood as the extent to which the net benefits of the interventions continue or are likely to continue in the future.

In Guatemala, in the area of access to health services, the comprehensive PHC approach has been slow but responsive to popular demand, including organizational strengthening and leadership at the community level. It would help ensure some level of sustainability over time.

NSD of the NS at its different levels led to the installation of SOP, financial systems, income generation and volunteer management that would work over time as long as they are well maintained and renewed according to institutional needs. This wasn't the case, however. Branches also have revolving funds, on the basis of low-interest loans, to finance income-generating initiatives.

On the other hand, there were factors affecting it negatively:

Financially, a 15 % reduction of income of the NS due to the withdrawal of NorCross.

We also noticed that volunteers have an incentive problem, now worse in times of COVID. Their compensation shifted from cash to commodities. A reflection on status, profile and incentives is needed. Finally, as mentioned, the program didn't have a sustainability plan or exit strategy. True, during the mid-term evaluation in 2019, the NS team developed a detailed strategy with activities for the last phase of the project, but due to several reasons they could not be implemented.

Therefore, we consider that the strengthening process has not been completed, nor that the GRC

has sufficient financial means to ensure the continuation of the most important interventions. This leaves the possibility that some of the progress made in the near future will be lost.

In Burundi, the contracts of the NS staff, at HQ and in the four branches, that implemented the NorCross program, were finished early in 2021. There is no more budget for transport or for materials like slabs for latrines. Sustainability of the BRC activities is close to zero. In how far the results will last as far as population awareness is concerned, is discussed above under resilience. Overall, BRC lost around 25¹¹ % of its staff after the end of the NorCross program.

In Pakistan, sustainability of the activities or of the results are mixed in Sindh province: the branch in Jacobabad is up and running, the branch in Jamshoro collapsed. In KPK province, attendance of the four BHUs is down to lower numbers, around 50 attendants per day. Contributions to NSD at national level were mainly in FD. With some support funded from other sources, the sustainability is reasonable.

We conclude that the sustainability of the activities and impact on the population is low. The GRC may benefit for a longer period of time of the NSD support received. For BRC and PRCS, the lasting results are very questionable.

In the three countries evaluated, resilience of the NS, as a result of NSD, equals their ability to continue to sustain and develop themselves, even after the NorCross' program has finished: ability to attract other donors and generate sufficient own funds; ability to maintain the branches and the volunteers network; ability to maintain functions like financial management and PMER. Since the program finished only a few months ago at the time of writing this report, it is early to assess these abilities.

[Risk management](#)

Over the last years, NorCross has developed its previously existing risk management system further, with a Risk Management Policy, defined in 2018, that emphasises risk consciousness, understanding of working processes and management responsibility. Several tools developed, like a risk table for project management, with 14 risk categories for CP1, the bilateral programs, seven for CP2, the IFRC program, and seven for CP3, the ICRC program.

In line with the ToR, we focus on CP1, the partnerships with the individual countries. A partnership risk assessment is done since 2019 by NorCross' CPM with input from the NS. In principle, quarterly updates are carried out, in practice frequency is a bit less regular.

The risk areas are financial; security and safety; programmatic; reputational and compliance

The key questions are in how far the current practice of risk management effectively anticipates to risk and their mitigation. Many interlocutors in NorCross and the NS were asked about their experience.

In addition, we invited 16 NorCross staff to answer standard questions through an online survey in February 2021. This generated responses from 13 of them: 8 (ex)CPM's, 3 Country Program Officers (CPOs) and 2 NorCross staff from a regional office and Oslo HQ.

In Annex 4 the questions and answers are listed. Here we show the tendencies of the answers and draw our main conclusions.

¹¹ This percentage is being double checked.

About half of the respondents, including most of the (ex) CPMs consider risk management as a part of their responsibilities or even feel responsible for further development of risk management in NorCross. The others see no key role for themselves. For most respondents risk management is more or less integrated in daily planning and decision making and it is not just a tick box exercise, filling in the risk management excel sheet.

Views on the role of HQ in Oslo are balanced: support in the form of trainings and tools is sufficient and there is not too much control or steering.

According to the respondents, NorCross work has somewhat led the NS to consider risk management as an area of priority, but the majority doesn't see yet that the NS have internalised risk management in awareness and systems.

Opinions are divided on the effectiveness of the risk management system. Financial management scores highest, reputational risk scores lowest. Also opinions are divided when it comes to the questions if NorCross is risk obsessed or risk averse.

The answers to the question: **Any suggestion how NorCross can further improve its risk management?** are shown here, possibly giving relevant ideas to NorCross further development of the risk management system.

Answers 1 to 5 come from (ex) CPMs.

1. Just to keep balance to avoid overburden to field offices with internal procedures, more follow up in the systems to NS so they can have access and feel the seriousness to comply, balance all areas (i.e.: as answered in question 5, security is weak from HQ to field).
2. Less focus on tools and more discussions and solutions for necessary structures (NorCross and NS)
3. Internal risks, especially related to reputational risks should be assessed and better internal compliance to rules and procedures should have more focus.
4. Continuing improving to the internal as well as with the PNS
5. Ensure that there are adequate human resources in place to be able to do the close follow up with the partners, training of staff and training of partners
6. Work more together across units (*evaluators: this means units of NorCross HQ*).
7. NorCross management should have regular specific meetings on risk management with the NS rather than integrating it in quarterly/annual review meetings. On boarding of NS Senior management would be very essential. Furthermore, staff capacity building (of both NorCross and NS staff) on risk management to ensure proper follow-up on identified risks and to concrete actions to mitigate it.
8. It is important to continue strengthening NS to incorporate this risk management system into institutional structures
9. Take ownership to the risk management, meaning not do it as an exercise requested by back donors. Do it in a timely and relevant way and let the results of for instance risk assessments have actual consequences for the way we plan for, for instance, program implementation or partnerships.
10. By carrying our risk assessments with a clear and simple methodology that looks at substance as opposed to jumping through the loops.

The variety of opinions on the current risk management system may reflect the diversity of experiences of the respondents. Own role and experience, the NorCross region and the NS with whom the respondents work(ed) are contributing factors. Overall we conclude that NorCross risk

management is hardly internalised by the NS and therefore remains NorCross' own tool. Further, risk management is not yet internalised in NorCross itself, often a tick-box exercise and not yet very effective. Nevertheless, nobody says it is not useful and there is benefit of risk management already.

Conclusions

In the sections above, conclusions have been drawn, following the evaluation criteria.

In the table below we summarise our conclusions. We consider our rating as expert opinions, not in all cases supported by quantified and documented evidence. We are erring to the positive side: absence of evidence of results is no evidence of absence of results.

	= good
	= satisfactory
	= unsatisfactory

	Burundi NSD	Burundi Population services	Guatemala NSD	Guatemala Population services	Pakistan NSD	Pakistan population services
Relevance						
Coherence						
Effectiveness						
Efficiency						
Impact						
Sustainability						

Theory of Change, a reflection

The effectiveness of individual interventions is not self-evident. As an example may serve the numerous trainings NorCross provides, or helps the NS to provide. Although evaluations by participants are routine, there is no mechanism to assess the quality and effectiveness of trainings. Are the information provided and the exercises conducted during the training indeed leading to adequate action by the participant? Some interlocutors to this evaluation question the ability of trainers in their NS to provide quality training. At program level: what effects remain of a training that has been provided once to NS staff or volunteer, without any repeat training?

Quality Assurance is not strongly developed in NorCross. There are some elements: regional PMER officers are supposed to make field visits for supervision and for spot checks on data reported. Quite some parts of the ITTs are actually meant to monitor quality. In reality, lack of time and other obstacles limit this practice.

The effectiveness of the support to the populations, mostly through volunteers, is not clear in terms of which activities will lead to results, in what numbers, and under what conditions and assumptions. This is even more important, because often the services delivered by the NS with NorCross support are part of a wider range of services, provided by a MoH or other authorities or organizations. The service packages provided by the NS often are incomplete and it is not clear if that is an issue of distributing tasks among those who provide services, or if there is a design issue. For example, the MNCH package offered in Guatemala, by MoH and GRC together, did not contain the possibility for women to deliver in a maternity. It is not clear what change then is expected. Also it is not clear

what the intention is, for example, of providing a very low percentage of a certain population with materials for latrines, whereas the whole population is in need. This happened in Burundi and Pakistan.

Ultimately, what is lacking is a Theory of Change that would make clear the expected chain of inputs and effects. It would make clear if the intention is to reach the most vulnerable of the population or if the intention is to reach those who can serve as an example for the others. This is an entirely different concept. The current log-frames are not sufficient as ToC.

Added value

NorCross' added value during the 2017-2020 program is defined by the perspectives of the stakeholders consulted during this evaluation.

From the NS perspective, the long-term relationship between NorCross and the NS is a major asset. Apart from the various types of concrete inputs, a relationship during several program cycles reflects a joint commitment and sense of responsibility. The NS feel supported by that. When NorCross relinquishes this relationship, the NS lose more than resources.

The hands-off approach of NorCross until approximately 2016 was quite different from the other PNS, who were much more engaged with day-to-day implementation, through their country representatives and offices. While NorCross always has been more than just a budget-provider, because of its engagement at strategic and punctual technical level, the NS appreciated their operational independence, for whatever reasons. After NorCross' decentralisation from 2016 onwards, it operates more like the other PNS and loses this specificity. Also, while its organizational adjustments during/after the decentralisation are not yet complete, there is a risk that NorCross has a reduced value. This refers in particular to NorCross' ability to operate with a consistently high level of competence of CPMs. Elsewhere this is discussed more in detail.

As for the NSD, NorCross' added value becomes more clear during the last few years, in particular in the field of FD. NorCross' own capacity to deliver tailormade support has increased, including the ability to (help) organize a needs assessment of the NS financial management. In all three countries evaluated the FD support became focused. Support to PMER, meanwhile phased out, has always been variable in its capacity and results.

One of NorCross' aims of the strategy shift towards conflict and protracted crisis was to have more added value. For example, by going where needs are high and others don't go. Because this shift was fairly recent and in terms of target population did only take place in Pakistan, this evaluation cannot assess if indeed NorCross is building up this added value.

Lessons learned and recommendations

Under NorCross' current International Strategy, it may use four different channels of support to populations: through ICRC, through the IFRC, through NS and through its own direct response. The recommendations below are based on the past Norad-NorCross agreement and address those situations where NorCross works with NS, with or without a component of NSD. All recommendations are addressed to NorCross.

1-NSD Support

As mentioned in the previous section on added value, it is early days to establish if NorCross indeed has an added value in situations of conflict and protracted crisis. NorCross added value in terms of NSD, and particular FD, is undeniable. By now it has a track record and capacity.

Recommendation:

- To maintain and further develop capacity to support NS in the field of FD. While doing so, consider the need to stretch the support over various program cycles, in order to allow for full integration in the NS working processes.

2-What change do we pretend to bring about? Theory of Change

Norcross, while addressing identified needs in countries, often lacks a clear pathway from strategic planning to sustainable outcomes. How to support real community engagement, the soft elements? How to reach vulnerable populations at the last mile? The institutional memory as to what changes were actually intended needs strengthening. The Result Frameworks are insufficient tools for that.

Recommendation:

- When planning support to counterparts (NS) and providing services to populations, Norcross could develop Theories of Change (ToC)¹² based on participative needs assessments. It should explicitly factor in the various stakeholders, absorption capacity of the NS, the different expected results, dependencies and assumptions. We see ToC as the start of a RBM process in a specific situation. Methods like filmed statements may help to strengthen collective memory. When planning a long(er) term program, ToC helps to focus on a pathway towards sustainable impact that will be more appreciated by the beneficiaries, the target population and the NS at its different levels.
In acute situations, such as natural disasters and certain conflicts, ToC is not adequate because it takes time to develop. In acute situations also, there is no intention of social change but only of immediate assistance.
However, in a situation of protracted crisis, which in extreme cases may take decades, a ToC is indispensable to reconcile addressing needs with creating local capacity to limit aid-dependence.

3 - Optimizing investments in data management (RBM)

¹² Theory of Change is a specific type of methodology for planning, participation, and evaluation that is used to promote social change. Theory of Change defines long-term goals and then maps backward to identify necessary preconditions. Theory of Change explains the process of change by outlining causal linkages in an initiative, i.e., its shorter-term, intermediate, and longer-term outcomes.

The efforts and resources invested in data management and specifically RBM do not lead to acceptable returns, not for NorCross nor for the NS. It doesn't provide the NS and branches with the proper ingredients for local planning and analysis of collected data. although NorCross investments may help to install a culture of accountability and learning on the very long run. Norcross' investments in RBM are often oriented towards its own data needs and is used to satisfy donors as well, but due to its complexity and the sheer amount of the work, the process tends to overstress NorCross teams in the field (CPM, CPOs) while reporting. A vicious cycle that needs to be broken.

Recommendations:

- Limit the scope and complexity of RBM, risk management and other monitoring tools in order to make it feasible for the NS and its branches to integrate them in their own working processes.
- Improve the balance between investing in RBM as an NSD component and as a monitoring tool for NorCross' programming. Learn from best practices in surrounding countries
- With the help of the newly established ToC for programs and projects, improve RF with quality indicators for public services, NSD and DAC criteria.
- Reconsider the use of baseline- end line population based surveys in favour of other overarching surveys to monitor progress such as MICS and DHS. Limit own surveys to output measurements.
- Engage in a dialogue with donors on RBM reporting requirements, in order to harmonize them.

4 - NorCross' role in the health sector

NorCross supports a diversity of health related strategies, intervention areas and methods but does not always have the knowledge and experience in the field to optimize its contribution. The designed service packages are sometimes incomplete and need technical guidance, especially in the light of volunteers implementing them. CPMs express the need for more technical guidance. This will increase now that NorCross shifts to the field of health in conflict settings.

Recommendation:

- Implement the framework for health further by defining and providing the organizational expertise required to support CPMs and NS in design, training and quality assurance in CBHC, MNCH and WASH in stable and conflict situations.

5 - Human resource development and its management

CPMs have a crucial role in managing both projects and counterpart relationships, their profile therefore includes managerial, technical and relational responsibilities. It requires the right skills mix embedded in the RCRC culture and work processes. In practice the workload is high and they often feel as if they are operating "at the end of the line", not always appreciated for their efforts. CPM turn-over has been high in all three countries, which was confirmed by those we additionally interviewed. A number of underlying reasons was mentioned.

Recommendations:

- Fine tune the relationship between NS, CPM and regional office, to improve the balance between CPM responsibilities and their authority to act (acceptance of proposals, decision making etc.)
- Establish and implement an effective retention policy for current CPMs, reassessing salary and secondary conditions, pooling and providing career development opportunities.

- Create a support system for CPMs, through training, coaching and mentoring, demand driven by the CPMs, addressing reflections on personal effectiveness and development, with support from the regional or central level.

As part of the NSD approach, NorCross has supported the NS with tools and mechanisms to develop the network of volunteers. However, their roles are diverse and changing. NorCross' health framework describes volunteers at two different echelons of the health system, namely trained volunteers and supervisors (level 2,3) and those with basic knowledge and experience (level 1,2).

Recommendation:

- Engage in reflection with the NS on the auxiliary role, profile and use of volunteers in preventative and promotional activities, linking community based or auxiliary health care with the formal health system.

6 - Efficiency and resource considerations

NorCross has chosen to work increasingly in contexts of conflict and protracted crises, and to go, with the NS or ICRC, where others don't go. However, Health in the last mile doesn't come cheap. Strategic considerations, such as the need to build credibility among authorities, may also lead to larger investments in relatively small populations (supply of commodities, equipment, infrastructure). A 'value for money' approach in different contexts is crucial to balance resources with expected benefits as part of the planning process.

Recommendation:

- Define cost-benefit criteria and reflect on efficiency. A (position) paper could help staff and NS to understand the process and considerations of balancing resources and results.

7 - Sustainability

The resource gap between NorCross and the NS is large. As long as NorCross provides the resources, NS are tempted to expand their organisation more and more. In the case NorCross changes strategy or geographical focus, immediately sustainability becomes at risk. We found that the most neglected resource is time. NorCross needs to be careful embarking on a road that cannot be travelled until the end.

Recommendation:

- To use explicit sustainability plans with technical, managerial and financial parameters, and a corresponding exit strategy with defined cut off points in each of the three fields

Annex 1 Terms of Reference for this evaluation

The original ToR for this evaluation were complemented by two later additions.

Original ToR

- Purpose: The Norwegian Red Cross (NorCross) seeks to conduct an end-of-project evaluation of the impact, efficiency, and sustainability of projects funded through the 2017-2020 cooperation agreement with Norad. In addition, NorCross is interested to learn around the following issues: approaches to risk management, program delivery and partnership as well as NorCross added value in achieving results
- Audience: The main audience of the evaluation is NorCross and relevant National Society partners as well as Norad. The results of the evaluation will constitute an important component in NorCross' 2017-2020 final report to Norad
- Methodology summary The technical proposal should include the outline of a suitable methodology an appropriate data collection methods adapted to the purpose of the evaluation.
- Location: Geographically, the evaluation focuses on Burundi, Guatemala, Pakistan. It is expected that the proposal takes into consideration current travel restrictions related to Covid-19 to ensure that data collection in countries of study is possible

Background

Within the framework of the 2017-2020 cooperation agreement with Norad, the Norwegian Red Cross (NorCross) seeks to conduct an evaluation of projects funded through Norad agreements.

The current cooperation agreement between Norad and NorCross for the project named "GLO-0604 QZA-16/0386 NorCross Cooperation agreement 2017-2020" is valid for the period January 2017 to December 2020. The overall goal, as formulated in the agreement, is community resilience, while the overall outcomes are divided into two: 1) Improved health for vulnerable people and 2) Strengthened ability of the National Red Cross/Red Crescent Societies to deliver countrywide services to vulnerable people. Based on the outcomes, the main planned outputs of the project are:

- 1) Organizational development of National Red Cross/Red Crescent Societies and
- 2) Increased access of target groups to health systems, and water, sanitation and hygiene (WASH) and increased knowledge of target groups on health prevention.

The original budget of the grant agreement amounted to NOK 308 million (= €29 million) (77 million per year).

Nine countries are included in the agreement – Burundi, Colombia, Guatemala, Honduras, Lebanon, Pakistan, Palestine, Somalia, and South Sudan – as are two thematic programs with a global scope focusing on health and organizational development (1)

The main modality of implementation at country level is through partnerships with the respective Red Cross or Red Crescent National Societies. A key principle in NorCross approach to partnerships is alignment with the auxiliary role of the National Society, the partner's strategic priorities and **contribution to RCRC Movement coordination**. The thematic programs with a global scope have funded the International Federation of Red Cross and Red Crescent Societies

(IFRC) Secretariat to provide technical standards within health and organisational development the national societies.

Evaluation purpose, criteria, and scope

In accordance with the requirements in the grant agreement between Norad and NorCross (see annex 1), the main purpose of the evaluation, is to

- Evaluate the impact, efficiency, and sustainability of the projects in view of both the country specific goals and outcomes and the overall goal and outcomes of the grant agreement
- In addition, NorCross is interested to learn around the following issues:
- Review NorCross and partners' approach to and implementation of risk management, based on requirements in the grant agreement
 - Identify learnings that NorCross and partners can use to improve program delivery, the partnership approach and to inform thematic and methodology development
 - Review NorCross added value in achieving results at impact and outcome level and provide recommendation on possible improvement

The thematic and geographical scope is as follows:

- Burundi: The community health interventions implemented by the Burundi Red Cross with NorCross support from 2010-2020, funded by the Norad frameworks between 2013 and 2020. The focus of the evaluation is on 2017-2020
- Guatemala: The community health interventions implemented by the Guatemalan Red Cross with NorCross support between 2010 and 2020, mainly funded through Norad. The focus of the evaluation is on 2017-2020
- Pakistan: The community health (and risk reduction) interventions implemented by the Pakistan Red Crescent with NorCross support in the period 2011 to 2018, mainly funded through Norad framework agreements. The focus of the evaluation is on 2017-2020.
- The country level evaluations should be informed by the strategic evaluation on community health interventions conducted by NorCross in 2018. The main focus of the evaluation is the period 2017-2020.

The main audience of the evaluation is the Norwegian Red Cross and the relevant National Society partners as well as Norad. The results of the evaluation will constitute an important component in NorCross' 2017-2020 final report to Norad. The evaluation report will be published on Norad's evaluation database (2).

Evaluation criteria and questions

A tentative list of evaluation questions and sub-questions should be suggested in the technical proposal and a final list agreed with NorCross during the inception phase. It is expected that revised international evaluation criteria and their principles for use adopted in December 2019 (3) inform the design of the proposal, including the evaluation questions. The below focus areas and questions are indicative of the types of questions to be addressed within the framework of this evaluation.

- Impact (the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects): Evaluate in particular results at goal and outcome level with focus on impact for target groups; considerations around attribution and contribution is important as is comparing baseline and endline data

- Efficiency (the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way): In considering the conversion of inputs (funds, expertise, time, etc.) into outputs, outcomes and impacts as compared to feasible alternatives in the context, particular emphasis should be put on support to core, indirect and direct project costs to NS partners
- Sustainability (the extent to which the net benefits of the intervention continue, or are likely to continue Important components to consider when evaluating sustainability (non-exhaustive list):
 - How can the sustainability of the intervention and its effects be assessed? Can the achieved results of the projects be considered sustainable in a medium- to longterm? To what extent were the projects built on and contributed to develop existing local capacities?
 - What were the major factors which influenced the achievement or nonachievement of sustainability of the project

In addition, NorCross invites the evaluation team to suggest how to cover the criteria of relevance, effectiveness and coherence in the technical proposal.

When it comes to evaluation of risk management under evaluation question 2, main focus shall indicatively be on the implementation of NorCross risk management policy, alignment between NorCross and partner's approach to risk management as well as on how NorCross and partners address issues related to the identified areas of focus. In terms of learnings, under evaluation question 3, it is important to compare across regions and countries.

Evaluation methodology and data collection methods

The technical proposal (see below) should include the outline of a suitable methodology and appropriate data collection methods adapted to the purpose of the evaluation. It is free to suggest any additional methodological approaches and data collection methods and questions that are not mentioned in the ToR.

The evaluator must adopt a consultative and participative methodological approach. The approach should strive to include the following elements:

- Field visits and data collection from women, men and children living in target communities
- Data collection from NorCross and NS staff at national and local level as well as with volunteers
- Data collection from relevant stakeholders such as authorities and other national and local actors
- Baseline and end line study comparison
- Comparative analysis across the four country-level evaluations

It is expected that the proposal takes into consideration current travel restrictions related to Covid-19 to ensure that data collection in countries of study is possible.

Relevant written documents will be provided by NorCross as well as the relevant National Societies. Key sources of written information include:

- Project documents from partners (assessments, logical frameworks, budgets, indicator tracking tables, baseline and endline studies, annual reports)
- NorCross result framework and country results framework

- Annual internal NorCross result reports
- Annual report from NorCross to Norad
- Annual project audits and audits of NorCross
- Relevant background and strategy papers (from NorCross and partners)
- Grant agreement between Norad and NorCross and correspondence related to grant management
- Internal reviews and external evaluations, including Norad's organisational review of NorCross (from 2019)

Deliverables and timeline

The proposal should include, but not be limited to, a plan for the following deliverables:

- 1) An inception report with a detailed description of methodology to be used, a data collection plan, overview of information sources, a timeline for deliverables and solutions to identified challenges
- 2) Feedback workshop with each Red Cross Red Crescent National Society involved in the evaluation based on preliminary findings and recommendations
- 3) Draft consolidated report in English including background, findings and conclusions, lessons learned and recommendations
- 4) Feedback workshop in Oslo or online to present draft consolidated report before revision and final approval of the report
- 5) The final report shall include one report for each of the 4 countries being evaluated and one overall report summarising findings from country evaluations at grant agreement level (including comparative analysis). The main body of the text for each of the sub reports should be maximum 15 pages (excl. executive summary and annexes) while the overall report should be maximum 25 pages (excl. executive summary and annexes). The reports should as a minimum include the following:
 1. Executive summary
 2. Background
 3. Evaluation methodology and limitations
 4. Findings and conclusions
 5. Lessons learned
 6. Recommendations
 7. Appropriate appendixes

Evaluation quality and ethical standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organisational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable process outlined in the [IFRC Framework for Evaluation](#). The IFRC Evaluation Standards are:

- Utility: Evaluations must be useful and used.
- Feasibility: Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
- Ethics & Legality: Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.

- Impartiality & Independence; Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
- Transparency: Evaluation activities should reflect an attitude of openness and transparency.
- Accuracy: Evaluations should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- Participation: Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- Collaboration: Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at: www.ifrc.org/what/values/principles/index.asp

Annex 1 Norad reporting requirements

The purpose of the evaluation is based on the following detailed reporting requirements of the grant agreement between Norad and NorCross:

- Annual progress reports (annual reports for year 1-3) shall, as a minimum, include “...an account of results so far by the project, using the format, indicators and targets of the approved result framework. The overview must: 1) Show delivered outputs compared to planned outputs; 2) Show the project’s progress towards achieving the outcome; 3) If possible, describe the likelihood of impact being achieved.” In addition to this, there are reporting requirements linked to risk management, both how these have been managed as well as how identified risks related to climate and environment, gender and equality, corruption and other financial mismanagement as well as human rights
- The final report shall, as a minimum, include
 - All points listed in the previous bullet point (requirements for progress reports)
 - An assessment of the project’s effect on society (impact)
 - A description of the main lessons learned from the project (learning)
 - An assessment of the sustainability of the results achieved by the project (sustainability)
 - Furthermore, it has to show delivered outputs compared to planned outputs
- In response to the Joint Annual Report 2018, Norad furthermore emphasised the need to clarify baseline values in order to highlight the impact of the project activities over time

Notes

(1) Their respective goals are: 1) Health: “RCRC develops and promotes the evidence base for RCRC health programs”; 2) Organisational development: “There is a global, coordinated and evidence based National Society Development approach”

(2) <https://norad.no/en/toolspublications/publications/evaluationreports/>, accessed 21 October 2020.

Addition to the ToR on December 4, 2020

Risk management

When it comes to evaluating the aspect of risk management

- The scope is limited to project and partnership risk management at project and partner level in view or requirement from the back-donor (Norad), that is, not a full evaluation of NorCross risk management system
- Within the above, particular issues to include (and to be included in inception report)
 - The partnership risk assessment approach (in particular the balance of focus on finance vs other issues)
 - Learning from the freezing of funds in Burundi with focus on: how it was perceived from a field perspective (NorCross regional and country offices and NS partner) and the effect it had on program/project management and implementation (administrative costs in restarting projects; volunteer involvement, partnership relations, our ability to reach goals)

Addition to the ToR on January 13, 2021

With regard to the assessment of the evaluability of the baseline/endline studies:

We would appreciate if you could include specific recommendations for how we can strengthen this part of project management in the final report (we are currently writing up guidance for this).

Annex 2 The evaluation team

Dr Pim de Graaf (The Netherlands)

has been working in several countries in rural hospitals as clinician and hospital director. He spent more than 10 years working with MSF in several management functions.

Since 15 years he is owner of HEALTHMATCH consultancies. His core area of expertise is evaluations and health system functioning. He evaluated national programmes and projects in countries as diverse as Mongolia, Lesotho, Chad, and several countries of Eastern Europe. Also he is member of the WHO team in Europe that works on Anti-Microbial Resistance and regularly lectures for medical students and post-graduate courses in Public Health.

He leads a team of five for this evaluation and is responsible for its reporting and is the main interlocutor for NorCross. He recruits and guides the national experts in Burundi and Pakistan.

Han Kok (The Netherlands)

is a Master in Public Health and Management, specializing in SRHR – HIV and organizational development. More than 30 years of professional experience in the Netherlands, Africa and Latin America, from humanitarian aid to international cooperation through multi- and bilateral agreements. Executive Director and/or coordinator of large and complex humanitarian aid and development programs in East Africa (1985-88), Peru (1991-2000), Nicaragua (2012-15) and Malawi (2017-20). Head of International NGO Programs. Extensive consultancy work in evidence-based evaluations, technical advice and capacity building (2002-now).

Annex 3 list of interviewees of NorCross

The country reports provide lists of interviewees at country level.

NorCross headquarters
Coordinator evaluation and learning
International Director
Head of Program Unit
Head of Strategy and Results
Coordinator Results, Planning and Monitoring
Coordinator Institutional Partnership Norad
Project manager implementing RB minimum standards
Project Manager Finance Development
Coordinator Security,
Coordinator Movement (IFRC)
Coordinator Strategy and Risk
Coordinator Risk and Integrity
Coordinator Regional HR
Coordinator NSD
Coordinator Audit and Finance
Regional Offices
Regional Representative Africa
Deputy Regional Representative, Africa
Regional Finance Manager, Africa
Results Management Coordinator, Africa
Regional Representative, Latin America
Results Manager Regional Coordinator, regional office Asia
FD adviser regional office Asia
(ex) CPM's
Burundi
Colombia
El Salvador
Guatemala
Honduras
Pakistan, 2 x
Palestine
Somalia
Other
Norad, Senior Adviser; Department for Civil Society and Private Sector
IFRC, Team Lead Emergency Health
IFRC, Director, Health & Care

Annex 4 Survey on Risk Management

This survey was carried out in February 2021. The questions have been suggested by NorCross and subsequently edited by the evaluators.

14 out of 16 invitees have responded to the questions. The answers to the last question, on suggestions, are incorporated in the main text and not repeated here.

In view of the key role of the CPM's in risk management, their answers are shown separately between brackets, for all the questions.

Question: What is/was your role in relation to risk management?

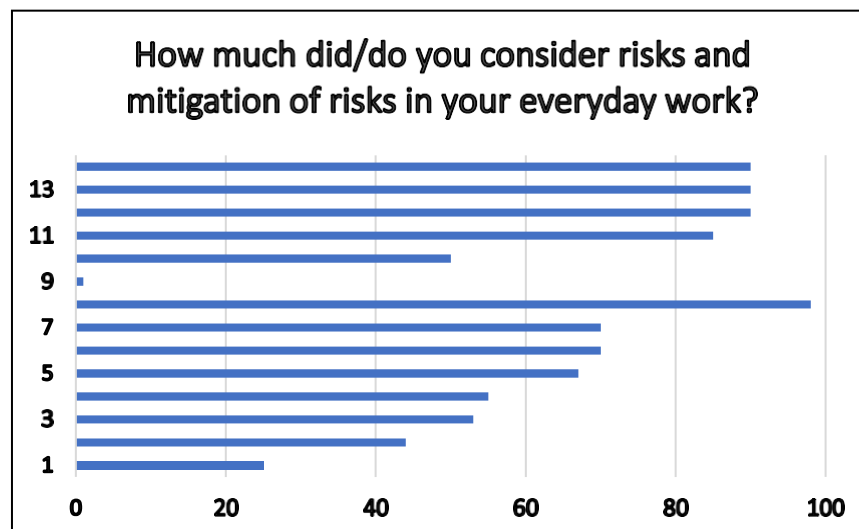
I have/had little or nothing to do with risk management at all	1
I regularly meet/met issues related to risk management, but I have/had no key role	5 (2)
Risk management is/was part of my responsibilities	6 (5)
I feel/felt responsible for the further development and use of risk management in NorCross	2 (1)
Other – explain in the box below	0

Question: How much do/did you consider risks and mitigation of risks in your everyday work?

A gliding scoring scale was offered;

'It is just a tick box exercise when completing plans and reports' = 0 points;

'It is fully integrated in my planning and decision making, both in mindset and in making the formal steps in planning and reporting' = 100 points.



14 respondents.

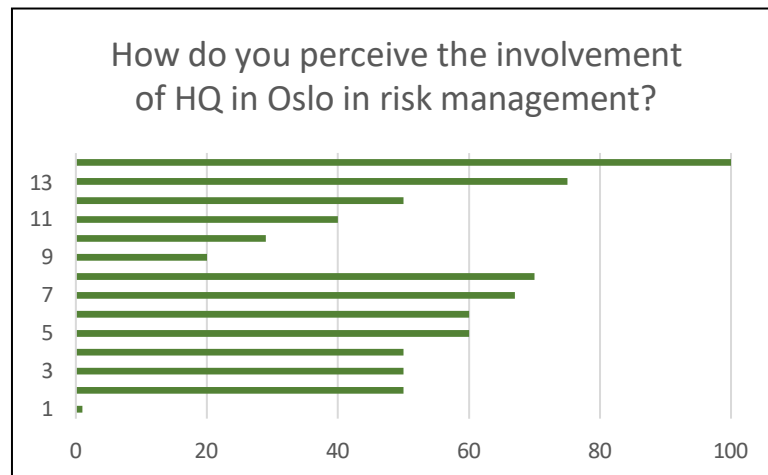
The numbers 1 to 8 are (ex) CPMs.

Question: How do you perceive the involvement of the HQ in Oslo in risk management?

For the responses, a gliding score scale was offered.

‘Not enough support, training and/or tools’ = 0 points

‘Too much involvement, too many forms and tools and too much asking for attention’ = 100 points.



14 respondents.

The numbers 1 to 8 are (ex) CPMs.

Question: For the last country or region where you work(ed): how much has our work led to the NS (singular, plural) considering risk management as an area of priority ?

For the responses, a gliding score scale was offered:

‘Risk management is totally absent as an important element of work’ = 0 points

‘Risk management is constantly part of explicit planning and decisions by the NS’ = 100 points



13 respondents.

The numbers 1 to 7 are (ex) CPMs.

Question: For each element of risk, how effective is the current risk management system in your view?

Number of answers for each category	Totally ineffective	Rather ineffective, but it has an effect, occasionally	Don't know, no information	Effective; regularly it has helped to identify and mitigate risks	Very effective, the risk level is lowered considerably	Total number of respondents
Financial risk	-	1 (1)	-	13 (7)	-	14 (8)
Security and safety risks	1 (1)	3 (3)	1 (0)	7 (3)	1 (1)	13 (8)
Programmatic risks	-	4 (2)	1 (1)	9 (5)	-	14 (8)
Reputational risks	2 (2)	4 (2)	3 (2)	5 (2)	-	14 (8)
Compliance risks	-	5 (3)	-	9 (5)	-	14 (8)
	3	17	5	43	1	69

Question: Would you think NorCross is risk averse or risk obsessed?

Total 13 respondents	Explanation of the answer (optional)
Not at all 2	New projects are started without real risk assessment Norcross has achieved to balance the risk management system, trying to avoid any risk and without it going over the reasons of the projects
Not so much 3 (1)	Although the organization uses a lot of different tools (risk assessments etc.), it does not necessarily seem that it draws the right conclusions from the risk analysis. I doubt that we have the right set-up to properly manage financial risks, considering the experience in the country I was based in. I don't perceive that risks (financially, security or other) hinder NorCross in for instance starting partnerships with partners or in contexts where risks are perceived as high. I believe that NorCross are doing quite well in doing risk analysis, but not necessarily as good in planning and taking these risks into account. Too many tick-the-box exercises that give the illusion of risk mitigation but are just additional signatures. Far too centralized in terms of decision-making (all projects 'owned' by RR who has no way of micromanaging them all and shouldn't).
Don't know 4 (2)	NorCross is very much active in assessing risk related to partners and programs but has literally no interest in assessing internal risks which directly translates to poor management decisions.
Yes, somewhat 3 (3)	NorCross is learning from previous negative experiences which is good in terms of risk management. There's a clear focus on risk management However it's up to Country teams to manage
Yes, very much so 2 (2)	In management meetings there is always an inquiry about the status of the risk plans and their implementation

Summary of Country Report Burundi

This evaluation deals with the “Norad-NorCross Agreement 2017-2020” program which in its entirety covered NorCross support to the National Society in nine countries. The assessment focused on three countries, including Burundi. The aim of the evaluation for NorCross is to improve its performance, while considering evaluation criteria such as relevance, consistency, effectiveness, efficiency, impact and sustainability. For each of the three countries there is a specific report; a summary report covers the three countries and the program as a whole.

The Burundi report is written by a team of three during the period January-March 2021. It is based on a series of documents relating to the program, on interviews with stakeholders from the Burundi Red Cross, NorCross and external, and on group discussions of CRB volunteers and beneficiaries.

The relationship between NorCross and CRB started in 2006, when CRB was a tiny hardly functioning organisation. In line with the vision and ambitions of the CRB, NorCross has contributed financially and with critical expertise to the CRB development of its organisation and network of volunteers into what is now a significant contributor to community resilience in all 21 provinces and 119 communities of the country, and a partner to the MoH in most of these.

As the CRB grew and could also attract other movement partners, including the IFRC, NorCross continued to support, NorCross funded a series of key positions at CRB headquarters and in the branches. Between the CRB and NorCross, a relationship of trust has developed.

As the CRB grew larger and more mature, expectations of NorCross increased, particularly with regard to the organizational capacity of the CRB, including its financial development and transparency. Meanwhile, NorCross itself has also changed. In order to increase its own efficiency, NorCross undertook decentralization from 2015, with the transfer of decision-making authority and technical expertise from Oslo and regional offices to the new NorCross delegation in the country.

This explains why the partnership went through several stages, during which the balance between the autonomy of the CRB and its dependence on NorCross support was maintained. The CRB enjoys a good reputation among its African peers and regularly assists other NS in their development. However, financial constraints and the relatively low salary level at the CRB headquarters are a barrier to the attraction of high level executives.

The 2017-2020 program covers two strands: NorCross has invested in the Organizational Development of the CRB, in particular in the PMER and the development of financial management. In addition, the program supported the CRB to develop a health program in 10 municipalities in four provinces. During the program, NorCross changed its International Strategy. The health program component has not changed, but Organizational Development has been reduced, being limited to financial development.

For the Organizational Development component, the evaluation considers that the needs were real and the choice of activities, PMER and Financial Development, was relevant.

NorCross' investment in FD for many years has not been more than funding of the position of a finance officer, not really contributing to financial development as such. When weaknesses in CRB's financial management were detected, like selection of non-qualified auditors for project audits, it did not ring a bell in time. Suspicion of financial fraud by the CPM in 2018 and the forensic audit that followed were not handled in a professional manner by NorCross and CRB as well. A comparison of

financial management between 2016 and 2020 was recently made. In 2021 a full assessment of the financial management of the CRB is planned with the support of NorCross and other partners.

The investments in PMER have been more substantial and have certainly helped CRB to improve its capacities. However, the Results Framework and ITT that NorCross helped develop contain inconsistencies and show gaps. From 2019 onwards, NorCross has cancelled its support to the PMER development.

CRB dutifully introduced some elements of risk management, like inclusion of risks in its Strategy Plan, but the regular use of NorCross' risk management tools is largely limited to NorCross staff. Overall, the effectiveness and efficiency of NorCross's contribution to organizational development is barely satisfactory.

For the strand population health, 14 FGDs among beneficiaries and volunteers are the main source of information on the relevance and effectiveness of the program. Nearly without exception they state that CRB has addressed priority needs and that sensibilisation, education and material supplies, like tip-taps and slabs for latrines, were to the point and helpful. However, there is concern about the low coverage: too many households were not reached with support and some support was inadequate. Discussants consider that the work has not been completed and expect continuation. However, without NorCross support there is no continuation. In terms of effectiveness and efficiency, as far as the data allow to draw conclusions, the program has been reasonably satisfactory. The short duration of the program limits the results.

At the initiative and with support of NorCross, the CRB has invested heavily in baseline - endline population surveys to measure the impact of the program. However, the quality of the surveys and their rapid sequence do not allow quantitative conclusions to be drawn on the impact of the program.

In recent years, coinciding with the Norad-NorCross 2017-2020 agreement and the decentralization of NorCross, the relationship between NorCross and CRB has changed. On the CRB side, the relatively rapid succession of CPMs and their relative ignorance of the nature of the long-term relationship have led the CRB to believe that the decentralization of NorCross has resulted in undue interference in its internal affairs and work on the ground. NorCross's previous respect for CRB autonomy is believed to be waning. On the NorCross side, it is understood that decentralization may not have done much for the CRB, but on the other hand, it has its own duty to ensure results. The relationship of trust between NorCross and the CRB has evolved into a relationship of control.

CRB felt taken aback by NorCross' announcement in August 2020 that it would not renew the partnership at the end of 2020. In absence of an exit strategy or phasing out, CRB is grateful for the long term support but frustrated due to the way it ends. The exception made for FD is some consolation.

Recommendations.

We have not evaluated NorCross or the CRB as such. Our recommendations follow from the Norad-NorCross program only.

Other recommendations follow from the assessment of the three countries together and are not included here. They are included in the overall report.

1) More transparency and more recognition of its weaknesses on the side of the CRB may inspire more confidence on the side of NorCross.

2) The CRB has developed a force of hundreds of thousands of volunteers. In itself, this is an indicator of effectiveness and efficiency. On the other hand, it is not clear that so many volunteers can be sufficiently trained and organized and that they all really contribute to the objectives of the CRB. Thinking about the optimal number of volunteers can contribute to transparency.

3) Planning for the population health component by NorCross and the CRB lacks an overview of the ingredients needed to lead to the best outcome: the package of activities, the resources, the time needed, the assumptions, the risks. The use of Theories of Exchange during the business planning phase is recommended. This can stimulate that there is not a succession of isolated projects but a more coherent and long-term approach.

4) NorCross and CRB may reconsider the baseline-endline survey system. Currently, investments do not match results. In fact, there are no results in terms of knowing the impact of the program.

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Summary of Country Report Guatemala

Collaboration between the National Societies of Guatemala and Norway began in 2005 and ended in 2020. The current project under evaluation was co-financed by NorCross/Norad. It was carried out between 2017 and 2020 as part of the Guatemalan Red Cross (GRC) strategy to meet the needs of identified vulnerable populations.

Its objective was to make Guatemala's dry corridor communities improve their health practices and become more resilient to strengthening local health systems, improving their livelihoods and increasing their ability to respond to crises or emergencies. At the same time, it helped to make the CRG and its delegations stronger and more self-sustaining. An additional more modest component invested in health prevention of the so called key populations (KPs) affected by HIV.

The target population consisted of 15 communities with 2,000 families in the Municipality of Olopa, Department of Chiquimula in the east of the country; and 1,950 people belonging to KPs (men having sex with men, transgender women, female sex workers) in the urban part of Guatemala department. The last year of project implementation was severely affected by governmental restrictions to combat the COVID 19 pandemic. During this year, few planned activities were carried out such as trainings, workshops and visits.

The joint strategies for interventions are considered highly relevant and coincided with those of IFRC, ICRC and national policies in health (through MoH) and DRR (CONRED). Selections were made based on poverty and vulnerability criteria, as well as the absence of external support. CRG complemented the MoH in providing health prevention and community development efforts, increasing demand for services, still without exceeding the institution's response capacity. The role of local committees with their leaders proved to be crucial. In the case of KPs, the proposal was more unilateral as the CRG had mixed feelings in committing itself.

In the field of institutional strengthening, no other organization provided resources, so Norcross support in the components of financial development, PMER, resource mobilization and human resources management (volunteers) was highly valued.

As a result of the interventions, access to health services as well as knowledge, attitudes and practices in health of rural people in Chiquimula were improved, particularly in areas of community health and mother, neonatal and child health (MNCH). It also applies to KPs with actions in HIV prevention. However, it was difficult to confirm progress in quantitative terms, as the base and end line studies were incomplete and had methodological flaws. In any case, whatever progress was reached, can be attributed to the joint cooperation between the GRC, MoH and NorCross, as no other actors were present. The GRC also incorporated DRR mechanisms in its daily practice in rural areas, through trainings, simulation exercises and boosting revenue generation at branch levels.

Organizational development (OD) included the introduction of systems, methods and instruments, either provided directly or subcontracted to national consultants. They substantially contributed to the improvement of the institution's managerial performance.

GRC strengthened its institutional structure and procedures through accounting and budget manuals, transport and human resources, also specifically for delegations' administrative processes. In PMER, the online M&E system was introduced, switching to a Results Management (GpR) approach with better planning and monitoring from the Board of Directors level to the branches. It seems consistent with NorCross's overall process of boosting GpR as an integral part of DO, but did not play an important role in improving project monitoring. The results could have been better if solid technical advice and quality control from the regional office had taken place.

In Financial Development (FD), the in-depth continuation of "Peach tree", the accounting system installed with support from NorCross, was successful at HQ and branch levels turned out to be useful and at the same time served regional learning purposes.

In Human Resources, better management of volunteer cadres was promoted by giving comprehensive trainings. It included the installation of an extensive database with personal information and the description of competence levels of all active staff.

Finally, Resource Mobilization supported greater financial sustainability through income generating projects for communities in many positive ways.

In general, the project has been managed efficiently, with a high burn rate while sometimes exceeding program targets, because voluntary work involves savings and innovative livelihood projects meant income generation at district and community level. In addition, GRC chose to outsource consultancies at the national level optimizing the use of resources.

However, the initial transfer was late and caused a substantial delay in the start of the activities in 2017. There was a high turnover of staff (delegates, technicians and volunteers), the latter aggravated by COVID and the implications it had for family income of local staff. The target populations were relatively small and the service packages were not always complete.

GRC increased performance capacity in health and institutional management. It includes trained personnel in different systems, methodologies and instruments. However, there was no sustainability plan or exit strategy. True, during the mid-term evaluation in 2019, the GRC team developed a detailed activity plan for the last phase of the project, but due to several reasons it could not be implemented. We therefore consider that the strengthening process has not been completed, nor that the GRC has sufficient financial means to ensure continuation of the most important interventions. This leaves the possibility that some of the progress made, will be lost in the near future.

In conclusion, the project achieved better access to services for a limited population, as well as organizational improvements at GRC HQ and branches. Interventions were done with good quality even though they were done by non-professionals.

In a relatively short period of time, the project increased the resilience of communities, in particular thanks to the support of local leaders and health, WASH and disaster preparedness committees through training, monitoring and logistics for regular and emergency situations.

We believe that, as a result of the mutual cooperation in 2017-20, the most significant change has been the improvement of local health and development awareness, as well as the improvement of self-esteem at the different levels of the GRC to undertake similar initiatives in the near future.

Conclusions Guatemala

DAC criteria	OD		Population	
Relevance	Good OCA and BOCA assessments with identified weaknesses	+	Vulnerability study, LNOB in Chiquimula and KPs Alignment with national strategies and priorities in health, DRR. No real consensus in HIV	+
Coherence	No other agency in 4 areas	+	Coordination with MoH, CONRED, municipalities	+
Effectiveness	FD+, PMER-, HHRR +, IG +/-	+/-	No good quantitative data. Access in MNCH improved, KPs incomplete.	+/-
Efficiency	Fairly good investment for available funds	+/-	RC model with volunteers, IGPs, revolving funds. Funds late, rotation of personnel, low coverage	+/-
Impact	NA	+/-	Resilience improved slightly. Impact not attributable	+/-
Sustainability	Trained staff, mixed results, Systems installed. Financial gap to continue	+/-	CBHC started to develop itself, too little time to sustain technically and financially. District and village committees improved leadership.	-

Summary of Country Report Pakistan

This final version of the evaluation report is written after earlier comments and questions from Pakistan Red Cross Society and NorCross have been processed or answered.

The subject of this evaluation is the bilateral 2017–2020 program that Norwegian Red Cross (NorCross) and Pakistan Red Crescent carried out with the Norwegian's Agency for Development Cooperation (Norad) financial support.

The program in Pakistan is part of the overall Norad-NorCross program, implemented in nine countries and also partially through IFRC. For the evaluation, NorCross asked to use the OECD-DAC evaluation criteria (relevance, coherence, effectiveness, efficiency, impact and sustainability) and selected three countries: Burundi, Guatemala and Pakistan. Per country, a two-person evaluation team, one national and one international expert, carried out document study, interviews with NorCross and PRCS staff and focus group discussions with beneficiaries and volunteers in the period December 2020-March 2021.

The program to evaluate is part of a long term relationship between PRCS and NorCross. Against the background of the 2010 floods in Pakistan, PRCS has been orienting its efforts towards community resilience and responsiveness to mitigate the impact of disasters. NorCross partnered with PRCS in the areas of branch development, healthcare, and disaster risk reduction & management in the districts of Jacobabad, since 2011 and Jamshoro, since 2014, in Sindh province.

The program's relevance in terms of addressing needs that are considered a priority by the stakeholders, is good: formal and informal assessments underbuilt the choices made. Halfway the program, after the review of NorCross International Strategy, from 2019 onwards, the scope and geographic locations of the program was modified and shifted away from Sindh province. The choice of the new locations and target population was based on a combination of factors that included assessed needs of the population. This evaluation, two years later, assesses the results in Sindh province therefore predominantly through the lens of sustainability.

During the first two years of the program, 2017-2018, the previously existing support was extended, and comprised of health (education, sensitization and WASH (water supply, hygiene) for the population of some more villages and support to the branch development. The communities actively participated in the implementation of the project, also thanks to the program's suggestion to establish village committees, some of which developed in a formally established Community Based Organisation. NorCross decided to leave the province in 2018, with some activities still spilling over in 2019. Afterwards the sub-branch of Jamshoro was closed when the program ended, with no staff and no activities with or in the communities. On the contrary, Jacobabad remains an active branch and volunteers remain available, although their engagement stopped when the project closed. Therefore, also here, long-term outcomes of behaviour change and disaster risk preparedness and Community Based Health and First Aid training lost their validity due to lack of interaction and non-active Community Based Organizations.

From 2019 onwards, in essence, the project's initial goal of 'community resilience' was changed to reducing vulnerability in local communities and preventing loss of life by ensuring that basic needs are met, like access to water, sanitation and hygiene and health services. NorCross modified the location of the project from Sindh to the Tribal Districts of Khyber and Kurram in 2019. Support to four Basic Health Units was provided and in 20 adjacent communities vulnerability and needs assessments and health education were done and sessions of health education were conducted. In addition, the focus

of National Society Development was shifted from Sindh Provincial Branch to the national headquarters of the PRCS.

In 2019, ground level implementation of the program was delayed mainly due to waiting for the No-Objection Certificate required to work in these areas. Therefore the actual activities only started early in 2020. Then they were hampered by Covid-19 so that the program actually ran for less than one year.

The program was appreciated by the communities, but after the end of the program there was no follow up and the Basic Health Units returned to their previous level of low resources and activities. NorCross has decided to again move to another area, more conflict prone.

While the program in the Tribal Districts had a better design, from the perspective of the communities, the evaluation shows a number of key findings for both program periods which are as follows:

The program – and previous programs in Sindh – tried to engage the community and create links with government departments. During the implementation this may have worked well, as a 2016 evaluation describes. From a sustainability point of view, this was not successful. Already two years later the Village Health Committees and CBOs in Sindh province ceased activities. Social mobilization was the missing link which translated into limited information about the project in the catchment population. For example, the coverage of the project components was limited, which is understandable. However, more than two years later this was a recurrent theme in discussions with the communities, who didn't understand the rationale.

In absence of a complete Theory of Change, which is more than a logframe and would take into account more soft elements, the buy-in of the communities was partial at best. We recommend the explicit use of a Theory of Change for programs that aim to bring about community resilience. Linkages with existing systems and institutional arrangements, such as the health system, were considered but not effectuated sufficiently. Also mechanisms to create synergies for amplified impact and sustainability could have been identified more. .

A sudden departure as happened in the four district, does not allow for a considered and effective exit strategy, which contributes to low sustainability. The initial plan for Sindh had included an exit strategy until and including 2020, but this was not completed due to the early exit from the province. No exit strategy for the TD was found

Overall, the program's results for the population are mixed. The projects in the four districts have been set-up as short term ones. There are few if any lasting results.

In terms of organizational development, National Society Development was a continuation of the previous project in Sindh province from 2011 to 2016 and the 2017-20 agreement was envisioned as a period to make the Sindh PHQ and the districts Jacobabad and Jamshoro, self-sustaining by 2020, amongst others by resource generation. The plans were only partially implemented due to NorCross' withdrawal at the end of 2018, and the results achieved, especially in Jamshoro, are not up to the mark from a sustainability standpoint.

In 2019-2020, NorCross invested in Financial Development of the national headquarters of PRCS in Islamabad, which is a highly relevant support. The implementation period was short, due to several delays, but most of the planned activities have been implemented. A follow-up in 2021 is being planned, which increases the likelihood of sustainability of the results. We qualify this support as good.