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End-of-project evaluation

NorCross - Norad cooperation agreement 2017-2020

Country Report Pakistan

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End-of-project evaluation

NorCross - Norad cooperation agreement 2017-2020

**Country Report Pakistan
Final Version**

May 10, 2021

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Acronyms et abbreviations

BOCA	Branch Organisational Capacity Assessment
CBO	Community Based Organization
CPM	Country Program Manager
CPO	Country Program Officer.
IFRC	International Federation of Red Cross and Red Crescent Societies
NDMA	National Disaster Management Agency
NGO	Non-Government Organisation
Norad	Norwegian Agency for Development Cooperation
NorCross	Norwegian Red Cross
NSD	National Society Development
OCAC	Organisational Capacity Assessment and Certification
OD	Organisational Development
PHC	Primary Health Care
PMER	Planning, Monitoring, Evaluation and Reporting
PRCS	Pakistan Red Crescent
PHQ	Provincial Head Quarters
RCRC	Red Cross Red Crescent
SRS	standardized reporting system
ToR	Terms of Reference

Summary

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 were undertaken and health education sessions 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 from the perspective of availability of resources. 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. 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. We recommend the explicit use of a Theory of Change for programs that aim to bring about community resilience.

A sudden departure as happened in the four districts, 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 support has led to some successful local income generation activities. However, 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.

Acknowledgments

During this evaluation, we had the privilege of interacting with a wide selection of people who generously gave of their time and interest despite busy schedules:

NorCross staff from the country office in Islamabad and the regional NorCross office; PRCS staff at national headquarters and in provincial branches in Sindh and KPK.

Most rewarding was the contact with volunteers and community members during the field visits.

This report is also informed by numerous interviews with NorCross staff in Oslo, who patiently, and sometimes repeatedly, answered questions from the evaluation team.

We are particularly grateful to Mr Faheem Qaiser, Country Program Officer of NorCross, who guided our evaluators and provided so much information.

It was a rewarding experience and we wish to express our sincere thanks to all who contributed to our task.

I Introduction

This report describes the end-of program evaluation of the country program in Pakistan, that was executed under the 'Norad-NorCross 2017-2020 agreement'. The report takes into account comments on a previous draft and additional information provided by NorCross and PRCS stakeholders. As a final draft, it is submitted to the Pakistan Red Crescent Society and NorCross for their comments, see Chapter VII and VIII.

Summary of Terms of Reference

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

The Terms of Reference (ToR) of the end-of-project evaluation essentially ask to assess the relevance, coherence, effectiveness, efficiency, impact and sustainability of the project 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 results and providing recommendations on possible improvements

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

The ToRs require a qualitative assessment only, since it is NorCross routine to assist National Societies with baseline and end-of-project surveys, which collect quantitative data.

The parts of the ToR that address risk management, learnings and added value require are in particular addressed in the overall report of this evaluation, since these are considered from a multi-country point of view. In this report we will touch upon these aspects lightly, only.

Summary of the program

Norwegian Red Cross (NorCross) has been involved through several project and program cycles with vulnerable communities in Pakistan as it partnered with Pakistan Red Crescent (PRCS) following floods that ravaged the country in 2010. In support of its activities, NorCross created a country office in Islamabad in that year. During the floods, NorCross focused on health emergency response that later translated into a full-fledged project on building community response capacity and resilience against disasters. This included Community-Based Disaster Risk Reduction and Community Based Health & First Aid. Also, NorCross provided support to of National Society Development (NSD).

From 2011 onwards, NorCross' support focused on the Jacobabad District in Sindh province for branch development, community healthcare and disaster risk reduction & management. This was in line with the emphasis on establishing branch offices in 52 vulnerable districts across Pakistan, as identified by NDMA, in order for them to prepare for unforeseen circumstances. The PRCS District Branch targeted a catchment population of 197.000 in six communities severely affected by floods in

Jacobabad. Jamshoro District was added in 2013 as per the mid-term review of the project, with a catchment population of 35.000 in six communities of the district.

The subject of this evaluation is the bilateral 2017 – 2020 program that NorCross and PRCS carried out with Norad financial support in Pakistan. Simultaneously, NorCross channelled Norad funds through IFRC in order to support PRCS in other provinces and regions. This is not included in the current evaluation.

The Pakistan program is part of the 'NorCross-Norad Cooperation Agreement 2017-20' that is carried out in nine countries: Burundi, Colombia, Guatemala, Honduras, Lebanon, Palestine, Pakistan, Somalia and South Sudan. This agreement also supports IFRC in developing a series of tools to support National Societies.

The initial project's location was in two districts in Sindh province, Jamshoro and Jacobabad, as continuation of the previous program. With support from other funds, mostly from the Ministry of Foreign Affairs in Norway, six districts in four other provinces, AJK, GB, Baluchistan and KP have been supported over the years as well.

As a consequence of the review of NorCross International Strategy 2015-2020, in 2018, NorCross shifted its focus towards contexts of conflict. Therefore, from 2019 onwards, it moved its support from eight districts in five provinces to the Tribal Districts (TD, earlier known as FATA). Meanwhile, NorCross also pursued a decentralisation, started in 2016, from headquarters in Oslo to regional and country offices. The positions of the Country Program Manager (CPM) and Country Program Officer (CPO) were newly defined, as well as the tasks and responsibilities of the regional office.

In the context of Pakistan, the overarching goal of the project was to 'Reduce the vulnerability of local communities and to prevent the loss of life.' The Humanitarian objective was to 'Ensure basic needs are met, and improve the health of the most vulnerable people affected by conflict and protracted crisis.' The Humanitarian outcomes of the project were 'Reduced intermediate and medium term health risks of targeted communities.

In practice, in the first two years, as a continuation of previous programs in Sindh province, the project assisted the population in strengthening Disaster Risk Reduction and reduction of health risks, by providing volunteer training, health education and WASH facilities, such as water filters, water pumps and latrines. The project intended to engage authorities and the community, through Village Health Committees and Community Based Organisations.

In the last two years, the project intended to support and upgrade four Basic Health Units (BSUs), two in each of two Tribal Districts in KPK province. This was combined with coordination with the health system, amongst others for referrals, and a community engagement approach: information and mobilisation, along the same lines as in Sindh province, but during much shorter time.

One of the enabling objectives of the project was National Society Development. Initially this was oriented at the Sindh branch (resource mobilization) and at the subbranches of Jamshoro and Jacobabad. In 2019 and 2020 it focused on support to the national headquarters of PRCS at Islamabad, in particular to Financial Development of PRCS.

Background and context

Pakistan Red Crescent (PRCS) is an auxiliary to the national government, as in most countries. While it is respecting the RCRC movement's principles, its programming and implementation are closely aligned with and under control of the government. It is the largest national humanitarian organisation in Pakistan, founded in 1947 with over 1.8 million volunteers throughout the country,

seven provincial branches and ninety-two district branches. It remains on the forefront for disaster management operations and is a partner of the Pakistan Government's National Disaster Management Agency (NDMA). Apart from disaster risk-reduction, response & management operations, PRCS also focuses on community health programs like ambulance services and HIV/AIDS awareness programs.

Recently there is a paradigm shift in the government's and partners' priorities: a shift from relief and response towards development. This is related to improvement of the indicators in the country and Pakistan's development towards a Middle Income Country, although there are large differences between provinces/regions. The Canadian and Danish Red Cross ceased operations in Pakistan partially for that reason.

NorCross does also not continue to work in development or stable contexts. Its shift to working in conflict areas implies that it will in future not use Norad funding for its PRCS support but funds from the Ministry of Foreign Affairs of Norway or own funds.

II Methodology

General

This evaluation is conducted during the period December 2020-March 2021 and consists of the following activities:

- A desk review of relevant documents consisting of policy documents, grant agreements, assessments, results frameworks, plans & reports, evaluations and other research.
- A stakeholder scoping and mapping exercise was conducted to determine key informants.
- Key informant interviews using semi-structured interview guides were planned. A range of key informants from PRCS HQ in Islamabad, PHQs in Karachi and Peshawar and district branches in Jacobabad and Jamshoro in Sindh and Khyber and Kurram in PKP, were interviewed for the evaluation, see Annex 3 for a complete list
- Field visits to selected target villages (see table below), which included focus group discussions (FGD) with branch level staff volunteers, village health committee members, women households.

To guide the data collection, a list of specific questions for each evaluation criteria was developed in the Inception Report of December 24, 2020.

Evaluation team

In view of the travel restrictions during the Covid-19 period, a core evaluation team was based in Europe and a national expert has been chosen in each of the three countries selected.

The evaluation of the program has been guided by Dr Pim de Graaf who is in charge of the evaluation overall. He conducted several interviews with NorCross staff in Pakistan and in the regional office.

The national expert, Dr Shereen Mustafa, has conducted interviews at PRCS HQ level in Islamabad, the provincial PRCS offices in Peshawar and Sindh. She has conducted field visits, interviews and FGDs in Jamshoro and Jacobabad sub-branches and in Khyber district. With Kurram sub-branch PRCS staff and volunteers, she conducted interviews by telephone.

For their short biographies, see Annex 2.

Limits of the evaluation

In the two districts in Sindh province, the evaluation takes place two years after the end of the project and therefore it mainly uses the lens of sustainability and then looks back at the other DAC criteria. During the interviews and FGDs a recall bias may have played a role: participants may not have remembered fully the project's contributions and the progress made and focus more on the current issues and unfulfilled needs. The evaluators have endeavoured to take this potential bias into account.

No field visit was conducted in Kurram district. The planned visit has to be cancelled at the very last moment, due to political and security reasons. In compensation, telephonic interviews were conducted with the Branch team (Program Officer), a President of a Village Health Committee and several volunteers.

III Results

National Society Development

One of the key components of the NorCross project was National Society Development (NSD) as a continuation of the previous project in Sindh province, from 2011 to 2016. While some support was planned at the level of the national HQ, the focus was to enhance the organizational capacity of PRCS Provincial Head-Quarters (PHQ) in Sindh and of Jacobabad and Jamshoro sub-branches, in order to reach the standards and characteristics of a well-functional national society.

The perspective of this evaluation in Sindh is mostly that of sustainability, as mentioned before. Therefore, we quote from the 2016 evaluation of the previous project¹: 'It is important to be clear that the program notion of branch sustainability relates to the ability of the branch to cover its own running costs, not those costs associated with implementing program activities (as it is highly unlikely that PRC would be in a position to fund any meaningful program activities without partner support)'. Therefore, we looked especially at the ability of the district branches to sustain themselves and services to the population, after the end of the NorCross support.

During 2017-2018, the first two years of the agreement that is evaluated, for operations, Sindh PHQ was supported with funding of a Focal Person dedicated for the project, with FD, PMER and with a Medical Response Vehicle, which is specially designed for mobile health services during Emergencies. PRCS Sindh was also supported to establish an Emergency Operation Centre at Karachi Office with the help of the German Red Cross.

There was a planned exit strategy:

The first-year 2017 would serve as capacity building period along with resources provided to PHQ. The second-year 2018 would focus on transition and empowering PHQ for resource mobilization. The third-year 2019 was seen as the 'exit-year' with the assumption that PHQ would be sufficiently able to generate resources for financial sustainability beyond the project completion.

However, the program started mid-2017 and then was cancelled at the end of 2018, because of the NorCross shift of strategy that was mentioned above.

During the period from 2011 to 2018, the establishment of the Jacobabad Branch along with sustainable business model was an achievement and its continuous HR support in terms of salaries, training etc., helped the branch to strengthen its systems. For example, the branch does resource generation through rentals and other activities, and is considering opening a medical centre and a

¹ External Evaluation of Norwegian Red Cross Supported Pakistan Red Crescent Programs in Sindh; Evaluation Report, May 2016

vocational training centre for youth to help deserving people and impart skills to youth beside revenue generation. Currently, two years after NorCross stopped support, systems and data are in place at branch level; however, the concrete activities of the branch are very little as there are no active projects in hand. This leads to the conclusion that, despite availability of own capacity in the province, community engagement is dependent on donor supported projects.

From 2014 onwards, the Jamshoro branch was also developed: NorCross supported the renovation of the office building and funded positions in the sub-branch. Two years after the end of the NorCross supported activities, early 2021, the district branch in Jamshoro district is non-functional and all equipment and furniture shifted to PHQ.

In summary, the planned NSD activities were only partially implemented in Sindh province as a result of NorCross' withdrawal.

Financial Development

In the 2019-2020 period, NSD was oriented towards FD of national headquarters of PRCS, with some support given to the TD. Based on a (mainly financial) risk assessment early in 2019 carried out by NorCross regional office, a comprehensive plan was made to improve the performance of financial management, for which hardware, software, SoPs and trainings were provided and developed. The support was provided by the Technical Team of the regional office, the CPO and an external consultant. In 2020, Covid 19 caused some delays of implementation. Also, the choice of the financial software was delayed due to an offer from another organisation, that finally was not upheld. This resulted in unfinished business at the end of the program. Early in 2021 an extension of this support is being considered. This is the more important, to ensure sustainability of the results.

Results Based Management

After the establishment of the PMER department in PRCS, IFRC took lead in supporting PRCS in strengthening their systems and capacities from 2011 to 2015. Through this support, provincial PMER positions were established, capacity building activities for PMER and programme staff in PMER concepts using existing IFRC training modules were implemented at all tiers and a PMER Technical Working Group was established. PRCS's standardized reporting system (SRS) was established in 2015, introducing a foundation for a systematic approach to reporting for all three tiers of the National Society (national, provincial and district) and for partners.

Beyond the development of the SRS and the IFRC supported initiatives, limited progress had been made to strengthen PRCS's RBM system. In September 2017, a PRCS PMER self-capacity assessment was conducted through NorCross support, identifying PRCS as a National Society with a clear understanding of the need and importance of the PMER function for implementation, monitoring, reporting and learning. However, due to funding limitations at NHQ, provincial and district branches, and outdated systems and tools, the need to strengthen and ensure systematic PMER interventions and capacity-building at all levels was evident.

At the end of 2017 PRCS ended its financial support to the PHQ PMER positions due to funding limitations in 2018, highlighting the donor dependency for such positions. As an alternative solution to bridge this gap, additional responsibilities were given to existing positions at provincial branches to continue some support in PMER. The PRCS NHQ PMER Manager was the only PMER position funded by the National Society's own funds and integrated as a core cost position in PRCS.

Based on the findings of the self-capacity assessment conducted in 2017, a plan of action was developed by PRCS highlighting 3 priority areas for strengthening its RBM system;

1. Development of a PMER/RBM framework or policy and development /update of their tools.
2. Development of a standardized PRCS data management system;
3. Capacity building of staff in project management, PMER tools, systems, mechanisms and techniques.

Discussions between PRCS and partners showed the need for re-establishing PMER positions at provincial level to fill the gap made in 2018. In addition, discussions also identified the need for improving beneficiary engagement and accountability towards affected populations in PRCS programmes through staff capacity building and integration of Community Engagement and Accountability (CEA) mechanisms in programme implementation as a 4th priority.

ICRC has extended its support to PRCS PMER department for 2019 and 2020 to implement the initiatives under the Plan of Action developed after the self-capacity assessment was conducted. The initiatives included support to the development of a PMER policy/framework, revision and rollout of the SRS, PMER capacity building trainings and development and rollout of the data management system under the digitalization support to PRCS.

NorCross extended its initial support to PRCS PMER development with the recruitment and funding of a PRCS PMER Officer at NHQ at the end of 2017 (new position), providing additional capacities to PRCS PMER department to help carry out the initiatives mentioned above and to carry out baseline-endline measurements.

Early in 2021, the HQ PMER department of PRCS has two staff members. There is no central database, each project has its own database, which slows down PMER work.

Several factors, inherent to the PRCS as a whole, constrained effectiveness of the Organisational Development:

- There is a strain on national HQ human and technological resources in terms of support to multiple programs and therefore support to the provinces is limited. This includes PMER systems that are insufficiently capacitated for robust monitoring and real-time identification of issues and timely rectification
- While PRCS has a national strategy with common strategic areas for all provinces, provincial PRCS have their own constitutions which makes it difficult to develop any unified code or framework on common core areas.
- At district level, the Deputy Commissioner is Ex Officio the PRCS President. Due to frequent changes in this position, continuity of strategies, policy and implementation is hampered at times, as occurred in Jacobabad district. This can only partially mitigated by the district Secretary General.
- There is insufficient capacity to update the volunteer's database and to keep track of active volunteers' activities.
- In terms of NorCross support, most of its financials are 'reimbursement-based'. Exception is made for the management fee, that is provided in advance and for major procurements, that are financially managed by NorCross. From the perspective of PRCS, the reimbursement practice is an obstacle for the implementation, especially for the resource-intensive activities, because it requires financial pressures on PRCS and creates delays

Access to health, services to population

This section regards the extent to which the program has achieved its desired outcomes per branch, as per the results framework. The results are disaggregated by geographical locations (i.e. Jacobabad & Jamshoro districts in Sindh, and Khyber and Kurram District in KPK). After location-wise analysis, the common/overlapping findings are consolidated in the section from page 17 onwards of this report.

Jacobabad and Jamshoro District Results.

According to the Results Framework for the period 2017-2020, the intended results at outcome level for the two districts are as follows:

Reduced intermediate and medium term health risks of targeted communities. Linked to CRF Health Outcome: Improved health for vulnerable people.

Jamshoro district

Currently, PRCS has no more foothold at Jamshoro and therefore discussions with community, volunteers could not take place as it was envisaged. Non availability of the Secretary of the branch and active volunteers marred the visit. However, with support from a facilitator from the Provincial Headquarters office a community dialogue, an FGD, was undertaken and some results of the interventions were observed.

One of the intended outcomes of the project was the increase of the number of people referred by the PRCS to health services. This would result from the village health committees as well as the Community Based Organizations (CBOs). Their establishment was a condition for receiving project support. These CBOs were in direct contact with the government's line departments during the project period, including the health department. Two years later, according to all interlocutors in Sindh, the community's access to primary and secondary healthcare is not facilitated or enhanced, because the referral mechanism and links within the existing healthcare systems in Jamshoro are inactive. No district branch data collection system on referrals is functional.

A distribution plan in the community of water filters, latrines and water pumps had been discussed with the population, through the already mentioned Village Health Committees, in most cases created for the purpose. In principle, the amenities were intended for communal use.

During the FGDs, the supply of water pumps by the project elicited comments: the hand pumps were supposed to be communal but ultimately are used by a selected few, partially because the pumps are located at or close to individuals' premises. There are complaints of not having sweet water from the pumps. For that reason, household water filters had been distributed by the project, but that didn't take away the issue for those who have not received a filter. Discussions with the community revealed that the limited distribution of hand-pumps had increased discontent within the community. The selection criteria for targeting that were used by the project were not known or accepted by the community. In the villages, latrines had been constructed but we observed that their upkeep and cleanliness was not up to mark, almost defying their purpose. The effects of health education are not visible.

Two years after the end of the project, the target population in Jamshoro district is mostly unaware of the project as such or any of the associated interventions. The collective memory is very short.

Waterfilter installed in the bedroom of a (previous) village health committee member



In terms of knowledge and practices related to health, an external evaluation done in 2016 states that, ‘from a health perspective, all beneficiaries expressed greater awareness of key health issues, and it is clear that the program has helped ensure communities are adopting good mother, new-born and child health, personal sanitation/hygiene and environmental cleanliness practice: the overall result being that vulnerable communities are adopting good health practices’.

Currently, there is no more active health education done. The project wasn’t able to transmit lasting meaningful knowledge pertaining to healthy behaviours. Even the community members who had basic knowledge about health and hygiene practices did not attribute this to the project or any of its interventions. Similarly, the community engagement to ensure diffusion of project interventions was well below-par.

In conclusion, In Jamshoro the project’s design would have benefited from a stronger focus on establishing the sub-

branch office and streamlining institutional processes in order to gain firm footholds in the community. Effectiveness and efficiency equally were not satisfying and sustainability was low due to less interaction of volunteers with community and non-functional branch office.

Jacobabad District

Of the six villages covered, four villages were visited and it was observed that generally household hygiene conditions were not up to mark.

Two years after the end of the NorCross supported activities, the district branch in Jacobabad district is functional. During the evaluation, a group of volunteers was available for an FGD. The group is fairly diversified, having participation of different skills like legal, women, people affiliated with media, development sector etc. The discussion was open and participants were fully appreciative of the project and Norcross support, particularly in terms of branch development and imparting training and helping in development of data base. They mentioned a group of people registered for blood donation and even offering legal assistance to communities in times of local conflicts. Women who were victims of domestic violence etc were being helped during initial phases of distress due to availability of volunteers from legal fraternity.

Meeting with CBO/Community members at Village Ghulam Hyder, Ghari Khero Jacobabad District, Sindh Province



Discussions with Branch/PHQ and Norcross team revealed that the Theory of Change about the project was that catchment population would ‘learn and adopt’ by looking at the resources provided to a limited few in the community. Feedback from the community however revealed the opposite with ‘non-beneficiaries’ expecting to get project benefits in the future.

As for provision of water through hand pumps, lead pipes and filtration units, and latrines, they have been provided on the basis of criteria and a thorough assessment, physically verified by PHQ, NHQ and NorCross. The beneficiary selections were done openly in presence of the full community members. Also, the hand pumps installed were intended to be used as a shared commodity by the entire community.. We observed and learned during the FGD that they were available indeed, however their thin spread and very small number provided mostly an opportunity to those community members who were active during the project life and left behind the truly vulnerable population, who were not empowered enough to voice their opinions. The hand pumps were not used as communal facilities but as private facilities by those who get them installed at their households. Even in the period of the evaluation people were waiting despite the project's closure two years back.

Volunteers and Community-Based organizations were registered, and First-Aid Training was provided to volunteers and a selected few of the community. While the program offered refresher trainings, this is not recognised by volunteers and community members alike, because they state not to have received these. Those who received the first-aid training, while acknowledging its benefits whenever something of smaller scale happens, also talked about its limited usage. Some have full-time employment in agriculture, livestock, brick-kilns and other areas. Those who are working the entire day on fields would be of relatively little or no help to the community in terms of first-aid. This is a comment from the FGD itself. This demonstrates a project design-issue, where 'targeting' of interventions, such as the First-Aid Training, could have been better imparted, for example to women household. This would have to ensure amplified benefits of the intervention for the community. It is also pertinent to point out that the Volunteers and Community health committee also did value such training but its utility remained limited, because of few or short refresher trainings to retain and transmit the knowledge and skills in the community.

Example of Community Resilience in Jacobabad:

Ghulam Hussain Brohi village in Jacobabad is a unique community: half of the population of the village is deaf and/or mute. PRCS Jacobabad branch, with NorCross support, has carried out a vulnerability assessment and included the village in the project. The community was engaged in productive activities and effectively communicated using sign-language. Similarly, the community was adept at using cell-phones to communicate with others. PRCS with the support of Government, allocated a deaf teacher by giving incentives and transportation allowances. This was continued for quite some time. However, based on the Government priorities and lack of resources, it wasn't continued for a long.

PRCS/NorCross can be lauded for identifying the community, but there is no continued PRCS/NorCross support which really undermines the 'sustainability' of meaningful initiatives. Such communities are fertile grounds to unlock the economic potential by partnering with the government and relevant stakeholders (like Academia, NGOs for differently-abled persons) along with special programs for their skill development and research to understand and suggest measures to reverse genetic or familial disease etc. As for the some unused opportunities to create links, the office of the District Commissioner could have been used for more work with this marginalized special community

Social Mobilization can be defined as infusing a sense of shared responsibility in the target community by instilling a sense of self-reliance to become advocates of the intervention beyond its timeline to ensure sustainability. Community buy-in and social mobilization can be effectively ensured by including a representative sample of the community for consultations and pre-emptively assessing any risks (e.g. community strife) along with mitigation strategies to address factors that may adversely impact the program

Mainly due to the thin spread and the fragmented project intervention, coupled with a perceived lack of social mobilization with regards to the project and associated interventions, respondents pointed to the 'patchy coverage' of interventions which were a potential source of conflict within the community. For example, if five percent of the households in the catchment population were

provided filtration units, those who weren't provided these units were disgruntled about not receiving similar benefits and were expecting to receive them in the near future.

As far as the knowledge and practices related to health were concerned, the community had a vague idea of basic hygiene practices, like handwashing, when they were probed. The project may have contributed to this basic knowledge about health and hygiene practices. The broader problems of 'information asymmetry' seem to point at the inadequate district branch's foothold in the community. The project within Jacobabad's context had been ongoing since 2011 before it was closed in 2018. However, there were few results of the community mobilization with regards to the project's objectives, all but one of the CBOs were inactive and there was no more PCRS volunteer activity, as was observed during the field visit. The 'exit strategy', 'sustainability' and 'systems' seemed to have been omissions that manifested itself in limited outreach of the project.

In contrast, during this evaluation, other CBO's were met, not developed by the project, that work with their own limited resources and in which community is active. Apparently, there is a formula to activate and sustain community engagement.

In conclusion, two years after it ended, the project's results are limited, amongst others due to the low coverage, and in spite of the Jacobabad district branch being in existence, the project has not left sustained results. To the contrary, it has been a source of intra-community strife.

Khyber and Kurram District Results

After the strategic shift of Norcross in 2018, the focus on conflict and vulnerable communities brought two tribal districts under the program during 2019 and 2020: Khyber and Kurram district.

Operations of Khyber districts are being handled through PHQs in Peshawar whereas Kurram has a district branch office functional and active.

Khyber district

The intended results for Khyber District are as follows:

Humanitarian Outcome 1: Vulnerable people have improved access to services; Water, Sanitation and Hygiene; Primary Healthcare; Access to Secondary Healthcare

Humanitarian Outcome 2: Vulnerable people have improved knowledge and practices related to health.

Design of the program:

The project was designed around improving health accessibility to communities, therefore instead of selection of villages two Basic Health Units (BHUs) were selected as target; their catchment population is 20,000 souls each. These BHUs had been established earlier in a government building and were assigned the role of dispensary, being run by a medical technician. The NorCross supported project made the BHUs more functional by providing medical doctors, both male and female, and provision of medicines. Further an adequate referral system was set up, with an equipped ambulance service.

Another project component was the improvement of health and hygiene practices through constituting Village Health Committees, Psycho-Social Support program linked with BHU, providing health and hygiene kits and construction of water reservoirs, dug well/hand pump and latrines.

Outcome 1: Vulnerable people have improved access to services.

Outcome 2: Vulnerable people have improved knowledge and practices related to health.

In terms of improved access to primary & secondary healthcare, the target population in Khyber district did have improved access to healthcare services as the project focused on the revitalization and functionalization of two existing government BHUs which were dormant. The project supplied solarization, medical supplies and staff. Due to short span of time, repair of physical infrastructure for water, sanitation and latrines was not undertaken. The referral system of the BHUs was also strengthened which translated into improved access to primary healthcare. This model was different from Jamshoro and Jacobabad as the model in Khyber used existing government health facilities and health & hygiene kits were provided along with trainings. The start of the program had been delayed for six months while waiting for a No-Objection Certificate from the relevant authorities. Also, the program was non-operational during Covid-19 lock down from March-September 2020. Therefore, the actual project implementation was only six to seven months i.e., January to March 2020 and from September to December 2020. However, during this period the BHUs were functional and appreciated.

As far as the knowledge and practices related to health were concerned, the community had a fair idea of basic healthcare and hygiene practices which can be attributed to the project and continuous health hygiene sessions undertaken during Covid-19 awareness campaign. However, due to poor socio-economic status of the communities it will take longer to inculcate these habits and build facilities at their own in short to medium term.

Kurram District:

The project design and implementation in this district is identical to the one in Khyber district. Two BHUs were supported and then were able to provide basis services, including referral options. All informants and interlocutors shared the same type of reflection as in Khyber, that the support to the BHUs was much appreciated but very short lived. They also were uncomfortable for non-provision of physical infrastructure in terms of latrines and water supply facility.

The one difference with Khyber was that a delegation of the community did approach provincial and national leadership of PRCS with a request to help continue this service. Recently, after the field visit for this evaluation, the answer was given to the community leaders 'that the support from Norad is ended and PRCS will look for some other opportunities. However, as per signed MoUs of PRCS with Ministry of Health (KP), they should consult with the Government'.

The activities in Khyber and Kurram districts in 2019 and 2020 will not get a follow up after 2021, because NorCross prefers to move on to areas that are more characterised by conflict. The move to

Meeting Village Health Committee and Community at Village Siangul Kly Khyber District



Khyber and Kurram was strategic in the sense that it would help PRCS and NorCross to be acquainted with the local/regional authorities, and vice-versa.

Further considerations

- Interlocutors for this evaluation from NorCross country office claim that both branches in Sindh and KPK had a good community rapport with all the villages during the project implementation, which had been secured through conducting monthly meetings, consultations and mobilising communities for the various program activities. This is all documented in CBO registers. In addition, these CBOs and VHCs were linked with different government departments and registered with the Social Welfare department, that also recruited and trained local community volunteers.

From an evaluation perspective there is no doubt about the project’s efforts and activities and a number of results. The main question remains: why so little of the results are still noticeable, two years after NorCross’ departure from the districts in Sindh, after a presence of eight or five years in Jacobabad and Jamshoro respectively. The evaluation does not claim to make a full analysis of the relevant factors. However, the inactivity of the CBOs and inability of the sub-branches of PRCS to continue village health work in general show resilience is far from achieved.

Obviously, during implementation, many challenges may occur. For example, according to interlocutors for the evaluation, at several moments NorCross delayed issuing tenders and time pressure did not allow to carefully select the best providers, which affected quality of work. After this or because of this, there were issues with contractors at branch level, particularly at Jamshoro, and its CBOs were neither prepared nor forthcoming to get involved. On the contrary CBOs at KP were prepared to resolve disputes. These examples show the diversity of experiences and local contexts.

- NorCross expects PRCS to carry out baseline and end-line surveys of its projects and its offers extensive support to plan these and carry them out. These surveys intend to measure outcomes and impact. The targets in the Results Frameworks are used as benchmarks to compare with. Mostly the surveys collect data on Knowledge, Attitude, Practice and Behaviour of the beneficiary population. Also, data on access and use of health services are collected.

The table below shows that actually there is no set of baseline-end-line surveys that can help to measure change, neither in Sindh nor in KPK.

	Availability baseline	Quality baseline	Availability endline	Quality endline	Comparability
2017-2018 Sindh province	The two baseline surveys of the previous project period are considered as baseline for the current project		The endline is no survey but reports from volunteers	N.A.	N.A.
2019-2020 KPK province	No baseline done because of COVID – 19 PRCS was not allowed by the authorities to go to the communities and conduct baseline.	N.A.	Survey done in February 2021, analysis pending	No data yet	N.A.

In KPK, there is no baseline done, and an end-line is done in early 2021. However, the usefulness of the end-line in KPK in terms of impact can be questioned, since there is no baseline to compare with. Also, there is no follow up project in KPK, so the data cannot be used as a baseline for a next period. PRCS has projects in KPK province but not in the same geographic areas.

While the report of the end-line measurement in KPK is pending at the time of the evaluation, some of the preliminary recommendations following from the survey have been kindly shared²:

- Provision and continuous availability of medicines in the BHUs/health facilities according to the local need and disease-burden is very essential for the health of targeted communities.
- Availability of female staff including LHV, Nurse in health facilities where female doctors are not available must be ensured for the treatment and handling of pregnancy cases.
- Interventions for access to safe water sources may be increased in these areas including rehabilitation of existing schemes and establishment of new community water schemes.
- Efforts should be made to improve quality of drinking water, particularly for taste, smell and decreased turbidity in water.
- Awareness and motivation should be improve regarding the use of stagnant water and resulting health risks.
- Awareness and training on solid waste disposal and management must be increased.
- Coverage of hygiene promoter should be increased to improve awareness and prevent water borne diseases.
- Hygiene promotion training should be increased, especially for mothers and women to prevent diarrhoea in children.
- Risks assessment should be considered pivotal for all the projects of PRCS and planning should be done based on the risk assessment.
- Women and girls should be engaged/consulted for their views with regard to security and safety of WASH facilities and services and suggested actions should be factored in the design and implementation of the project.
- Health facility staff at district level should be provided with project management training support to work more effectively to achieve the project objectives
- Disease trend analysis is crucial for health workers for a more informed support.

Altogether, even if the population-based survey technically is well done (creation of questionnaire, sampling, training of surveyors, data collection, processing and analysis of data), NorCross' practice of baseline-end-line measurements for this program, intended to measure impact, is not effective and therefore also not efficient. There are no impact data at population level. In the overall report of this evaluation, further reflections and recommendations on baseline-endline surveys are offered.

In terms of receiving feedback on the program implementation, the how, the surveys do provide useful information, as is shown by the resulting recommendations above

- Cross cutting issues.

² Communication from PMER Department of PRCS on April 6, 2021

In the program design gender has been a point of attention, for example, when planning training of volunteers, care is taken to include a certain percentage of females. When planning the BHU's, the program made an specific effort to recruit female medical staff.

As described above, in Sindh province, the most active and engaged community members are reached by the program, the most vulnerable much less so.

Conclusions

This section consolidates the findings that are overlapping and pertinent to the communities in all the districts: Jacobabad, Jamshoro, Khyber & Kurram and to the organisational development in the provinces and at the HQ of PRCS.

Relevance

The project addresses real needs in all districts and therefore is relevant in its choice of objectives. However, the project's Theory of Change did not spell out how to sustain the intended outcomes. Further, the populations still expect PRCS to carry out certain activities. This shows that, although the program communicated the rationale of the limited coverage and duration, at population level the message, two years later, did not stick.

Following up from the previous point, the project design is found to miss out on localized context or realities that proved to be problematic as the components/interventions were rolled out. The fragmented coverage of project components was a recurrent theme in discussions with the target community. Social mobilization is the missing link which translates into limited information about and engagement with the project in the catchment population. Also, the project did not focus on creating community linkages to foster amplified and sustainable impact for the project components. In this respect, the project loses on connectedness.

Coherence

The program is found to be coherent in terms of collaboration and coordination with authorities and other agencies. NorCross and PRCS obviously are very much dependent on the capacity and interest of external stakeholders to come to effective collaboration. Where that is lacking or where there is a risk that this will be lacking, the project's design needs to take this into account. NorCross' internal coherence is affected by the strategy change halfway and by strategic shift from one province to another and leaving districts without completing the project targets.

Effectiveness

In terms of effectiveness, the beneficiaries appreciate the health services and education offered. The one-off approach, like trainings, even when some trainings offered refresher versions, was questioned by the beneficiaries as they forgot about the knowledge imparted during those trainings.

A key question, also applicable at NorCross programming in other countries, is effectiveness in relation to covering a low proportion of the population targeted. Obviously, due to resource limitations, PRCS or NorCross cannot satisfy all needs and demands. The program strategy in Sindh however, did not reach the most vulnerable but rather those who were able to actively engage and contribute. Even after seven years in Jacobabad district, this was the comment on the program. The upgrading of clinical care in the Tribal Districts was an effective intervention.

The decentralisation of NorCross during the program made faltering progress and finally has strengthened its implementation capacity. PRCS had to learn working with NorCross' closer involvement, changing from a hands-off to a more hands-on way of working. In particular the role of the CPM is demanding: in absence of much decisional authority, the CPM has a coordinating and supporting function and needs to cover many areas of work. The position of the CPO has become key. In the period that this tandem works well, effectiveness of NorCross support increases.

Efficiency

The table below shows the budget and realised expenses for the four years of the program. This evaluation did not analyse in depth the reasons of underspending. However, there were various delays in program implementation, as is described elsewhere: in 2019, the program shifted to the north-west of the country and factually was halted for half a year; in 2020 Covid-19 affected implementation as well.

Further, according to several of the interlocutors, decision processes in NorCross; chain (HQ, regional, national) take too much time, leading to time pressure and loss of quality of work later on. Delays of different sorts lead to less results while running costs continue.

Budget in NOK	2017	2018	2019	2020	total
Total	7.450.076	7.450.076	7.450.076	7.450.076	29.800.034
NSD	4.826.968	4.826.968	4.826.968	4.826.968	
health	2.623.099	2.623.099	2.623.099	2.623.099	
Bilateral	3.011.178	3.011.178	3.011.178	3.011.178	
IFRC	4.438.889	4.438.889	4.438.889	4.438.889	
Expenses	2017	2018	2019	2020	total
Total	7.882.089	7.398.147	5.939.703	6.179.071.	27.399.010
Expenses, % of original budget	106 %	99 %	80 %	83 %	92 %

The culture of the PRCS is one of austerity, which is a main factor when promoting efficiency. The Results Frameworks of the project do not provide criteria or data that aim to document or work on efficiency. There is no planned relation between costs and benefits or between costs and number of beneficiaries.

Indeed, there are many elements in the program that make it difficult to use criteria and assess efficiency. To quite some extent, the context determines what costs are justified to achieve a certain benefit: in a conflict area with more security and access issues and with immediate needs, criteria for efficiently working are different from work in stable areas, with an eye on sustainability. For example, building materials for latrines in Sindh province

are less expensive than in KPK province, which is a more unstable area. Costs per latrine will then be higher in KPK, but this says little about acceptable costs.

The current practice of baseline-end-line surveys must be considered as inefficient, as argued above.

The overall report for this evaluation discusses more in detail the approach to efficiency by NorCross.

Impact

There are no quantitative data on impact and no comparison with the counterfactual has been made. Testimonies of beneficiaries and volunteers on the impact of health of the population do suggest that, if it were not for the limited coverage, impact of the program was recognised, not at least because it stimulated some sense of community cohesion.

Sustainability

Sustainability has been an important lens for our evaluation. For the population services we consider sustainability as low, with limited lasting effects. Exit strategy and a sustainability policy for the population services were missing or available but not applied for reasons of the shortening of the program. In absence of comparable baseline-endline surveys, this cannot be substantiated in a quantitative manner. For NSD the picture is more differentiated. At district level in Sindh, the sustainability in Jamshoro district is very low and in Jacobabad district it is better. The longer duration of the Jacobabad program, from 2011 onwards, and specific circumstances, may explain the difference. The sustainability of the results at PRCS provincial level in Sindh

The support to the PRCS HQ is oriented to FD and not entirely finished. Sustainability of its results cannot be assessed well, as yet.

Finally

The evaluators' final appraisal of the support to the PRCS by the NorCross-Norad program is as follows:

	= good					
	= satisfactory					
	= unsatisfactory					
	Burundi OD	Burundi Population services	Guatemala OD	Guatemala Population services	Pakistan OD	Pakistan Population services
Relevance						
Coherence						
Effectiveness						
Efficiency						
Impact						
Sustainability						

IV Risk management and added value

Risk management

NorCross uses the risk management tools in Pakistan as it does in the other countries of this program.

Among the five main risk categories, financial risks to the program are rated very high by NorCross in its risk assessment in 2017. See the above section on FD.

The need to obtain No-Objection Certificates and the time required for that was a risk to non-completion of project activities. This and other risks, such as visa delays, were identified, according to NorCross country office staff. Risk identification and mitigation (where possible) were done, although not always retraceable in the formal risk assessments.

The 2019 risk assessment report mentioned in the FD section that was issued by NorCross states: 'PRCS does not have a formal risk management policy or procedure in place especially at field level. At national level, the risk mapping is integrated in program implementation and monitoring'. This is an element of organizational functioning that PCRS did not yet absorb, from NorCross' input. Indeed, the risk assessment system works for NorCross own activities, only.

According to the evaluators, the occurrence of Covid-19 in 2020 was an 'out of category' risk that no one could have anticipated except a few international epidemiology specialists.

Added value

Since the departure of the Canadian and Danish Red Cross, PRCS receives support from three Partner National Societies: German Red Cross, Turkish Red Crescent and NorCross. In addition, ICRC and IFRC have large presence as well. Relatively, NorCross therefore has become more important to PRCS, whatever its source of funding is.

From the perspective of PRCS, NorCross does not distinguish itself very much from the other PNS in terms of providing specific support or having a specific way of working. This may be related to the size of the country and of PRCS. NorCross recent focus on FD is recognised however.

V Lessons learned and recommendations

These lessons learned and recommendations apply both to PRCS and NorCross' role in the program. They do not refer to the organisations as such, but to the program evaluated. To the degree that NorCross moved to other types of program support, it may find some of the lessons learned less applicable.

- Community change, which is resilience, is a long-term endeavour and hardly can be achieved with lasting results in the time span the project has: less than four years. The implementation period in several locations was much shorter than four years. In a number of villages in Sindh province, the project was a continuation of previous projects and lasted more than four years. Even so, community engagement rarely survives project closure.
- Indeed, in absence of a spelled out Theory of Change, the projects in the four districts have been set-up as short term ones, without due consideration of the exit strategy, sustainability and option to expand the project beyond its completion. This is even the case in Jacobabad and Jamshoro districts, where NorCross has been assisting PRCS since respectively 2010 and 2014. Also in Khyber and Kurram in KPK province, rendering a BHU functional is a long term project; a project for poor and vulnerable communities cannot open and close a window of services in a short period of time. In particular the following elements need to be addressed:
- A project that aims to support the community resilience needs a Theory of Change, which is more than a log-frame; it needs to be developed with a participatory approach and involve stakeholders from the onset of designing and planning the project. This includes PRCS but also the community itself. The supply side must take into account needs and demand, in order to avoid conflict in the community. Through stronger community/social mobilization, sensitivity analysis and risk anticipation, lasting impact of the project is more likely to occur.
- Context and landscape analysis of existing institutional arrangements need to be done in order to embed the project-specific components within the system and to ensure the interventions last; this includes adequate administrative buy-in and resource mobilization that outlasts the donor contributions and project time-horizon.
- Branch Development needs not only focus on the physical infrastructure but also development of internal systems that make them impervious to any abrupt shifts without compromising on essential programmatic activities. In particular, preparation of Business Plan for branches as integral part of Organization Development and sustainability would enhance sustainability.
- Streamlined and transparent organisational processes narrow the room for 'discretionary' measures at national, provincial or district level. This does not mean rigidity when it comes to extenuation circumstances.
- In Sindh province, recipients of trainings were convinced they had not received refresher trainings at all, while repeat trainings have been provided according to NorCross staff. This is reason to review the strategies and quality of trainings – including monitoring the participation in the trainings.

- Investment in NSD at branch level showed lasting results in Jacobabad and not in Jamshoro, amongst others due to the length of time of support. NSD in general, also at provincial and national level, is a long term endeavour and should not be treated as a project.
- The decentralisation process of NorCross has not been completed as yet. The position of the CPM is demanding. Stronger support and a clear delineation with the responsibilities and tasks of the regional office are likely to make the CPM more effective –with a pleasant position to work in.

VI Comments of the PRCS and NorCross on this report

Questions for clarification and comments on an earlier version of this report have been answered and incorporated in this final version of the report.

Annex 1 Terms of Reference of the evaluation

End-of-project evaluation – Norad cooperation agreement 2017-20

Organization Norwegian Red Cross

Summary

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

Reports to: NorCross Coordinator for Evaluation and Learning, Øivind Hetland

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) Organisational 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 organisational 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 annexe 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
- Palestine: The community health interventions implemented by the Palestine Red Crescent with NorCross support in the period 2010 to 2019, 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):
 - o 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?
 - o 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.

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)

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 technical 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

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
 - o All points listed in the previous bullet point (requirements for progress reports)
 - o An assessment of the project’s effect on society (impact)
 - o A description of the main lessons learned from the project (learning)
 - o An assessment of the sustainability of the results achieved by the project (sustainability)
 - o 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

Annex 2 The evaluation team

Dr Pim de Graaf has been working in a several countries in rural hospitals as clinician and hospital director. He spent more than 10 years working with MSF in 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 programs 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.

Mrs Shereen Mustafa

Experience of over 28 years of public Policy development, Budget preparation and expenditure tracking, Human Resource Management and Social Sector Development with Government of Sindh (GoS) on diverse management positions.

has worked in different provincial line departments (PLDs) and many public sector programs/projects including international agencies' assisted programs in the last 20 years – covering the whole spectrum of program(s) and project(s) cycle involving conception, design, implementation and closure. This has given her a very extensive hands-on experience on public policy making, the challenges of managing and implementing public/social sector programs in highly complex environments. Her postings in the Government of Sindh's Finance Department, Health Department and long association with human development programs including the country's first Sub National Structural Adjustment Credit Program (SAC) funded by the World Bank for improving fiscal, financial management and service delivery and Asian Development Bank funded Sindh Devolved Social Services Program Health Sector) in Sindh have endowed her with strategic understanding of development issues, implementation challenges and politico-economic dynamics of reform and development. Her latest position as Secretary Planning as well as an earlier stint in similar position has offered her the opportunity to work on the entire Development Portfolio of the province, specially the critical social sectors. By courtesy of this position and earlier assignments, she has remained involved with program / project planning, design, implementation, monitoring and evaluation as well as impact assessment of a number of local and donor funded interventions in all the important development sectors.

Current employment situation:

Secretary (Planning) - Planning, Development and Special Initiatives Department, Government of Sindh (February 2017 to date)

Coordination of implementation of all projects and programs under the aegis of Planning and Development Department – including the donor funded projects.

Involved in strategic design, implementation and monitoring of donor funded programs and projects
In various sector

Annex 3 List of functionaries and beneficiaries interviewed

NorCross	
	CPM Islamabad
	CPO Islamabad
	PMER adviser, regional office Karachi
PRCS National Headquarters	
	AD PMER
	DD, OD
	JD Operations
	DD Wash
PRCS Sindh province	
	Provincial Secretary
	Provincial Manager, Programs and DM PRCS
	Secretary Jacobabad Branch
	Chairman Jacobabad
	Deputy Commissioner Jacobabad
	Assistant Commissioner Jacobabad
	Care Taker Deputy Commissioner office
	Recovery Assistant Jacobabad Branch
PRCS KPK province	
	Senior Program Manager
	Provincial Branch Health Officer
	WASH Engineer
	District Branch Kurram Officer

Meeting with CBO/Community Members Jacobabad and Jamshoro

1.	CBO President Village Wali Muhammad Gheecha, Jamshoro
2.	CBO President, Village Khairo Wandh, Ghari Khero Jacobabad
3.	CBO (Registered) President Village Soron Khan Luhur, Ghari Khairo Jacobabad
4.	CBO (Registered) President, Village Ghulam Hyder Ghari Khero
5.	CBO President, Village Ghulam Hussain Brohi Ghari Khero

Telephonic Interviews with CBO/Village Health Committee members KPK

1.	President Village Health Committee Siangul Kly, Khyber
2.	Female Volunteer Kurram
3.	District Branch Secretary Kurram
4.	Member Health Committee BHU Gondal, Kurram
5.	Member Health Committee Nastikot, Kurram
6.	President Health Committee Nastikot