

Red Cross Society of China /Norwegian Red Cross



Organisational Development and Primary Health Care in Ganzi Prefecture, Sichuan Province, China

Mid-term Evaluation

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Glossary

ARC	Australian Red Cross
CBFA	Community Based First Aid.
DRC	Daofu Red Cross
ET	Evaluation Team
FFM	Fact Finding Mission
FGD	Focus Group Discussion
GPRC	Ganzi Prefecture Red Cross
GRC	Ganzi Red Cross
IHL	International Humanitarian Law
KRC	Kangding Red Cross
LRC	Luhou Red Cross
MCH	Mother and Child Health
NRC	Norwegian Red Cross
PC	Project Coordinator
RCM	Red Cross Movement
RCSC	Red Cross Society China
RMB	Myntenhet
SRC	Sichuan Red Cross
SS	Service Station
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOT's	Training of Trainers
VL	Volunteer Leader

Executive Summary

Introduction

Prior to 1993, Norwegian Red Cross (NRC) cooperation with the Red Cross Society of China (RCSC) was limited to assistance during major emergency appeals and operations. In 1993 NRC entered a consortium with the Swiss Red Cross cooperating in a health project in the Tibet Autonomous Region. In 1996 the Netherlands Red Cross joined the consortium until the end of the project in 1998.

In 1999 NRC established contact with RCSC to discuss further development cooperation. Based on NRC criteria for selection of the project area that includes areas where minority groups live and/or where the authorities have a national poverty alleviation plan, the Prefecture of Ganzi in Sichuan was selected. In 2000, following two assessment missions, a project was designed and accepted.

Project details

The project was funded by the Norwegian Ministry of Foreign Affairs in 2001. In 2002, the project also received funding from NORAD and is included in the Framework Agreement between the NRC and NORAD for the period 2003-2005.

The Project is based in Sichuan Province in the prefecture of Ganzi. Originally the project commenced in the two county branches of Daofu and Luhou and in 2003 was extended to two further counties, Kangding and Ganzi.

The original agreements were tripartite

1. Norwegian Red Cross with National Office of Red Cross Society of China – Original Agreement of Cooperation (*see Annex 1*)
2. RCSC with Sichuan Provincial Red Cross (Sichuan Red Cross, SRC). – Role of coordinator of project
3. SRC with Ganzi Prefecture Red Cross – Role of Implementation.

The Secretary General of GPRC was nominated the Program Manager

The original agreements were for the period 2001-2003 but following a review meeting in Oslo in 2002 of all stakeholders, it was agreed to extend the program until 2006. In order to follow the project, the Norwegian Red Cross established an in-house project team. The Regional Project Coordinator (hereafter NRC Project Coordinator) for Asia is responsible for overall coordination of the project. In addition, a part time NRC delegate visits four times per year for 2-4 week periods. Her time is devoted mainly to planning, training, implementation and monitoring of the project.

The project has focused on organisational development at the branch level and Primary Health Activities at the community level. Funding for the project is remitted to the Sichuan Province Red Cross who monitors the project spending in their role as Project Coordinator. The process is aimed at democracy and transparency and designed to be participatory.

Evaluation findings

The project plan is consistent with the strategic planning of the RCSC five year plan for institutional development, humanitarian assistance and dissemination and the Norwegian Red Cross' Strategy for International Activities.

The RCSC has delegated coordination of the program to the SRC and has had little input into the content of the project but appear supportive and have followed the progress mainly through contact with the Project Coordinator and the Project Delegate. The original agreement of cooperation expired 31.12.03 and a new document is being drafted by RCSC. RSCS explained that the process had been a learning experience so it will be interesting to see what the new agreement reflects.

The original design and planning document for the project was not well supported by a log frame which has made evaluation difficult, but the goals and objectives are clear and remain relevant. The GPRC assured the team that the relevant document had been translated in part to Chinese and oral transference of the remainder to the document had occurred. Being primarily an Organisational Development Program with a Primary Health Care focus, the project is open ended with the process ongoing. All stakeholders were represented in the original assessment and are present at annual planning meetings. Documentation has improved as the project progressed, but without a revised log frame it is difficult to track the decision and planning process and the relation to the original objectives.

SRC feel that, in their role as Project Coordinator they do not have significant impact in this process and this may relate to the final decision making process which remains with the NRC Project Coordinator. The role of a part time project delegate has worked successfully. It has given the branch time to implement the lessons learnt in training, assume responsibility and ownership of the program as well as being cost effective.

Management capacity, improvement of the Red Cross infrastructure, training, volunteer recruitment and dissemination of Red Cross knowledge are progressing well although dissemination of Red Cross Messages (RCM), re-establishing contact between separated family members, still has a limited coverage. Financial and reporting structures are well established although the reporting format requires some adjustment in order to reflect the objectives of the project and the related progress.

The hardware support and related training has proved useful, particularly in the computer section. China is very technology orientated and computerization has been appropriate. English training is the only training area where there seems to be few results. In order to attract future donors there is a need to be able to communicate in English. Today, the project relies on one translator. Access to the project areas has been facilitated by vehicle support although it is complicated by the fact that the vehicles were subsidised by the local government and the use of vehicles for government activities should be clarified. All hardware appeared to be well maintained.

Monitoring of the project has been ongoing but identification of the problems appears to rely on the visits of the project delegate. Identified issues appear to be adequately addressed.

The training programs have contributed greatly to strengthening the capacity at all levels. Training has been conducted on 3 levels

- Secretary General
- Training of Trainers (ToT)
- Volunteers

Training material has been developed with input from all levels and is to be translated to Tibetan where appropriate and compiled in manuals.

The two original counties in the project, Daofu and Luhuo have established their offices and completed Secretary General, ToT and volunteer training. The Secretary General training also included government officials. They have approximately 40 ToT's and 800 volunteers who target around 4 000 families in 12 villages. Two further project counties, Ganzi and Kangding were added in 2003, and progress has been rapid – probably due to the previous experience. The branch office and management structures are well established. ToT training will be completed in September 2004 and training will commence of the 100 volunteers who have been recruited from 4 villages. Mapping of the communities is completed.

Health promotion activities at the community level have progressed well. A baseline evaluation has assisted in identifying the health needs, and Focus Group Discussions have further increased knowledge. Women's Health is of particular concern in most areas. Activities are community based with the community closely involved in the decision making. To facilitate this, Volunteer leaders and volunteers have been chosen from the community in which they live, and thus have a vested interest. The volunteers and Town Leaders report an increased awareness of health issues within the community and a raised awareness of the needs of communities both from within the community themselves and at government level. They have been given some opportunity to articulate their needs, develop some skills to self help as well as creating and strengthening an avenue to bring their concerns to another level i.e. the Ministry of Health. Health promotion materials have been designed from within the communities, are mainly pictorial with text in Chinese and Tibetan and were reported by the users to be appropriate and user friendly.

As yet there have been limited tools for measuring the improvement of basic health care in the community although some communities suggested that the numbers of patients attending the health posts had increased. Most suggested that hand washing had increased although it was unclear how this was measured and what the actual impact on health was. Immunisation data has been collected but not yet evaluated. However, there is still more to do in order to sustain and strengthen these aspects.

The vulnerable are a main focus for assistance and a system where volunteers take responsibility for five families has been positive. Small items such as soap, tea, washing powder and rice are distributed, but more importantly there is raised

awareness in the community as to the needs of the vulnerable. Help is given in cutting wood, carrying water etc.

Gender and cultural issues have been addressed with a policy that aims to have 50/50 men and women with a cultural mix of Chinese and Tibetan in relation to the population of the community. Use of Focus Group Discussions has played a very important role at the community level particularly in empowering women and volunteer leaders. They have been motivated by the fact that their opinion may hold some value and increased their self help capabilities. Behavioural changes are not easy due to superstition and cultural issues, and without support the volunteers could easily loose their enthusiasm. Focus Group discussions are proving a valuable tool in identifying their concerns and increasing their problem solving skills.

Focused activities with related training have commenced in each of the four counties but are only in the infancy stage.

- Kangding – First aid training
- Daofu – Youth activities
- Luhuo – Red Cross Women's network
- Ganzi – HIV/AIDS with focus on prostitution problems

The future financing capacity of Red Cross has not progressed rapidly and this needs to be addressed in the next phase. The GPRC and county branches explained that there had been a need to raise awareness of the Red Cross in the community and gain respect before pursuing fund raising activities. The government has supported well with human resources and reports indicate some financial input although the extent is not clear. Discussions held implied that there is a commitment by the government to support the Red Cross activities when NRC withdraws and a firmer commitment needs to be sought in the next phase of the project. In addition fundraising strategies must be introduced.

The Ganzi Prefecture Red Cross and county branches remain closely linked with the government particularly to the Ministry of Health and the relationship is reported as being satisfactory to both. The Red Cross staff is confident that the relationship does not hinder the establishment of the Red Cross as an independent organisation and its commitment to International Humanitarian Law (IHL) and the strategy of the RCSC. However, care should be taken to ensure that Red Cross activities complement National Strategies and government are clearly informed of what Red Cross can do.

Disaster preparedness has had little focus other than health promotion activities and First Aid training. Discussion is required with the civil authorities on what the role of the RC and its volunteers should be and disaster plans should be developed at the prefecture, county and community levels.

There are some differing opinions between the Sichuan Red Cross (SRC) and the Ganzi Prefecture Red Cross on the roles of each and the future progress of the project. SRC report that they are not adequately involved in the decision making process and are not well informed on what decisions are made. The SRC are

confident that the management structures and training structures are self sustaining and that it is time to focus on establishing Red Cross service stations in the project townships, implementation of specific programs such as water and sanitation projects and extension of the project to other counties in the Ganzi prefecture as well as other prefectures in the province.

Ganzi Prefecture RC accepts the SRC in the role of coordinator but wants to manage their own program. They are committed to strengthening the current structure and complementing the objectives described in the original document. They are also committed to extending the program to other counties. There is a danger of the Ganzi Prefecture RC isolating itself from the province level and this need to be addressed with the assistance of NRC.

The main constraints on the program were some difficulties with access to the project funds initially, although this is now solved to a reasonable level of function. Translation of training material, particularly to Tibetan was slow but is now on track. Changes of staff at all levels has caused some loss of trained personnel and highlighted the need for ongoing training programs.

Added value from the project has included Secretary General training for all 18 counties in the prefecture and all 21 prefectures in the county. Ganzi local government has appointed permanent staff at all 18 county branch offices. It is planned that Secretary Generals from other provinces will visit the project area in the near future.

20 professionals from Luhuo and Daofu attended MCH training at the Prefecture Woman's Health Institute and others have attended HIV/AIDS training in the ARC Yunnan program. The International Federation of the Red Cross (IFRC) will facilitate a HIV/AIDS workshop at the Ganzi Prefecture Health School in September.

The RC staff, volunteers and government officials are committed to the future, enthusiastic about the results to date and motivated to succeed. It is recommended that the project continue until 2008 and possibly further – but then limited to a monitoring and advisory role. However, some reorientation is required for the period 2006 – 2008 in order to improve sustainability and consolidate the work done to date.

1. Methodology

The evaluation set out to be participatory and non confrontational. The Evaluation Team constantly made it clear that the evaluation was not trying to find fault or criticise individuals but to determine what could be learned from the process to date, what had been achieved, how it had been implemented and how in retrospect it could be improved. Terms of Reference were provided. (*see Annex 2*)

1.1. Approach

Data for the evaluation was collected in four ways:

i. Review of existing documentation.

This included review of key documents including the report from the original Fact Finding Mission (FFM) and plan of project, baseline data collection, mission reports from the project delegate, mission reports of NRC personnel, Annual reports from GPRC and SRC.

ii. Meetings and Interviews.

See Annex 3 - List of Persons and Organisations consulted.

Meetings were held in Beijing, Chengdu, Kangding and in the 4 county areas where the project has been implemented and included.

- Project partners - Opportunities were provided for all NRC project members to contribute to the evaluation either by personal interview or by telephone conference
- International Federation of Red Cross (IFRC)
- Royal Norwegian Embassy, Beijing.
- Government officials including Health Bureau, Township leaders, doctors
- TOT's and Volunteers at field level
- Interviews with Beneficiaries

iii. Field Visits

See Annex 4 for Mission Schedule

The field trip was the main method of data collection and the team was able to visit all key stakeholders and the four counties included in the project.

iv. Feedback from draft report.

The draft report was sent to the Evaluation Manager for dissemination to the NRC Project Team. They provided additional information that had not been collected in China and pointed out any factual errors that had been made.

1.2. Limitations

The evaluation had a number of limitations that made conclusions difficult to formulate. It is not clear if the documentation provided to the team leader was all that pertained to the project. Many of the documents that were reviewed suggested improvements and alterations to the program, however little documentary evidence could be found on why the changes to the original log frame were done and how the decision process was implemented. There is no existing up-dated project document or plan. *See Annex 5: Project Documents Reviewed*

Translation was time consuming, particularly at the county level as the translation occurred at three levels (English, Chinese, and Tibetan). Analysis of written communication at the branch level was restricted as all written communication was in Chinese. The team were also concerned that the inexperience of the translator could reflect in the interpretation of the questions and the answers received.

The team did meet a small number of beneficiaries although discussion was difficult due to translation and the attendance of government and Red Cross Officials. In addition, many of the beneficiaries were not present at the time of the evaluation due to their nomadic lifestyle especially during the summer months.

It was possible to meet with most key stakeholders. However the team was unable to meet with the Sichuan Red Cross Project Coordinator who had been coordinator for the first three years of the project. His retrospective opinions on the initial set up of the program would have been valuable.

Despite these limitations the team feels that sufficient information has been gathered to justify the results and conclusions presented in this report.

2. Background Introduction

China is the third largest country in the world with a population of 1.2 billion. For administrative purposes the country is divided into 31 provinces, autonomous regions and special municipalities.

Over the past 20 years, China has been undergoing continual economic and social reform. The government is committed to eradicating poverty, and several years of successful economic development has rapidly lowered the number of people living below the poverty line. Although the standard of living has increased for millions, vast differences exist between the more developed coastal provinces and the rest of the country and have, to a certain extent, been exacerbated by the economic progress. China is susceptible to many types of natural disasters including earthquakes, floods, typhoons, droughts and snowstorms.

Although the RCSC owns a number of first-aid stations, medical clinics, hospitals, disaster preparedness program centers, training centers and other fixed assets, many remote areas of the country lack sufficient material resources.

2.1 Organization/planning

The RCSC works according to its five-year plan which covers the period 1999-2004. The plan was approved by the Seventh National Convention in 1999 and focuses on three key tasks for RCSC – institutional development, humanitarian assistance and dissemination. The main elements in the RCSC work plan are:

- to continue with the long-term propagation and implementation of the Red Cross Law and Red Cross principles and ideals
- to strengthen the RCSC at all levels nationwide in order to carry out more effectively RCSC mandates in the new millennium;
- to strengthen the RCSC's overall capacity as a service-delivery organization by improving management techniques and training;
- to develop its humanitarian social services and further enhance the profile of the Red Cross/Red Crescent Movement; to learn from and adapt the experiences of other National Societies;
- to develop a Red Cross with Chinese characteristics.

The main activities include

- Disaster preparedness and relief -Preparing for and responding to disasters is always organized in close cooperation with local civil authorities. Strengthening the disaster response capacity on a provincial level has been a priority over the past decade with disaster preparedness centres being established in many provincial capitals and other cities.
- Health -The RCSC and its provincial branches provide a variety of services at all levels of the health system, adapting services to local need. A large network of first-aid stations has been established along key highways. The RCSC also operates highly specialized services in some locations such as

psychiatric care and maintains several 'state of the art' hospitals equipped with the latest diagnostic and therapeutic technology. Traditional medicine is fully integrated into all levels of the RCSC health-care services including first-aid stations and hospitals. The society also runs an HIV/AIDS education programme, similar to that of other National Societies in Asia, which started in Yunnan province (supported by Australian Red Cross). This has expanded to Guangxi and Xinjiang Autonomous Regions supported by the Asian Regional Task Force (ART).

- First aid -The RCSC headquarters and its provincial and local branches provide throughout the country, in cooperation with the health authorities and in some cases with the armed forces, first-aid training which is targeted towards industrial groups, tourist facilities and motorists. In 1998, a nationwide emergency call number '999' was assigned to the RCSC marking the first step towards a widespread emergency response network to provide ambulance and first-aid services. They currently have a three-year agreement with the government to use National Lottery Funds for establishment of a training program, training resources and hardware. A First Aid Trainer's manual is complete (Currently negotiating with the Swiss Red Cross to translate to minority languages.) A User Manual is currently being compiled and hoped to be finished by the end of the year.
- Blood – Blood Donor recruitment is carried out throughout the country. The RCSC is helping government medical departments to develop blood banks and blood-donation systems according to international standards.
- Social welfare -Throughout the country, different social welfare programmes, such as child care and support to foster families, are carried out according to specific community needs.

2.2. Ganzi Prefecture

The prefecture is located in the western part of Sichuan province and southern edge of Qingzang Plateau. It connects Sichuan, Yunnan, Qinghai provinces and Tibet Autonomous Region. It consists of 18 counties, 325 townships and 2 077 villages. There are many minority groups with Tibetans constituting 78.4% of the population of 980 000. The population are predominately farmers and nomads

Ganzi Prefecture is considered a vulnerable area with up to 50% of the 18 counties classified as poor. The average income is currently estimated at RMB 1 300 per person per year. The budget for the Prefecture has been drastically reduced due to the 1998 cessation of timber production for environmental reasons. The prefecture is heavily reliant on government subsidies and has had a poverty strategy since 1989. Some subsidises are available to the vulnerable but are minimal. The area is disaster prone with earthquakes, snowstorms, mud and rock slides occurring.

The Red Cross branch was established in 1989 as a result of an earthquake in the prefecture. However, in 2000 there was little awareness of the society by the public

as there was no available public information material and no awareness programs had been conducted. Most activities were carried out as an extension of the Ministry of Health. There was only one full time staff member whose work was restricted due to budget restraints (only 10 000 RMB for 2000) and lack of support staff and transportation.

In the initial assessment, Ganzi Prefecture Red Cross conveyed their wish to change their affiliation to the Ministry of Health and set up an independent office with support from the government as per the policy line of the RCSC. The arguments given for the change were that the mandate of the Red Cross defines new tasks for the Red Cross that do not fall under the Ministry of Health (disaster preparedness and response), and separation would give the Red Cross their own budget, staff and office facilities.

3. Relevance - Project design and planning

In view of the 3 main focus tasks of the strategic five year plan of the Red Cross Society of China i.e. institutional development, humanitarian assistance and dissemination, the relevance of the project is appropriate.

3.1. Project Design

The 2000 “China Mission Report”¹ details the following goals and objectives for the project.

i. Goals

- To establish GRC as an independent organisation based on voluntary service to the community
- To increase the capacity of the community to improve the health and care of the vulnerable.

ii. Objectives

- To improve the GRC infrastructure and management capacity
- To increase the RC knowledge among members and staff and in the general public
- To recruit new volunteers to RC
- To secure future finances for RC activities
- To improve the basic health care in the community
- To increase the self help ability of the individual and community in health and disaster preparedness
- To advocate and develop partnerships working in the improvement of the overall condition of the community

The Terms of Reference (ToR) offers a third goal that is not included in the original document

- To increase the capacity of the community to prepare for and mitigate disasters.

Included in the original document are recommendations and a five year log frame for implementation of the project and a budget plan for the first year of the project. A second log frame is outlined in a document entitled "The Ganzi Project" that relates to the period 2001 – 2003 and this appears to be a summary log frame. This report suggests that the log frame had changed to reflect more on process related issues rather than activities as well as encouraging a more participatory approach from all stakeholders.

Neither document make any assumptions concerning the proposed project but it may be supposed that the following could have been included:

- Pilot project in China for the NRC
- The main stakeholders had never been involved in cooperation activities previously.
- The climate was harsh with many areas difficult to access particularly in the winter.
- Need to work in 3 languages with few translation facilities

3.2. Relevance

The project design seems to have evolved through a learning process which can be considered appropriate in a pilot project. The project design, although not updated in a current framework addresses the processes required in implementing an Organisational Development program. The goals and related objectives remain relevant and the initial and ongoing planning for the achievement of the objectives has been participatory with all stakeholders involved.

The Evaluation Team received the impression that the RCSC, the SRC and the Ganzi Prefecture RC (GPRC) were confident that they were well represented in the original assessments and had input into the final plan. At the Prefecture level, the team were assured that the original document had been partially translated and oral transference had familiarised them with the remainder of the document. (The evaluation team remains unsure of what actual document was translated). All stakeholders agree that the original plan is relevant today and is used as a steering document for all planning meetings.

The initial log frame of the project does detail a process for participation with other donors and government authorities. There is evidence in the project to date that the activities have been complementary with government institutions and there has been some limited coherence with other donors.

In Ganzi prefecture there are few other organisations involved at the present time. Kham Aid Foundation gives some support particularly with midwifery programs in Yajiang, Baiju, Litang and Serthar. A British Organisation (unable to confirm organisation) is supporting the Centre for Disease Control with a HIV/AIDS program but the extent was unknown and the budget was reported to be very small. GPRC is aware of the projects but contact and communication seems limited.

Coherence is achieved to a small degree with a Japanese supported TB program that supports testing and treatment. Volunteers have had training in identifying potential cases and encouraging referral to Health Posts.

IFRC Regional Office have supported GPRC with a standardised accounting system software package and related training and it is planned for the IFRC Health Delegate to facilitate a HIV/AIDS workshop with Ganzi RC and NRC this year.

3.3. Comment

The NRC Project Coordinator reported that the project plan had been flexible but without a well structured log frame, it has been difficult to track the progress of the project and the achievement of results in relation to the stated objectives.

Strategic planning skills is an important aspect of branch development and a logical framework is an important management tool that can facilitate outcomes and impact as well as identifying factors that may influence success or failure. Further work by the NRC Project team is required to establish a document for the remainder of the project and to use it as a learning and monitoring tool with all stakeholders, as well as facilitating evaluation in the future. Recommendation 4

The program has been a pilot project for NRC in the context of China and work done has been significant. The model could be used for planning in future projects; particularly in China. Therefore it is important to have the process well documented. In addition, the model has implemented a sustainable management foundation at the branch level and it is anticipated that the branch could readily attract other donors to further develop the Project Goals. The ability to present the model concept would add to the attraction. Recommendation 8

4 Partnerships

In order to maintain sustainability, close participation of and collaboration at all levels (NRC, RCSC, Sichuan RC, Ganzi RC, County RC, government and the community) has been encouraged.

4.1 Norwegian Red Cross

The NRC has a project team consisting of

- Project Coordinator (Regional Coordinator for Asia)
- Project delegate – part time, 4 visits per year
- Health Advisor
- Special Advisor

It was agreed with the SRC that the Project Delegate's position would be part time due to the harsh conditions in the area and in order to allow the Ganzi Red Cross to assume responsibility and implement the project in between visits. This has proved a positive experience.

The NRC administers the project from Norway with regular trips made to the region by the regional coordinator and the project delegate and occasional trips by the special advisor and the health advisor. Communication with the project is done through the SRC by means of email. A translator is employed full time by the SRC for translation of documents and communication related to the project.

The project delegate visits the field four times per year for up to one month at a time. Most of the time is spent in the field at the prefecture, county, township and village level. In addition, communication is maintained with all stakeholders in order to encourage project interest and transparency.

Meetings between the NRC team have not been regular due to other commitments. Job descriptions were not finalised until mid project and minutes of meetings have not been seen by the evaluation team. There is some evidence that there is a division of the project due to the roles of the project coordinator and the project delegate. i.e. SRC has aligned itself with the Project Coordinator and the GPRC with the project delegate. The decision making process is not clear and reporting has been poor with no standard format for progressive reporting, although some improvement has occurred. There has been some disagreement within the team in relation to the progress of the project and related research programs that may have been avoided if regular meetings were adhered to and decisions on the project made at this forum. Recommendation No's: 3, 5, 6

A meeting was held with the Norwegian Delegate and the Norwegian Embassy, Beijing during the evaluation. The embassy had been well appraised of the project by the Project Coordinator for Asia and it was of considerable interest to them particularly in relation to the use of the model in other areas. Currently the interests of the embassy include:

- Overall priority – Environment and Human Rights.
- South and West China are the main priority areas for development aid
- Minority rights
- Less emphasis on health issues (HIV/AIDS not included) - except in Tibetan areas.
- HIV/AIDS (limited in time)
- Disaster Preparedness – software side mainly

4.2 Red Cross Society, China, Beijing

The RCSC originally nominated Sichuan Province for the project and signed the Project Agreement with the NRC for the project. It is interested in the progress of the project but does not actively participate in the planning and implementing of the project. Support has been given for Secretary General training courses. The Health and Relief Division is directly responsible for the program but it is also supported by the External Liaison Department. During the follow-up meeting with the evaluation team it was announced that the RCSC project coordinator is considered the first line of contact for the project.

The NRC Project Coordinator expressed some disappointment in the lack of professional commitment from the RCSC and felt that it would be more appropriate to have the project under the Program Development and Support Department. Their involvement is probably in line with the policy to develop independence at the provincial level, largely due to the immensity of the country.

The IFRC is concerned that the RCSC's current involvement in projects relates to "where" the program should be with little input into "what" the program should be. The donors are setting the agendas and this is seen as a problem. The IFRC reports that there is a need for firmer policy guidelines within the society. It was at the suggestion of the RCSC that funds for the project were remitted directly to the Sichuan Red Cross. Ideally, RCSC should take more accountability for the project but this appears to be limited due to a lack of staff and the distance of the project to the headquarters.

It was evident that there is considerable interest in the project, particularly in relation to a model that can be developed elsewhere. During the project NRC has met regularly with the RCSC and kept them fully informed of progress.

The original project agreement has expired and a new agreement is being drafted. RCSC explained that they had learnt from the project and in view of this were reviewing the agreement, but expected the final draft to be available in the near future.

It was also suggested that the project had been hindered last year by the SARS epidemic. This view was not shared at the prefecture level.

It would be appropriate for RCSC to have a more active role at least in providing some feedback to the Province/Prefecture level on the progress of the project and its relation to national policy. Recommendation Nos: 13, 14.

4.3 Sichuan Red Cross, Chengdu

The SRC are based in the capital of the province, Chengdu and have three departments, Relief, Organisation and Dissemination and Management with a total staff of 14. SRC signed an agreement with the RCSC for the Project Coordination and is responsible for coordination of the project which is mainly managed through the Relief Department. 5% of the annual project budget is remitted to the SRC for office overheads/capacity building.

A Project Coordinator was appointed. A Leadership team has been established but report that their role has not been fully utilised. In their role as coordinator of the program, they feel that one of their main responsibilities is to guarantee project quality as per donor demands. They also feel that they are not being fully appraised of interventions and too much information remains at the prefecture level. A concern is that the prefecture and county branches are in danger of being isolated from the province. SRC expressed a need to have more input into the planning of activities and budget at the prefecture level.

“Feel that the project belongs to NRC and that future is decided by NRC”.

It was a concern that at the county level there is much overlap with the roles of the Health Bureau and only the Ministry of Health is benefitting from some of the current activities. It was also suggested that the yearly budget and activity plan should be approved by SRC before submission to NRC. Annual planning and budget meetings are held with all stakeholders present, who should have avoided the above issues. This problem may be solved if the division of responsibility and related roles are discussed at more length with SRC and GPRC. Recommendation No: 11

The impression received was that SRC do not feel that the province is benefiting enough from the project. The NRC project coordinator said that many proposals for projects had been put forward by SRC but were expensive and were not in line with the goals of the project. SRC did express the wish to extend the project to two more prefectures in the province with the support of NRC and suggested two areas that filled the criteria:

- Ya'an City – poor area on close to Ganzi
- A'ba – two ethnic groups - Tibetan people and Qiang- borders Ganzi prefecture and Tibet (close to Qimea Township) Managed by Sichuan government.

This would not be appropriate as the project area is Ganzi but what the SRC needs in the way of further training and skills in order to implement the concept under their own leadership should be discussed. NRC has supported Secretary General training for all 21 prefectures in the province and SRC have gained experience in international collaboration. There is a strong desire to attract more international support and this is an area that could be strengthened with assistance from NRC.

They stated that there are discussions at the provincial level on how bilateral donors could be attracted, but they had little experience and would appreciate some assistance in formulating proposals. Recommendation No: 17

In early 2004, the initial Project Coordinator was replaced at the instigation of the SRC and this may have changed the relationship between SRC and GPRC. The original project coordinator was reported as being very involved at the prefecture and county level and had many good relationships at this level. However, the view of the evaluation team is that this close alliance may have been seen by SRC as not in their best interest in relation to information dissemination, decision making and reporting.

The current Project Coordinator accompanied the team to the field and showed little interest in the discussions held with the stakeholders at prefecture, county and community level but was willing to discuss the project with the evaluation team. He has read all the documents from the first three years and had accompanied the project delegate on a previous visit to the project areas but had not had the opportunity to visit the project sites with the original Project Coordinator. He considers that he has been well supported by SRC, GPRC, county branches and the community in his role. His previous positions were not related to the RC and it is intended that he will attend the next SG training program as well as a First Aid training course in Chengdu. It may be appropriate to review the Job Description of the Project Coordinator to ensure clarity. Recommendation No 16

Discussions with him did indicate that the province had a wider view of the project and that SRC had expectations that the experience could be used in other prefectures. It was his opinion that the foundations were now well established and training programs were self sustaining as well as having the capacity to provide trainers for programs in new areas. He felt it was now appropriate to introduce more focused activities in relation to water and sanitation and Women's Health. The main problems he saw in the project included:

- SRC was excluded in the communication on many aspects of the project – this seemed to relate mostly to issues discussed verbally in the field with the project delegate.
- Direct communication was lacking – insufficient feedback given to SRC by NRC. No feedback from NRC on reporting. Exacerbated by language barriers.
- NRC has no strategic plan for next 2-3 years.
- SRC do not have a role in future plans for the project.

At the SRC initial briefing, the Executive Vice President had definite views on the role of the NRC project delegate and felt that it was time that this role became less "hands on" and more a monitoring and guidance role. E.g. planning, preparation and implementation of training (ToT's and Secretary General training) can now be done by GPRC with the assistance of SRC. The delegate should only be needed to assist preparation of material and teach when new subject material is being used. It was also considered that the Project Delegate makes all the decisions at the prefecture level and there is no discussion at the provincial level, and therefore the Leadership Team had little input or opportunity to participate. The Executive Vice President compared the NRC project with the Canadian Red Cross project where the

representative provided guidelines, instructions and content, left and then returned to review what had been put in place.

It was also a complaint that too much of the translators time was taken by the delegate to translate tapes used at Focus Group Discussions in the field. A visit by the delegate could generate eight tapes which took a week each for the translation. It is understood that much of the material has been used in a research project by the Project Delegate, and the benefits of this research should be discussed further with SRC in order to be assured of transparency and their support.

Recommendation No: 7

4.4 Ganzi Prefecture Red Cross, Kangding

GPRC is situated in the prefecture capital, Kangding and have a fulltime staff of four who are paid by the government. The fourth staff member has recently been added in order to assist with project management. The staff of GPRC and the four project counties come under the same management rules as government staff. The government provides office space of two rooms at the Ganzi Hospital although there are plans to acquire new office space in a building that is under construction. The Secretary General is motivated and energetic and spends considerable time in the field. In 2003 he was also nominated the Vice President of the GPRC. The Director of the Ganzi Prefecture Health Bureau is also the Vice President of GPRC. The relationship to the Ministry of Health remains closely aligned and the Secretary General is in favour of the continued alliance and feels that it has not been a negative factor in the achievement of the Ganzi RC as an independent organisation. His commitment is to Red Cross rules and the strategic plan of the RCSC.

The GPRC responsibilities to the project include project administration/management, implementing, training, supervision/monitoring, reporting, activity and budget planning, cash requests. In addition there are also the 14 other counties in the prefecture that require support. Since the beginning of the project the local government's have also appointed a full time staff member to each county branch. The GPRC Secretary-General saw the main benefits of the project to date as being:

- Improved self development particularly at community level
- Fostered development of good team spirit
- Influence of Ganzi – now all 18 counties have permanent branch office staff.
- RC staff willing to work
- Management system improved
- Acquisition of Equipment, offices, staff, transport required to implement project.
- 67 volunteer leaders in 4 counties, 1 200 volunteers in 4 counties

The Secretary General reported that support from SRC had been good. However, he made clear that the role of SRC was seen as coordination and the GPRC for planning and implementing and GPRC were quite independent of the SRC. The GPRC Executive President stressed that there was a need to strengthen ties with SRC and other provinces.

The problems observed between the SRC and the GPRC maybe an underlying battle for funding but need to be addressed at length. Clarification of roles and strengthening of cooperation is needed.

Recommendation 12

4.5 County Red Cross Branches

Each county branch has a one room office and a permanent staff member supplied by the government. The staff member remains a member of the MoH team and the offices are mostly located in the Ministry of Health. It was explained that it was difficult for a county RC to be independent in view of the system in China. The branch was reliant on funding from the government and staff themselves felt that benefits relating to government employment were very important. However, they were confident that with the support from the NRC it has been possible to focus on RC work in relation to Red Cross rules and regulations and activities were viewed as being independent of the Ministry of Health.

The evaluation team visited all the county branches and most of the project townships and in all areas, a report had been prepared to a similar format that detailed achievements to date, problems encountered and future plans. These reports were presented in a forum that included the Red Cross staff as well as government leaders. It was obvious that the training and the related activities had enabled the branch officers, volunteer leaders, volunteers and government leaders to increase their understanding of their community and its needs. Most volunteer leaders reported difficulties in accessing the population with transport an issue and the population dispersed particularly in the nomad villages. Red Cross Service Stations clearly signposted with the Red Cross Emblem (in Tibetan and Chinese) have been established in the townships which the population can access, meetings can be held, first aid equipment, tents, small stocks of goods for the vulnerable and in some cases drugs are kept. Some of these premises were made available by the local government and some were in the homes of the volunteer leaders.

With the support of the Project Delegate and the GPRC, there seems to be a reasonable ability to evaluate the progress and address problem areas. Some branches have had more success than others but the underlying reasons were difficult to assess in a short period of time. The communities are mostly poor and resources are scarce so it is not easy to maintain motivation when identified problems can not be readily solved.

4.5.1 Daofu County Red Cross (DRC) and Luhuo County Red Cross (LRC)

The project commenced in Daofu and Luhuo in 2001 and office management is well established. Office space is provided by the government and close partnership is maintained with the Health Bureau. The office systems are working well and the activities are decided at the community level.

Daofu

The office is well managed by the Secretary General who is well supported by the Vice President. The project originally commenced in three areas and has now increased to five. The branch is considered to be strong with good monitoring and

problem solving skills. Good support is given to the project townships. Longdeng Township is considered by the GPRC as one of the most successful in the project to date. The Middle School is reported as having difficulties but during the evaluation, motivation seemed high and had been helped by the addition of a new building in the school with a room for First Aid activities. Daofu RC has sent six Trainers of Trainers to Chengdu for training in Youth Activities and recruited youth volunteers. They are planning to include more youth activities in their program.

Luhuo

The project commenced in Chonggu and Gengzhi and has been increased to include Zhuwo and Simu townships. Luhuo was reported to still be in need of improvement to monitoring and support to the project areas and this was reported as perhaps being due to the full time staff member's heavy workload in the Health Department. Some of the office equipment eg photocopier, was situated in a different room. GPRC are well aware of the problems and for the need to support.

4.5.2. Ganzi County Red Cross (GRC) and Kangding County Red Cross (KRC)

GRC and KRC entered the project in 2003 following a review of the project at the Annual Planning meeting in Oslo, 2002. Their progress has been rapid and the structure has developed well in a short period of time. The reasons could not be explained by GPRC but may relate to the fact that they have had access to the previous project experience and expertise developed in Daofu and Luhuo.

Kangding

The Kangding Branch office has been supplied with the standard package but also have a permanent driver on staff and a garage supplied by the government for the car. In the office situation, it was difficult to determine the where the line between the Red Cross and the Ministry of Health went. The computer and the copy machine were located in different areas and a Red Cross bulletin board was a feature in the office entrance hall. Kangding have sent two volunteers to Chengdu for the RCSC Training of First Aid Trainers course and negotiations have been completed with the government to provide training to the public. In addition, the Ministry of Health have passed the mandate for mobilisation of Blood Donors to the KRC.

Kangding County RC has two project townships, Yala and Jiagemba which are both half nomad and half farming population. Each township has five ToT's who are each responsible for two villages and 20 volunteers. The ToT training will be completed in September, 2004 and volunteer training will commence. The RC branch officer reported that Jiagemba is finding that the project is easier to implement.

Ganzi

The GPRC reported that the Ganzi branch under the Secretary General has been the most successful in implementing the management structure to date. He is well supported by a RC Members Council. His report was well structured and indicated a clear understanding of the role of the Red Cross as an individual organization rather than an extension of the government. It was the only office that seemed independent from the Ministry of Health. Ganzi has two project townships, Xaixong and Sitongda.

5 Efficiency - Management and Resources

5.1 Resource Utilisation

a) Hardware

Office Equipment

It was an original decision to support the GPRC branch and the county branches with specific hardware in order to facilitate the project. Items included were

- Office furniture
- Computers / printers
- Fax machine
- Photocopy machine
- Cameras
- Television and video – small number only to

All the equipment was accounted for and seen to be in good working order. All counties confirmed that a fixed list of assets existed in the offices, however at county level there was close integration with the Health Department. In some cases, items of office equipment were located in a government office rather than in the Red Cross designated office e.g. Luhuo stated that the room was too small to accommodate the equipment. As long as the equipment is fully funded and maintained by the NRC it should be located in the RC offices and fully available for RC use.

The staff was well trained in the use of the equipment and made good use of the technology. Although there were requests for further training it was obvious that many of the offices were already well beyond the basic computer skills e.g. Kangding. GPRC gave a very professional power point presentation of their role in the project and all the branch offices expressed a desire to use power point presentations for teaching purposes. China is very technology orientated and provision of the equipment has been appropriate and is contributing to the efficiency of the project.

Training material

NRC has provided training material that included.

- Whiteboards
- Stationery
- Overhead projectors
- Printing costs
- TV, Video – one site only.

Training has been a major aspect of the project and the provision of training material and printed material has had a significant and cost effective benefit in facilitating the programs and dissemination activities.

There were requests for equipment to facilitate power point training but this was not seen as a priority by the evaluation team. The GPRC does have access to the equipment as it was used for a presentation to the evaluation team (probably government owned equipment) but it would be more appropriate to use funds to provide simple training material to more areas.

Branch Vehicles

NRC have provided cars to the GPRC branch and to the four county branches. Initially, Beijing jeeps were purchased for Luhuo and Daofu but proved to be unsuitable for the conditions. It was agreed that the cars could be replaced with more suitable models with the government subsidising the difference. There was no information on what the government subsidy entailed. In addition, the government provide drivers for the vehicles although it was only in Kangding and Ganzi prefecture that they were considered to be a part of the full time staff of the Red Cross branch. Except for the Luhuo branch the cars supported a Red Cross emblem. Luhuo explained that theirs had been removed during washing of the vehicle!

In these circumstances, it seems obvious that the cars are also being used for government activities particularly at the county branch level. It was a condition of NRC that the cars should be available for Red Cross activities and that a log book was maintained detailing the use of the car. It was stated by the GPRC that a file is kept on how often the cars are used by the government although no actual documentation was seen by the evaluation team. One incident was highlighted in the reports where the Project Delegate had no access to the car for one week as it was being used by the Ministry of Health.

Requests for new vehicles were high on the list of needs discussed with the team as some of the vehicles are three years old and have run for 70 000 kms. Many of the roads are in poor condition and would exacerbate the wear and tear. However, the speeds used on these roads were too fast and would add considerably to the damage on a vehicle. Discussions were held in the final meeting with GPRC on this issue as well as the need to protect the image of the emblem and it was agreed that it would be appropriate to provide regulations on driving speeds.

In a small number of instances, motor bikes and horses have been provided at the township level but it has not proved particularly successful, as an accident destroying one bike and considerably damaging its rider, occurred.

Running Costs

NRC provides a small, quarterly budget for fuel, telephone and maintenance and further support is provided by the government. GPRC pointed out that much of the equipment was now getting old (3 years?) and would soon need replacement. This opinion was not shared by the team and there seems to be some need for less emphasis on the need for hardware and sophisticated technology and more on the project activities.

The future support from NRC for ongoing costs needs to be addressed as part of exit strategy planning.

Appropriateness

The hardware support has been beneficial and well utilised for the most part. Computers, faxes, copy machines, telephones, etc. are a necessary adjunct in creating a strong and independent GPRC. They are also necessary in terms of project management, finance management and administration. In order to attract

other partners it is necessary to have a well functioning structure and establishment of offices has been a first priority in the project.

Vehicle support has improved access and monitoring to the project. However, careful consideration should be given to the provision of hardware if the project is to extend. The government's ability to provide a considerable subsidy to new vehicles indicates that there are resources that can be found. It would be prudent to negotiate what the Prefecture RC Society and the government can bring to the program before decisions are made about what they receive.

If cars are to be purchased in the future, it would be worthwhile to investigate the possibility of purchasing in Hong Kong where they are considerably cheaper and can avoid taxation under the "Donor Program". It is also recommended that if introduced, the hardware support should only be on a "one off basis" and that running costs, maintenance and replacement are not the responsibility of the donor.

Ideally, it would be better if Red Cross offices were not so integrated with the Ministry of Health. However in the absence of this solution it is recommended that there are some guidelines developed to delineate what a Red Cross office should be i.e. the ideal location, hardware, use and maintenance. This document would be valuable in new project areas and may have some leverage in assuring more autonomy in the present locations particularly if it is developed with input from the government.

Recommendation No: 29.

5.2 Management issues

a) Financial Management

The SRC accountant was able to give a very good account of the financial management procedures and stated that good financial management was very important in China. The Ganzi project differs from other Foreign Aid programs in that SRC receives the funds directly from the donor rather than through the RCSC and there were no suggestions that this system should change. SRC finalises the budget in accordance with the yearly activity plan and then forwards to NRC for approval. Reporting from the county and prefecture level are received quarterly and consolidated by SRC who send to NRC and RCSC.

Cash flow

During the first two years of the project, problems occurred and transfer of funds was slow with some reported delays in implementation of plans. The process has been streamlined from the Red Cross aspect and delays are due to the bank process and mostly unavoidable.

There are some means to pre-finance activities at the prefecture level but they are mostly reliant on the transfer of funds by the donor and project coordinating body.

Budget preparation

Planning is done at the annual meeting and reviewed quarterly. NRC has been flexible with changes to the budget but they must be approved by NRC. GPRC

reported that financial training support had been very good, particularly from the SRC accountant and the NRC delegate and they now feel confident to manage budget preparation and cash flow. The GPRC Secretary General felt that it was a milestone that the first draft of the 2004 budget was approved. He did express a need for the accountant at GPRC to have more advanced training. At the county level the government provides staff on a part-time basis for accounting purposes and these staff members have also received training.

The SRC accountant, Ms Liu Guangju attributed the success of the system to

- Improved management system at all levels – written guidelines for financial management have been prepared by SRC.
- Separate accounts – all levels have to manage and account.
- Standardised Accounting system from IFRC – software purchased by NRC
- Standardised Statement format
- Integrated approach – training at all levels, job descriptions developed.

There is a 3 level financial system in place (SRC, GPRC and four county branches) with all levels responsible for reporting on a quarterly basis. Initial problems occurred due to lack of experience and training but with assistance from IFRC in training and provision of computerised reporting formats, the accountant is confident in her role and obviously very responsible in the position. SRC have closely supervised fund use, all expenses are checked against the budget, and receipts are checked to ensure they are legal, training is provided and visits are made to Ganzi every two months. However, it is still the opinion of the accountant that financial management can continue to improve.

Yearly auditing has occurred. Due to the high costs of International auditors (20% of budget) government auditors have been employed at considerably less cost. Small errors have been discovered and quickly rectified and NRC are confident that the current system is the best for the environment. SRC have also seen auditing as a means of improving their expertise.

The IFRC Finance delegate reported that the SRC financial management system was viewed as the best among the provinces. SRC reported that the improved system had helped them in getting project support and funding from the Canadian Red Cross.

b) Reporting

Reporting is done from a bottom-up approach and hence is required from all levels with volunteers providing quarterly reports to the county level, county to prefecture, prefecture to province. A format has been agreed on. The SRC Project Coordinator and the GPRC Secretary General compile a report, quarterly and annually which is then translated to English for submission to NRC and RCSC. The process has had delays due to inexperience and timeliness but now appears to be working well although there is improvement required on the reporting format in order to reflect the project plan. Both the SRC and the GPRC requested that they be given more feedback on their reporting structure and content.

Recommendation No: 9.

During the field visit by the ET, every area visited had prepared a computer generated report on the progress of the work in their area which was delivered orally. This included what had been done to date, what problems had been encountered and what was planned for the future. Each area was able to detail effectively what had been done to date but require more skill in evaluating the positive and negative results of the interventions.

c) Office Management

The offices at the prefecture and county level were well organised. Manuals were available on office management protocols, procedures and rules and regulations were clearly displayed. Information in the Red Cross Management Manual included

- Work system
- Study system – for members to improve knowledge
- Meeting system
- Computer management system
- Public Property Management system
- Financial system
- Reception system
- Office Equipment Purchase and maintenance System

As the information was all in Chinese it was difficult for the ET to assess the content.

Fixed asset lists and a Warehouse accounting system were in place. Filing was logical and well organised and staff were accountable for their branch. There is a sense of pride in the work they are doing.

d) Monitoring

Considering the vast area and the weather conditions, the monitoring of the program has been well implemented. The NRC delegate visits quarterly but much of the monitoring is conducted by the Project Manager and the county staff. The GPRC Secretary General spends considerable time in the field and visits each county quarterly. At the county level the Branch staff member also visits all the township/villages on a quarterly basis and meets quarterly with the volunteer leaders. At the community level the volunteers meet monthly. The reviewed reports of the Project Delegate seem to indicate that action is taken on identified issues but also highlight the necessity of the delegate's role in supporting GPRC in a monitoring role as there is still a need to increase their analytical skills.

The issue of continued monitoring levels being maintained if the program was to extend was discussed with the GPRC SG and he stated that a 4th person had been added to the branch staff in the role of "Community Manager" to facilitate this. This staff member had already accompanied him on two field visits and was assuming some of the work load.

FGD has been utilised as a monitoring tool but it would be appropriate to introduce some tools for more hard evidence of the progress. A baseline study was done in November 2001 and could be utilised for further surveys.

Recommendation No: 28.

e) Decision Making

The decision making involves all levels. Planning meetings occur with all stakeholders and at the community level the activities and how they will be conducted are influenced primarily by the volunteers. This may have delayed the progress of the project to some degree as this participatory method has been a learning process but it has ultimately strengthened the sustainability and commitment. However, the exercise of annual planning meetings is expensive and would not be feasible in the long-term.

What is not clear is how much the government influences the decision making e.g. Ministry of Health. The Vice Governor of Daofu County was quite clear in saying that the Ministry of Health and the government have a large role in the decision making process. She stated that the government has no funds and the Red Cross plays a part in caring for the vulnerable and health promotion that the government is not able to do from a financial aspect. She was also clear that the government recognised the Red Cross as an independent entity and gave every indication that this would continue without the support of NRC. The relationship appears to be mutually beneficial with related benefits to the community.

In general the management of the program is progressing well with resources contributing to the efficiency of the project. The roles between the various partners have for the most been well developed as are the communication lines.

There are indications that some tension exists between SRC and GPRC and this must be addressed as both the SRC Vice President and the Executive Vice President of the GPRC mentioned that there was the danger of Ganzi Prefecture being isolated from the provincial level. GPRC seem to be strong in their conviction that they can plan and operate independently with only coordination from the SRC. SRC would like more involvement in the planning and decision making and this is likely a result of the need to strengthen their own abilities when considering the project implementation in other provinces.

Recommendation No: 10

SRC indicated that they would like to see the NRC fund the project in further prefectures and this is a reasonable request although it is not recommended that NRC pursue this avenue. Assistance in increasing skills and knowledge on attracting donors would be more appropriate.

Recommendation No: 17.

6 Effectiveness - Achievement of Objectives

The achievement of objectives have employed a participatory and inter- actionary approach at all levels.

Objective 1

To improve the GRC infrastructure and management capacity

Activities utilised to achieve this included

- Establishment of core group meetings with all stakeholders including the government.
- Increase of support staff at prefecture level – including accountant
- Recruitment of full time staff at county level
- Purchase of Hardware – office furniture, vehicles, computers/fax/printers/ photocopier, cameras, training equipment.
- Secretary General Training – included Red Cross knowledge, Project assessment, design, implementation and monitoring, leadership, policy development, finance and reporting, fundraising, community assessment and volunteer management.
- Establishment of a budget and reporting system at all levels
- Support training – computer, finance systems, English.

It is evident that there is strong commitment by the SRC, GPRC and the local government to the project. The local government has been very supportive in providing office space, staff wages and support staff such as drivers, and accounting staff at the county level. Government leaders hold the positions of President and Executive Vice president of the Red Cross.

The commitment of the GPRC appears strong and they have assumed full responsibility of all Red Cross staff and volunteers at all levels and given good support in the implementation stage. Issues raised during the visits of the project delegate have been addressed and from the reports there seems to be good results in addressing identified problems. A management group was established early, for the implementation of the project. The participants in the management group are Red Cross policy makers and representatives for volunteers. The group are involved in the planning, decision making and implementation. All stakeholders, including many government personnel have received training in order to be familiar with the project, its goals and its activities. Due to the natural turnover of staff there is a need to have training as an ongoing process and training is becoming self sustaining in order to facilitate this.

Recommendation No: 18

Objective 2

To increase the RC knowledge among members and staff and in the general public.

Activities used to achieve this included

- Training – Secretary General, TOT, Volunteer
- Dissemination – volunteer activity, Red Cross Day and HIV/AIDS day activities, target groups
- Resource material – posters, flip chart on principles
- Media – television and newspaper

Secretary General Training has greatly increased the knowledge of the RC staff as well as the government staff and all training programs and activities include dissemination of the Red Cross Messages. Groups such as health staff have been targeted and there are plans to increase these target groups to include other government departments and businesses.

There has been good utilisation of national days such as Red Cross Day on May 8, HIV/AIDS Day on December 1, and other important dates at the community level such as Children's Day and Spring Festival to disseminate RC knowledge. Each county has decided their own activities and a variety of methods are employed. These include media, poster boards, public flip chart displays, Question and Answer Quizzes, free health checks and distribution of written material. Kangding and Ganzi have made video presentations which have aired on TV (CD-Rom) Most of the filming was done by the RC staff with assistance to chose the best footage and incorporate voice, music and text.

There is still potential to better utilise these days as an opportunity for street collections membership recruitment and link up to RCSC national campaigns (if any) and Federation campaigns such as the HIV/AIDS ant-stigma campaign. Further discussion should be included in the Secretary General training (if not already done).

At the grass roots level dissemination of RC knowledge is integrated into all activities and since volunteers live in the community and have daily contact it should follow that the process works well. A picture flipchart with minimal text in Chinese and Tibetan has been designed to disseminate the 7 principles.

Objective 3

To recruit new volunteers to the RC

Main activities have included

- Recruitment
- Training
- Support system
- Small resource support – vests, first aid kits, tents, goods for vulnerable

The term volunteer appears to have a different meaning in China. Mass mobilisation of people, particularly of the youth is consistent with the ideology of Communism. This makes it relatively easy to recruit volunteers. The challenge is to present

volunteerism in relation to the Red Cross context. Volunteers from the health bureau and teachers confirmed that they are doing RC work on weekends and during holidays so it appears that there is some “volunteering spirit” and they are not only “volunteering” during working hours. A second challenge is to retain volunteers particularly in a poor economic environment that has few resources as is the case in all of the villages. There needs to be a system of recognition/reward and support.

Early in the project a system for recruiting, training and management of a volunteer program was developed. A policy document is still in the development stage in relation to job descriptions, activities, etc and it would be appropriate to refer to the IFRC volunteer policy/guidelines and the RCSC policies for assistance in completing this. The policy should be sensitive to the environment, e.g. not feasible to carry out activities at some times of the year. Recommendation No: 27.

Volunteers are recruited from the prefecture, county and community level with the aim that they are directly involved in their own community. It was considered that small groups were easier to manage, to monitor and to motivate for RC activities. GPRC report that there are 67 volunteer leaders and 800 volunteers in the 4 project counties. Initially reports suggest that women were reluctant to volunteer at the “grass roots” level but this is changing following discussions on gender issues and with the work of focus group discussions among the women.

It was recognised that the Volunteer Leaders needed to be recruited from the community where they are familiar with the people, the language and the culture and have an understanding of specific problems that relate to their community. Other VL’s are recruited from more educated groups and include doctors, teachers and local government leaders. Volunteer leaders have also been chosen from a gender and cultural mix.

Volunteer leaders that live in and are part of the community have succeeded very well in the project even if their education level has not been particularly high. They are more motivated to improve the quality of life and promote changes of health behaviour as they can see the results and are more likely to benefit directly. It has also served to empower them and given the community a voice to the government. However, a balance is needed to retain interest and not become discouraged when results are not rapid. There were many requests to the evaluation team for assistance with transport and office space to facilitate their work which is a reasonable request but not feasible.

The more educated group of volunteer leaders including teachers, doctors and local government staff is also a very influential group. They are normally well respected, have knowledge they can share and have influence on a broader base. There is also the advantage of information both ways. They benefit from contact with volunteer leaders from the community level and reports suggest that it has given them more understanding of the culture and the special needs at the “grass roots” level and improved their work as doctors, teachers and government representatives. The process has facilitated a bridge for the more vulnerable in a community to a community that has more resources to help.

Training of trainers (ToT)

TOTs are recruited among volunteers at the township and village level to be RC volunteer leaders in their own communities

The time frame of the course covers three training sessions with 105 hours of theory and 60 hours of practical work in the community. The content includes:

- Red Cross Messages - volunteerism, humanitarian work
- Health Education - sanitation, hygiene, HIV/AIDS, Mother and Child Health Care, vaccination, common diseases, first aid, assessment of the community (mapping, assessments, survey)
- Volunteer leaders - reporting, monitoring, motivating,
- Community work – RC dissemination in the community, sanitation campaigns, health education, Mother and Child Health Care, vaccination, HIV/AIDS, volunteer recruitment
- Teaching methods – working with community, participatory approach, Focus group discussion.

Courses are held in different townships/villages in order for the participants to experience other communities and broaden their view. Refresher training is done each year. On completion of training a certificate is received and a First Aid Kit. As volunteer Leaders, they then recruit volunteers at their community level and are responsible for training at their community level.

The second group of TOT's in each county are trained by the best of the previous TOT's. GPRC considered that they now have the capability to train without the input from SRC and NRC. The evaluation team were informed that constraints in finding trainers arise from

- Dispersed population
- Low level of education
- Language barriers – although one report (21August – 28 September 2003) by the Project Delegate suggested that many of the nomad volunteer leaders had increased their Chinese language skills and there had not been a big need for translation in a refresher training course.

Volunteer Training (VT)

Volunteers are recruited at community level and training is carried out by the RC branch staff and the Volunteer Leaders.

The time frame is 42 hours of theory and 15 hours community work.

The contents include:

- RCM - volunteerism, humanitarian work
- Health Education – Water and sanitation, hygiene, HIV/AIDS, Mother and Child Health Care, immunisations, common diseases, first aid.
- Community level - RC dissemination in the community, sanitation campaigns, health education; Mother and Child Health Care, vaccination, HIV/AIDS, volunteer recruitment.
- Methods – participatory and Focus Group Discussion

The training material has taken time to develop as the material has been developed with input from all. The material is now complete and is being translated to Tibetan. The aim is for a manual to be completed by the end of 2004. 6 Flip charts have been

developed on Red Cross Messages, MCH, Hygiene/water & sanitation, 0-5 years of age, STI's/HIV awareness as well as 4 posters. The material is primarily pictorial with text in Chinese and Tibetan. They have been developed following focus group discussions at the grass roots level and are well received as they are relevant to the communities.

To carry out activities effectively and to build team spirit, each group of 20 volunteers have been divided in to four sub-groups, each with a group leader. The Volunteer leaders met in the field were motivated, often have used their own homes to set up a meeting room and were eager to discuss the program within their own community. They have monthly meetings with the volunteers and meet with the County Red Cross Officer every quarter. Reports on activities are also prepared by them quarterly and submitted to the county. The impression of the evaluation team was that they are well supported by the Town Leaders.

The volunteer groups are responsible for making decisions on the activities in their own communities. Each group has done a mapping of their community and through focus group discussion are learning how to gather information on what the community needs. The results appear very successful with involvement of women quite marked. One community had started a Women's branch and other communities were planning to develop this area. Focus group discussions has been very successful with the women and given them an opportunity to discuss their social and health issues. They were aware of the difficulties in changing behaviour that is based on old superstitions and cultural mores but were not discouraged by this. Some reported that it was a welcome change from field work. It was reported that more women are seeking to volunteer.

There are key activities that every village is involved in including dissemination of RC knowledge and health promotion, care of the vulnerable but each village is encouraged to decide their own activities based on the communities needs. Some villages have had quite ambitious programs such as repair of a power station and bridge building. However, the activities should be guided by the GPRC as it is not recommended that volunteers find themselves in debt due to a program. The bridge building although of considerable advantage to the village was built with borrowed money that the volunteers are now finding difficult to repay. In addition, a tragedy occurred when the volunteer leaders died due to injuries sustained in an accident while building the bridge.

The challenge is to adequately support and retain volunteers in the long term and there is awareness that this is a priority. Refresher training and support from the branch RC needs to be sustained.

Objective 4

To secure future financing of Red Cross' activities.

Activities have included

- Securing government support
- Fund raising activities
- Membership fees

The government have limited funds due but have given good support with office space, human resources and access to schools and health facilities. There is also some financial commitment reported, with the government supplementing the RC funds for purchase of goods for the vulnerable but no information on a budget allocation.

Fund raising activities have not yet been well established and the main reason given was the need to develop the society and the communities respect. The main source of funds for special activities at the community level e.g. financial assistance for the medical care of a sick child, are sought from among the volunteers. The GPRC SG reported that planning meetings would be held in the near future to determine a firmer strategy. Recommendation No: 22

Membership fees are small (10 RMB maximum) and are only paid by a very small group. Emphasis has been on developing the volunteer sector.

Objective 5

To improve the basic health care in the community.

Activities have included

- Base line study of health issues
- Focus group discussions to identify the health needs of individual communities
- Training of volunteers in First aid, basic health problems
- Mapping of community – identify vulnerable.
- Vaccination surveys.
- Sanitation and HIV/AIDS campaigns in schools and the community
- Identifying possible TB patients and referring to the Health Post.
- Provision of First Aid Kits – care of injured and transfer to hospital
- Service Stations – provision of basic drugs to vulnerable
- Health Promotion material
- Increased knowledge of services and the benefits.

These activities are ongoing and the results to date appear positive. It was reported by the volunteers that there was reduced interest among the beneficiaries in receiving health information after 3-5 visits while others feel that the information has no bearing on them. Interest is more acute when it is accompanied by distribution of minor items such as soap, washing powder tea, etc. Other methods of dissemination could be investigated and considering the Tibetans love of music and dancing this may be a suitable avenue.

Recommendation No: 30.

Ganzi Prefecture has received Japanese support for a TB program and the volunteers have been an important link with the patient and the Health Post. They have been given training in identifying potential cases and educating about the disease. Their role was also highlighted in the 2003 SARS epidemic when they were able to disseminate health messages and prevention measures.

Service Stations have been started in a small number of areas. However, it was not possible to discover what decision making process/criteria was involved in establishing the centres, the purpose of a Service Station and where and why they

were established. Some areas have small stocks of drugs which in some cases included wide spectrum antibiotics e.g. Jiagemba, but the guidelines for dispensing were vague.

Recommendation No: 23

Focused activities with related training have commenced in each of the four counties and appear to be progressing reasonably well.

- Kangding – First aid training for cost recovery
- Daofu – Youth activities
- Luhuo – RC Women's network
- Ganzi – HIV/AIDS with focus on prostitution problems

Recommendation No: 24

Objective 6

To increase the self help ability of individuals and the community in health and disaster preparedness.

Activities have included

- Training (see above)
- FGD to identify the problems / needs
- First aid training / provision of first aid kits.
- Dissemination of health prevention issues, immunisation, water and sanitation, MCH.

First aid training and provision of first aid kits has improved first aid treatment and in some areas have facilitated a first line of response. One example is how Long Deng volunteers help to transfer people to HP or hospital if needed.

There has been no specific focus on disaster preparedness to date and no specific disaster plans have been developed at the prefecture or county level. There is no clear vision either in the RC or in the GOVERNMENT about what RC can do in a disaster situation. Taking into consideration the environment and the potential for disasters as well as the high priority RSC gives disaster preparedness in branch development further consideration should be given to developing this aspect.

Recommendation No: 25

One study was undertaken by two Norwegian students during the course of the project that concerned the high loss of the Yak population due to environmental conditions. The SRC and GPRC supported them well and have requested that the report be given to them. The results of the study may assist them in attracting further interest for projects in this area.

Objective 7

To advocate and develop partnerships for the improvement of the overall condition of the community

The main advocacy role has been improved by highlighting the needs of communities and encouraging a better dialogue between the community and government facilities such as Health Posts. Ganzi Red Cross suggested that "RC can do the HIV/AIDS information dissemination better than the health bureau – it can reach more people through its volunteers"

There are avenues to further develop the relationship between the government and the volunteer network however it is important that the RC activity does not extend outside its original capacity and that the government is aware of what the Red Cross can and can not do.

There are few NGO's working in the area and some complimentary activities have developed in relation to the Japanese supported TB program. Kangding RC reported that there is a British organisation (small budget only) working with the Center for Disease Control disseminate HIV/AIDS awareness and this could have been an opportunity to collaborate, particularly through the volunteer network.

The next phase of the project should look to attracting other partners particularly in addressing water and sanitation and HIV/AIDS. Recommendation No: 20

7. Impact - Strengthening of the Red Cross

The impression is that within the Ganzi prefecture project areas those involved are very confident that there has been a strengthening of the Red Cross as an independent organisation and as an implementer of change. They are motivated and committed to the ongoing work in strengthening the Red Cross image.

The Secretary General of GPRC has been elected as a member in the People's Congress which is seen as positive for the RC to be represented. He was also invited to present the project to a national RC meeting in the neighbouring province of Yunnan where the topic is "Sharing of Experience - Project Implementation and Impact." These are positive indications that GPRC has raised its profile with both the government and other Red Cross branches. Kangding RC has recently been given the mandate for Blood Donor mobilisation by the MoH.

The GPRC and the local branches remain closely linked with the government, particularly with the MoH and the relationship appears complementary. It is in line with the National strategy for government to fund and support the Red Cross Society. Ganzi Prefecture RC and the county branches are confident that the relationship does not hinder the establishment of the RC as an independent organisation and its commitment to RCL and the strategy of the RCSC. However it is difficult to assess the process of independence when in most cases the Vice President of the Red Cross and the Head of the Health Bureau are the same person.

Both the RCSC and the SRC made it clear that they are interested in a clearer separation between the local health bureau and the County RC. SRC voiced the concern that the Ministry of Health was the main beneficiary of the project, "the county RC work is mixed with the health bureau work and only the health bureau benefits".

During the evaluation it was difficult to confirm the impact to date and the separation must continue to be encouraged. The challenge is to continue separation while maintaining a complementary and financially supportive relationship. However the indications are positive and the need to maintain activities that are in line with the

national strategy as well as increasing dissemination activities seems to be well understood at the prefecture level. SRC should be more supportive in this aspect.
Recommendation No: 15

There is good evidence at the “grass roots” level that the Red Cross is well accepted and known to the population as the volunteer network have access to a large number of people on a regular basis. This is not so evident in the larger towns. RCM dissemination has raised awareness with the MoH officials and RC staff themselves. Red Cross Day and HIV/AIDS Day have been included in the yearly calendar for specific dissemination programs and dissemination material produced. Media has been utilised to reach a broader audience. However the impact is still limited to a small sector and GPRC are aware of the need to target other policy makers i.e. other government agencies and business. Recommendation No: 26

Membership recruitment has not been seen as a focus and the question of membership fees was met with vague suggestion that a small number of the members pay on a varying scale. There seems to be some confusion as to the difference between members and volunteers.

8. Impact -Training and community health behaviour

Training

Training must be seen as having a large impact at the Red Cross staff and community level. It has provided education opportunities, motivated and empowered the communities and raised their self help abilities and has contributed to the capacity of the volunteers to identify the problems. Reports discussions with the ET suggest that health workers have found the knowledge has increased their ability to work within the communities. The health promotion material and the training content has been designed at the community level and is culturally sensitive and appropriate. Doctors and teachers in the communities (volunteers) report that they have better knowledge and resources to do their work

Community Health Behaviour

It is difficult to assess the impact on health behaviour at this stage. There is raised awareness of health issues, identification of the problems and a better line of communication to the government authorities, namely the Health Posts and MoH. A doctor in Long Deng Township reported that “some people did not want to have vaccination –now they go to the health posts due to the RC project”

Women are potentially a powerful group and the evidence is positive that their involvement is becoming stronger. It would be relevant to do a survey to review the actual impact within the communities.

Recommendation No: 28

9. Sustainability of the project

The Government has given good support with human resources and office space throughout the project but there is no information on whether the government has given any financial support for the period of the project. In 2000 it was reported that the budget was 10,000 RMB which had been a reduction on the 30,000 RMB received in previous years. The reduction had occurred due to the reduced resources of the government due to the closing of the timber industry. The subsidy supplied to upgrade the cars would have required a considerable financial commitment by the government but the details of extra funds were not provided to NRC.

The critical element is whether the achievements to date are valued highly enough for the authorities to allocate funding support in the future. When discussing the sustainability of the project with government officials there were positive indications that the government can see the benefits of the Red Cross activities and its role as a separate entity and would continue to support the RC to the best of their ability.

To date, the GPRC has looked to developing the institutional and social sustainability via good management, training strategies and volunteer activities with little consideration for financial sustainability. It will be difficult to sustain the first two if financial aspects are not addressed. The focus appears to be on expanding the project areas (which is appropriate) with limited thought to resources needed to sustain the original project areas.

There is a tendency within SRC to look for renewed and increased donor inputs (mainly to NRC at this stage) and it is not unreasonable to look further for this support and assistance should be given to develop the necessary skills. The foundation in place should make it attractive to other donors, particularly for specific programs such as HIV/AIDS and Water and Sanitation. However, it is important to look within the existing institutional capacity, at least in some part, as a basis for continuing the work initiated during the project.

Ownership, awareness and local involvement have been excellent but at the Prefecture level there is a need for less dependence on the Project Delegate for the decision making and a strengthening of the relationship between the SRC and the GPC. The Project Delegate should direct efforts towards determining the needs required for the project to be coordinated and managed by SRC and GPRC.
Recommendation No: 3

The exit strategy of NRC should begin to be planned in the next phase of the project with the involvement all stakeholders and the government. It is necessary to obtain some commitment from the government in relation to future support e.g. Budget commitment, and to raise the awareness of what will be required to sustain the project when NRC withdraws.

Recommendation No: 21

It would be reasonable to extend the project to two more counties in the GPRC with minimal support from NRC both from a financial and implementation aspect. This would highlight the government's commitment as well as the institutional capabilities of the SRC and GRC, not just to NRC but to the stakeholders themselves. NRC would serve only in a monitoring and advisory role.

Recommendation No: 19

10. Conclusions

In 2000 it was identified that the Ganzi prefecture was organised with branches in all 18 counties with headquarters in Kangding. There was only one full time staff member, infrastructure was lacking, RC was not known to the general public and there was a tendency to think and plan as a representative of the MoH.

The goals and objectives identified in the original document were appropriate to an organisational development program. The original log frame was cumbersome and detailed and reports suggest that it has been changed although no updated document has been seen.

The project has been a learning experience for both NRC as the first development project within China and for the Chinese who had little knowledge of bilateral cooperation prior to this project. A participatory approach based on democracy and transparency has been encouraged and this coupled with the above has caused the implementation stage to be quite extended. However, this is not negative particularly if the experience can be of benefit to both parties. Two new counties were added to the project in 2003 and their progress has been rapid which can be related to the model that was established in the first two counties.

There have been and still remain some issues on the management and coordination of the project and these need to be addressed to ensure that cooperation between SRC and GPRC is maintained and GPRC are not isolated from the provincial level.

The objectives described in the original project document model are progressing well with Red Cross offices established in the project counties, management capacity improved by provision of hardware and training, recruitment and training of volunteer groups and dissemination activities to increase Red Cross knowledge. There is still a need to broaden the impact of Red Cross dissemination and the RC branches are aware of this.

Training is supported by written material and health promotion material that is culturally sensitive and designed with input from the community level. Cultural and gender issues have been addressed and women are increasingly taking part in volunteer activities. The project is community based with stakeholders at all levels having input into the planning of activities and the benefits to date are most obvious at the "grass roots" level. The vulnerable have been targeted and there is increased self help ability in the communities as well as more dialogue between the grass roots level and the policy makers.

Future financing for Red Cross activities have not gone past the discussion stage as yet although there are plans to focus on fund raising activities in the next month. Disaster preparedness has had little focus other than the first aid training of volunteers. The volunteer network is becoming established and considering the disaster prone environment discussions should be held with the appropriate authorities in order to define the role of the RC.

There are few other donors/NGOs working in the area but some coherence has been achieved with the Japanese funded TB program. Close relations exist with the government particularly with the Ministry of Health and Town leaders and the relationship appears complementary. It is difficult to assess the status of RC as an independent organisation but the evaluation team is confident that there is a process of separation which is supported at least to some degree by the government. At the prefecture level and below the RC are confident themselves of their commitment to RCL and the strategic plan of the RCSC however they want to maintain close ties to the government and this seems to be particularly from a financial aspect. RCSC and SRC are not so confident and must be encouraged to support GPRC rather than leaving it to NRC.

It is important that the project continue, particularly in view of the fact that it has been a learning experience both for the China RC and NRC, but there should be some reorientation of the priorities. The project delegate's role has been very hands on and the GPRC and the community have benefited from the expertise. However, the capabilities of the Chinese stakeholders appear to be considerable and their independence and abilities to plan and implement must be encouraged. The next phase of the project should see the project delegates input as more of a monitoring and advisory role. The scope of the project has given the GPRC the management capacity and infrastructure that should give confidence to extending the project to other counties and the momentum should come from them.

Considering the success to date it is reasonable to seek other avenues for attracting further donors to provide assistance on specific programs on identified needs such as Water and Sanitation and HIV/AIDS.

11. Recommendations

China

1. As this is a pilot project with open ended goals, it is recommended that the project continue in the Ganzi prefecture until 2008 and possibly further but then limited to a monitoring and advisory role.
2. Recommendations to be reviewed and discussed between the stakeholders and an action plan to be established to implement the recommendations and continue the current activities. Support with a log frame.

NRC

3. Define the role of Project team and the team roles and responsibilities for the next phase of the project. In particular, the role of the Project Delegate should be reviewed in terms of the long term exit strategy.
4. Determine a framework for the next phase of the project. Review budget and resources available.
5. Ensure regular meetings to discuss direction, progress, monitoring process. Minutes of meetings to be recorded.
6. Better determine the internal reporting format to reflect the process in relation to the goals and objectives of the project.
7. Ensure full transparency of research projects with stakeholders.
8. NRC Project Team to document project progress and update as appropriate for use as resource material in future projects. This could include a summary log frame. Some material has been commenced i.e. "Ganzi Model" document. Should also include all training material, policies, guidelines, flip charts, translated material, etc.
9. China Reporting – feedback on the content and format requested by SRC and GPRC
10. Establish a strategy to avoid division at the field level i.e. improve relationship between SRC and GPRC.
11. Ensure that SRC and GPRC have a common strategic vision and that team roles and responsibilities are clearly defined. Encourage good communication and improvement of coordination skills. Project Delegate should support SRC Project Coordinator to Team Lead in shared visits.
12. Facilitate discussions with SRC and GPRC on perceived cooperation/management roles and expectations from other in relation to the project. NRC to work within these parameters.

RCSC

13. Need to establish communication line to give feedback to province and prefecture level on project progress and its relation to national policy.
14. Assist with advice on National strategies and available resources. E.g. Disaster Preparedness, fundraising, First Aid, Youth Activities.

SRC

15. Support GPRC in separation process from government. Ensure policies and guidelines are in place and give input in content.

16. Review job description of the Project Coordinator, his obligations to SRC and to GPRC to ensure role is fully realised and acceptable to all stakeholders. NRC to give appropriate support to the role.
17. Improve capacity to attract other donors. NRC could assist with acquisition of skills e.g. assist with proposal writing. Identify potential avenues for applying for donor funds. IFRC should be able to support.

GPRC

18. Complete training material and circulus for all training courses, translation to Tibetan as appropriate.
19. Extension of project area to two more counties in Ganzi prefecture. SRC and GPRC to write project proposal, plan program and budget, implement and train. NRC to participate only in a monitoring and advisory role.
20. Support SRC/GPRC to seek funding for Water & Sanitation and HIV/AIDS projects. The Red Cross infrastructure and management capacity have been established, experience in International cooperation has been gained and should make GPRC attractive to donor support. In addition, there is already a lot of information at the community level that can be accessed for preparation of proposals.
21. Commence strategic exit planning process with all stakeholders participating. Important to secure the financial sustainability.
22. Fund raising activities to commence with support from all stakeholders in strategy planning – Determine if IFRC can provide any technical assistance, training materials or performance indicators.
23. Establish criteria for where a Service Station is established, what resources are required in a SS and the purpose. If drugs are supplied base line drugs list should be established and guidelines on what drugs will be supplied, who can administer and who are the beneficiaries.
24. Continue to strengthen focused activities including women's groups, youth activities, HIV/AIDS awareness and the implementing of the National First Aid training program.
25. Initiate discussions with civil authorities on the role of the RC and the volunteer group in disaster. Develop policy document. Develop disaster plan at level of prefecture, county, township and village with support from SRC.
26. Dissemination of Red Cross mandate/knowledge to be extended to include other government departments and business community.
27. Ensure policy for volunteer recruitment, training, work, support and retention is established. Determine if IFRC/RCSC can assist with information from other areas.
28. Continue monitoring activities. Survey to determine impact of health promotion activities on Health Behaviour at community level using baseline health survey.
29. SRC and GPRC establish guidelines/policy for what is the ideal Red Cross office – location, signage, public accessibility, ideal hardware, its use and maintenance, rules and regulations.
30. Consider more diversity of avenues for dissemination of health information that are culturally appropriate. eg song and dance

Annexes

Annex 1

AGREEMENT OF CO-OPERATION

(The Agreement)

Between

RED CROSS SOCIETY OF CHINA

as the Operating National Society (ONS)

and

NORWEGIAN RED CROSS SOCIETY

as the Participating National Society (PNS)

INTRODUCTION

This Agreement is made between the two Red Cross Societies; Red Cross Society of China and Norwegian Red Cross Society. With this agreement the two Red Cross Societies agree to co-operate in the support and implementation of the Ganzi Red Cross Branch Development project.

This Agreement will form the legal basis for collaboration between the two parties in the implementation of the above mentioned Programme.

1. DEFINITION OF THE PROGRAMME AND DURATION OF THE AGREEMENT

The Royal Norwegian Ministry of Foreign Affairs (MoFA) will make implementation of this programme possible through support on the annual grant basis to the ONS through the PNS. Any changes in the support or terms of reference from MoFA will affect PNS obligations within this contract and will have to be discussed among the parties.

The Duration of the Agreement is from 1 December 2000 to 31 December 2003.

ABBREVIATIONS/DEFINITIONS:

- | | |
|-------------------|---|
| 1.1 MoFA | Royal Norwegian Ministry of Foreign Affairs |
| 1.2 The Programme | Ganzi Branch Development project |
| 1.3 NRCross | Norwegian Red Cross Society |

1.4 RCSC Red Cross Society of China

1.5 Budget Year The Budget Year starts 1 January and ends 31 December

2. OBJECTIVES AND BENEFICIARIES OF THE PROGRAMME

The overall objective of the programme is to establish Ganzi Red Cross as an independent Red Cross Branch based on voluntary service to the community.

The specific objectives of the programme are:

- i) To build the capacity of the Ganzi Red Cross to plan and implement activities for the benefit of the vulnerable population of the prefecture;
- ii) To increase the Red Cross knowledge among members and staff and the general public;
- iii) To recruit new volunteers to the Red Cross;
- iv) To improve the basic health care in the community;
- v) To improve the self-help ability of the individual and community in health and disaster preparedness.

3. MANAGEMENT PLAN

3.1. Roles and obligations of RCSC include:

- Prepare yearly work plans with a budget proposal for the programme period.
- Actively implement the programme according to the agreed work plans.
- Exercise sound financial, management, administrative and reporting procedures.
- Utilise the programme funds as per agreed budget and activity plan.
- Recruit competent youth volunteers to carry out activities in the designated programme areas.
- Provide adequate office facilities and logistics, for successful implementation of the programme.
- Be responsible for insuring assets of the project according to local laws and regulations.
- Facilitate possible monitor/evaluation missions of NRCross or its donors.

3.2. Roles and obligations of NRCross

- Elaborate a detailed budget outlining the plan and activities for each implementing year. The plan and budget will be discussed by the parties and confirmed in

writing, thus constituting the agreed budget and annual scope of funds committed by NRCross.

- Secure the necessary funds for support of the programme according to the agreed yearly workplan and budget .
- Transfer the programme funds to the RCSC.
- Receive and peruse appeals, reports, budgets, accounts and any other information from RCSC and give feedback where and if necessary.
- Follow-up the progress of the programme by periodic field visits.
- NRCross is responsible for all reporting to MoFA.

4. BUDGET

Before 1 September RCSC will present an Annual Work Plan and Budget Proposal for the coming year. The Plan of Action and Budget are an integral part of the Agreement.

5. FUNDING OF THE PROGRAMME

The Annual Work Plan approved by the two parties will be funded by both parties according to agreed division of responsibility.

6. IMPLEMENTATION, FINANCIAL MANAGEMENT AND AUDIT

The agreed Budget and the Annual Work Plan set out the activities and the financial framework for the implementation of the programme. The RCSC management shall, unless otherwise agreed, set out programme goals and objectives and strategies for achieving the objectives.

7. FINANCIAL MANAGEMENT

The financial accounting for the use of funds shall be done by the RCSC. In order to achieve this aim, the RCSC shall have in place standard accounting and management procedures, which will give a complete record and account of all financial and other resources, used in the implementation of the programme.

8. AUDIT

The RCSC shall maintain a responsible accounting system for the receipts, payments and internal control of programme. Certified auditors should audit the programme. The RCSC management shall be obliged to give the necessary assistance and explanations to the said auditors during the course of carrying out their audit duties.

9. REPORTING PROCEDURES, PROJECT REVIEWS AND CONSULTANTS

9.1 Quarterly Report

RCSC shall submit to the NRCross a quarterly integrated narrative and financial report not later than one month after the expiry of the quarter being reported on. The quarters shall coincide with the quarters of the (European) calendar year.

In particular the Quarterly Report shall contain the following:

Financial Situation Report:

- Balance brought forward
- Receipt of funds during the previous quarter
- Use of funds during the previous quarter
- Balance to be carried forward to following quarter
- Variance analysis and explanations
- Budget for the coming quarter
- Requisition of funds for the next quarter

Field Activity Report:

- Project activities carried out in the last quarter
- Activities not carried out and reasons thereof
- Achievements according to set objectives
- Lessons learned; problems/challenges proposed strategies to solve/address the problems/challenges.

Forward Planning

- Next quarter objectives
- Next quarter activity plan, any necessary changes in plans and budgets.

9.2 Transfer of funds

Transfers of funds from NRCross to the project will be done on a quarterly basis against receipt of quarterly report from previous quarter.

9.3 Annual Report

RCSC shall also submit to NRCross an annual report not later than two month after the end of the financial year (European calendar year), which will contain a brief resume of the previous year's financial and narrative contents as those required in the Quarterly Report outlined above.

9.3 Programme Reviews

Programme reviews could take place as required by NRCross and RCSC Management. Where external consultants (i.e. external to RCSC) have been used, a copy of the report shall be forwarded to NRCross.

**10. ENTRY INTO FORCE OF THIS AGREEMENT, AMENDMENTS,
AND SIGNATURES TO THE AGREEMENT**

This Agreement is valid until 31 December 2003, unless specifically rescinded by either party with six months written notice. However, the provisions of the Agreement relating to operational procedures and funding shall be reviewed annually by the parties. Any amendment to this agreement shall take place only after a written agreement between the party's signatory to this agreement, and such agreements will automatically be regarded as supplement to this agreement.

Within the RCSC, the Secretary General shall assume the overall responsibility for co-operation between the parties and the implementation of this Agreement.

Annex 2

Terms of Reference for the Mid-Term Evaluation Branch Development Project (OD and Primary Health Care) Ganzi Prefecture, Sichuan Province - China

1. Background and introduction¹

Before 1993 co-operation between the Norwegian Red Cross (NRC) and the Red Cross Society of China (RCSC) was limited to assistance in major emergency operations. In 1993 the NRC entered into a consortium with the Swiss Red Cross regarding a health project in Tibet Autonomous Region. In 1996 the Netherlands Red Cross joined the consortium which formally ended in 1998. In 1999, the NRC and the RCSC started to discuss possible new avenues of cooperation between the two societies.

In May 2000 representatives of the NRC visited China for discussions with RCSC HQ, the Sichuan Provincial Red Cross (SRC), the Ganzi Prefecture Red Cross (GRC) and local authorities. The purpose of the visit was to assess the feasibility of a long term development project in Ganzi. At that time the GRC had relatively low capacity. Together with representatives from the RCSC HQ and the SRC the Fact Finding Team (FFT) visited the designated project areas which were selected by the GRC.

The FFT concluded that the designated areas fulfilled the criteria for development cooperation based on where minority groups live and/or where the authorities have a national poverty alleviation plan. The FFT therefore recommended to establishing a long term Branch Development Project in Ganzi in cooperation with the RCSC HQ, the SRC and the GRC. Furthermore they recommended that a review & project design team travel to the project area in order to have in-depth discussions with all stakeholders and thereafter prepare a project proposal.

The review and project design (RPD) mission took place from 11 October to 7 November 2000. Based on the mission report a project proposal was submitted to the Norwegian Ministry of Foreign Affairs and approved for funding in 2001.²

As it is three years since the start up of the implementation of the project, a Mid-Term evaluation will take place from 11 August until 1 September 2004 with additional time allowed for necessary preparations and report writing. The period under review is from the planning phase in 1999 until June 2004.

2. Objectives of the evaluation

¹ For further details reference is made to the document "The Ganzi Project".

² The project proposal was based on the "China Mission Report" by the RPD team 11 October – 7 November 2000. The "China Mission Report" is referred to as the "original document".

The main purpose of the mid-term evaluation is to assess the efficiency, effectiveness and impact of the Branch Development Project so far and to make recommendations for the next phase of the project.

The report should contain, at minimum, the following information:

- Executive Summary
- Main text with findings of the evaluation
- Conclusions and Recommendations

3. Project goal and objectives

The overall goal of the Branch Development Project is:

- To establish the GRC as an independent organisation based on voluntary service to the community.
- To increase the capacity of the community to improve the health and care of the vulnerable.
- To increase the capacity of the community to prepare for and mitigate disasters.

The specific objectives of the project are:

- To improve the GRC infrastructure and management capacity.
- To increase knowledge about the Red Cross among members, staff and the general public.
- To recruit new volunteers to the Red Cross.
- To secure future financing of Red Cross' activities.
- To improve the basic health care in the community.
- To increase the self help ability of individuals and the community in health and disaster preparedness.
- To advocate and develop partnerships for the improvement of the overall condition of the community.

The project was funded by the Norwegian Ministry of Foreign Affairs in 2001. In 2002 the project also received funding from NORAD. The project is now funded by NORAD and included in the Framework Agreement between the NRC and NORAD for the period 2003 – 2005.

4. Issues to be studied

The main emphasis of the evaluation is to assess the efficiency, effectiveness and impact of the project. Relevance and sustainability should, however, also be looked at.

4.1 Planning and design of the project - project relevance

- Complementarity and coherence with related activities elsewhere by government or other donors.
- Assess the extent of consultations with, and participation by, local partners and other stakeholders in the initial planning process of the project.

4.2 Management and resource utilisation of the project – project efficiency

Assess the efficiency of the project management so far. Consider the roles and responsibility of the various partners especially the RCSC HQ, the SRC, the GRC and the NRC as well as the communication amongst and between them. This should lead to recommendations concerning future direction of the project at management level. More specifically the team should look at:

a) Resource utilisation

Assess the efficiency of the hardware provided (vehicles, computers and other office equipment) for project implementation including:

- Has the acquisition of the hardware effectuated the implementation of the project?
- Has the acquisition of the hardware been cost efficient?
- Analyse the maintenance, sustainability and eventual replacement of the equipment.

b) Management issues:

The following issues should be looked into:

- Analysis of the cash-flow system.
- Analysis of the report-flow system.
- Adequate financial/narrative reporting by the counties and branches. Has reporting and monitoring capacity been built in as part of the programme?
- Appropriate reporting intervals (monthly, quarterly, and yearly).
- Adequate reporting format. Have the reports been completed and shared as planned? Are the reports useful, if so to whom?
- Clarity in decision-making. Is it clear where (theoretical and actual) authority and responsibility lies?
- Is the perception of all partners concerning their responsibilities compatible?
- Did the various stakeholders fulfil their roles as required? Is their perception of each others' roles compatible?

4.3 Progress in achieving the objectives - effectiveness of the project

Determine to what extent the results are contributing to achieving the objectives of the project outlined in the original document. Focus also on the effectiveness and the impact of the project activities at the grass root level, in addition to that at different levels within RCSC.

The following need to be considered:

- Selection of activities. To what extent are the activities integrated within the overall strategy and action plan?
- To what extent did the activities take place as planned? Have planned services been delivered and received?
- To what extent did the assumptions identified in the original document affect the implementation of the project?
- Assessment of the individual counties regarding the results and progress made so far, especially focusing on achievements in terms of management improvement, staff training and material equipment.

- Relevance of the project documents. Are the project documents known and adhered to by all parties and stakeholders?
- Have any external factors affected the program?

4.4 Strengthening of the Red Cross – impact of the project

Look into the status and image of the Red Cross since the start of the project.

- Assess how the project has contributed to strengthening the position of the Red Cross locally.
- The process of independence of the Red Cross and the impact of the project on establishing the GRC as an independent organisation.
- Appropriateness of activities including relevancy of dissemination materials and impact of the yearly Red Cross Day campaign.

4.5 Community health behaviour and quality of training materials - impact of the project

- Influence of the project on community health behaviour – sanitation, Mother and Child Health care, HIV/AIDS etc.
- Quality and impact of ToT training materials (health & hygiene) for volunteers.

4.6 Local resource contribution and ownership – sustainability of the project

a) Resource contribution:

Assess both the human and material/financial resources contribution of:

- The RCSC HQ, the SRC and the GRC.
- The local authorities.

b) Ownership (Ganzi RC, volunteers and beneficiaries):

- Degree of programme 'awareness'.
- Sense of programme ownership.
- Level of involvement so far.
- Coordination/integration of the national RCSC programmes in the project.
- Exit strategy – possible approaches which would be appropriate in view of RCSC longer-term expectations/plans as well as the longer-term strategies of the NRC.

5. Methodological aspects

- Analysis of key documents - project proposal, quarterly & yearly reports, mission reports.
- Analysis of written communication.
- In-depth interviews with project partners (NRC, RCSC, SRC, GRC, Federation Delegation, project consultant/delegate, project advisors, project manager, etc).
- In-depth interviews with stakeholders at the field level - staff and volunteers, community representatives in the branches/provinces, beneficiaries etc.
- Visit some of the beneficiaries and observe the volunteers' activities.

6 Reporting and feedback

The main text should not exceed 50 pages, plus annexes and an executive summary of no more than 5 pages with fully cross-referenced findings and recommendations.

The initial findings should be presented in Chengdu and Beijing. Final debriefing and presentation will take place in Oslo.

7. Time schedule

The mid-term evaluation shall be carried out during the period of 10 August – 10 September. It should take approximately 30 days³ in total based on the below schedule:

- a) Briefing in person or by phone/email with key contacts (the project consultant, advisors and the project coordinator/manager).
- b) Briefing in person with all stakeholders in the Red Cross Society of China in Beijing, Chengdu, and Ganzi prefecture.
- c) Preparation and review of relevant documentation (3 days approx.)
- d) Field visit – 15 days approx.
- e) Present initial findings in Chengdu to SRC. (1 day)
- f) Present initial findings in Beijing to RCSC (1 day)
- g) Report writing. (7 days approx.)
- h) Travel to/from China. (3 days approx.)

³ Debriefing/presentation in Oslo, as well as travel to/from Oslo in connection to that, is not included in the 30 days. Suggested time for final debriefing and presentation in Oslo is tentatively early October.

Annex 3

List of People and Organisations Consulted

Organization	Position
DRC	President of Red Cross Daofu
	Vice Governor of Daofu
DRC	SG Daofu
DRC	Vice President Red Cross Daofu
DRC	Headmaster of Daofu No 1 Middle School, ToT
DRC	Headmaster of Primary School, ToT
GPRC	Executive Vice President of GPRC
GPRC	Accountant GPRC
GPRC	Full time staff GPRC
GPRC	Vice Governor of Ganzi Prefecture
GPRC	Vice President of GRC, SG of GPRC, Project Manager.
GPRC	Vice Governor of Ganzi County
GRC	Vice President of Ganzi Red Cross
GRC	SG Ganzi Red Cross
IFRC	Beijing Regional HoRD
IFRC	Beijing Regional HIV/AIDS Delegate
KRC	Vice President Kangding
KRC	Full time staff Kangding Red Cross
KRC	Vice President of Kangding Red Cross
KRC	SG of Kangding Red Cross
LRC	Full time staff of Luhuo Red Cross
LRC	Executive Vice President Luhou Red Cross
LRC	Vice President of Luhuo Red Cross
LRC	Vice President of Luhuo Red Cross
NRC	Project Coordinator
NRC	Project Delegate
NRC	Special Advisor to project*
NRC	Project Health Advisor *
RCSC	Deputy Director of Health & Relief
RCSC	External Liason Dept
RCSC	Head Associate Medical Professor, RCSC Health & Blood Program Division Relief & Health Dept
RCSC	Director, Relief & Health Dept.
RCSC	Deputy Director, RCSC External Liaison Dept
RCSC	Deputy Head, RCSC International Cooperation Division,

RCSC	External Liaison Department Project Coordinator
SRC	Accountant
SRC	Secretary General Head of Disaster Preparedness & Relief
SRC	Project Coordinator for 1 st 3 years
SRC	Executive Vice President.
SRC	Project Coordinator
SRC	Translator

* Telephone conference only

Annex 4

Mission Schedule – Mid Term Evaluation 2004

DATE	ACTIVITY
12 August	Arrival in Beijing
13 August	Briefings with RCSC HQ Briefings with IFRC
14 August	Evaluators work together
15 August	Flight to Chengdu
16 August	Briefing with Sichuan Red Cross
17 August:	Travel to Kangding by road
18 August	Briefing with Ganzi prefecture RC and authorities. Visit to GPRC offices.
19 August	Travel to Dafou - Field visit to Longdeng nomad village and Rangu village on the way.
20 - 21 August:	Visit Daofu RC branch and Field visits to Primary and Middle schools, Quimea Village, Konsea and Rosali villages.
22 August:	Visit Luhou RC branch and Field visits to Zhuwo and Simu villages, Gengzhi and Chonggu Villages
23 August	Ganzi County RC branch
23 August	To Daofu, on the way field visit to Zhaxong nomad village (Ganzi County) Stay over night in Dafou
24 August	To Kanding, visit to Jiagemba village (farmer) on the way.
25 August	Visit to Kangding County RC branch in the morning and final discussions in Kangding with Ganzi Prefecture Red Cross
26 August	Final discussions with Ganzi Prefecture Red Cross
27 August	Travel to Chengdu
28 August	Meeting with Sichuan Red Cross. Flight to Beijing
29 August	Meeting with Project Coordinator Evaluators work together
30 August	Briefing with Project delegate
31 August	Meeting with RCSC HQ
01 September	Mission is over and team members travel home

Annex 5

Documents Reviewed

Date	Report	Author
4/2004	Ganzi Model	Project Coordinator
No date	Ganzi Project	No author
11/2000	China Mission Report	External Consultant and Special Advisor Red Cross
4/2001	Mission Report	Project Delegate
7/2001	Mission Report	Project Delegate
2001	Baseline Health Study	Project Health Advisor
8/2002	Mission Report	Project Delegate
10/2002	Quarterly Report	Project Delegate
3/2003	China Mission Report	Project Coordinator
9/2003	Mission Report	Project Delegate
6/2004	Draft Mission Report	Project Delegate
6/2002	Quarterly Report	SRC/GPRC
1/2003	Yearly Narrative Report	SRC/GPRC
12/2003	Annual Work Review	SRC/GPRC
2004	Budget Draft	
12/2003	Financial Report	
	Activity Plan July/Sept 2001	Project Delegate
	Activity Plan 2004	Project Delegate
	Activity Plan 2003-2005	Project Delegate