Icelandic CSO Evaluation: Icelandic Red Cross Support in Malawi

Final Report

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Abbreviations and acronyms

ADC	Area Development Committee
CBCC	Community Based Child Care centres
CBHFA	Community-based Health, Care & First Aid Project
COMREP	Community Resilience Project
CSO	Civil society organisation
ECHO	European Civil Protection and Humanitarian Aid
EU	European Union
HSA	Health Surveillance Assistants
HD	Humanitarian diplomacy
ICA	Icelandic Church Aid
ICEIDA	Icelandic International Development Agency
IceCross	Icelandic Red Cross Society
ICRC	International Committee of the Red Cross
ICT	Information and Communication Technology
IFRC	International Federation of Red Cross Societies
ISK	Icelandic Kronor
MFA	Ministry for Foreign Affairs
MISK	Million Icelandic Kronor
MRCS	Malawi Red Cross Society
MWK	Malawi Kwacha
OVC	Orphans and vulnerable children
TA	Traditional Authority
TFC	Thuisfrontcommissie (Netherland Organisation)
UNICEF	United national Children's Fund
UNDP	United National Development Fund
USD	US dollar
WFP	World Food programme
VC	Vulnerable Children

Executive Summary

The three-year integrated Community-based Health & First Aid (CBHFA) Project supported by IceCross was implemented by the Malawi Red Cross Society (MRCS) between 2013 and 2015, but the partnership between Icelandic Red Cross (IceCross) and the Malawi Red Cross Society (MRCS) dates back to 2002. MRCS is Malawi's largest humanitarian organisation, with established presence in all 28 districts. Approximately 30,000 volunteers make up the backbone of MRCS, who are organised in 33 divisions and many more sub-divisions (to match the government structure at local level).

The CBHFA project was implemented in the Traditional Authority Chowe (ADC Masanje) in Mangochi District. The project target population was 100 villages with 7,701 households and a total population of 32,321. The total budget for the 3-year period was 114,951,392 IKR. From 2016, a new "Community Resilience Project" (COMREP) was initiated in the same geographical area (and in two additional districts in Malawi). It is based on the lessons from the first project and has a greater focus on social inclusion and disaster risk reduction and less on organisational capacity development of the Red Cross local structures and volunteers. The new project is supported by a coalition of four national RC societies – Denmark, Finland, Italy, and Iceland. It runs until 2019.

The immediate objective of the CBHFA project was to sustainably improve the health and well-being of 7,700 households in the targeted communities by the end of 2015. To achieve the objective, the project was designed to address the following five issues:

1. To reduce maternal and child mortality
2. To reduce morbidity and mortality due to malaria
3. To increase access to sustainable safe drinking water, sanitation and hygiene practices.
4. To reduce vulnerability to HIV/AIDS through preventing further HIV infection
5. To improve MRCS's performance efficiency of both Governance and Management to deliver community-based health care programs.

The CBHFA methodology, developed by the International Federation of Red Cross & Red Crescent Societies, aims at building the capacity of community volunteers in all types of health issues/emergencies. It engages the communities and their volunteers in the use of simple tools adapted to local contexts to address the priority needs and to empower them to be in charge of their own development.

The project in Mangochi was carried out in cooperation with the district health department as part of the District Health Plan. Areas of cooperation were information-sharing, joint planning and service delivery by supporting community outreach (e.g. fuel). At community level, 100 MRCS volunteers (one per village) directly interacted with the fifteen Health Surveillance Assistants to provide health information and services to the communities. The majority of MRCS volunteers were male, as many women found it difficult to find time to take on addi-

tional duties and to move around independently

Apart from the construction of school toilets (sometimes specifically for girls) and the provision of boreholes in seven schools and four communities, the CBHFA project was mainly about promoting behavioural change in communities in relation to health and sanitation e.g. encouraging constructing household latrines with covers, arranging rubbish pits, improving hand washing practices, using mosquito nets, keeping kitchen utilities clean and safe, covering water buckets, taking children for vaccination, preventing HIV/AIDS infections, maintaining boreholes, etc. In addition, the project supported "granny groups" to establish back yard gardens to support their food security. Fifty selected vulnerable children were supported with school fees and school utensils. Sixty percent of these children were girls and 40 percent were boys.

The IceCross support to the CBFHA project contributed to visible improvements in health and sanitation conditions in the targeted area. Despite the difficult context, initial management problems and the slow pace of the social mobilisation, the project has managed to create ownership, pride and a sense of responsibility among most of the target communities.

Reduction of diarrhoea cases is widely reported and confirmed by the data available. This is believed to be a direct result of the sanitation and hygiene components of the project. Increased immunisation is reported as a direct consequence of the project support to the "Under 5" outreach clinics (paying transport for local health workers). The project also seems to have contributed to increased breastfeeding practices, increased attendance at the ANC services and increased deliveries at the health facility, combined with the government policies.

The VC (vulnerable children) component has increased the awareness in the communities of the importance of child protection and education – including early childhood development. The majority of supported VCs report an increased self-confidence and hope for the future, while being disappointed about frequent delays in the support packages. The VC school drop-out rate has been around 30 percent, mainly due to girls' pregnancies. The supported mother's groups have served an important role to prevent child marriage, along with recently introduced legislation.

Thus, the project has been highly relevant to the context and its methods (training and household visits by RC volunteers, combined with financial support to health outreach services) have been somewhat effective. The RC branch in Mangochi has eventually become a model for its ability to monitor projects and to develop a sustainability strategy for its own management, volunteer structures, and a small VC component.

The relevance and effectiveness were, however, hampered by the contextual situation in which population growth and environmental emergencies (flooding and draughts) affect food security and access to services. Many backyard gardens established by the supported granny-groups were destroyed by flooding. The most urgent needs mentioned by community members were food security, access to education for their children, and access to maternity wards.

The food security issue is somewhat addressed in the new project (COMREP), in which a feeding programme has been introduced in the preschool component (Community Based Child Care centres, CBCCs).

Another constraint to effectiveness has been that sanitation practices in communities were undermined by poor access to clean water and lack of hand washing facilities in schools and community latrines. Although the new project has added more boreholes and rehabilitation of dysfunctional boreholes, there are still gaps in coverage and over usage of existing boreholes. Also, the approach to sanitation in schools (latrines and handwashing facilities) had not sufficiently considered the number of children or the practical functioning of the facilities. There were serious problems with theft of parts (doors, lids, hinges, taps, pipes). Most schools still have deplorable sanitary conditions. The promoted model for hand-washing in communities (tip-tap model) is not being used except on rare occasions.

Furthermore, the government policies and lack of resources constrained the effectiveness of the project. The MRCS practice to pay low level allowances (for sustainability) made it difficult for the project to access government staff to conduct training and outreach, which led to delays and inefficiency. Other donors are ready to pay ten times more (including Iceida). The latrines that are affordable for community members to build are mostly constructed with homemade bricks and clay, which do not survive the rainy season. Thus, they are not so useful during the rains and have to be rebuilt regularly. Sustainability is difficult to achieve in a near-emergency context and where the government lacks the resources to fulfil their obligations.

The IceCross has been a long-term partner to MRCS, thus contributing a stable funding base and attracting other national RC societies to support MRCS. It has also played a role in moral support to the branch in Mangochi over the years. The Icelandic Red Cross has also supported MRCS on ICT matters, installing dependable internet at headquarters as well as at the Mangochi branch office.

Due to its staff changes and the small size of its financial contributions in comparison with other donors of MRCS, the added value of IceCross' support has been somewhat limited. However, the long-term engagement has been appreciated for the moral support it has provided to the Mangochi RC branch. Also, during the CBHFA project, the Icelandic Red Cross purchased new office premises for the branch. This includes the office building itself in addition to a small guesthouse and the land on which they both stand. Presently, only the project staff (reporting directly to the MRCS headquarters) is using the office, while the branch officials remain in their old premises provided for free by the District authorities. The branch intends to use the premises for income generation – not for office use. They have already been able to rent out the guesthouse for profit and parts of the office building as well. They are actively planning for sustainability in the coming times, when the project is phased out. They have also started income generation by renting out the RC tents for social functions and they have purchased lawn chairs to supplement this business idea. These profits have enabled them

to become the first branch to pay for their volunteers´ insurance and in addition support some of their activities with their own resources.

Recommendations:

1. IceCross should continue to support MRCS, but focus more on supporting the organisational strengthening of MRCS and underpinning its efforts to develop as a key stakeholder for resilience and emergency preparedness in Malawi. It is the only organisation with grassroots presence in remote areas and a cadre of volunteers that are already trained and prepared.
2. IceCross should spearhead and promote harmonisation between the supporting national RC societies and a concerted effort to support organisational capacity development and district development programmes. This includes support to MRCS to prepare strategic and project plans and quarterly/annual financial and narrative reports that are meeting the requirements of both its own board and RC partners, showing the overall picture as well as details related to each supporting RC partner. The consortium of four (where IceCross is a member) is a good starting point for harmonisation.
3. IceCross, MRCS and its RC partners should carefully evaluate the new COMREP project to understand if the MRCS is an effective channel for such holistic community development work (as compared to other potential channels in Malawi) and how to best use its volunteer network in times between emergencies in general.
4. MFA and IceCross should actively seek to explore opportunities for experience sharing and synergies between the Iceida Basic Services project and the IceCross supported MRCS project in Mangochi district.

1. Introduction

1.1 DEVELOPMENT ASSISTANCE THROUGH ICELANDIC CIVIL SOCIETY

Icelandic Civil Society Organisations (CSOs) constitute a channel for Icelandic development cooperation and humanitarian assistance. Icelandic development cooperation via CSOs is guided by *Iceland's Strategy for Development Cooperation* (2013) as well as the *CSO Guidelines for Cooperation with Civil Society* (2015, hereinafter referred to as the *CSO Guidelines*).

According to the *CSO Guidelines,* the intent of channeling support via Icelandic CSOs is:

> "to utilise the expert knowledge of the organisations, their willingness, ability and social networks to successfully reach Iceland's developmental objectives. The operations of civil society organisations are suitable to strengthen the grassroots and support democracy in the receiving states, as well as being the grassroots at home and gathering support for their cause and increasing interest among the public in Iceland."

The principal objective of the civil society support is to contribute to an independent, strong and diverse civil society in low income countries that fights against poverty and safeguards democracy and human rights of poor and marginalised populations.

1.2 ICELANDIC CSO EVALUATION

Iceland's Ministry for Foreign Affairs (MFA) has commissioned an evaluation of the support to Iceland's two most internationally active CSOs that also have the largest development cooperation projects – namely, Icelandic Church Aid (ICA) and the Icelandic Red Cross (IceCross). The evaluation has the following purposes:

- Assessment of the performance and results on the ground achieved by four projects in four countries;
- Provide general lessons for MFA's support to other CSO; and
- Raise the monitoring and evaluation capacity of MFA and the two CSOs by including representatives on the evaluation team and conducting a participatory process.

The four projects selected for evaluation by MFA and the CSOs represent two projects focussing on a few specifically targeted persons/households (Belarus and Uganda) and two community development projects (Malawi and Ethiopia). The projects have all been finalised, and most of them have fed into the design of new initiatives or new phases.

The evaluation is presented in five separate reports, one per project/country and one overall assessment. This evaluation report covers the IceCross support to the Malawi Red Cross Society and its Community-based Health & First Aid Project (CBHFA) in the Traditional Authority Chowe in Mangochi District from 2013 to 2015. It also briefly looks into the first two years of the subsequent Community Resilience Project (COMREP) carried out in the same geographical area. IceCross supports this new project jointly with the Danish and Finnish Red Cross Societies.

1.3 ICELANDIC RED CROSS

Icelandic Red Cross, founded in 1924, is the largest CSO in Iceland and an important partner in carrying out both development cooperation and humanitarian assistance. The national society has little under 20,000 members, over 3000 trained and active volunteers, and around 100 staff, of whom 5 work in international development cooperation and humanitarian assistance. In 2016, the national society spent little over 470 MISK on international programmes, thereof around 50 MISK for development cooperation. The national society aims at partaking in international development cooperation and humanitarian assistance where (1) the need is greatest; (2) few others provide assistance; and (3) the strengths of the Icelandic Red Cross can be put to good use.

1.4 EVALUATION PROCESS AND METHODOLOGY

To ensure that i) the evaluation gave high utility for all key stakeholders – Icelandic CSOs, MFA's CSO desk officers, MFA evaluation unit; and ii) that it served as a hands-on learning process for all key stakeholders to build monitoring and evaluation capacity; the evaluation process has been as participatory as possible.

The evaluation team started with a short electronic questionnaire to gauge the expectations, needs and knowledge of the Icelandic stakeholders. This served as input for a workshop with all the stakeholders in Iceland that covered monitoring and evaluation concepts and results based management. At the workshop, the evaluators facilitated the discussion among the stakeholders to enable them to come to similar understanding of the evaluation's purpose and identify each stakeholder's expectations and priorities.

The workshop was followed by a full day of collaborative working within two teams – an ICA team and a Red Cross team, each including a staff member from MFA and an evaluator. These teams, with the facilitation of the evaluators, identified and formulated the evaluation questions. Over the course of the following weeks, the teams jointly developed the evaluation frameworks for the project evaluations. This is included in Annex 1.

Since some of the topics to be covered in the Red Cross Malawi evaluation were deemed to be sensitive, the team was also joined by a Malawian consultant with documented communication skills suited for interactions with young people, women and girls. She was provided with a separate field visit programme, but had debriefings with the other team members every evening.

Thus, the field visit in Malawi was carried out by a team of four; the team leader, a Malawian consultant, a representative of IceCross, and a representative of the Icelandic MFA. Since it was a learning exercise, Mangochi project staff and Red Cross volunteers participated in many of the meetings. In total, the team visited 17 villages and met with RC volunteers, groups of girls, women, youth and community leaders, as well as borehole committees and mothers' groups. The itinerary for the field visits were devised by the MRCS project coordinator in Mangochi, in consultation with the evaluation team and the Icelandic Embassy in

Lilongwe. These visits were (generally) unannounced, which led to a more honest appraisal of the project than announced monitoring visits previously undertaken by IceCross.

The methods used in data collection were:

- Document review and internet search, including study of annual and quarterly reports from the two projects, a pre-existing final evaluation of the CBFHFA project undertaken in 2015, base line studies for CBHFA project from 2013 and for COMREP from June 2016;
- Interviews with key informants in district government departments, MRCS staff at national and branch division levels, partnering national RC societies and other organisations/agencies undertaking similar work;
- Focus group discussions with target group representatives and RC volunteers;
- Direct observations of water and sanitation conditions in villages and schools. In total 17 villages were visited, which constituted a sample size of around 15 percent of the communities targeted. They were purposefully selected to represent successful, challenged, big and small communities.

The findings and conclusions have been discussed among team members and the report has been jointly developed, although the independent evaluator has had the final say in cases of differences of opinion. The final report has been edited by the evaluator.

1.5 LIMITATIONS

The baseline survey from 2013 did not have a comprehensive description of methodology used and its quality could therefore not be ascertained. Also, the questions in the two baseline studies (2013 and 2016 respectively) were not always identical. A number of indicators could therefore not be used for the evaluation. The indicators selected for this report are those that seemed to measure the same indicator in the same way.

Another limitation was the availability of a few key informants, who could not be reached during the time of the mission. It was, however, deemed that those interviewed individually and in focus group discussions provided a sufficient basis for making conclusions.

2. The project

2.1 THE MALAWI RED CROSS SOCIETY

Malawi Red Cross Society (MRCS) was established as a voluntary aid organisation by Act 51 of Parliament in 1966. Through this act, MRCS enjoys a special mandate as an auxiliary to the public authorities. The President of Malawi is the Patron of the National Society.

MRCS is Malawi's largest humanitarian organisation, with a presence established in all 28 districts. Volunteers are the backbone of MRCS and, across the country, approximately 30,000 volunteers are organised in 33 divisions and many more sub-divisions that match the government structure at local level.

MRCS has a democratic structure with elections at each level (subdivision, division, national council). The governing body of the MRCS is the National Council, which is composed of one representative from each division. The Council appoints the National Executive Committee, which is comprised of 12 members and acts as a board on behalf of the Council.

MRCS aspires to contribute to the realisation of the IFRC Post 2015 Development Agenda and the United Nations Sustainable Development Goals. In this pursuit, people affected by poverty and disasters, specifically children (orphans as well as other vulnerable children) and women, are prioritised groups for MRCS activities. The strategic goals of MRCS for 2015 to 2019 are outlined in Annex 3.

MRCS is supported by several national RC societies and other donors, as shown in the table below. At least five of the partnering national RC societies have permanent or temporary delegates working in the MRCS national offices to support in management and monitoring of projects and finances. Iceland used to have a delegate in Malawi (Mangochi) during the initial period of the project, while presently the Danish RC has a delegate at the MRCS headquarters, who represents IceCross and oversees the project.

An overview prepared by MRCS shows the following in relation to their strategic objectives for the past three years (MWK):

Strategic Focus Areas and partners of MRCS	Budget 2015	Budget 2016	Budget 2017
Strategic Focus Area			
1 – "Humanitarian Diplomacy"	52,013,000	52,013,000	104,026,000
2 – "Health & Social Services"	133,500,000	451,816,000	702,000,000
3 – "Disaster Management"	1,579,900,000	903,076,000	1,001,800,000
4 – "First Aid & Blood donor recruitment"	15,259,000	65,400,000	103,600,000
Enabling priority			
Organisational Development	127,100,000	235,833,000	265,800,000
Communication/Marketing/Resource Mobilization	5,000,000	13,100,000	22,000,000
Total annual budget:	1,912,772,000	1,694,238,000	2,199,226,000
Partner National Red Cross Societies:			

(Danish RC, Finish RC, Icelandic and Italian RC) consortium, Netherlands RC, Belgian RC, Swiss RC, IFRC, ICRC, Japanese RC, Chinese RC, American RC,		
Other partner organisations:		
EU, ECHO, UNICEF, UNDP, WFP, TFC, Plan International, Save the Children, Jipego, Cooperate Sector, General Public		

The Icelandic supported project relates to the Strategic Focus Area - 2 "Health and Social Services" It has not been possible to calculate the exact share of the budget for this Strategic Focus Area that that has been covered by the Icelandic contribution, as the rate of exchange has changed from 2.75 in 2013 to 7 in 2017 and the MRCS budget figures are just estimates.

2.2 THE CONTEXT OF THE PROJECT

Malawi is one of the world's poorest countries, ranking 170 out of 187 in the 2016 Human Development Index. Malawi has an estimated population of 18.6 million[1], of which over 80 percent live in the rural areas. With the current population growth of three percent, the population is projected to grow to 23 million by 2025[2] (45 million by 2050), a trend that will continue to severely challenge the country. Malawi is divided into 28 districts. Mangochi district, where the project is implemented, is one of the poorest and less serviced districts in Malawi. It is situated at the south coast of Lake Malawi.

In 2012, the Mangochi population was around 916 000 and it is estimated that in 2017 it has increased to around 1.1 million. Around half of the population are primary school children. Ninety-three percent of the population are Muslims and the main source of income is crop production (76% of households). The National Health Services Strategic Plan (2011 - 2016) ranked Mangochi as the fourth lowest among Malawi's 28 districts with regard to access to health services. As many as 36.7 percent of girls are pregnant before turning 18 years[3]. Anaemia in women is at 55.5 percent and stunting in children under 5 (U5) is at 45.4 percent. These are the highest levels in Malawi and indicate serious problems with nutrition and food security. Mangochi also scores below average in childhood immunisation and care-seeking in childhood illnesses. Problems in accessing health care include distances to health facilities, lack of drugs in health facilities, and lack of money to pay for health care.

Studies conducted by MDHS in 2010 and 2016 show some improvements for Mangochi. However, Mangochi is still among the poorest districts in Malawi in terms of health and sani-

[1] World Population Prospects (2017 Revision - United Nations population estimates and projections.
[2] Population Reference Bureau 2014: http://www.prb.org/Publications/Articles/2012/malawi-population-2012.aspx
[3] Malawi Demographic Health Survey (MDHS) 2015-16

tation status. The supported project is implemented in Chowe Traditional Authority (TA), which is a rural area south of Mangochi town, which becomes inaccessible during the rainy season.

Health Indicators	2010	2016
The contraceptive prevalence rate (the lowest in Malawi).	26.6%	31.5%
Utilization of antenatal care services.	97.5%	87.6%
Deliveries were attended by skilled health professionals.	69.1%	86.6%
Deliveries taking place in health facilities. A new law makes it illegal to give birth at home. Due to long distances, "waiting homes" have been established near maternity wards. Due to fear of being fined, many respondents answer that they give birth in health facilities or "on the way".	67.3%	90.6%
Access to safe drinking water. Safe water distribution in the district varied widely between the Traditional Authorities (TAs) with some having high coverage of around 95%, while others having low coverage of about 50%.	82.4%	92.8%

In 2012, Mangochi had an enrolment rate of about 60 percent of primary school children, while the national primary school-going age enrolment rate stood at 75.4 percent. Forty-three percent of women do not know how to read and write (29% of men). In Mangochi, only 18 percent of girls and 29 percent of boys manage to complete primary school, while 1.2 percent of girls and 3.6 percent of boys complete secondary school. Furthermore, in 2012 the district had a learner ratio of 1:120 for permanent classrooms and a teacher/learner ratio of 1:98. The ratios have since further deteriorated, due to the population growth and the new curriculum. This curriculum compels schools to have longer school days, which makes it impossible to organise education in morning and afternoon shifts as was previously the case. The evaluators observed a teacher/learner ratio of up to 1:150 in the primary schools visited during the evaluation. A majority of classes had to be organised under trees outside the classrooms.

Other indicators reflect a poor learning environment in the district. For example:

- On average there were four pit latrines for boys and four pit latrines for girls at each school which resulted into more than 100 boys and 100 girls sharing a pit latrine respectively - a situation that potentially poses health and hygienic challenges in schools.
- Access to safe water was a challenge in primary schools with only 78.5 percent of primary schools having access to safe water. Some of the boreholes serving the schools were however found to be dysfunctional. The remaining schools either had no water at the school or were dependent on unsafe water sources.

There are many international agencies and CSOs who are active in trying to address some of the above-mentioned challenges in Mangochi, including MRCS and Iceida (Icelandic MFA). The District Executive Committee is doing its best to coordinate projects and direct them to the most urgent issues and geographical areas. The various district departments of Health, Water and Sanitation, Education and Social Welfare generally only have budgets for running their offices and minimal basic services (i.e. salaries for teachers, medical staff, and extension

workers). They do not have budgets for investments, and services are under resourced. For investments in infrastructure, allowances, transport for staff, and capacity building the district depends on foreign donors.
The District Executive Committee has assigned the MRCS to focus on health, water, and sanitation in Chowe Traditional Authority. Other organisations that also work in Chowe TA with are the following:

- YONECO (Youth Net and Counselling) is a Malawi CSO that works with empowering of youth, women, and children; promoting good health, human rights, and democracy; adapting and mitigating effects of climate change; and conducting research for evidence based programming and advocacy. It has a special focus on sexual and reproductive health and rights and monitoring rape cases. http://yoneco.org/index.php/about-us-page/
- Go Malawi is a US based charity that works with rural development programmes focused on education, youth, sexual and reproductive health and rights. http://go-malawi.org/
- PSI/Malawi a branch of an international CSO that works with HIV prevention and reproductive health. PSI/Malawi is also a social marketer. http://www.psi.org/country/malawi/#about
- World Vision is an international CSO that with child health and nutrition, girls' empowerment, early marriages, food security, and maternal health care. http://www.wvi.org/malawi
- UNICEF –works broadly on access to water (including boreholes at schools), sanitation, child health, education, child protection. https://www.unicef.org/infobycountry/malawi.html
- Food and Agriculture Organisation of the United Nations (FAO) works with food security. http://www.fao.org/countryprofiles/index/en/?iso3=MWI
- UN World Food Programme (WFP) which responds to food security emergencies.
- Emanuel International is a faith based organisation that work on irrigation and food security. http://www.ei-malawi.org/
- Iceida supports basic services initiatives including water and sanitation, education and teacher training. http://www.iceida.is/english/main-activities/malawi/

The team noted that the MRCS division branch and the project in Mangochi presently has no formal or informal cooperation with any of these stakeholders, but volunteers are used in emergency situations by WFP to distribute food in remote places.

2.3 THE PROJECT

The partnership between Icelandic Red Cross (IceCross) and MRCS dates back to 2002. The three-year integrated Community-based Health & First Aid (CBHFA) Project was initiated in

January 2013 and ended in December 2015 and implemented in the Traditional Authority Chowe (ADC Masanje) in Mangochi District. This district was selected because the Icelandic government (MFA) supports a comprehensive basic services project in the same district and it was envisaged that synergies could be achieved. The project's target population is 100 villages with 7 700 households and a total population of 32 321. The total budget for the three-year CBFHA project was 114.9 MISK (1 109 565 USD). The Icelandic contribution has been divided between IceCross (around 55% of the budget) and the MFA (around 45% of the budget).

The immediate objective of the project was to sustainably improve the health and well-being of the targeted communities by the end of 2015. To achieve the objective, the project design included five areas of interventions:

1. To reduce maternal and child mortality;
2. To reduce morbidity and mortality due to malaria;
3. To increase access to sustainable safe drinking water, sanitation and hygiene practices;
4. To reduce vulnerability to HIV/ AIDS through preventing further HIV infection;
5. To improve MRCS's performance efficiency of both Governance and Management to deliver community-based health care programmes.

The project was carried out in cooperation with the district health department as part of the Mangochi District Health Plan (DHP). Areas of cooperation included sharing of information, joint planning, and service delivery by supporting community outreach (e.g. fuel and allowances for trainings). At community level, 100 MRCS volunteers (one per village) have directly interacted with Health Surveillance Assistants (HSA) to provide health information and services to the people. The majority of MRCS volunteers were male, since many women found it difficult to find time to take on additional duties and to move around independently. There are 15 HSAs in the area, all working under Chiunda Health Centre.

The CBHFA methodology, developed by the International Federation of Red Cross and Red Crescent Societies, aims at building the capacity of community volunteers in all types of health issues/emergencies. It engages the communities and their volunteers in the use of simple tools adapted to local contexts to address the priority needs and to empower them to be in charge of their own development.

Apart from the construction of school toilets (mainly for girls) and the provision of seven school boreholes and four community boreholes, the CBHFA project was mainly about promoting behavioural change in communities in relation to health and sanitation e.g. encouraging constructing household latrines with covers, arranging rubbish pits, improving hand washing practices, using mosquito nets, keeping kitchen utilities clean and safe, covering water buckets, taking children for vaccination, preventing HIV/AIDS infections, maintaining boreholes, arranging back yard gardens, etc. As part of the efforts to reduce vulnerability to HIV/AIDS, the project supported "granny groups" and 50 selected vulnerable children with

school fees and school materials. Sixty percent of these children were girls.

The IceCross support also involved training ofthe Mangochi district branch board members as well as provision of advisory services from delegates (Icelandic and Danish) for project staff and national level managers.

From 2016, a new "Community Resilience Project" (COMREP) was initiated in the same geographical area plus an additional two districts. It was based on the lessons from the first project. The expected outcomes of the new project are as follows:

1. Target communities particularly women, children and adolescents have improved preventive health care knowledge, practices and access to reproductive, maternal and child health services;
2. The target communities have increased access to safe drinking water and improved sanitation and hygiene practices;
3. Through MRCS's enhanced organisational capacity, communities have reduced risks and are better prepared for and able to respond to emergencies and disasters;
4. The most vulnerable people are protected and have access to basic social services;
5. MRCS has the capacity to perform and relate as a strong organisation that is trustworthy and accountable.

The total IceCross contribution for the new project so far is 49.3 million ISK (408 000 EURO or 346 million Kwacha). As from 2016, IceCross joined three other national RC societies (Denmark, Italy and Finland) in a consortium that is supporting a broader health and social services programme in three districts, including Mangochi district. The additional components in this new project include food security, disaster preparedness and early childhood development.

3. Outcomes and Impact

What intended, unintended, positive and negative effects has the support had on people, communities and partners?

3.1 IMPROVED HEALTH AND SANITATION

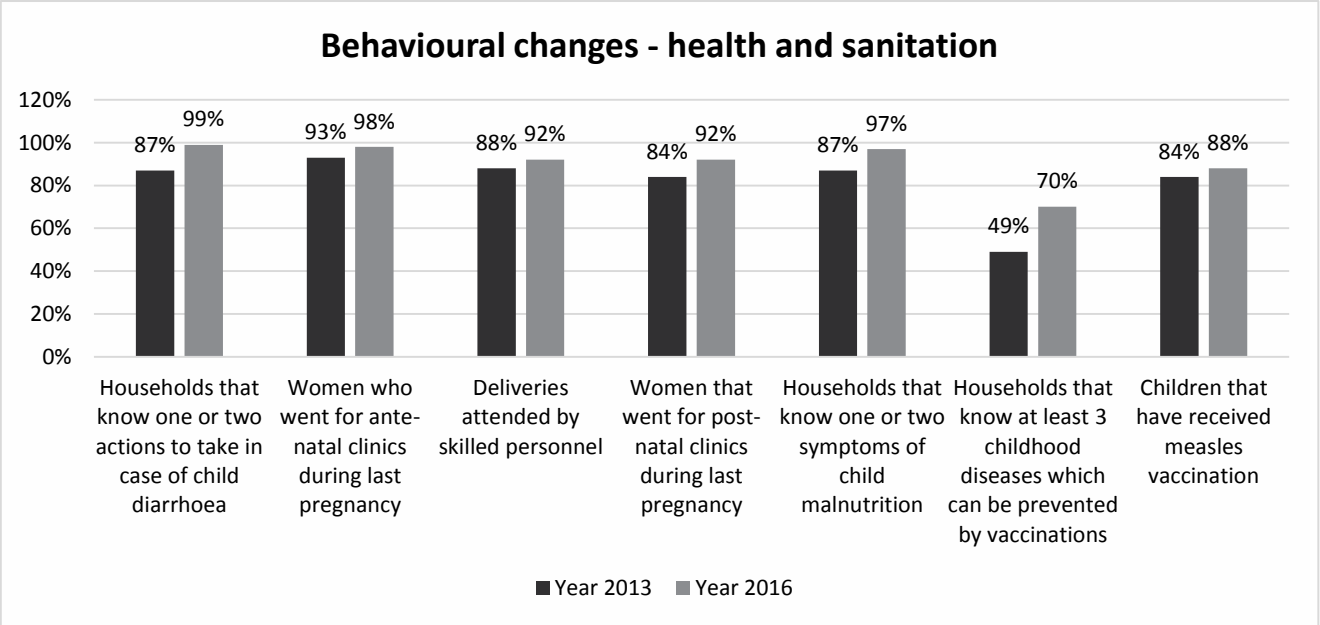
The final evaluation of the project, carried out in 2015[4], provides a detailed analysis of the results and challenges. It concludes that overall the programme has managed, despite the difficult context, the initial management problems, and the slow pace of the social mobilisation; to create ownership, pride, and a sense of responsibility among most of the target communities.

Reduction of diarrhoea cases has been reported and confirmed by the data available. This can be directly related to the sanitation and hygiene components of the programme. Increased immunisation is reported as a direct consequence of the project support to the U5 clinics (funding for transportation and outreach). The project also seems to have contributed to increased breastfeeding practices, increased attendance at the ante-natal care services, and increased deliveries at the health facility - in concert with the government policies.

The VC (vulnerable children) component has increased the awareness of the importance of child protection and education, including early childhood development. The majority of supported VCs report increased self-confidence and hope for the future, while being disappointed about frequent delays in the support packages. The VC school dropout rate has been around 30 percent, mainly due to girls' pregnancies. The supported mothers' groups have served an important role to prevent child marriage, along with recently introduced legislation.

The evaluation has analysed some of the indicators from the baseline surveys conducted in 2013 (old project) and 2016 (new project) and concludes that there have been improvements in knowledge and behaviour in a range of aspects as shown in the table below/next page:

[4] Final evaluation, Virgine Roiron, 2015



3.1.1 Reduction of maternal and child mortality

In Chowe TA in Mangochi, 57 percent of households were reached with nutrition and reproductive health messages by the CBFHA project. It is clear that the support to the Under-5 outreach clinics has saved lives, but knowledge among parents on child health and child nutrition is still limited. While many have some basic understanding of one or two symptoms or actions, as shown in the graph above, the vast majority (95%) does not have a sufficiently comprehensive knowledge. Moreover, distances to clinics and poverty adds to the difficulties in reaching good health standards. Mortality rates in Chowe TA are still above the national average, although they have decreased during the project period[5].

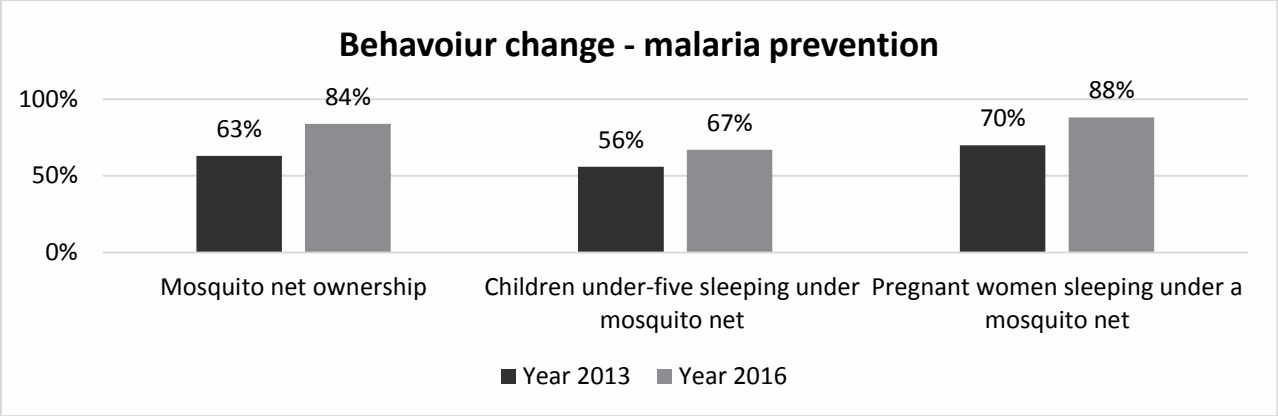
In Chowe TA in Mangochi, a relatively small number (1.4 % of the population) approached the clinics for severe diarrhoea in 2016, while 50 percent of the households report that their children under 5 had a milder condition in the past month, not requiring support from the clinic.

3.1.2 Reduced morbidity and mortality due to malaria

In Chowe TA in Mangochi, 71 percent of the population was reached with malaria prevention

[5] All graphs are based on information from the base line study undertaken for CBFA project in 2013 and the baseline study for COMREP 2016

messages by the CBFHA project. This improved the usage of mosquito nets.

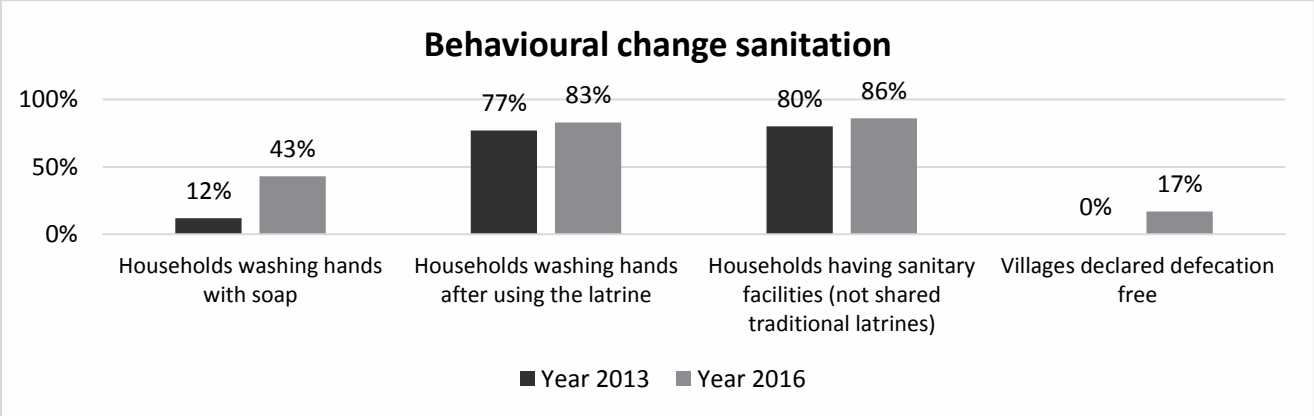


According to the 2016 baseline study, Chowe TA in Mangochi had a rather low incidence of malaria compared to other districts (10 % of the population has approached the clinics for this reason). Ninety-six percent of households surveyed knew of one or two ways of preventing malaria (mostly about the importance of using a mosquito net), while only four percent had knowledge of other methods. Only 56 percent of households were able to recognise symptoms of malaria apart from fever.

The main problem stated by respondents was the availability and high cost of mosquito nets, which made it difficult for all members in a family to be protected. The 700 nets distributed by MRCS was a small contribution towards the needs. Most families had received their nets from a government mass distribution campaign a few years back and some had received a net from the ante natal clinic visit (although this was not regular).

3.1.3 Increased access to sustainable safe drinking water, sanitation, and hygiene practice

In Chowe TA in Mangochi, 91 percent of the population was reached with hygiene and sanitation messages by the CBFHA project. This has resulted in some improvements in behaviour in terms of hand-washing and household latrines.



However, these figures do not completely reflect the reality observed on the ground. Almost no household latrines had working sanitary handwashing facilities, since it seems that the tip-tap constructions (using plastic water containers hung on a tree branch) are not used and soap

was only observed in very rare cases. Mostly respondents say that they fetch water in the kitchen to wash after visiting the latrine. The evaluation team noted during visits that households did indeed have latrines but only half of the latrines were covered with lids. Most latrines did not withstand the rainy season, so they are rebuilt every year. This reflects the poverty of community members, who cannot afford a more sustainable construction. Most communities were doing their best with the local resources available, while a few were still resisting change.

It was further observed that the school toilets built by the project in all seven primary schools visited were not used as intended. Only a few had lids and none had water available for handwashing or cleaning. The water containers (made of concrete) seem not to have been used in a very long time and many pipes and faucets had been removed or were clogged. In one school, latrines constructed for girls were used only by staff, in another school latrines were locked, and the keys were said to be lost (although this seems very unlikely since as each door comes with three sets of keys). Finally, the number of latrines constructed did not match the number of students at the school, with as few as four latrines for 2 500 students observed in one school. The lack of fencing around the school latrines also attracted nearby villagers to use the facilities. The lack of sanitation in the school has undermined sanitary progress of the community as a whole, even though it seems that a village can be declared defecation-free even if the school environment is not.

Considering the low sanitation standard in the schools, it is not surprising that girls often refrain from attending school during their menstruation. Eighty-five percent of girls use cloths (rags) that need to be washed (not disposable sanitary pads). There are no washing facilities to wash such cloths at school or to wash the private parts. Girls who do attend school during their periods, dispose of the cloth and carry a change. Even in homes, the girls have to hide to do the washing and to dry the cloths, as it is seen as a taboo. On a positive note, the team noted that the type of school latrine built by the new project (in a secondary school) had a different design, with fencing and protected water pipes. It can hopefully better serve its purpose, although there is a concern that clogging of pipes will persist along with the difficulty to access water to fill the tanks. The water tank of the latrine still has to be filled every day and the borehole is far off, serving another community so the latrine's use and functioning needs monitoring.

The CBFHA project also contributed by drilling boreholes in the primary schools (7) and in selected communities (4). This has helped to improve accessibility to clean water. The baseline studies indicate a slight increase in access to clean water from 88 percent in 2013 to 90 percent in 2016, which is likely to be a result of the new boreholes. However, according to the same 2016 survey, only 73 percent of households have an improved water source within 500 meters. Another nine boreholes have since been drilled in the area under the new project.

Although a precondition for health and hygiene, the team noted that access to clean water still remains challenge in the targeted area. Some of the issues raised were malfunctional boreholes due to over usage or poor drilling (too shallow); salination of the soil and ground water;

lack of resources for maintenance (despite efforts by the borehole committees); and uneven distribution of boreholes due to rivalry and politics in the area and remoteness of some villages. The evaluation team noted with concern that the collections made by majority of borehole committees were not sufficient to cover the repair needs. This was due to poverty of the communities and the powerlessness of borehole committees to enforce payment.

It is estimated that a borehole can serve 50 households[6]. This means that to cover the need, the project area should at least be served by 150 to 200 boreholes (1 or 2 per village) in addition to those in schools. The District Water Department is presently undertaking a survey of the coverage of functional boreholes in each traditional authority of Mangochi. The cost of a borehole ranged between 4 million MWK (USD 5 500) to 11 MWK (USD 15 160), depending on location and number of boreholes drilled in the same area. The idea of piping water from the nearby big lakes (at least for irrigation) is not yet considered viable.

[6] District Water Department

3.1.4 Reduced vulnerability to HIV & AIDS through preventing further HIV infection

In Chowe TA in Mangochi, 80 percent of the sexually active population was reached with HIV messages by the CBFHA project. According to the reports this led to:

- 85 percent having basic knowledge of how to prevent HIV transmission;
- 55 percent of men and 37 percent of women reporting to know somebody who had reduced the number of sexual partners;
- 28 percent of males and 25 percent of females reported to have consistently used a condom to prevent contracting HIV.

Nevertheless, only 50 percent of the sexually active population use contraceptives. Despite good efforts by mothers' groups and new by-laws, early marriages are still common, and a problem raised by all girls in the focus group discussions.

The evaluation team were also informed of sexual abuse by teachers, leading to pregnancies of students. Teachers proposing sex for money and/or for passing grades seemed common practice in one of the schools visited.[7] The organisation "Go Malawi" which is active in the area, could be an excellent partner to the MRCS in its efforts in addressing these issues.

3.2 IMPROVED ORGANISATIONAL CAPACITY OF MRCS

One of the five objectives of the project was to "improve the performance efficiency of both Governance and Management to deliver community-based health care programmes". The outcomes are assessed below.

3.2.1 Mangochi branch

The final evaluation from 2015 concluded that MRCS had become a well-known key actor within the targeted areas. After a slow start it had gradually increased its capacity to implement CBHFA activities, although there is was still a need to strengthen the capacities and sustainability of the division branch and sub-divisions.

This evaluation confirms that the delivery of services to the Chowe TA has indeed made MRCS more visible in the Mangochi district and it is now considered an important partner to the government. The district government departments appreciate MRCS, especially for its coordination, communication, and collaboration with them.

The evaluation further confirmed that the capacity of the Mangochi branch to plan, monitor

[7] The concrete cases revealed in focused group discussions were reported by the team to the relevant authorities. volunteers

and sustain its activities has substantially improved compared to the situation at the beginning of the project. Board members were trained in volunteer recruitment and retention, finance management, and training focusing on management and implementation of the project. They are now informed and actively participate in the monitoring of the project, although the project is formally managed by staff employed by and reporting to the MRCS head office. Each board member has his/her specific area of responsibility (health, education, VC support, First Aid etc.) and each time there´s an activity that (s)he is responsible for, they go along in the field. The branch has its own action plan (separate from the project) and is actively preparing for a time without international project. (See more under sustainability chapter).

3.2.2 National level

Despite being an explicit aim of the project, little has been done to address the capacity gaps of MRCS at national level, apart from unspecified advice provided by designated delegates and visiting representatives of IceCross. There has also been substantial funding for programme management and accounting at the headquarters and for project coordination in Mangochi district branch to enhance capacity, but these capacities are not institutionalised. The practice to deploy delegates from Iceland (in the old project) and Denmark (in the present project) to guide and monitor projects and to pay for its entire administration, has ensured the quality but rather relieved MRCS from the urgent need to enhance its capacity, while at the same time adding to management and administrative costs.

Interviews with partnering national RC societies indicate that MRCS at national level does not yet have sufficient human resources and systems in place to coordinate, guide, manage and monitor its operations and projects – although some improvements are on the way. A new secretary general was engaged in 2017 and the Swiss and Dutch RC societies have taken a lead in organisational development (OD) support.

4. Effectiveness

How can the effectiveness of the programme be improved? What are the contributing factors and the constraints to effectiveness?

The evaluation found that the project's approaches contributed to a certain level of effectiveness, but some external and internal factors constrained the results. These are discussed below.

4.1.1 Contributing factors

The capacity of the local MRCS district branch in Mangochi, developed by the project, has contributed to a more effective backstopping and monitoring of the project over the years. Because of its organisational capacity and innovation, the district branch has become a model for other RC branches in Malawi and neighbouring countries. If it can remain with its present vision, without being diverted by people with selfish ambitions[8], it may well have the potential to take on a bigger responsibility for management and monitoring of the project and other future donor funded projects[9].

MRCS strengths compared to other actors is the local anchoring and the availability of well-prepared volunteers at the grassroots level, who can raise awareness and assist in service provision.

The project has been able to draw on existing and newly recruited RC volunteers for small or big tasks in the area of health, education and social services, when government extension workers have been too few or under resourced. Moreover, the MRCS volunteers have been used as a resource for UN bodies and other CSOs to reach remote grassroots areas in times of emergencies. A total of 100 of its Mangochi district volunteers[10] were trained to work on the project in the targeted communities.

The following approaches taken by the MRCS project are mentioned as particular strengths by government informants:

- MRCS is transparent and informs the government in their activities and impact areas.

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[8] As the board is democratically elected there are always risks of politicisation and coups. The biggest risk to the capacity of the Mangochi branch is (according to themselves) that board members with less vision and ambition are voted in, leading to diversion of focus and dependence on external donor projects.

[9] The project is still run by staff recruited by and reporting to the national MRCS office, but the branch has gradually been able to play a bigger role.

[10] Out of a total of 1792 volunteers organised in 42 sub-branches to match the government structures.

There are regular meetings and the relationship is considered to be a partnership.

- MRCS activities are aligned with the ministries´ activities and make use of government expertise, although sometimes not sufficiently.
- MRCS has been able to respond to a variety of community needs (health, sanitation, education, VC support etc), while other CSO actors have typically often focussed on one issue in which they are specialised – such as investments in roads, health clinics, schools, boreholes, contraceptives, food etc
- MRCS works in remote areas and have dedicated volunteers who can assist government in outreach (e.g. campaigns against measles and rubella, school competitions and school toilets).
- MRCS has the ability to monitor its work and make adjustments along the way.
- MRCS works sustainably by engaging directly with the communities.

4.1.2 Constraining factors

The major **external factors constraining** the project's results are negative contextual developments, such as population growth, climate change, flooding and poor economic development in the country and the low level of education in the target area.

Furthermore, the district government policy to "divide" the district between various aid organisations (to avoid duplication and over-servicing some TAs while neglecting others) has negatively affected the ability to find synergies and leverage contributions. Finally, the allowance practices used by donors adversely affected the MRCS project, which was delayed and hampered due to disinterest from government officials who preferred to engage with other projects with higher allowance rates.

There are also some major **internal constraints** related to the design and implementation of the project:

- Although the targets were almost met in terms of coverage, the messages were not always adapted to the targeted audience. The initial selection of volunteers undertaken by the communities resulted in a cadre of mostly male volunteers. This made messaging to women and girls problematic. Moreover, not all the volunteers were selected based on suitability for the task, but rather on good connections with community leaders. This means that frequency and quality of visits to communities were affected. Furthermore, it was observed that only 40 of the 100 MRCS volunteers from the old project in Chowe TA were re-selected for the new project that started in 2016. Although some were not re-selected due to low performance, some were dismissed due to power issues in villages. MRCS volunteer management was sometimes poor, and it was not clear if project staff or branch leaders were responsible for the monitoring and backstopping in these cases.
- Latrines constructed in the schools were not sufficient to match the high number of students and they were not designed according to practical realities. The evaluation team noted a ratio of one latrine to 250 to 500 students in visited schools. Furthermore, the design

did not consider the water supply needed for handwashing and hygiene. All inspected facilities lacked water for handwashing, had dysfunctional washing facilities (and no toilet paper). Students confessed to using note-book paper to clean themselves. Others said that they did not use the facility due to limited intake of food and therefore the latrine at home was sufficient. Furthermore, the team noted that a number of school latrines were used by the public since they lacked fencing. The students had suggested fencing for a long time without action. None of the latrines were accessible to girls and boys with disabilities. Some of these concerns are addressed under the COMREP, although only very recently so the impact is not yet known.

- The issue of girls' attendance in schools during their menstruation is complex and cannot be solved by merely constructing a changing room[11]. The availability of sanitary pads (or other types of protection), soap, water and privacy are essential along with addressing existing taboos. In Chowe TA most girls use old strips of clothes that are washed in secrecy or thrown in the garbage.
- The tip-tap model for handwashing promoted by the project seemed not used in almost all places visited[12]. This is a model where plastic bottles (or containers) are tied to a wooden frame and tipped with a string to dispose water slowly. The small bottles used in the few households where it could be observed (often 1.5 litres), could only hold enough water for a couple of visits to the latrines. A few tip-taps inspected were mouldy and appeared not to have been used for a long time. Soap was observed in two places only (model houses). It seemed that most households resorted to getting water from the bucket in the kitchen. When questioned, respondents said that it was too cumbersome to maintain the tip taps and keep them filled with water. Others blamed children for removing the bottles.
- The placement of new boreholes was affected by local politics and even by personal interests of members in the project coordinating committee. This means that they were not always drilled in the neediest places. Also, the drillers did not always consider the local soil conditions and the need to adjust the depth of the borehole carefully to avoid getting salty or muddy water. The team observed a high number of dysfunctional boreholes, including some financed by the MRCS projects. The contribution by MRCS to the number of boreholes was marginal to the situation as a comprehensive government-led approach is needed

[11] https://www.sswm.info/content/menstrual-hygiene-management

[12] https://www.youtube.com/watch?v=t6bP7JYPOzM

to the water supply situation – including piping water for irrigation (which could help getting three crops per year) and new technology such as cleaning lake and river water with solar energy.

In its efforts to address the holistic health and sanitation needs of the targeted communities, MRCS has also been limited by its financial ability (and role/mandate) to respond to larger infrastructural investment needs such as road maintenance, construction of bridges, school blocks, health clinics etc. The weaknesses of the MRCS project raised by government informants are mostly related to higher (often financially unrealistic) expectations, such as:

- The project has a very small impact area;
- The project is not able to pay the government facilitators enough money/allowance to do their work.[13]
- The project has limited funding for investments in infrastructure;
- MRCS does not pay its volunteers as other CSOs do.

Respondents also mentioned that MRCS lacks capacity in nutrition, farming, and child protection, but are more competent in health and sanitation issues. This may have to do with the fact that the nutrition, farming and child protection components were added more recently to the portfolio and not all volunteers have been trained in these areas. The project has not yet managed to establish systematic partnerships with other CSOs who have complementing specialities. Cooperation is thus ad-hoc.

The effectiveness is also affected by the employment practices of the MRCS. None of the management staff employed in the project (new and old) is from the same cultural background as the targeted communities (language and religion) and they do not speak the local language. It would add to effectiveness and credibility of the project if the management was more representative of and sensitive to the context.

[13] Other organisations pay 25 000 MWK, but MRCS pays 2 500 MWK. This means that government staff prefer to do other work, especially since MRCS operates in remote areas.

5. Sustainability

To what extent and how has local ownership been promoted?
Have the lessons learned from the old project influenced the new project?
To what extent do volunteers from the old project remain as volunteers and continue to disseminate information on health and sanitation after the project has ended?

The project has made substantial efforts to promote local ownership and sustainability, which is built into the implementation model at many levels. This is demonstrated by:

- Training in CBHFA of 100 volunteers from the community and provision of bicycles for monitoring purposes, involvement of communities, and capacity building of the MRCS Mangochi branch division and its sub-divisions;
- Establishment and continual involvement of the district project committee in planning and monitoring of the project. The committee consist of 30 leaders from the Chowe area;[14]
- Continual involvement of communities to evaluate and select their own Red Cross volunteers and to participate in project implementation;
- The involvement of the District Executive Committee in assigning the geographic area of Chowe TA to the Red Cross;
- Involvement of the District Water Officer in quarterly monitoring of WASH activities and in the training of borehole committees;
- Cooperation with the health clinic in the area and its extension workers to facilitate outreach and training of volunteers;
- The policy to keep allowances for government staff at a minimal level (2500 MWK per training day) when they hold trainings and do monitoring visits.

Furthermore, the (belated) involvement of the Mangochi RC division branch leaders in resource mobilisation and participation in project monitoring and capacity building of sub-divisions (recommended by the evaluation in 2015) is contributing to sustainability. The Mangochi branch board is actively preparing for a time without international project support and is focussing on resource mobilisation and maintenance of Red Cross volunteerism and activity outside the project area (TA Chowe). The branch has remained in its old premises that

[14] A few members are women, but their voices are not prominent.

are provided by the district government, instead of using the project office building that was donated by IceCross. The branch views the project premises as a source of income/sustainability insurance for the future and has plans for renting it out.

In 2016, the branch had an income of 1.2 million MWK income. The funding has been used to, for instance, construct a fence around the new office premises, provide transport and lunch to volunteers who undertake work, and support to school fees for four VCs, while MWK 400 000 was saved for future investments. The branch has also made an income generating business out of renting out Red Cross tents for functions. The branch has purchased chairs and tables to go with the arrangement, but could make use of some additional seed funding to boost these plans for financial sustainability. Still, there is a severe lack of resources at subdivision level and volunteers make do with poor tools for communication and reporting such as old broken mobile phones and paper copies for reporting.

In terms of the sustainability of outcomes achieved, the behavioural changes in health and sanitation practices and the resulting health benefits will be sustainable to some extent. However, longer-term sustainability is threatened by poverty, population growth, and limited government capacity to uphold the basic services standards. It is hard to speak of sustainability in a context that is close to a humanitarian emergency. The sustainability of the project is especially hampered by factors such as the following:

- As discussed above under constraining external factors, he evaluation found that government staff preferred to participate in other projects that had more generous allowances (including Iceida's project) than the Red Cross's, which severely hampering the pace of implementation. This can only be solved with enhanced humanitarian diplomacy and negotiations with other donors in the district that are competing with higher allowances.[15]
- Despite the boreholes at seven schools and the total of thirteen community boreholes drilled by the old and new projects, there is not sufficient coverage of clean water. Several areas are still underserved and a number of boreholes in the visited area have stopped functioning (due to over use, salty water, too shallow, lack of spare parts etc.). The borehole committees have done their best to protect the boreholes and save up for repairs, but due to poverty many households have been unable to contribute. Thus, boreholes cannot

[15] The government daily allowance rates range from MWK 8,000.00 ($11) for the lowest grade to MWK 55,000 ($75) for the highest. The standard rate is MWK 15,000.00($20). Donors generally follow a DfiD practice of MWK 25 000 ($35). MRCS allowances only amount to 2 500 MWK ($3.50).

be sustained unless there is an income generating activity attached to it. Only one of the borehole committees started such an activity – a vegetable garden near the borehole supported by the RC project.

- Due to poverty in communities, most latrines are only short-term constructions that have to be rebuilt after each rainy season. According to informants a more durable construction with a concrete slab would cost around 4000 MWK, an onerous amount in the local context compared to the present constructions that use clay freely available in communities. There seems however to be an emerging market for concrete slabs and other durable methods as community members realise that it is overly cumbersome to invest time in rebuilding the latrines every year. Some informants from the communities ask for training and start-up capital to start such production businesses.
- The VC component is hampered by the limited project timeframe of the projects (three-years) making it impossible to engage in support to children that will last for their entire schooling. No funding can be guaranteed beyond the project period. The MRCS decided to refrain from supporting VCs rather than risking its reputation by leaving a child without support in the midst of their education. The VCs supported in the first project were saved by the fact that the new project could take them on. There is a need for the MRCS branch division take on the responsibility for the VC support to ensure sustainability and continuity. Support to individual VCs should not be dependent on temporary project funding. The MRCS division branch board is presently able to financially support four VCs from its budget (outside the project), which is a positive sign.
- The support to the under-five outreach clinics is not sustainable since there is no government budget for these and no transport facilities available for the clinic staff. The only way forward is to engage in humanitarian diplomacy to make this happen. There is also a need for a maternity ward in the clinic.
- The bicycles provided to volunteers in the new project are of such bad quality that they are already broken. This impedes the volunteers' mobility in the project area, negatively affects their ability to perform their duties, and is damaging to their moral.

The lessons from the old project have influenced the design of the new project to some extent. There is now more focus on nutrition and food security, early childhood development, boreholes in communities (not only schools) and better incentives for the volunteers (allowances). However, most of the recommendations from the final evaluation in 2015 are still valid such as:

- The need for source of income for sub-divisions and borehole committees;
- The need for improved sanitation and sanitation awareness-raising;
- The need for more training for mothers and grannies in charge of the backyard gardens;
- Improving monitoring and support to the volunteers;

- Addressing the limited capacity of the division and sub-division and the humanitarian diplomacy component;
- Addressing the limited sustainability of the support to individual VC and to the U5 out-reach clinics.

6. Efficiency and organisational effectiveness

What factors in the project management and admin have promoted or hindered efficiency?
What have been the strengths/ weaknesses of communication and cooperation between a) IceCross and the MFA on one hand and b) MRCS and IceCross?
How does cost efficiency of RC and Gov´t projects compare on 5 selected indicators?

6.1 COMMUNICATION AND MANAGEMENT

The relationship between IceCross and MRCS dates back to 2001, when IceCross first visited Mangochi. In Malawi, IceCross initially had a delegate posted in Mangochi to facilitate the cooperation and monitor the use of funding during the first year of the project. This function constituted 13 percent of the budget for the first year. The IceCross delegate was replaced by a Danish delegate, who took on the responsibility along with other tasks associated with Danish RC support in other districts. In the period between the two delegates, efficiency was hampered by a corruption incidence that led to dismissal of the local project manager in Mangochi and recruitment of new project staff. During this initial period progress was slow and plans were not followed. It showed that systems were not in place to do proper monitoring, neither in MRCS nor in IceCross. However, it also demonstrated that corruption would be detected and could be dealt with.

The 2015 evaluation of the CBHFA project deemed that the overall programme management improved and became efficient after the new district team was in place, following the corruption case. There are now appropriate planning and monitoring systems, weekly team meetings at the district level and quarterly team meetings at the central level. The inclusion of key stakeholders in the Districts Project Committee (DPC), although challenging, have effectively supported the programme management and ownership. Furthermore, the involvement of the MRCS division branch in monitoring has been enhanced. Presently, IceCross is part of a consortium of four Red Cross societies, with a Danish Red Cross delegate posted at the HQ of the Malawi Red Cross to guide and monitor the project in Mangochi (and two other districts) and to handle the communication between the project and IceCross.

However, the capacity of the Malawi Red Cross is still weak, it relies on foreign funds for its programmes and it depends on (many) foreign delegates for management and monitoring functions. Although there is an overall strategic plan for 2015 to 2019 to guide MRCS direction and operations, there are no overall financial or narrative reports related to this plan. Reporting is fragmented to various donors according to their requirements. There are presently gaps in overall financial and narrative reporting to the MRCS constituency.

Most RC partners, as well as the other donors, require separate reporting and accounting, which is often based on requirements from their respective governments (despite the fact that many have signed the Paris and Accra declarations on donor harmonisation and core support).

Having to deliver on many different results frameworks and produce many different financial

reports and audits, naturally makes it difficult for MRCS to pursue its own strategic plan and reporting. It also adds to the risk of double financing. The Swiss and Netherlands RC are presently engaged in support to the general organisational development of MRCS, including administrative and financial management systems. They deem the systems to be weak. MRCS has recently employed a new Secretary General to enhance its management capacity. The Strategic Plan 2015-2019, could serve as a good basis for joint programming by donors and partners.

Since 2016, four RC partners (Iceland, Denmark, Finland, and Italy) have established a consortium. Partners in the consortium receive joint reports and try to align their requirements to existing MRCS reporting systems. Still, partners mainly take an interest in their own projects, but hold coordination meetings and cooperation is discussed in various fora.

6.2 COST CONSCIOUSNESS

An analysis of how the funding transferred to MRCS was used, shows that management and administration costs took up a substantial part of the budget. The costs of the IceCross management and travelling are not included in these figures[16].

Objective/budget allocation	MWK	%
To reduce maternal and child mortality (access to health and nutrition)	15.48 million	6%
To reduce morbidity and mortality due to malaria	5.85 million	2%
To increase access to sustainable safe drinking water (7 at schools, 4 in villages)	51.15 million (4.6 M per borehole)	21%
To enhance sanitation and hygiene practices	8.53 million	4%
To support 50 specific VCs and capacitating granny clubs (each VC was around 70 000 MWK per year in average)	11.05 million	5%
To reduce vulnerability to HIV & AIDS through preventing further HIV infection	13.25 million	6%
To improve MRCS's performance to deliver community-based health care programmes	40.57 million	17%
Transport	10.04 million	4%
Capital goods	6,.4 million	2%
Management and administration (salaries, monitoring, office expenses, audits)	79.13 million (of which 2/3 refers to HQ)	33%

[16] In the old project 21% of the total budget was used for IceCross management and an Icelandic delegate. Figures for the new project indicate that 5 % is used for the IceCross management. The Danish delegate and her administration is paid in full by Danish RC.

The cost of a borehole is estimated by experts at 4 to11 million MWK[17] depending on the soil conditions. This means that MRCS has spent a rather reasonable amount per bore hole. Also, the work in areas of health and sanitation seems to have yielded results to justify the costs.

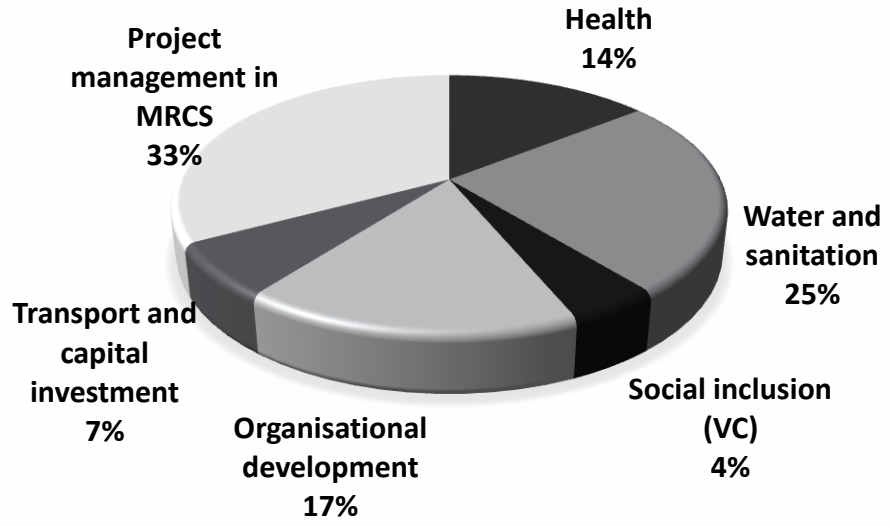
Other budget lines raise some questions, such as the support to the 50 VCs and the granny clubs. Limited results came out of the support to the grannies as many of the back-yard gardens were ruined due to flooding. The drop-out rate from the VC project has been around 30 percent and enrolling new students late in the programme is deemed difficult as the project period is too short to take them through their primary and/or secondary education.

Furthermore, the training of MRCS staff, volunteers, project committees and community committees at a cost of 40.57 million MWK seems to have yielded limited results in terms of capacity of sub-divisions. Ahead of the start of the new project in 2016, 60 out of 100 volunteers were dismissed by their communities, demonstrating that the training provided to them did not lead to sustainable, well capacitated volunteer cadre. The team also noted lack of mobile phones for communication among the visited sub-division leaders, broken bicycles due to the poor quality provided under the COMREP and disempowerment due to limited back up from the project management.

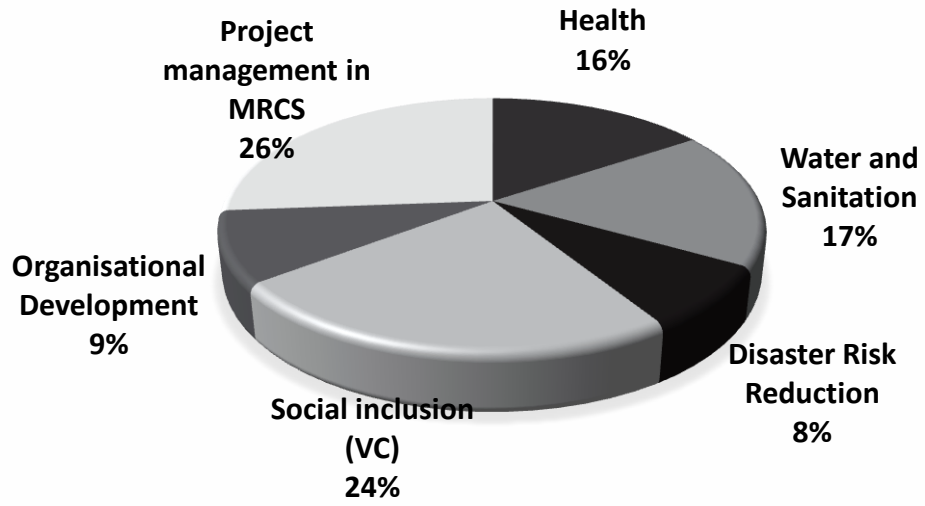
An analysis of the funding channelled to the projects - ***excluding the costs of the IceCross and Consortium project management and administrative costs which are substantial and excluding the new youth component*** - show a shift rather drastic shift in focus between the old and new project. A lot more is done in food security (disaster risk reduction) and particular in social inclusion. Organisational development is reduced (in relative terms).

[17] The figure was provided experts in the government Water Department and in other organisations interviewed.

FUNDING DISTRIBUTION CBFHA



FUNDING DISTRIBUTION IN COMREP



6.3 COOPERATION WITH ICEIDA

Due to time constraints, the evaluation team was not able to assess and analyse information from the Iceida programme in Mangochi to compare efficiency. However, the above analysis of the IceCross project could serve as a basis for such comparison in the future.

There is a great potential to enhance the efficiency by ensuring communication between the two Icelandic projects (the Iceida funded basic services project and the MRCS project). So far there has been a complete lack of communication between the two. This was partly due to the District Executive Committee directing the two projects to work in different geographical areas (TAs) of Mangochi. It would have increased efficiency if the two projects had been connected in a more deliberate manner, where Iceida provided the hardware infrastructure investments and MRCS contributed towards the grassroot mobilisation and assistance to government extension workers. In fact, the Red Cross volunteers could have been engaged by many of the larger programmes in the district (UN and bilateral) which lack a grassroots connection. Instead these donors have recruited their own volunteers, which has been expensive.

7. Relevance

To what extent is the support relevant to the context in Mangochi District and to the needs and priorities of the target group?
To what extent is the support relevant to the objectives and priorities outlined in Iceland's strategic guidelines for CSO support?
To what extent is the support relevant to the objectives and priorities outlined in the Red cross policy and to the IFRC´s strategy on Gender and Diversity?

7.1 RELEVANCE TO CONTEXT

The overall programme approach is very relevant to some of the critical needs in the target area: poor health indicators related to lack of access to water and sanitation facilities; lack of knowledge of means to prevent some of the key diseases in the area (diarrhoea, malaria, HIV/AIDS, malnutrition); need to enhance safe motherhood practices; and the critical need to support VCs. However, relevance could be further enhanced if the project would address the following aspects in more depth, through its diplomacy and networking with government and other CSO actors, and in effect making the project approach more holistic:

- **Food insecurity** is chronic in the area and is perceived as a critical problem. Among children under five, 45.4 percent are stunted according to 2016 health statistics. Staff and volunteers sometimes found it challenging to promote behavioural change in health and sanitation, when access to food and income are seen as the main problems. The new project has attempted to address the challenge by introducing nutrition support to Community Based Child Care Centres (CBCCs), offering daily porridge to the children and by initiating the "pass a goat" initiative, supporting poor families to rear goats (results have been varied) Food insecurity component needs to be addressed in a more strategic and comprehensive way if the project is to sustainably improve the health and well-being of the target populations.
- **Access to health care and commodities** was found to be one of the main problems during the preparatory phase of the project. The project's support to U5 outreach clinics has undoubtedly increased the access to basic health care for U5 children and has, combined with a very effective health promotion strategy, increased attendance at the Chiunda Health Facility; Still, access to proper healthcare remains very challenging for many remote communities. Demand for contraceptive methods, condoms, and even mosquito nets is not always met by available supplies at hospitals. Thus, the lack of infrastructure and limited availability of supplies hampers the ability of community members to translate some of the knowledge acquired into practices.
- **Access to safe water**: while the project focused on increasing access to safe water for children in schools, it did not aim at increasing access to water in communities – only four boreholes were built in villages. Without clean water, health and sanitation efforts become futile. The new project has so far drilled nine new boreholes in villages, some-

what addressing the concerns raised. Although another 18 boreholes will be drilled, and 54 boreholes will be rehabilitated under the new project, this will not fully address the need. The district Department for Water and Sanitation is presently undertaking a mapping of the water situation in each TA in Mangochi. This mapping could serve as a basis for MRCS and other partners to address the gaps in the project area.

7.2 RELEVANCE TO ICELANDIC CSO GUIDELINES

The principal objective of development support through Icelandic civil society organisations is to contribute to an independent, **strong and diverse civil society** in low income countries that **fights against poverty** in its various forms. The support furthermore aims to support civil society in safeguarding democracy and the human rights of impoverished and marginalised populations. The Icelandic CSO guidelines highlight income generation, provision of basic services, capacity building and advocacy as means to reduce poverty and realise human rights. In addition, the guidelines confirm the importance of promoting **gender equality** and **environmental sustainability** – key priorities areas in the Icelandic development cooperation strategy; draws attention to the **human rights principles** – non-discrimination, participation, accountability and transparency; and raise the importance of **local ownership.**

The extent to which the project is relevant to the Icelandic CSO guidelines is discussed below.

Strengthening civil society: Strengthening of civil society per se was not a prominent part of the project design. However, strengthening the capacity of MRCS was one of five specific objectives of the project, since it was seen as a precondition for the effective delivery of the health and sanitation outputs. The evaluation shows that the Mangochi division branch has indeed strengthened is capacity and become a more active, visible and sustainable stakeholder in the district. The capacity at national level is still in need of development. Presently, MRCS is not seen by the international community as the first option for emergency mobilisation and service delivery[18] and there are management weaknesses to address.

Given the many years of collaboration, it would seem appropriate to consider a stronger focus on support to MRCS institutional development as a civil society organisation. This is an area of improvement for IceCross and MFA to consider in future engagements. It is also a sustainability issue.

[18] Interview with MRCS partners suggest that this is UNICEF.

Gender equality: The project has deliberately worked to include girls in the VC programme (60%), to construct girls' toilets in schools, and to encourage selection of women as RC volunteers and members of borehole committees. However, the there is no systematic gender equality analysis to underpin the programme design. The 2015 evaluation recommended MRCS to enhance the gender equality analysis to address key determinants of health and enhance its protection and education approaches. MRCS could furthermore benefit from developing a national gender policy to be applied in all future projects.

Environmental sustainability: The project has engaged in promoting sanitation and supporting tree planting to counteract the deforestation that has taken place. The project also addresses issues of family planning, which may ease the stress on the environment. On the other hand, the drilling of many boreholes may affect the water table negatively. There is no deliberate environmental approach or strategy.

Local ownership: As mentioned under the sustainability chapter, promotion of local ownership is a very strong feature of the project.

Human rights: The project focussed on service provision to fulfil some of the most basic human rights (food, water, health and sanitation) but not on advocacy for systemic changes. This was due to a) the traditional role of the Red Cross as a service provider; and b) the very limited capacity and resources available at local government departments. There was increasingly an effort to bring about change in community leadership behaviour by "humanitarian diplomacy". According to the MRCS strategic plan 2015-19, the aim is to include humanitarian diplomacy in all work.

In relation the four human rights principles listed in the *CSO Guidelines,* the following was noted:

Participation: Participation is a central component of the CBHFA approach, which builds on communities' own definition of problems and setting of priorities. It was noted, however, that the voices of women were yet to come to the forefront.

Non-discrimination: The project is strongly guided by addressing the poorest and most marginalised members of the community. It includes components that address the problems of the most vulnerable children and is focussed on girls and early marriages. A few children with disabilities have been supported with mobility devises. However, the team observed almost no children with disabilities in schools (and Mangochi fares low in district

statistics on inclusion of children with disabilities in education) or in the communities visited, which could indicate high levels of stigma and discrimination (hiding of children inside).[19] The team also suspects that wheelchairs provided to children might be more for display than for use given the cleanliness of the devices observed as well as the parading of the children. Furthermore, school buildings and toilets are completely inaccessible for wheelchairs.

The diversity of MRCS staff is limited. All the national top-management staff are male. The team also observed that most of the MRCS staff met were Seventh Day Adventists or other Christians, while none of the staff seemed to come from the Muslim community (or Mangochi itself, which is a Muslim dominated district).[20] None of the respondents, nevertheless, mentioned discrimination as an issue, but rather confirmed that the RC project treated all communities equally regardless of religion. However, the team noted the use derogative language and misuse of power among some project staff and thus have some doubts to whether MRCS have established non-discrimination as a basic value within its organisation.

Accountability: MRCS is a membership based organisation where each level elects its representatives, from sub-division, to division to national level. These elections seem to be reasonably fair, although women and some religious and ethnic groups are underrepresented. There is, however, a fear among many office bearers that the democratic structure will open up for undue interference and politicisation, especially when there are substantial resources and influence at stake.

MRCS accountability has been hampered by limited management capacity and the dependence on short-term donor project funding. After the initial corruption case in Mangochi, the projects supported by IceCross have improved the monitoring and accountability mechanisms. However, accountability is mainly seen as a responsibility towards donors. Accountability towards staff and constituencies at various levels is still limited. Some examples of poor accountability include the neglect in paying social fees for staff and the non-existence of overall narrative and financial reporting to the board of MRCS and to the division and sub-division branches.

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[19] According to the 2015-2016 Demographic and Health Survey from the National Statistics Office[19], 29 percent of children between 2 and 9 years have a disability (functioning limitation or developmental delay) and 19 percent of children 10 to 17 years have such limitations. Poverty, malnutrition and poor health and sanitation conditions, combined with limited access to medical and rehabilitation support contributes to these high numbers.

[20] Seven Day Adventists make up 3 percent of the population.

Transparency: The project has worked hard to ensure transparency in its processes and to involve communities in planning and monitoring. The process of selecting RC volunteers in Mangochi was seen by many respondents as a fair and participatory process. However, others expressed concerns that there was undue influence from community leaders. The fact that 60 percent of the first batch of volunteers were dismissed ahead of the new project start in 2016, seem to indicate that the process is not always sufficiently transparent.

The process of identifying VCs for support by the project was also a delicate issue. According to the CBHFA base line study as much as 34 percent of the households held an orphan or a vulnerable child, which created high expectations on the project. According to most respondents, the VC selection process had been fair and open, involving community leaders and teachers. At the same time, other respondents spoke of favours given to relatives of influential community members. Other transparency issues mentioned was the fact that two staff members at the Mangochi project office were relatives of division branch board members. Furthermore, there was an example of a community leader who had diverted from project committee decisions and redirected the placement of a borehole to his community.

8. Relevance and added value of support through Icelandic Red Cross

To what extent does the Red Cross add value as a modality for the Icelandic Development Cooperation?
To what extent is the support relevant to dialogue on and awareness-raising/public education of Iceland development assistance efforts? To what extent does IceCross' awareness-raising in Iceland add value to Iceland's development cooperation effort?

Iceland's *CSO Guidelines* emphasises the importance of utilising "the expert knowledge of the (Icelandic CSOs), their willingness, ability and social networks to successfully reach Iceland's developmental objectives." It highlights the links that can be made between the grassroots in Iceland with the grassroots in developing countries, through this type of support. To be eligible for support, the Icelandic CSOs must "be able to show that their participation will increase the value of the development cooperation", not least by contributing towards an Icelandic public that is well-informed through dissemination of information and educational activities about developing countries and development cooperation. The CSOs should also support Iceland's development cooperation through engagement in the country's aid programmes by providing expertise and insights in the country's development discourse.

IceCross is adding value to Iceland's civil society support in the following ways:

Additional funding: Effectively, the MFA funds and IceCross' own funds are able to leverage each other to have greater effect. In recent years (the new project), MFA have contributed 45 percent and IceCross has provided 55 percent from its own funds. MFA allows IceCross to use ten percent of its funding for IceCross administrative and project management costs. All other headquarter costs associated with its development cooperation come from IceCross own funds that are external to the joint MFA-IceCross contribution to the projects.

Monitoring and administration of the support: IceCross monitors the projects and reports back to the MFA regularly. The CSO desk at the MFA is a small unit which does not have the capacity to ensure monitoring and administration of the support in a way that IceCross does.

Reduced financial risk: With the addition of IceCross funds and the monitoring support it supplies, MFA reduces the financial risk involved in supporting civil society organisations in developing countries. If MFA were to support CSOs directly in developing countries, it is likely it would have to support more established organisations with strong capacity – especially in countries where it does not have an embassy.

IceCross has been a long-term partner to MRCS, thus contributing a stable funding base and attracting other national RC societies to support MRCS. It has also played a role in moral support to the branch in Mangochi over the years. Due to its staff changes and the small size of its financial contributions (jointly with MFA), compared with other donors of MRCS, the added value of IceCross has been somewhat limited. During the CBHFA project, the Icelandic Red Cross purchased new office premises for the Mangochi branch. This includes the office

building itself in addition to a small guesthouse and the land on which they both stand. The branch has been able to rent out the guesthouse for profit and parts of the office building as well. They have subsequently purchased a tent and lawn chairs to rent out. These profits have enabled them to become the first branch to pay for their volunteers´ insurance and in addition support some of their activities with their own resources. The Icelandic Red Cross has also supported MRCS on ICT matters, installing dependable internet at headquarters as well as at the Mangochi branch office.

Information dissemination and awareness-raising in Iceland: The Icelandic Red Cross actively promotes its work in Malawi, both domestically and internationally. The Society produces several yearly publications describing its projects and the main events of the year, with its biggest publication being the Annual Report. IceCross´s projects in Malawi have received special review in each issue since 2001, including photos and mentioning of the support of the MFA. The Annual Report is published both online and in paper form. The Society´s staff makes around 15 presentations to students (primary, secondary and university) yearly, introducing international programmes, MRCS being one of them. In 2017 an article about the project was published in Iceland´s most widely read newspaper and subsequently the society held a presentation on the project, open to the public. The society is active on social media with over 23.000 followers on Facebook. The society also uses its webpage (www.redcross.is), Instagram and Twitter and on occasion, Snapchat. Once to twice a year, a story is posted about MRCS.

In the spring of 2017 a survey of public awareness of Icelandic CSOs, which sampling over 1400 individuals, was performed by Gallup. The results were very positive for the Icelandic Red Cross, with the Society scoring the best out of the five CSOs taking part in the survey[21]. Over 74 percent stated they had *full*, *very much* or *rather much* trust in the Icelandic Red Cross; over 72 percent stated they were positive towards financially supporting Icelandic Red Cross activities; and little less than 67 percent stated they had already donated funds to the Icelandic Red Cross.

Active in the development cooperation community in Iceland: IceCross has participated in different development fora:

- It is a member of the Association of Icelandic NGOs that work in development cooperation and humanitarian assistance – SÍMAH.

[21] Other CSOs were SOS Children´s Villages, Icelandic Church Aid, Save the Children and UN Women.

- It is one of the seven CSOs representing SÍMAH in the MFA's Development Cooperation Committee.
- It used to participate in the annual week-long public awareness campaign on development issues – *Þróunarsamvinna ber ávöxt* – with former Iceida and other Icelandic CSOs, which ended the merger with the MFA in 2016.

Engaged in international solidarity and international networks: IceCross is a member of the International Federation of Red Cross Societies (IFRC), which is the world's largest humanitarian organisations, comprising of 190 member Red Cross and Red Crescent National Societies and more than 60 delegations supporting activities around the world. Through its sister societies, IceCross can also potentially tap into the 14 million active Red Cross volunteers worldwide. The national societies typically have systems in place to organise resource mobilisation and volunteerism and to coordinate service provision in the health and social sectors.

Red Cross as a development partner to MFA: The national Red Cross societies are different from other CSOs. They are often guided by separate legislation, are mandated to monitor international humanitarian law and often have close ties to the government. This is required to be able to carry out work effectively in humanitarian emergencies. The strengths and potential benefits of the Red Cross societies are:

- They are controlled and run by domestic human resources and have a grassroots anchorage through its branches and volunteers. Therefore, programmes can reach outside the capital and mobilise at grassroots level. This provides a good basis for sustainability and local ownership of programmes.
- Although working under the principle of impartiality, Red Cross societies usually have close links to the government since each National Society has a unique, long-established and legally-defined auxiliary partnership in emergencies with its government.[22] This means that they have great potential to influence policy and practice, if desired. It also provides the organisation with special status and privileges that ensures its sustainability.
- They often have systems in place to organise resource mobilisation and volunteerism and to coordinate service provision in the health and social sectors. They have administrative procedures in place for financial control, although depending on the country, these are not always efficient.

[22] http://www.ifrc.org/en/what-we-do/development/

Although IFRC and national societies work with recovery and development projects, the strength and the historical role of the Red Cross Movement consists of providing protection and assistance to people affected by disasters and conflicts.[23] Thus the scope of the development work of many national societies is relatively narrow and focused on service provision – typically relating to health, water, sanitation, food security, disaster preparedness, and service delivery.[24] They also undertake advocacy work based on the humanitarian principles (humanitarian diplomacy), but do not champion human rights as such,[25] and usually do not work expressly towards change of societal systems and structures. There are, however, great differences among the national societies, and their respective relationships with the government authorities can either stifle their ability to promote change or allow them to influence behind the scenes.

[23] http://www.ifrc.org/en/who-we-are/the-movement/

[24] http://www.ifrc.org/en/what-we-do/

[25] http://www.ifrc.org/en/what-we-do/principles-and-values/

9. Conclusions and Recommendations

9.1 CONCLUSIONS

The MRCS project has been relevant to the context in Malawi and to the Icelandic CSO policy framework. It has effectively improved the health and sanitation standards in the targeted communities, although there are still some gaps and deficiencies. These could be addressed with closer collaboration with other actors working in the area. The project has also strengthened the local division branch of the MRCS, which is now more likely to become sustainable thanks to the donation of office premises from IceCross, the planned income generating business ventures, and skills of the branch board members.

The sustainability of the behavioural changes achieved in communities is hampered by contextual difficulties such as flooding (destroying the latrines) and the limited availability of infrastructure (e.g. clinics, mosquito nets, contraceptives and water taps). Furthermore, some of the waresintroduced by the project for handwashing (water tanks in schools and tip-taps in households) were not sufficiently adapted to the local conditions and therefore were not used in practice.

The project management was initially not so efficiently organised, but improvements have been made in the past two years – while there are still issues to be addressed. Some of the difficulties depend on donor reporting requirements and some of internal politics in MRCS.

9.2 LESSONS

Working in an uphill context, with increasing environmental threats and high population growth, requires persistence and support from many actors. To focus on a district (or even on part of a district as a traditional authority) is more effective than spreading the support thinly. However, the short-term project approach is not suitable to such contexts. Most stakeholders hold that engagements of at least five to ten years are needed to make a sustainable contribution. IceCross and MFA need to reflect on this.

In very poor contexts with severe food and water shortages, awareness-raising and empowerment of communities are not sufficient. There is a need to supplement the efforts with "hardware", such as boreholes, water pipes, farming inputs, road repairs or even cash transfers and school meals. If this is not part of the project design, there should be a partnership with an organisation or agency providing such support. Similarly, projects that do deliver "hardware" could benefit from partnering with organisations like the Red Cross, which has a human volunteer structure that reaches the grassroots level. MRCS sometimes participates in such partnerships, such as when its volunteers implemented the WFP´s food distribution in the national emergency following crop failure in 2016. However, this is not systematic or formalised.

A basis for sustainability of basic services projects is that the government is involved and has capacity to at least guide and coordinate development efforts. This seems to have been the case in Mangochi.

The existence of strong CSOs that demand accountability from the government and assist in awareness-raising, promotion of behavioural change, and emergency service is a value per se and also a precondition for effectiveness and sustainability of development efforts. To use local CSOs only as service providers does not promote sustainable change or resilience in society. Capacity building (in e.g. management, administration, gender equality, awareness-raising, advocacy approaches, and volunteerism) of the local CSO partner must be a more explicit aim of the Icelandic support via CSOs, followed by changed funding practices.

9.3 RECOMMENDATIONS

9.3.1 For MFA

1. MFA should take into account opportunities for synergies with the Red Cross when it designs Iceida programmes. In Malawi this would mean creating better linkages between the Iceida programme and the Red Cross programme in Mangochi.

9.3.2 For IceCross

1. IceCross should promote increased cooperation/joint ventures with other national Red Cross societies (harmonisation) and focus more on organisational development support that enables national Red Cross societies in partner countries to engage in resilience and disaster preparedness though its volunteer networks.
2. To ensure that its support strategically contributes to a strengthened civil society, IceCross should address the following key questions: How can IceCross contribute towards the strengthening of a few selected national societies in terms of resilience capacity, communication capacity, gender equality and non-discrimination? What added value can IceCross bring?

As for IceCross' engagement in the Malawi project, the following should be considered:

1. IceCross should continue to be part of the RC partner consortium consisting of RC Denmark, Iceland, Finland, and Italy.
2. IceCross should strongly advocate for national RC societies to form one unified consortium to support MRCS, possibly with IFRC facilitation. The present situation with many separate projects is fragmenting and weakening MRCS, rather than strengthening it. The focus of RC partners should be to:
    a. Develop MRCS organisationally to ensure that there is a stable structure and a motivated and knowledgeable volunteer base;
    b. Develop a more elaborate Theory of Change based on MRCS's strategic plan;
    c. Develop a national model for Red Cross work with community resilience and emergency preparedness, with capacity to mobilise and deliver in emergency situations in the most remote parts of the country. This includes formalised partnerships with other international and national CSOs and agencies (e.g. UNICEF, Save the Children,

Government departments etc).

3. IceCross should take the initiative to collect Android smart phones in Iceland to equip MRCS volunteers with communication and reporting tools. Phones can be solicited from companies or the public (older models which are fully functional). Phones are an important tool for emergency preparedness and response and also an incentive for the volunteers.
4. IceCross should monitor the social inclusion component of the project to ensure that its support addresses issues that women, girls, persons with disabilities, and LGBTI persons, etc. deem to be relevant.

9.3.3 For the project in Malawi

The specific areas of improvement of the supported project in Chowe TA in Mangochi are the following:

1. The project needs to take a holistic approach to sanitation in communities, including sanitation in schools. A community cannot be rid of open defecation unless this is addressed comprehensively throughout the community. Since schools are a ground for spreading diseases, the latrines need to be sanitary and sufficient in relation to the number of users. Water for handwashing and privacy cleaning for girls is required. A good practice model needs to be devised and replicated.
2. The continued lack of access to clean water in Chowe TA needs to be addressed by cooperating with agencies/organisations that can solve the outstanding technical difficulties with malfunctioning boreholes and limited coverage. The mapping of the Water Department can serve as starting point for action.
3. The continued lack of food and emergency preparedness in Chowe is a challenge, especially ahead of the rainy season. There is a need to liaise with organisations/agencies who can provide school feeding (including early childhood centres) in the short-term, and agricultural and irrigation support in the longer term.
4. The continued lack of access to education for a large group of children (lack of schools, classrooms and teachers) has yet to be addressed. A minority of children manage to finish primary school and 40 percent never enrol. There is a need to liaise with agencies/organisations that can help in addressing this issue, including both formal and informal education solutions.
5. The continued lack of access to maternity health services due to long distances and costs, has yet to be addressed. There is a need to liaise with agencies/organisations that can help in addressing this issue.
6. The individual vulnerable child support should not be part of a time-bound project since such support requires a commitment for the entire schooling period. It should rather be handled by the RC division branch.

7. Communities can be further engaged in building local resilience engaging in social entrepreneurship and savings and loans schemes. MRCS should promote support of such activities in Mangochi among organisations/agencies. The following ideas were raised during the evaluation:
    a. Production of sanitary cloths (for use by menstruating girls and women) by mothers' groups;
    b. Local soap production (soap is expensive and was rarely seen by the team);
    c. Production of concrete slabs for latrines and lids for latrines (many wanted to build more sustainable household latrines instead of rebuilding the latrines every year after the rain).
8. The MRCS should consider recruiting more of its project staff members from the communities it serves.

Annex 1 - Evaluation Matrix

Evaluation Question	Areas of inquiry/indicators	Methods	Potential sources
Relevance			
To what extent is the support relevant to the objectives and priorities outlined in Iceland's strategic guidelines for CSO support?	1. The extent to which the support is contributing to an independent, strong and diverse civil society in low income countries that fights against poverty. 2. The extent to which the support is contributing to civil society's capacity to safeguard democracy and human rights of marginalised people. 3. The extent to which the support is taking into account the specific needs of girls, boys, men and women and marginalised groups. 4. The extent the support promotes local ownership 5. The extent the support promotes human rights principles – • Transparency • Participation • Accountability • Non-discrimination 6. The extent the support addresses the prioritised activities of: Basic services, creation of income, building local capacities, advocacy for sustainable change	Review documents Interviews Workshop for local partners (OCAT tool, SWOT analysis)	Final evaluation, 2015, Annual reports MFA Strategy, MFA and Red Cross staff Local partners in Malawi Red Cross at national, district and community levels Local government authorities in Mangcochi
To what extent is the support relevant to the objectives and priorities outlined in the Red cross policy and to the IFRC´s strategy on Gender and Diversity?	The extent the project is in line with stated objectives and policies	Document review	Final evaluation, 2015, Annual reports Evaluation on application of gender perspectives in Icelandic development aid (ongoing)
To what extent is the support relevant to the context in Mangochi District and to the needs and priorities of the target group?	1. How well integrated is the project in local government plans and systems, including the basic services programme supported by Iceland MFA? 2. How are men and women participating in design and	Document review Interviews	Final evaluation, 2015, Annual reports MRCS staff, volunteers, village headmen, village committees, district project committee, participants District authorities responsible for water and sanitation

	implementation of the project? (e.g. the Family Planning training and Play about Gender Based Violence) 3. How were the supported OVCs selected?		and health Project staff of Icelandic supported Basic services programme
To what extent does the Red Cross add value as a modality for the Icelandic Development Cooperation?	1. What are likely consequences on the program if the MFA would transfer the funds directly to IFRC/BRCS? Incl. but not limited to cost effectiveness, quality of monitoring, quality of the program. 2. What are the specific contribution of the Icelandic Red Cross to the program?	Interviews Document review	Icelandic RC, MRCS HQ and Mangochi branch staff ICEIDA representative in Lilongwe Financial reports
To what extent is the support relevant to dialogue on and awareness-raising/public education of Iceland development assistance efforts? To what extent does IceCross' awareness-raising in Iceland add value to Iceland's development cooperation effort?	1. What types of efforts are made? 2. What constituencies are reached? 3. What is the cost of these activities? 4. To what extent is the public well informed? 5. To what extent is the Red Cross contributing to development fora domestically (CSO networks, MFA meetings, seminars, fares, etc).	Interviews Review documents	Red Cross information material, media clippings, Records of meetings and seminars. MFA and Red Cross staff Survey? (Gunnar Salvarsson) Red Cross Communication Officer Fjolmidlavaktin (Annual reports 2013-2015)
Outcome /impacts			
What intended, unintended, positive and negative effects has the support had on people, communities and partners?	Special areas of inquiry not answered in final evaluation: 1. Has the project reduced maternity and child mortality? The %-age of women giving birth in clinics. If so, what contributed to these changes? 2. Has the project affected malaria and HIV infection rates? If so, what contributed to that change? 3. Has the project affected menstruating girls' attendance in school as intended? Do girls go to school when they are menstruating? Why/why not? Are toilets/changing rooms for menstruating girls being used? Are women included in the design/construction of the menstruating toilets? 4. Are the boreholes maintained by the committees as intended? Why not? 5. Has the capacity of Mangochi Red Cross Branch improved as envisaged? What is the number of func-	Document review Interviews Group discussions (most significant change) Self-assessment workshops in MRCS and Mangochi Red Cross branch (OCAT tool or SWOT)	Final evaluation, 2015, Annual reports Perception of external observers. MRCS staff at Mangochi branch and HQ. Girls and mothers/parents asked. Matrons of girl group.

	tioning sub-branches and active volunteers? How is the quality of reporting, do they contain the information required, are they on time. How are the checks and balances?		
Effectiveness			
How can the effectiveness of the program be improved? What are the constraints?	1. How effective are the health messaging methods? 2. How effective are the household latrines? Are the latrines being used? Are they rebuilt after flooding? Are people building their own toilets while using their neighbour's toilets? Is there cooperation with the district programme for sanitation to build and maintain latrines? 3. How effective are the boreholes and water pumps? Are women effectively involved in borehole committees. Are the boreholes well located? Have any been repaired? If not, why not? If yes, how was the repair financed? 4. Are all project areas equally served (visited) by MRCS staff? How often did the DPO visit each location?	Document review Interviews Group discussion	Final evaluation, 2015, Annual reports Purposeful sample of families (single parent household, families with and without toilets) Women and men on borehole committees (genders separately interviewed). Village committees External observers in the village (preferably women´s group).
Sustainability			
To what extent and how has local ownership been promoted? *(note overlap with relevance question related to CSO strategy)*	1. What is the level of involvement and appreciation of the Red Cross contributions by the District officers responsible for water, sanitation and health – and by staff of the basic services programme financed by Iceland? 2. Are there missed opportunities for cross learning? 3. Are there missed opportunities for more effective use of resources? Are there duplications? 4. Is there a plan for government involvement in the responsibility for maintenance of water and sanitation infrastructure?	Document review Interviews Group discussions	Evaluations and annual reports of the two programmes Projects staff from both projects District officers responsible for the thematic area Village committees that can compare
Have the lessons learned from the old project influenced the new project?	1. Was the old project staff involved in the formulation of the new project?	Interviews Group discussions	Icelandic Red Cross MRCS (Gloria)

	2. Are there differences in approaches to gender issues, to menstruating girls, women´s involvement in committees, etc. 3. Any lessons learned on borehole/water pump maintenance issues? 4. Has support to VCs and CBCC been strengthened? 5. Have concerns of stakeholders been addressed in the new project (old and new project in same village).	Review of New Project Document	Consortium members Christina Rasmussen Village committees/Village headmen/Villagers
To what extent do volunteers from the old project remain as volunteers and continue to disseminate information on health and sanitation after the project has ended?	1. Existence of a functioning and updated volunteer database in Mangochi RC. 2. Does MRCS give the same support to volunteers and volunteer management in the IceCross project area as other project areas. How are old project volunteers motivated to continue? 3. Did OVCs, that had not yet finished school, get continued support to finish school, after the project ended?	Interviews Document review	Final evaluation, 2015, Annual reports MRCS staff Sample of volunteers from the old project, who are not engaged in the new project. Village committees
Efficiency			
What have been the strengths/ weaknesses of communication and cooperation between a) IceCross and the MFA on one hand and b) MRCS and IceCross?	1. Frequency, type and quality of exchange 2. Responsiveness and feedback to communication 3. Level of openness, trust and respect	Document review Interviews	Icelandic Red Cross, MRCS (national and Mangochi branch) Nordic consortium partners MFA
What factors in the project management and admin have promoted or hindered efficiency?	1. Is MRCS (national and Mangochi branch) well managed? Do they have the right staff capacities? 2. What are the specific contributions of the Icelandic Red Cross? The Consortium partners? 3. Could Icelandic Red Cross do it more effectively at the same/lower cost?	Interviews Self-assessment (OCAT tool and/or SWOT)	Icelandic Red Cross, MRCS (national and Mangochi branch) Consortium partners
How does cost efficiency of RC and Gov´t projects compare on 5 selected indicators?	1. OVC support 2. Pit latrines and handwashing facilities 3. Strengthened CBH Services 4. Boreholes and wells 5. Births in clinics/attended by trained mid-wives	Document review	Financial reports and narrative reports District Health/WASH Authorities (ask them to compare)

Annex 2 - List of communities and persons met

Villages visited, including observations of sanitation facilities in schools and homes, interviews and focus group discussions with women and men, girls, supported VCs, borehole committees, RC volunteers and community leaders:

Misolo

Machemba

Mbombwe

Ngunga

Makelele

Manena

Namitanga

Wadikanga

Chiunda

Mitawa

Ngongonda

Chigunda

Chimiseya

Lliuke¨Kasanga

Kalonge

Mliule

Interviews/Meetings with:

1. Project coordinating committee in Chowe
2. ICEIDA, Head of Mission
3. ICEIDA, Programme Manager, Mangochi
4. MRCS, Secretary General
5. MRCS, present and previous programme managers at HQ
6. MRCS Mangochi, CBHFA present and previous staff (Chisomo, Bright and Tsutsu)
7. MRCS Mangochi branch board members
8. MRCS National RC partners, Danish delegate, Swiss delegate, Netherland delegate
9. Save the Children, Malawi office
10. Mangochi government district representatives of Education, Water and Sanitation, Health and Community Development
11. World Vision, Mangochi office

Annex 3 – Strategic goals of MRCS

External goals	Internal goals
Humanitarian Diplomacy (HD) is integrated into all MRCS programmes by 2019 to enhance the promotion of equitable access to services nation-wide. This entails increased MRCS participation in relevant working groups, thematic forums etc. and capacity building of volunteers and staff members at all levels in the principles of HD.	
Improved Health and Psychosocial well-being in vulnerable communities, using the *Community Based Health and First Aid* (CBHFA) approach and other evidence based methods.	A strong National Society that is trustworthy and accountable with active grass root structures.
Resilient communities with increased capacity to withstand shocks of disasters, through establishment of MRCS Disaster Response Teams in all disaster-prone districts and development of the volunteer cadre.	Improved organisational profile and accessible communication systems in use at all levels by 2019.
Nation-wide provision of First Aid and increased number of blood donors in Malawi.	A diverse and stable resource base by 2019.