FINAL EVALUATION OF ECHO FUNDED COMMUNITY VULNERABILITY REDUCTION (CVR) PROGRAMME, ECHO 4

PROJECT PERIOD: April 2005 – December 2005


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<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>p. 2</td>
</tr>
<tr>
<td>1. Executive Summary</td>
<td>p. 3-4</td>
</tr>
<tr>
<td>2. Background</td>
<td>p. 5-6</td>
</tr>
<tr>
<td>3. Pre &amp; Post Situation Analysis</td>
<td></td>
</tr>
<tr>
<td>3.1 Pre-Project Situation Analysis</td>
<td>p. 6</td>
</tr>
<tr>
<td>3.2 Post-Project Situation Analysis</td>
<td>p. 6-7</td>
</tr>
<tr>
<td>4. Major Findings</td>
<td></td>
</tr>
<tr>
<td>4.1 Achievements of the Programme</td>
<td>p. 7</td>
</tr>
<tr>
<td>4.2 Efficiency of Action Plan</td>
<td>p. 8</td>
</tr>
<tr>
<td>4.3 Relevance of the Programme</td>
<td>p. 8</td>
</tr>
<tr>
<td>4.4 Gender Issues</td>
<td>p. 8</td>
</tr>
<tr>
<td>4.5 Sustainability</td>
<td>p. 8-9</td>
</tr>
<tr>
<td>4.6 Capacity of Project Management</td>
<td>p. 9</td>
</tr>
<tr>
<td>5. Recommendations and Conclusions</td>
<td></td>
</tr>
<tr>
<td>5.1 Recommendations</td>
<td>p. 9-10</td>
</tr>
<tr>
<td>5.2 Conclusion</td>
<td>p. 10</td>
</tr>
<tr>
<td>ANNEX I (Chart of Field Visits)</td>
<td>p. 11</td>
</tr>
<tr>
<td>ANNEX II (TOR)</td>
<td>p. 12-16</td>
</tr>
<tr>
<td>ANNEX III (Pictures)</td>
<td>p. 17</td>
</tr>
</tbody>
</table>
1. EXECUTIVE SUMMARY

The ECHO funded Community Vulnerability Reduction Programme (ECHO 4) was implemented in 37 villages of three administrative regions of South and South Central China: Guangxi, Chongqing and Hunan. In all three provinces, we met with representatives of the Provincial Branch of Chinese Red Cross Society (CRCS) and representatives of the District Branches of CRCS of the Districts where the field trips took place. We also met with Representatives of the Ministry of Health as well as with Representatives of Government at local District, Township and Village levels. Most importantly we met with women, men and children villagers and village volunteers.

In total, 8 villages were visited, 2 in Guangxi, 3 in Chongqing and 3 in Hunan. Of the 8 villages visited, 6 had Water Supply Systems components, all had EcoSan Toilets components and all had Health Promotion activities as part of the programme.

WATER:
In general, the water component and the resulting water supply systems visited are considered to be successful. The stakeholders and players made their expected contribution: the water authorities helped prepare and validate the system designs, the Head Quarter level CRCS with support from the IFRC delegates did regulatory contract tenders and procurements with comparative bid analysis, the Provincial level CRCS provided the necessary technical and management support, the facilitators trained the village volunteers who in turn motivated the beneficiaries to contribute in terms of labor. Technically the systems are adequately designed and generally well built. So far the formed community water committees have lived up to their obligations, collected the beneficiaries financial contributions in a fair and transparent fashion and executed the necessary maintenance and repairs where needed.

It is important to point out the efficient joint IFRC-CRCS coordination of the simultaneous construction of 20 water supply systems within a period of less then one year.

SANITATION:
Technically, the toilets visited are well built and located in suitable areas inside or outside of the households. In most villages the actual implementation of the toilet construction started slowly but picked up after demonstration toilets were built. The beneficiaries have gained an understanding of the possible use of the separated urine and excreta. Many of the households have nobody living in them as a significant proportion of the community members leave the village for at least part of the year to work in the regional urban centers. Excluding these toilets, it was found that approximately 50% of the toilets are used appropriately, meaning that both the liquid and solid waste are used as fertilizer. Few were found to be inappropriately used (used as regular bathroom with liquid and solid waste going to… waste) and few were used with only the liquid waste being recycled into fertilizer.

The remainder of the toilets were simply not utilized (approximately 30% of our sample). Reasons given were: toilet needs to be “inaugurated” by head of the family who hasn’t returned from work in urban center since toilet was built. Others didn’t provide reasonable answers, possibly they felt the toilet was too clean and nice to use and they didn’t want to “dirty it” and have to bother cleaning it. It is true that in some households the toilet became the “nicest” most well built room in the house. The ceramic tiles which were chosen because they made the toilets easier to clean give that impression of “luxury”.

HYGIENE PROMOTION:
ECHO4 was the continuation of ECHO 1 to 3, and based on the experience and outcomes of the previous years, a participatory-based education approach was used to achieve the objectives of
health education in selected villages. In the preparation of health education at village level, initial training of trainer (TOT) workshops and mid-term update workshops were conducted in three provinces to train the facilitators with the knowledge and skills required in carrying out baseline survey, needs assessment, village volunteers training, and health education planning and implementation. In total, 61 (43 male, 18 female) facilitators in county level were trained by the Provincial Health Education Coordinator. They, in turn, trained 811 volunteers (526 male and 285 female) in 37 villages in Hygiene Promotion using the PHAST (Participatory Hygiene and Sanitation Transformation) methodology. On average, 22 volunteers per beneficiary village were trained. The health facilitators in county level also provided ongoing training and support to the volunteers. The training contents included: participatory approach health education, information and knowledge about water supply systems and EcoSan toilets, information and knowledge about disease prevention.

Health education activities included group discussions with villagers and household visits were done, by the village volunteers, to all the water and sanitation beneficial households throughout the project implementation. Some traditional health education activities were also conducted in the program. This consisted in distribution of leaflets/posters/calendars to households, and distribution of boards/posters/banners to be posted by village volunteers at strategic locations in the villages. The contents of health education messages focused on harmless disposal of soil, technology and using of EcoSan toilets, water system maintenance, personal hygiene and disease prevention.
2. BACKGROUND OF THE PROGRAMME

The three administrative regions of the Project: Guangxi, Chongqing and Hunan, are subject to floods, flash floods and resultant landslides on a regular, almost yearly basis and 2004 was no exception. Guangxi and Hunan both experienced significant flooding in 2002, 2003 and 2004 while the combined factors of the Yangtze and the mountains in Chongqing municipality, makes Chongqing particularly prone to repeated flooding and landslides due to its topography. Many farming communities in Chongqing were only just beginning to recover from the extreme damage caused by flooding in 2003 which merited international assistance through the International Federation’s emergency flood appeal.

The RCSC’s Guangxi and Hunan provincial branches in cooperation with Federation delegates based in southern China have developed a sound understanding of the problems and needs that arise following floods and landslides based on prior joint assessments and evaluations conducted in response to damaging floods that swept through the provinces in 2002, 2003 and 2004. As is the case with the RCSC’s branches in Guangxi and Hunan, one of the primary tasks of the relief department of the RCSC’s branch in Chongqing is to address flood and landslide related disasters. All three branches, in accordance with the RCSC’s established relief procedures conduct and formally report on assessments within days of any significant natural disaster to the relief division based in the Society’s national headquarters in Beijing.

In all three Provinces there was severe infrastructure damage, including power lines, telecommunication lines, river banks/levees, irrigation facilities, fish ponds, water and sewerage supplies. The extent of damage and assessments from the RCSC branches merited the inclusion of all three provinces in the RCSC’s national appeal launched in August to provide emergency relief assistance to flood victims.

Even in the context of China’s development there is still a critical need for Red Cross support. Poverty combined with the economic loss sustained due to year 2004 flooding pose a considerable threat to China’s highly publicised rapid economic development. China’s economic growth must be viewed in perspective based on several factors. Particularly, the fact that income being generated by the growth in industry must be considered against the size of China’s population, which is the largest in the world measuring some 1.3 billion people in 2003, while the population growth in China continues to expand at a rate which in essence adds a new generation the size of Australia to the country on a yearly basis. China currently ranks 104th on the UNDP’s Human Development Index (HDI), with nearly 20% of the world’s poor living in China. According to the Asian Development Bank’s report “Poverty in Asia: Measurement, Estimates, and Prospects” which was published in August 2004, applying the one dollar-a-day poverty line, some 203 million people in China qualify as being extremely poor.

According to the Director of China’s International Disaster Reduction Committee, since the 1990s, losses from natural disasters have visibly increased due to the new round of economic growth. According to the director’s paper presented at the International Conference on Disaster Reduction which was held in Beijing at the end of May 2004, devastating losses to lives, crops and property due to flooding as well as droughts and earthquakes, account for 80-90% of the substantial economic losses of some 100 billion RMB per year. In China, natural disasters such as floods destroy on average a reported 4,182,000 houses per year with some four million people per year having to be urgently resettled or transferred from their homes.

The aftermath of 2004’s wave of severe floods, typhoons and a strong earthquake in Yunnan which left thousands homeless, are harsh reminders of the vulnerability of the country’s rural poor. The principal hazard in flood affected rural communities is untreated human faeces.
containing various types of pathogens that mix with flood waters and contaminate limited portable water supplies. This then leads to a substantial rise in the number of people suffering from diarrhoea, colds, fever and flu, skin rashes and/or infections.

In China, the government is quick to respond during the emergency phase, however the government cannot come close to meeting the needs of the country’s reported 370 million people who are affected by natural disasters per year. As such the government’s primary focus is on ensuring that the cities are protected from disaster and large scale infrastructure such as road networks, electrical and communication supply and service and major health centres are operational during and post disaster. According to the report presented at the International Conference on Disaster Reduction, “the gap between the input of government relief funds and the need of relief work has forced some regional governments to offer little relief to victims of minor disasters and to treat major disasters as minor ones” thus imposing one further challenge for victims of natural disasters, and introducing one more reason for the need for Red Cross support.

3. PRE & POST SITUATION ANALYSIS OF THE PROJECT VILLAGES

a) Pre-Project situation analysis of selected villages

As reflected in the ECHO 4 Baseline Survey for Hunan Province, the rural population in the selected villages has a limited understanding of what good hygiene behaviour consists of and how good hygiene behaviour, water and sanitation are closely related. For example, of the 473 people surveyed, only 288 (61%) knew that they should cover their water storage container, only 131 (28%) had access to hand washing facilities near their latrine area, and although it was found that hand washing rated high (after using toilet, before meals, before cooking etc.) only 36% of the “hand washers” used soap.

The 2 villages visited in Guangxi: Linglang and Wucun were both situated in quite remote rural areas with the difference that Wucun is located along a relatively busy roadway. The visits to the households helped to see that the pre-project sanitation facilities mostly consisted of outdoor open pit latrines where people were not using the animal pens.

In terms of access to water, both villages had a similar situation where several families shared one connection to a nearby unprotected spring or well and others collected water from untapped springs and/or surface water such as springs, rivers or open wells.

Generally speaking for all visited villages of Guangxi, Chongqing and Hunan, they had or once had some type of access to running water, either from sharing a connection, from a former system which had ceased to function but which had been run by the Government authorities. But in all of the total 20 villages who gained access through this project, it would be the first time that they would be responsible for maintaining and administering their own community water supply system.

b) Post-Project situation analysis of selected villages

It was not possible to gather statistics relating pre and post project water related disease occurrences. The different Health care centers visited could not provide this type of information as they had not collected it, nor had they ever done this in the past unless they had specifically been requested to do so by the Chinese Government Ministry of Health authorities.
Inspection of the toilets and speaking with the men, women and children in the visited villages and toilet inspections revealed that people’s knowledge of good hygiene behaviour was enhanced by the project. It was obvious to see if the toilets were used by inspecting the urine collecting container, seeing if the ashes with proper tool to transfer it on the faeces, inspecting the soap to see if it was used… We questioned the men, women and children to verify that the hygiene promotion messages had made their way from the village volunteers, and in most instances they did.

4. MAJOR FINDINGS

4.1 Achievements of the programme

In relation to the set objectives, the programme achieved the following:

The Water Supply Systems help reduce risks of being infected by waterborne diseases in that it provides every single household with running water. The fact that a household has tap water, even if they have to pay a small fee, greatly encourages the people to use more water, especially for cleaning dishes and clothes more thoroughly, for washing teeth, hands and body more often and more thoroughly etc.

The people have participated in the construction of their Water Supply Systems and have this way developed ownership of their systems. This is specially reflected in the way the Water Committees are organized, and the pride taken and effort put into by the different members of the Water Committees. The overwhelming majority of the Village Water Committees representatives could show us the fee collection lists, the bills for any material purchased, etc.

Only one of the visited village projects revealed an inadequately constructed water supply system. A quick inspection of some components found that the water reservoir was leaking, some of the valves had signs of rusting indicating that the new valves had probably been replaced and the pipeline as well was leaking at one location. This village water supply system was also one where the water committee was most loosely organized, they could not show fee collection lists, couldn’t tell us how often they got together for meetings, and obviously were not efficiently fulfilling their responsibilities as above mentioned breaks and leaks suggest. Overall the situation of that Water Supply System was not catastrophic and some additional Health Promotion and Participatory Community Awareness Raising activities could prove to be helpful.

As with Water Supply Systems, the 37 selected villages in the 1 prefecture of Guangxi, 3 prefectures of Chongqing and 3 prefectures of Hunan were supplied with the material resources required to build EcoSan toilets for all households who requested them. As part of the programme, the trained facilitators and village volunteers provided instructions and training and demonstration toilets were constructed to help the villagers build their toilets. Here again, the overwhelming majority of the toilets inspected were well constructed and found to be in adequate locations when not directly built in the houses.
4.2 Efficiency of Action Plan

The efficiency of the programme is considered to be good. The material resources were available on time for the implementation of the Water Supply Systems and EcoSan Toilets Projects to be completed within the planned schedule. The planned schedule was November 2004 to November 2005 but the actual date of completion was January 2006 due to serious delays caused by heavy floods in the concerned provinces between June and September 2005. In addition to the weather conditions hampering the construction work and transportation of material and human resources, it made the National, Provincial and District level CRCS staff unavailable for the project as they were needed for the relief efforts on the field as well as in the offices. ECHO approved the delay. The quality of the material is adequate using sphere guideline standards according to what has been seen in the selected visited villages for both EcoSan Toilets and Water Supply Systems. The lower then expected purchase price allowed for substantial savings which resulted in the construction of an extra 74 EcoSan toilets as well as an extra 2 Water Supply Systems.

4.3 Relevance of the Programme

All beneficiaries and village authorities interviewed indicated that water and sanitation were among their priority concerns and that the programme provided for essential resources to decreasing their vulnerability as inhabitants of flood prone regions of their country. The Government of China has recently announced plans to significantly increase its spending on water and sanitation in rural areas and this is therefore a very clear sign that it considers it as a top priority.

4.4 Gender Issues

As with other countries in Asia and most countries in the world, it is mostly the women who are responsible for cleaning the home and clothes, cooking the food, washing and the health of the children etc. It is therefore largely their existence that is improved when providing easier access to water and better, well adapted sanitation facilities. As the men are working away from the home, it is also them who cultivate the home gardens.

Having easier access to water means it’s easier and faster to clean the house and the family member’s clothes, access to better sanitary facilities eventually means the children and all members of the family are less likely to be sick, so the mothers don’t have to provide special care, the children are more likely to attend school and less money is spent on medication etc.

Out of the total 811 village volunteers trained in participatory health transformation, 285 (35%) were women, which is not enough, but still good considering that it is the men who are traditionally encouraged and considered for following any available trainings.

4.5 Sustainability

From what was observed in the visited project sites, the water supply systems were generally well constructed, same with the majority of the EcoSan toilets. The Water supply systems were being run by well established and well organized village water committees who are taking their responsibility seriously. The village households had so far been paying water fees in most cases with respect to the amount of water they consumed as indicated by the water meters installed at each household, in other cases as a fixed rate established by the Water Committee and agreed upon by the village authorities. As for the EcoSan toilets, it is estimated that 50% of households
are using their toilets as they are intended to be. Time is believed to be a factor and more toilets will be used as people will feel more comfortable with them and as people will see how neighbors home garden yields are increasing, and as CRCS Provincial and District Representatives indicated, key family figures now away from home will return and officially “open” (validate) the EcoSan Toilets.

Still, more health education activities and promotion needs to take place. The behavior itself is important, but understanding the behaviour makes sense and that’s what hygiene promotion does, it explains how the good hygiene behavior helps reduce the risk of being infected with waterborne diseases, and that takes time. Trained village volunteers could influence reluctant families if they spent time discussing the benefits with them on a regular basis. It is furthermore important that the health promotion activities continue since it is what most greatly contributes to increasing the sustainability of the EcoSan toilet component.

4.6 Capacity of project management

After 4 consecutive yrs of implementing ECHO CVR projects in Guangxi and Hunan, these 2 Provincial Branches of the RCSC have a developed a solid management system for implementing CVR type programmes. Chongqing Provincial Branch for whom it was the first CVR Project could rely partly on the experience at CRCS Head Quarters as well as that of its Hunan and Guangxi sister branches. The example of Chongqing successfully replicating a tested CVR management system is a strong indication that the CVR Programme could be replicated in other Administrative Regions of China, with other Branches of the CRCS.

5. RECOMMENDATIONS AND CONCLUSION

5.1 Recommendations

Reading the equivalent ECHO 2 and ECHO 3 evaluations, it is obvious that there have been significant improvements and that many of the recommendations mentioned in these previous evaluations have been implemented.

It is ironic but true to say that the Hygiene Promotion component needs to be better and more consistently promoted. Hygiene promotion consists in consulting, exchanging, communicating, informing, encouraging, explaining in different ways, in person through activities and games and stories etc., through leaflets, banners, advertising. Same as healthy hygienic behaviour must be promoted to villagers, Hygiene Promotion must be promoted.

- CRCS Head Quarters must promote/encourage Hygiene Promotion at the Provincial levels, the Provincial Branches must promote/encourage Hygiene Promotion at the County levels etc. on to village level where village volunteers must be motivated to promote good hygiene behaviour to the villagers, it is a continuous cycle.
- IFRC must encourage interested PNS’ to invest in/fund VCR development projects such as the ECHO 4 Project.
- When available and possible, IFRC itself should fund ECHO 4 type VCR Projects
- IFRC must continue encouraging ECHO and/or the EC to provide funds for ECHO 4 type VCR Projects
- The Government of China has recently revealed its five year plan for 2006-2010 which, among other things, hopes to provide drinking water to 160 million people living in rural regions of China, this is 25% more then Africa’s largest populated country, Nigeria. Here
is a golden opportunity for the CRCS to tap onto this programme and put to practice, possibly on a National scale, a know-how they have been refining for four years. As an example, the CRCS could be responsible for mobilizing the communities and organizing the village water committees.

- In potential future projects, as the above mentioned five year 2006-2010 plan will come, more emphasis and more “Sanitation and Hygiene Promotion only” projects should be selected.

5.2 Conclusion

As mentioned above, ECHO 4 is the continuation of ECHO 1 through 3 each of which were conducted over one year periods during the previous 3 years. It is important to note that each “ECHO” should be considered as an individual project and not as different “phases” of a 4 year programme, as each “ECHO” was implemented independently of the next, with new funds needing to be secured each year.

This type of project encompasses many positive outcomes for the beneficiaries in terms of increasing resilience against recurring floods and other natural disasters and reducing the risk of water related diseases, and in terms of improving the quality of life generally. The positive outcomes also affect the CRCS in terms of the acquired technical and Hygiene Promotion (using Participatory Methodologies) skills and knowledge and/or experience and in terms of building relationships with villagers while recruiting new Red Cross Volunteers.

The project’s sanitation component, the EcoSan toilets, is particularly well adapted to the Chinese culture since it is not seen, as in certain cultures, as undesirable to use human waste to fertilise the soil. Taking into account several factors one example being the fact that the world reserve of phosphate is rapidly diminishing, EcoSan toilets are, for some specialists, the solution to that problem. In addition, and this is also a noble justification, EcoSan toilets are an ecological way of disposing of human waste in the world’s most populated country.

As mentioned in the background, in view of the developmental context of China, it can seem fair to think that development projects are not needed. However, the population of China being what it is, which is 1.5 times more than the population of the whole of Africa, we could consider China as a continent with its different administrative regions considered as countries. And in the same way that developmental Water and Sanitation projects are plentiful and useful and needed in remote areas of rural Africa, and that they are less plentiful in prosperous regions of for example South Africa, we could argue that developmental Water and Sanitation Projects can be useful and needed in remote areas of rural China and not in more prosperous administrative regions of China.

Although the ECHO 4 Project was not flawless, we consider it to generally be an objectively successful CVR Project, one which, in other parts of the world, may be considered a raving success.
ANNEX I

<table>
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<tr>
<th>Administrative Region</th>
<th>District</th>
<th>Township</th>
<th>Village</th>
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<th>Water source</th>
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<td></td>
<td></td>
<td></td>
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<td>Total</td>
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<td>Guangxi</td>
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<td>Taiping</td>
<td>Linglang</td>
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<td></td>
<td>Baise</td>
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<tr>
<td></td>
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<td></td>
<td>Baihua</td>
<td>no water component</td>
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</tr>
</tbody>
</table>

¹ In some of the visited villages, it is estimated that 60% of the population leave a part of the year to work in nearby urban centers.
² These toilets were used but the urine was not collected nor diverted to a nearby garden, and the faeces were not collected to be used as fertilizer. Using the toilets this way is still considered an improved hygiene behavior since people still covered faeces with ashes and closed the "lids".
³ This implies that urine was either collected or diverted to a nearby garden, and faeces were correctly "harvested" after sitting for six months after the EcoSan compartment was changed.
Title: Final Evaluation of CVR Programme under ECHO-4

Duration: Two weeks

Funding: The funding for this evaluation will be provided through the current European Commission Humanitarian Aid funded Community Vulnerability Reduction programme in Chongqing, Guangxi and Hunan

1. Background

a. The Situation:

Many villagers in remote areas of China have limited access to public infrastructure and basic medical and educational resources which impacts negatively on their general health and wellbeing. The principal danger to general health in rural communities is usually human faeces which contain various pathogens. In general the faecal-oral route is the major means of transmission. Thus minimising oral ingestion through personal hygiene measures and technical intervention such as water treatment is of primary concern. The vulnerability of such people living in southern China further increased year by year due to repeated affects of floods, flash floods and resultant landslides, where peoples’ basic health and hygiene infrastructures are being damaged, thus leaving them in more critical state.

b. Response by the Red Cross Society of China:

The Red Cross Society of China (RCSC) in partnership with the International Federation of Red Cross and Red Crescent Societies (Federation) has been implementing the Community Vulnerability Reduction (CVR) program since 2002 with support from the European Commission Humanitarian Aid (ECHO).

The CVR programme has been established in response to the observed need outlined above. As such it seeks to combine sanitation (toilet construction), health and hygiene education and water supply activities through an integrated approach to reducing the vulnerabilities of disaster affected communities in rural China.

The initial principles on which the programme was developed were:

- rural communities undertake limited personal hygiene and communal sanitation practices because they do not have access to improved water and sanitation facilities;
- there is a need for greater knowledge with regard to water and sanitation related diseases amongst rural populations;
- beneficiaries are willing to volunteer their time for programme activities; and,
- the most appropriate method for transferring knowledge and instigating behavioural change in rural communities is through community based participatory approaches.
From 2002-2005 through four funding cycles, the CVR programme developed a sound approach to improve the vulnerability of rural communities while also building on existing skills and knowledge with the RCSC.

2. **Objective and expected results of CVR Programme**

   **Objective:** To reduce the level of sanitation related diseases for 59,000 men, women and children from rural population in Guangxi, Hunan and Chongqing Provinces.

   **Specific Objective:** To provide selected disadvantaged communities with the skills and resources to develop improved water and sanitation facilities and undertake community based health education.

   **Expected results:**

   1. The development of knowledge for operation and maintenance of safe water supply and improved sanitation facilities.
   2. The development of the knowledge and means to practice improved hygiene practices.
   3. The development of the community’s capacity to identify risks to the community’s welfare, and come up with solutions through participatory education.

3. **Objectives of the evaluation**

   a) Assess the CVR programme’s efficiency, relevance, effectiveness, short term impact and sustainability considering the local tradition and cultural aspects of water, sanitation and personal hygiene in rural communities in southern China,
   
   b) To measure the achievements made by the programme in terms of overall progress and capacity building at the local community level, as well as with the Red Cross institutions at different levels,
   
   c) To assess the participation and collaboration from relevant local government authorities, as well as local Red Cross and communities.

4. **Outputs of the evaluation**

   A main report of the findings of the evaluation in the English language (maximum 30 pages using 11 point font) focused on the project’s objectives.

   The final report should include the following sections: 1. Executive summary of the findings; 2. Background of the programme; 3. Pre and post situation analysis of the project villages (based on any baseline information provided to the team); 4. The major findings, recommendations and conclusions drawn from the evaluation; and, 5. any significant statistical information (presented using graphics).

5. **Scope of work**

   The scope of work shall be a systematic and objective assessment of the design, implementation and result of the project, and more specifically focus on but not limited to:

   a) The achievement of the programme in relation to objective and results as identified in the design and in relation to the human and financial resources utilized.
   
   b) The efficiency of programme in terms of:
      i. availability of all required materials/items in time and in the right quantities/quality,
      ii. timely implementation of all planned activities,
      iii. Cost effectiveness of outputs produced.
   
   c) The relevance of the Programme in relation to priorities and policies from Chinese Government, RCSC and its local branches.
d) The relevance and appropriateness of the water, sanitation and health education initiatives of the CVR programme in relation to the needs and priorities as perceived by the beneficiaries; and, to what extent the vulnerability of the target population have been reduced and its coping capacity increased.

e) Review and compare the base line information collected initially with the current situation.

f) Assessment of the suitability and achievements against bottom-up participatory approaches for training, decision making and planning within rural populations and at the different organisational tiers of RCSC.

g) The practicality and effectiveness of the programme in terms of managing and addressing the gender issues.

h) Assessment of the sustainability of the projects activities, including an assessment of, to what extend any changes produced by the programme can continue in RCSC and in the target population after external, technical and financial support has ended. This will also include an assessment of the potential of fund raising activities to sustain the project activities.

i) The present capacity of project management, centrally and decentralized, RCSC especially in relation to:
   i. Management system and tools, such as activity and monitoring plan and it’s implementation, monthly and final reports (both progress and finance)
   ii. Effectiveness of the project management system and organisational set up at different levels (province, prefecture/city, county/district, township and village)
   iii. Capacity to implement future CVR programmes.

j) Assessment of the major changes brought-up by the CVR programme intervention and analysis of effects resulting from any unplanned or unintended changes, if any.

In addition, at least two randomly selected ECHO 2 and 3 villages from Hunan and three villages from ECHO 1, 2 and 3 in Guangxi will be included under this evaluation with the same sample size to see the major changes and impact of the programme.

6. The Composition of Study Team

The study team shall comprise of two team members specialising respectively in water and sanitation and social health.

7. Methodology

It is recommended that the evaluation team undertake desktop and field research / investigation as well as drawing on their own experience and knowledge of Chinese culture and customs. The shall employ focus group discussions, key informants interview, informal interviews with beneficiaries and RCSC staff, observation etc. as tools to be used in the evaluation work.

Meetings, Interview and discussions with RCSC officials, local government authorities and Federation at different tiers should be performed in a participatory manner.

8. Budget

All expenses required to undertake the research shall be covered by the East Asia Regional Delegation.

9. Timing and Reporting:

The evaluation period will be approximately three weeks including roughly two weeks in China.

Week one will be devoted to preparation and “desktop” research for the actual fieldwork which will be carried out beginning week two.
10. A Draft report will be submitted by the consultant to RCSC and the Federation’s East Asia Regional Delegation XX weeks following the conclusion of the field visit. Comments, feedback and suggestions will be given to the external consultant by representatives of the Federation and the RCSC following receipt of the draft. The consultant will then submit the Final evaluation report.

11. Reference materials:

- The proposal of the 2005 CVR programme (“ECHO 4) submitted to the European Commission for Humanitarian Aid (Single Form)
- Log-frame matrix of 2005 CVR programme
- Interim report of the 2005 CVR programme
- The final report of the 2005 CVR programme.
- The monthly and final progress reports received by all three provinces
- Baseline survey data and reports from all three provinces
- The Federation’s Community Vulnerability Reduction Kit.
ANNEX III

Water tank up from Linglang village in Wuming District of Guangxi

Locked EcoSan toilet (owners away)

Protected spring (w/ sand filter) at Jianshe village, Louxing District in Hunan

Hygiene Promotion posters in a residence in Baihua village, Louxing District in Hunan