



# Global Organizational Development pilot project: **Building sustainable local capacity in the branches of the Ghana Red Cross**

Evaluation report



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1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises
  2. Enable healthy and safe living
  3. Promote social inclusion and a culture of non-violence and peace
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P.O. Box 372  
CH-1211 Geneva 19  
Switzerland  
Telephone: +41 22 730 4222  
Telefax: +41 22 733 0395  
E-mail: [secretariat@ifrc.org](mailto:secretariat@ifrc.org)  
Web site: [www.ifrc.org](http://www.ifrc.org)

***Global Organizational Development pilot project: Building sustainable local capacity in the branches of the Ghana Red Cross***

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## Executive summary

Since the 1970s, Ghana Red Cross has experienced three important change phases that provide important learning for the Movement in trying to support the development of strong National Societies.

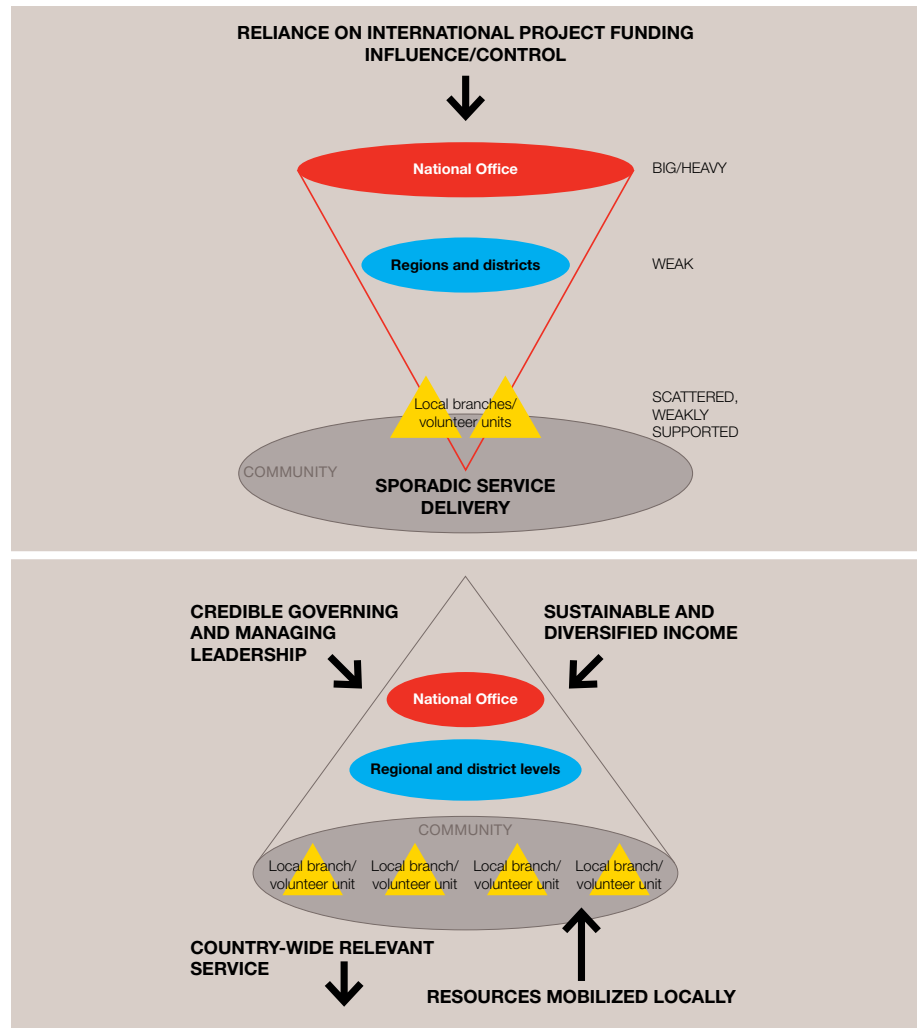
The first was the emergence of a grassroots movement of Mothers Clubs, sustainable local units carrying out simple health and mobilisation activities at the community level during the 1970s. Yet over time many of these groups became dormant as they were not systematically led and supported by the National Society.

The second is the period 1985 – 2000 during which Ghana Red Cross was generously supported in its programme activities by a consortium of donor National Societies. Its image grew in communities, and it seemed strong; however when the consortium pulled back in 2000, local support quickly evaporated, and the organisation found itself with few activities that it could resource itself, a strong residual culture of reliance on international project funding as the basis for National Society activity, and an image in communities as a well-off organisation that gave things to people.

The third is the period 2007 – 2010, during which time Ghana Red Cross was one of two National Societies to participate in the global OD pilot project. In Ghana, this was called the 3-in-1 process, and aimed to develop sustainable community Red Cross units delivering a relevant local service and an appropriate National Society support structure covering 10% of Ghana's 78000 communities. This was supported by investment of CHF 300 000, and ongoing training, coaching and support from the secretariat Organizational Development (OD) department.

The theoretical basis for the project was that, in order to become more sustainable, the National Society should transform from an organisation structured to receive international funding into an organisation focused on delivering sustainable local services through mobilising and maintaining sustainable community units across the country. This would not only ensure that the National Society delivered services to vulnerable people irrespective of the availability of international funding, but it would also attract further resources both from within and outside Ghana. The diagram below illustrates the trend of the change envisioned:

## Moving from an international project delivery structure to a local service delivery structure



The experience of this process is a mixed one for the National Society. There is evidence for strong growth in the community base of the organisation, and a strong linkage between this growth and resources and opportunities for the National Society to become more sustainable, as predicted by the theory underpinning the project. Particular successes in this respect, directly attributable to the 3-in-1 process, include a fifteen-fold increase in government subsidy to the National Society from USD 10 000 per year to USD 150 000 per year, and the opportunity to deliver first aid training to new drivers in Ghana. At the same time, however, the National Society has major weaknesses which the project has not succeeded in addressing. In particular, Ghana Red Cross has not adopted one overriding business model through which to prioritise and align its activities. This is reflected through the lack of an adequate support structure to support the community chapters developed, and more broadly by the wide range of activities and service delivery logics competing within the organisation for very limited resources. Without clear prioritisation by the National Society to maintain the community base developed through the project, this is likely to become dormant over time.

In short, the Ghana Red Cross could be understood as having moved some distance along, but not completed, the transition between the two models above. This is not likely to be a tenable situation, and requires urgent attention by the National Society leadership and its incoming secretary general.

The challenges faced during this process are relevant to other National Societies. They include the understanding of the organisation's role as implementer of externally funded projects which had developed both in communities but also within the National Society itself, as well as issues of leadership understanding of the National Society, and technical issues of change management. However, the progress that was made during the project suggests not just that the project had the potential to be more successful, but also that Ghana Red Cross still has the potential to develop into a strong and unique community based organisation in Ghana delivering simple and relevant services across Ghana, with a diversified and sustainable funding base.

### **Recommendation to Ghana Red Cross**

Ghana Red Cross should recognise that its current situation is untenable in the medium term, and that decisive leadership and strategic vision is required to move the organisation forward. These should be an absolute priority for the National Society leadership and the incoming secretary general.

Ghana Red Cross should invest leadership time and capital in identifying and focusing on the core activities and business model which will define the organisation for the next 10 – 15 years. It should limit its operations to few technical areas in which it has expertise, which meet identified needs across Ghana, which it can resource sustainably across Ghana, and which provide the organisation with a high level of national visibility and recognition.

Ghana Red Cross should develop a business model that integrates the services it delivers in these areas into a coherent and mutually reinforcing organisational whole. This will need to be based on a discussion of the organisation's current strengths, and how it wishes to position itself in relation to competitor organisations in Ghana.

Once it has decided on the areas of focus and business model that it will adapt, it should audit its current activities at all levels to highlight those which do not fit into these focus areas and business model, and develop exit strategies from them. It should also focus investment of finance, staff and volunteer time, training and resources into ensuring that the business model chosen is well understood and implemented at every level of the organisation.

If the National Society decides that it wishes to maintain and expand its community chapter network, then it should address two challenges rapidly. Firstly it should come to a clear understanding of the relationship that it wishes to have with communities in Ghana. It currently engages with communities both as the provider of time bound, internationally funded aid projects and as the facilitator of locally led and resourced services. The evaluation and indeed the history of Ghana Red Cross suggest that these two approaches are likely to prove incompatible in the medium term. Ghana Red Cross should therefore develop a uniform and sustainable relationship to communities, making sure that this is clearly understood by volunteers and staff at every level of the National Society.

Secondly, developing its support structure to community units should be a priority. This should be carried out in the logic of the 3-in-1 process: starting small, testing and adapting where required, before being taken to scale across the country.

All of this work should be captured in a very focused four or five year strategic plan that is widely disseminated and understood through the National Society, and used as the basis for approaching potential partners for long-term and strategic support.

### **Recommendation to the Movement**

The Movement should recognise in the experience of the Ghana Red Cross key learning points relevant to other National Societies related to the development and maintenance of community-based units, but also the negative long-term impact of reliance on international project funding as the basis for a strong National Society.

### **Recommendation to IFRC secretariat**

The IFRC secretariat should invest time in understanding National Society business models which lead to strong and sustainable National Societies according to the Board definition:

*A strong National Society is one that is able to deliver country-wide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed.*

In particular, it should carry out further research into the different models through which National Societies deliver services to vulnerable people, and the impact of these models on organisational strength over time. This research should also reference the factors that allow different models to be scaled up across geographical locations, and sustained over time by a National Society.

The IFRC secretariat should furthermore examine the logic of its own support to National Societies, taking the example of the two different secretariat-initiated projects carried out in Ghana over the past five years (OD pilot project and CBHFA pilot project), and opening an honest discussion about their relative merits and contributions to the National Society becoming strong.

The secretariat Learning and Organisational Development (LOD) department should incorporate learning from this pilot project into future similar change processes. In particular, it should consider developing a more explicit conceptual model for the methodology used in the pilot project.

Furthermore, the LOD department should develop a clear model for the support requirements of National Societies in this type of change process, both in best and worst case scenarios, and ensure that adequate staff time is made available in future processes.

It should be considered whether a guide for National Society leaders on change leadership and management could be developed. Such guidelines could address issues such as defining success, the importance of focus, bureaucratic and entrepreneurial change models, identifying and managing resistance to change, and developing momentum in change processes.

LOD should compare the experiences of this pilot project with the one carried out within Burundi Red Cross to identify similarities and points of difference between the two processes and their outcomes.

Finally, LOD should maintain the relationship with Ghana Red Cross, and follow the ongoing development of the organisation, if possible carrying out a further study in three or four years time to further document the evolution of this National Society.

# About this evaluation

## 1.1 Background

This internal evaluation was commissioned by the IFRC secretariat Learning and Organisational Development (LOD) department to the three-year pilot project: “Building sustainable local capacity in the branches of the Ghana Red Cross”. The pilot project had been initiated by the OD department in 2007 to test the then global OD strategy, and also the Intensified Capacity Building Fund (ICB) modality of the Capacity Building Fund.

The evaluation focuses on four broad questions:

1. The relevance of project objectives for the National Society and for vulnerable people in Ghana.
2. The project achievements and impact and their alignment with project plans and budgets.
3. The relevance and effectiveness of the technical and financial support available to Ghana Red Cross through the project
4. The current situation of the Ghana Red Cross and its future development plans.

Given the ongoing humanitarian need in Africa and other parts of the world, and the ongoing difficulties faced by National Societies in mobilising sustainable local resources, the findings of the evaluation are relevant not only to the secretariat OD department and Ghana Red Cross, but also a wide range of Movement actors, including Federation governance and senior management, and host and partner National Societies concerned with the development of sustainable local capacities.

## 1.2 Team composition and activities

The team was composed of two staff of the Ghana Red Cross, one staff member of the Swedish Red Cross, and two members of the IFRC secretariat (Geneva). For more details of the team composition see annex 2. The team met in-country, working together from 9 – 18th February 2012, carrying out the following activities:

- Desk review (for a full list of documents see annex 3)
- A day of group work with Ghana Red Cross headquarters and regional branch staff
- Key informant interviews inside and outside the National Society
- Two day-long field visits to National Society community level units and activities.

## 1.3 Process of compiling the report

The team discussed its findings with the acting secretary general of Ghana Red Cross prior to the end of the mission. An initial draft of the report was

forwarded to the Ghana Red Cross for comment, before being forwarded to the secretariat OD department for further comment, prior to finalisation.

The evaluation findings are reflected in two documents:

- This report
- A case study into the different types of health and first aid intervention being carried out by Ghana Red Cross and their organisational logics(forthcoming).

The team referenced the IFRC Evaluation Criteria in reaching its conclusions<sup>1</sup>.

#### 1.4 Weaknesses/limitations to the evaluation process used

The team felt that the methodologies used were broadly appropriate and allowed a good range of fact and opinion to be gathered. Given the very broad nature of the questions posed, it is inevitable that not every aspect is addressed at the same level of detail. It should be noted that a separate financial audit of the use of funds during the pilot project will be commissioned by the LOD department during 2012; this evaluation does not explicitly look at the use of and accounting for project funding.

One challenge for the evaluation is that the President and secretary general of the National Society at the start of the pilot project were no longer involved in the National Society by its end. The former secretary general in particular played a pivotal role in developing the project, but is a controversial figure within the organisation. Without it being possible to interview this crucial figure, it is not possible to understand different perspectives on the change process and how and why decisions were made in great detail. Nevertheless the team feels that broad conclusions can be reached about how the change process was led and managed through triangulation of observations from within and outside Ghana Red Cross.

A second challenge relates to the ongoing recruitment process for the secretary general position taking place within the National Society while the team was in-country. As some interlocutors may have been personally involved in this process, this may have limited their openness to the team.

A final challenge relates to the confusing and at times contradictory figures relating to the project and indeed the Ghana Red Cross as a whole for simple data such as number and type of units, numbers of districts and communities etc. These make the achievements of the project impossible to pinpoint without far greater time in-country than was available to the evaluation team. For example:

- A document dated December 2006 speaks of 1311 local units and 65900 members of the National Society across nine of the ten regions.
- Another pre-project document speaks of the National Society having 56000 members and volunteers.
- The final project review speaks of a total of 3938 units being created or strengthened, and a total of 56000 volunteers.

Another example of inconsistent statistics is that for the number of local chapters per region, and the number of volunteers active. For Brong Ahafo region, the final project report states that 425 chapters mobilise 1267 volunteers, averaging around 3 volunteers per unit. This does not seem to be a viable unit size.

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1 IFRC Framework for evaluation, 2011

Based on the final report figures, a chapter would average around 14 volunteers (using the figure of 56000 volunteers and the figure of 3938 chapters is correct); itself not very sustainable. The figures for units created in year 2 suggest new chapter size was around 27 people.

While there were efforts to develop a systematic reporting system during the project, this was never effectively implemented, and one is only now being developed. The lack of good data collection during the project is very much a symptom of the limitations identified during the evaluation in the Ghana Red Cross management structure, in particular:

- i. no clear and consistent distinction made between members and volunteers
- ii. no system implemented to relieve pressure on overworked volunteer District Organizers
- iii. very limited OD capacity at the national level

The approach in this report is therefore to accept the figures stated in the reports relating to the pilot project at face value, while highlighting some of the inconsistencies that these throw up. While in-country the team saw evidence for a strong growth in the number of local chapters, and obviously of volunteers that could be consistent with the final figures given, it recognises that it has no realistic way to verify these in the absence of robust data collection systems within the National Society during the project period.

This evaluation was commissioned by the IFRC secretariat OD department to evaluate the 3 year pilot project “Building sustainable local capacity in the local branches of the Ghana Red Cross”. The team comprised five people, two from Ghana Red Cross, and two from IFRC secretariat and one from Swedish Red Cross. The team spent 9 days in-country in February 2012.

A case study is being developed in parallel to this report.

The evaluation manager was Jean-Etienne Brodier: [je.brodier@ifrc.org](mailto:je.brodier@ifrc.org)

# 2 Background to the pilot project: “Building sustainable local capacity in the branches of the Ghana Red Cross”

## 2.1 Vulnerability in Ghana today

Ghana is located in West Africa, bordering on Togo, Burkina Faso and Côte d’Ivoire. It was the first sub-Saharan African country to attain national independence in 1957, and has strong political dynamics with a high level of democracy.

Ghana had a Human Development Index (HDI) ranking of 135th out of 187 countries in 2011<sup>2</sup>, slightly higher than the average of sub-Saharan African countries but still below the world average. With relative stability in politics compared to neighbouring countries, Ghana is enjoying a steady growth in its economy. Annual GDP growth of 7.7% is based on developing natural resources such as gas, gold and timber and cocoa production.

30.0% of Ghana’s population (24.2 millions in total) still lives on under USD 1.25 per day, with GDP per capita at USD 1,190 in 2011.

Child health care and adult life expectancy have improved in recent years and currently the under-five mortality rate is 69 per 1,000 live births and adult life expectancy is 64.2 years. But the country has chronic problems in basic health care, and water and sanitation, with a majority of its citizens continue to suffer from the impact of inequitable distribution and access to basic services such as health care, education and electricity. High levels of unemployment are one of the main factors aggravating vulnerability in both rural and urban areas in the country.

Current environmental challenges include recurrent drought and flooding in the northern sector, which severely affect agricultural activities. Unregulated mining practices contribute to serious water pollution.

Ghana has been struggling to accommodate returning nationals who escaped violence in Cote d’Ivoire, as well as refugees and internally displaced persons from Liberia and Togo. Others migrants include those from Chad, nomadic tribes from the Sahel, and while the team were in-country, refugees from violence in Mali.

Road safety is an important issue in Ghana. The sharp increase in the volume of traffic, disregard for safety precautions and increasing number of faulty vehicles are the main contributory factors to car accidents. In recent years, motor traffic accidents have been ranked as one of the leading killers in the country.

<sup>2</sup> Information compiled from: Ghana government statistics (<http://www.ghana.gov.gh/index.php/about-ghana/ghana-at-a-glance>), International Human Development Indicators (<http://hdrstats.undp.org/en/countries/profiles/GHA.html>), World Bank country profile (<http://data.worldbank.org/country/ghana>)

## 2.2 The Ghana Red Cross, 1970s – 2007

The Ghana Red Cross (GRC) started as the League of Maternal and Child Welfare in 1929. In 1932, the League became the Gold Coast branch of the British Red Cross. After national independence in 1957, the Ghana Red Cross was founded and the Ghana Red Cross Act was passed in parliament in 1958. It was then recognized by the ICRC and became a member of the International Federation in 1959.

In 1975, Mark Sabara, a teacher and Red Cross member brought together a group of women to combat guinea worm infections in the community of Nsuopun in the Wasa Amenfi traditional area in the Western region. The teacher and the founding secretary travelled across Ghana raising other, similar units which became known as Mothers Clubs. These groups carried out simple health education activities at community level, led community activities and were trained in simple first aid. In 2000 there were about 400 of these groups in Ghana, and the idea had also spread to Togo. Over time, however, some units had become dormant without leadership and support from the National Society.

In 1985 a consortium of PNSs led by Swiss Red Cross came into being and started providing significant financial support to Ghana Red Cross activities for the next fifteen years. From 1985 to 2000, the consortium supported almost every activity of the Society, which became a very visible national organization. The support from the consortium focused on project and programme activities: while there were efforts to build National Society fundraising capacity, for example through development of income generation through sale of first aid kits, these were not prioritised either by the National Society or by its donors.

In 2000, a combination of changing donor priorities and issues around the management of funds led to the collapse of the consortium and the National Society's funded activities. Although the Swiss Red Cross remained in-country and continued to support the National Society as well as carry out its eye-care programmes in two regions, national Ghana Red Cross activities more or less collapsed, although some strong local units continued to carry out activities.

In 2001, the General Assembly of the Ghana Red Cross Society adopted the Strategic Plan for 2001-2005 and the GRCS developed a three-year implementation plan for 2001-2003. The Society intended to use those documents to negotiate development assistance with Movement partners but it seemed that this was not sufficient to restore donors' confidence in the National Society.

In 2003, the Swiss Red Cross commissioned a management audit by an external firm in the light of increasing evidence of poor management practices during the consortium period. The report highlighted a range of serious weaknesses in the National Society, including a very large burden of debt.

In 2006, the National Society was described as having 1311 community units (Mothers Clubs, Youth groups and general chapters), distributed in 86 of the country's 131 districts, although it is not clear that all of these were active. As well as a national office, the National Society had staffed regional branches in each of Ghana's ten regions. The table below compares government structure to National Society presence at the start of the project.

Level of government	Number of government units	Number of Red Cross units prior to 3-in-1 process
National	1	1
Regional	10	10
District	131	86
Community	78,000	1,311 (covering an estimated 2,600 communities)

## 2.3 The global OD pilot project

The global OD pilot project took place in the context of identified weaknesses in the local capacities of many African National Societies, and discussion as to how the IFRC secretariat could best support their development. A 2006 study<sup>3</sup> on IFRC supported local capacity building found that:

- None of the projects were about creating Red Cross Red Crescent units within the local communities; all were based on outsiders trying to mobilize insiders.
- None of the projects were based on mobilizing resources from within the local communities; all were based on donor money to deliver services.
- None of the projects used a standardized approach; all were improvised from the delegates own ideas.
- All reports used the latest, often unclear "catch words" to explain the approach used.

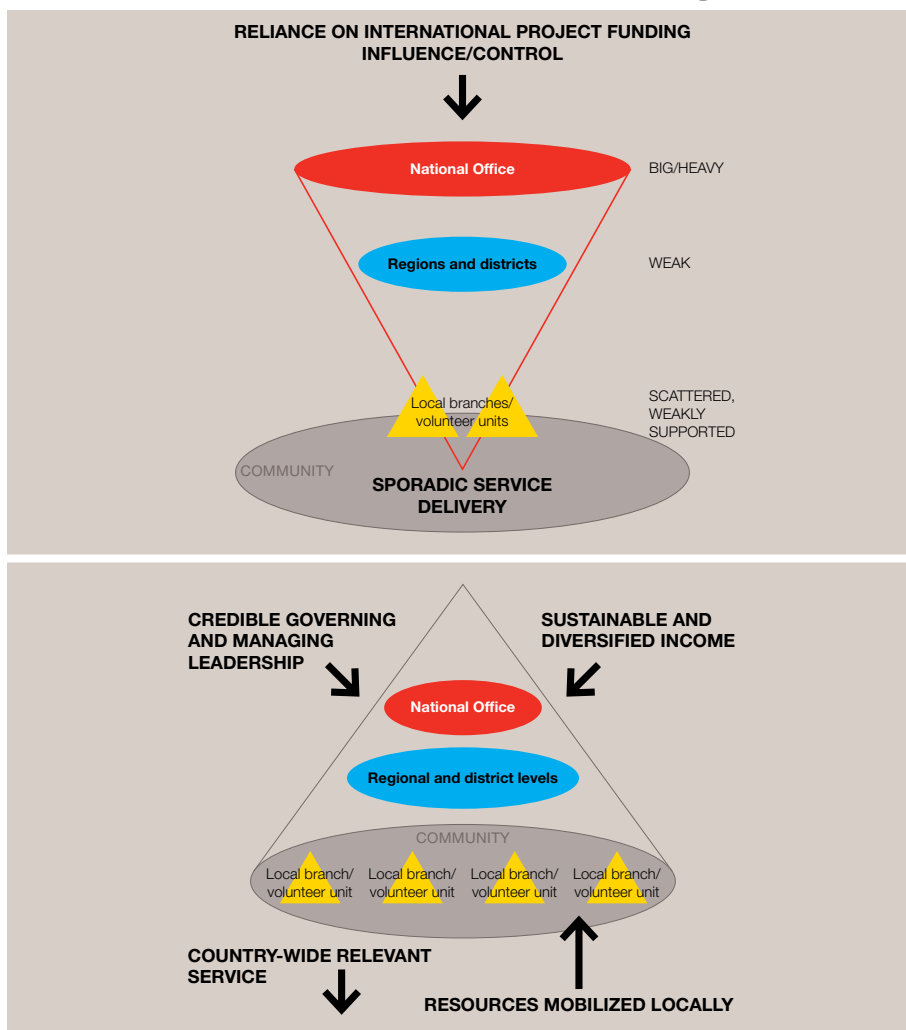
The broad goal of the global OD pilot project was to test an entrepreneurial, bottom up approach to building grassroots capacity to catalyse the creation of a sustainable, widespread community base to the two National Societies chosen. The thesis being tested was that it was possible to develop sustainable community based volunteer services in very vulnerable communities, that these could deliver simple ongoing services and attract local resources, and that once developed, these services could be replicated across a geographical area and an appropriate support structure developed.

For more information on the approach, see the training slides used in initial discussions with Ghana Red Cross, Annex 1.

Through the focus on development of a community level to the National Society, the business model of the National Society would effectively develop from one focused on attracting international project funding to carry out time bound projects in individual communities, to one focused on delivering ongoing local services through mobilising and maintaining sustainable community units across the country. The diagrams below schematise this change:

<sup>3</sup> Report compiled by Zarema Yerzhanova, 2006

## Moving from an international project delivery structure to a local service delivery structure



Ghana Red Cross was chosen as a suitable candidate for a global OD pilot project based on a new leadership willing to take new approaches to remove the organisation from its ongoing crisis. The logic of the process was that the IFRC secretariat would invest CHF 100 000 per year for three years in a change process designed and led by the Ghana Red Cross. Support, coaching and training would be provided to National Society leaders by a Geneva-based OD Advisor to support them through this process. The intention of the initial investment was to provide working capital to get the process up and running in a way that would deliver success and hence attract further donors to continue to fund the process beyond the three years of funding.

The National Society chosen for the second global OD pilot project was Burundi Red Cross, providing two contrasting environments based on size, economic development, and histories of the National Societies. The evaluation of the pilot project in Burundi can be accessed at:

[www.ifrc.org/docs/Evaluations/Evaluations2011/Africa/978-92-9139-180-6%20Burundi-evaluation-report.pdf](http://www.ifrc.org/docs/Evaluations/Evaluations2011/Africa/978-92-9139-180-6%20Burundi-evaluation-report.pdf)

# 3 The global OD pilot project in Ghana: the 3-in-1 process

The pilot project foresaw Ghana Red Cross developing a simple and sustainable local service in 10% of the country's 78664 communities, and an appropriate structure to support this service. The service would meet an important need that was relevant to communities across the country, could be carried out with local resources and skills, and would raise the visibility of the National Society in order to attract further resources from within Ghana.

New units developed would work alongside existing Mothers' Clubs and youth groups where present in communities. All three types of group would be sub-units of the community level chapter, which would bring the different groups together at the community level for the first time. All units would be involved in delivering the local service, as well as carrying out their existing activities. This unification process gave the project its name, the "3-in-1 process" – one community, one chapter, one common service.

At the same time, the National Society structure would evolve to lead and support these local units (cf. structural notes p xxx). In particular, there was early discussion of the need for a new structure to be developed at zonal level between community chapters and district level. This was to reduce pressure on the district level of the organisation, which would otherwise be faced by an impossible task in supporting many local units over a large geographical area with limited resources.

Conceptually the project was divided into three stages: the entrepreneurial stage (first 6 months) would see a simple service that could be delivered across the country identified and tested in the first village. Months 6-24 (diffusion stage) would see this tested in other places and learning gathered to streamline future replication, and year 3 would see widespread replication of the model across the country. The implication was that the process of developing community units and support systems would extend beyond the project funding cycle, and that further resources would need to be attracted for this to happen.

## 3.1 Implementation of the 3-in-1 process (year 1)

### 3.1.1 Planned activities – entrepreneurial stage

The planned activities of the entrepreneurial stage involved both setting up project infrastructure, and identification and testing of a simple service that could be replicated in communities throughout Ghana.

### 3.1.2 Actual activities

To prepare for the 3-in-1 project, a project team was formed within the National Society comprising the secretary general, the Ashanti Branch Regional Secretary, the national Branch Development officer, the District Organizer for Bosomtwi District, and the project accountant. This team visited a number of

existing community units with a consultant employed by IFRC Geneva to learn from existing structures in place. This fed into a project planning workshop to prepare practical project activities.

To identify a simple service that could be delivered across Ghana, two consultative workshops were held in August and December 2007 to design and evaluate a survey to assess what potential areas Ghana Red Cross could become active in. At the first workshop, participants defined the criteria for the new service as follows:

- geographically close to communities, i.e. not requiring volunteers to travel far in order to deliver their services
- simple, routine and flexible
- convenient and not time-consuming for individual volunteers
- with an impact on the community
- reaching a large number of beneficiaries

Above all, the service should not require much funding or logistical support from the National Society to ensure that it could be sustained by community resources.

The survey designed was carried out in 80 (0.1%) of communities nationwide, from 14.5% of the country's districts and all ten regions. It consisted of structured questions, and was carried out by Ghana Red Cross officials. The survey asked respondents about their knowledge of the Red Cross, to identify areas in which the Red Cross was already active in their community, and areas where they felt that the Red Cross could become active.

Survey responses suggested that about 75% of Ghanaians had some knowledge of the Red Cross, with a general tendency for the National Society to be identified with first aid and community health activities, followed by disaster response and community services.

Responses to the question as to what the Red Cross could do in communities showed that communal labour activities, for instance clearing drains and digging latrines, was the area in which the surveyed communities had most interest in Red Cross support, followed by support in setting up and managing funerals and other communal social events.

At the December workshop, participants used the criteria developed at the first workshop to analyse the survey results. They concluded that providing social care and support services during funerals would fit better with the vision of the new service than communal labour activities. Volunteers would help families to set up the venue and manage crowds at these big social occasions, but also provide first aid services and promote hygiene and public health to mourners. In particular, volunteers would offer somewhere for mourners to wash hands, as the large number of hands shaken at these events had been identified in a Ghana Health Services report as a prime source of disease transmission.

Through delivering this service, Red Cross units would become visible in their communities. Their actions would have an impact on public health, both at the events, but also in raising awareness of the importance of hand-washing away from funerals.

One reason for not choosing community labour over funeral services was that it was felt that local units would request the National Society to provide materials such as wheelbarrows and spades in order to carry out activities; this would quickly become impossible for the National Society to support.

However, local units could engage in communal labour if they wished, but using their own resources.

Using criteria developed by the December workshop, it was decided to launch the 3 in 1 project in Bosomtwe Atwima Kwanwoma district, a peri-urban area on the edge of the large city of Kumasi comprising about 80 communities and a population of about 300 000 inhabitants. The district capital, Kuntense, has a population of about 7000.

To enter the community, the National Society first made contact with the local traditional leader to discuss the purpose of the Red Cross and the benefits of local Red Cross units being developed in the region. This led to a meeting being called to explain the concept of the Red Cross to the first community, and a subsequent meeting of interested people. This process for community entry was well known and understood within Ghana RC before the pilot project.

Further meetings with the District Organizer explained the structure of a Red Cross unit to prospective members, and saw the election of an interim committee. The unit was then trained in Red Cross principles and values, as well as first aid and social mobilisation. It was given Red Cross aprons and first aid materials.

After about a month of regular trainings, the unit selected the funeral of a prominent local person at which to deliver the hand-washing service, first aid and general support in setting up and running the event. Following the funeral the District Organizer debriefed the group, which observed that using water to wash hands required a constant water supply, made the first aid area muddy, and required many towels. These factors led to further consultations with health practitioners, leading to the recommendation that future hand-washing use a quick-drying hand disinfectant rather than soap and water.



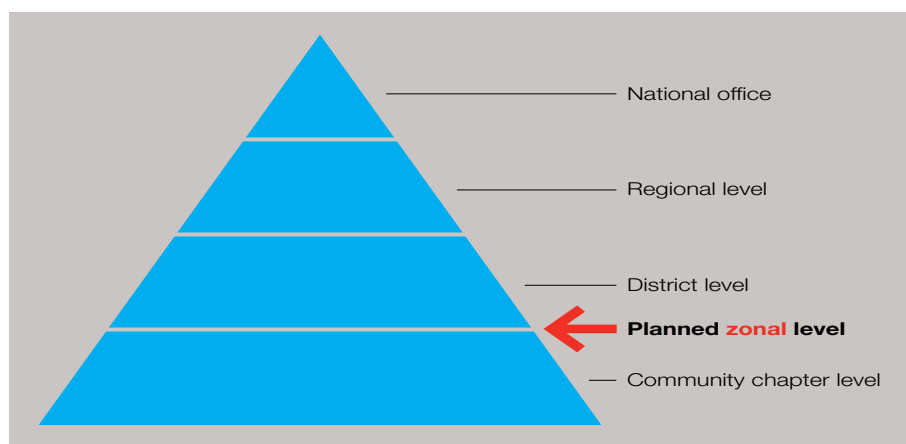
Beekeeping is one of the activities that helps raise funds for Ghana Red Cross services in communities.

### 3.1.3 Planned activities – diffusion stage

During the year 1 diffusion stage, it was planned to replicate the model chapter in a further five communities in Bosomtwe Atwima Kwanwoma district based on the experience from setting up the initial chapter.

The year one plan also foresaw development of a structure of seven zones within the District, each with a committee to provide support to local chapters. The need for the existing support structure of District Organizers to be reinforced as part of the 3-in-1 process had been identified during project planning, and the zonal system had been proposed as a way of reducing the physical distances (and hence cost and time) between local chapters and National Society support structure. This would also mean that volunteer District Organizers did not have to deal with a large increase in the number of units to which they were responsible for providing support. The diagram below highlights where the proposed zonal structure would be situated:

## Ghana Red Cross organisational structure prior to 3-in-1 process, and proposed level of new zone structure



### 3.1.4 Actual activities

Working in the same district, further units were set up on the same lines by the District Organizer. These came together for a public launch of the 3-in-1 process at Kuntense in May 2008, having first elected a district committee from among the chapter committee members.

Prior to the launch, local units carried out visible activities in their communities, such as public clean-ups to raise public awareness of the Ghana Red Cross. The launch involved a parade through town, before speeches from the District Chief Executive (DCE) and other local dignitaries. The district Red Cross was promised an office by the DCE, and land for construction by the local traditional leader. The event attracted media presence, as well as financial donations. A number of important people from other communities came forward requesting to join the district committee, some further communities showed interest in developing their own chapters, and membership in the existing chapters increased.

Again, chapters were supplied with Red Cross aprons and a first aid kit, at a direct start-up cost of about 50 cedis (USD 35) each. New chapters received monitoring visits from the project team, and were formally visited and certified by the national office.

One innovation that developed was that chapter leaders would often initiate welfare systems within chapters, so that chapter members would contribute

towards a fund to support one another in times of need. This could also be used as capital to start income generation projects to support group funds as well as providing a return on investment to chapter members.

By the end of the first year, fifteen local chapters of 20 – 30 volunteers each had been created in Bosomtwe Atwima Kwanwoma district, all delivering the hand washing service, but also carrying out community labour activities and community health mobilisation activities in conjunction with local health authorities. In terms of the plan to develop an intermediary “zonal” structure between community chapters and district committees, this had not been taken forward.

At the national level, the National Society carried out a series of activities to spread awareness of the 3-in-1 process through the National Society. These included a governance retreat, and national youth and mothers’ club conferences.

### **3.1.5 Analysis of year 1 activities**

The first year of the project broadly met its objectives of developing a service, and developing a number of new chapters to deliver it. The experience demonstrated that a simple but relevant service could be developed by the National Society, and replicated between community units. It was encouraging that visible activities by local units led to other people from neighbouring communities coming forward, and that resources were promised by local leaders.

Identifying the service to be delivered was a particularly crucial point of the process. The choice of the hand washing service over the more popular, but potentially more expensive and less distinctive community service activities, demonstrated a good grasp of the logic of developing a simple and sustainable, but visible service.

The process of setting up chapters was also crucial, as this would have to be repeated thousands of times in order for the National Society to develop community units across the country. Here a number of observations could be made.

Firstly, the initial equipment of each chapter with first aid kit and aprons represented a reasonably significant amount of money which would need to be found for every subsequent group set up. This would clearly not come out of the funds provided through the global OD pilot project as the project went to scale, so this money would have to be found elsewhere. It was however not tested how these funds could be generated by the National Society, whether at national or local level.

Secondly, the system developed to set up local chapters was quite slow, involving a lot of training in chapters prior to any activity taking place. This reflected a very controlled approach by the National Society to setting up local chapters: lots of training, regular monitoring and finally certification by the national level. This had implications for the speed of development of new units, but also resource implications for the National Society which had to find volunteer and staff time to support the time-intensive formation of each individual chapter, as well as costs for travel from Accra to Ashanti for the monitoring and certification process.

As well as the limitations on national office capacity, and the additional expense to the project of travel from Accra, the centralisation of the project to the national level risked a situation in which the regional level of the organisation in particular did not take ownership of the project. While this

was perhaps acceptable for the initial testing and replication, it was important that ownership of the project should transfer quickly to the regional level after this initial phase.

From the year one report, it is also apparent that weak budgeting within the National Society, particularly related to the additional travel to Ashanti Region, and the larger number of attendees at youth and mothers club congresses than expected placed the finances made available through the global OD pilot project under strain.

## 3.2 Implementation of the 3-in-1 process (year 2)

### 3.2.1 Planned activities – diffusion stage

In preparation for the second part of the diffusion stage, a further two of the ten regions were selected. Each identified fifteen districts within each of which fifty new chapters should be created – a total of an additional 750 chapters in total.

As well as national youth camp and Mothers Club congress, a newsletter was planned for distribution to all local chapters.

It was also planned for ten motorbikes to be purchased and maintained for District Organizers to make their task of visiting local chapters easier.

### 3.2.2 Actual activities

Orientation workshops were held in the regions in November and December of 2008. There were also discussions with the Swiss Red Cross around support for supporting the process in the Northern and Upper West regions in which Swiss Red Cross projects were situated. This led to the 3-in-1 process being carried out in a total of five of the Ghana Red Cross regions during year 2, using the methodology developed during year 1.

To address the issue of the support structure for local chapters, ten motorbikes were purchased to enable District Organizers to travel more easily across large districts.

By the end of the year, a total of 307 new chapters had been certified by the national level under the 3-in-1 project across 17 districts in 5 regions, totalling some 8500 new volunteers. A sample reporting tool had been developed by the national level to facilitate collection of data from local chapters.

Using an estimate that each group would attend a funeral once a week, and carry out some sort of community work once a month, Ghana Red Cross estimated that volunteers through the units would contribute over 2.4 million hours of community service each year, with an approximate value of over USD 1.6 million.

During year 2 the secretary general and branch development officer, as well as colleagues from Burundi Red Cross, were hosted by Norwegian and Swedish National Societies on a study trip to learn from branch and local unit support and coordination mechanisms in these National Societies. This was followed by a workshop in Geneva. A further exchange visit was organised for Burundi Red Cross and Ghana Red Cross staff to visit each others' projects.

### 3.2.3 Analysis of year 2 activities

The second year of the project did not deliver the growth projected in terms of the number of local chapters created and certified. On the other hand,

anecdotal reports suggest that many more units had been created, but they were awaiting central certification. This implies that the very centralised set-up process described above had indeed become a bottleneck that constrained the formal development of the process.

While new chapters continued to be developed, and continued to attract local resourcing, a report from a visit by the Geneva OD Advisor at the beginning of year 3 describes different understandings of the role of the Red Cross between communities. In some, understanding of the role of the Red Cross as a locally owned and resourced organisation was strong; in others it had the image of a rich international organisation which would give things to communities. This suggests that the process of setting up chapters was not uniform between districts, implying either that a standard model for developing local units had not been developed, or that it was not consistently applied between districts. These discrepancies meant that the risk was high of some chapters losing motivation when their unrealistic expectations for external resources were not met. These chapters were unlikely to be sustainable in the long run.

During year 2 it became clear that project funds were not sufficient to equip all new chapters to the same standard, based on the equipment that had been given to new chapters during the first year. Although the National Society was able to make use of some other sources of funding to provide aprons and first aid kits, this was not enough to avoid a situation in which some newly created units might feel that other local chapters were treated better by the National Society.

The purchase of motorbikes for District Organizers was an attempt to address the issue of a support structure for local chapters. This was however not accompanied by work to create income streams to maintain and repair the motorbikes at the district level. It was therefore unlikely to be a sustainable solution at the district level, or indeed one that could be taken to scale across even the 86 districts of Ghana covered by Ghana Red Cross. This also implicitly reinforced the role of the District Organizer through provision of a status symbol, at a time when the development of the community base to the organisation might be seen as posing a threat to the traditional role of the District Organizer. Certainly the proposal to create a zonal structure described above could be understood as a threat to that role.

The lack of a resource mobilisation strategy was noted in the report from the visit at the start of year 3, as was the lack of a communications strategy. In order for the project to self-sustain beyond the project funding, initial outlines of such strategies should have been evolving during the second year. While willingness by local leaders and others to donate to the National Society continued, there were examples of offers of donations not being appropriate: land that the National Society did not have capacity to develop, for example, and a strategy would have helped the National Society to understand and communicate what donations would actually help the National Society to move forward.

It might be questioned whether the strategy of spreading the project to further regions during year 2 was the right one. Results in one district of Ashanti region were limited to fifteen new chapters in the first year, and no testing of a support structure had been carried out by the end of the year. So Ashanti Region was not at a stage to serve as a model for other regions at the end of year one. By spreading the project to 17 districts across five regions, the project risked spreading limited centralised knowledge about the project even more

thinly. It also risked distracting attention from other tasks, such as setting up robust national level communications and resource mobilisations strategies to sustain the project beyond the funding period. An alternate strategy might have been to focus all resources on Ashanti region during year 2 in order to develop a fully functioning model structure covering every community in the region that would then serve as a full template for other regions in year 3.

### 3.3 Implementation of the 3-in-1 process (year 3)

#### 3.3.1 Planned activities

The goal for year 3 was to create an additional 660 chapters, with around 16000 volunteers across all ten regions of Ghana, as well as strengthening existing chapters. This would have meant that over three years the project would have created about 1000 chapters.

An emphasis in the year 3 plan was placed on developing resource mobilisation strategies within communities, as well as in developing partnerships with other agencies and civil society groups.

A further ten motorbikes would be purchased for District Organizers, who the plan for year 3 states would visit community chapters on a weekly basis.

#### 3.3.2 Actual activities

Three months into the third year of the project, the National Society General Assembly threw out all but one of the previous board, electing a new president. This was immediately prior to the arrival of the Geneva project manager, who was able to meet with new President and (ongoing) secretary general immediately after the General Assembly. The meeting between secretary general and Geneva OD advisor discussed the downward revision of the project from 7800 chapters to 1000, and the challenges posed by a completely new governing board which would take time to understand the project. It was felt that potential partners would wait and see what direction the new board took before committing funding to the National Society.

An issue raised by the secretary general was the difficulty within the organisation of shifting mindsets of National Society staff and district organizers from ones of project delivery based on external resources, to delivery of simple services based on community resources.

Sustainability of the project beyond the three-year project was also a theme, both in terms of the support structure required to maintain local chapters, and the finance required in turn to maintain this structure.

Under the new board, emphasis was placed on reducing the role of the national office in the 3-in-1 process. This allowed certification of local chapters at district and regional level. This meant that many units which had been waiting for centralised approval were now recognised, with a consequent surge in the number of chapters and volunteers recorded across the ten regions.

Emphasis was now also placed on introducing the hand washing service to chapters which had existed prior to the 3-in-1 process. This was linked to greater awareness of hygiene and hygiene promotion as a result of the spread of the H1N1 virus.

During the same period, partnerships were also made between the National Society and organisations with a community development focus that saw some local groups of these organisations transformed into Red Cross chapters.

During year 3, the Driver Vehicle and Licensing Authority (DVLA) decided to award a monopoly on first aid training for driving licences to Ghana Red Cross, providing a high level of visibility and a regular income stream to the National Society. This was a direct result of a senior official attending a funeral at which Ghana Red Cross volunteers were active.

Shortly before the end of the project period, the secretary general was released, and an acting secretary general appointed. The acting Secretary General attended a two-week course in non-profit management at Geneva University alongside a colleague from Burundi Red Cross as part of the support to the two projects.

By the end of the pilot project (May 2010), Ghana Red Cross had created or strengthened some 3938 community chapters across Ghana, covering an estimated 7576 communities. These were present in all ten of the regions, and 86 of the country's 183 districts. The estimated number of volunteers was around 56000. The table below relates these figures to the project starting point:

Level of government	Number of government units	Number of Red Cross units prior to 3-in-1 process	Number of Red Cross units at end of 3-in-1 process
National	1	1	1
Regional	10	10	10
District	131	86	86
Community	78,000	1,311 (covering and estimated 2,600 communities)	3,938 (covering an estimated 7,576 communities)

### 3.3.3 Analysis of year 3 activities

The sea-change in National Society governance reflected widespread unhappiness with the working style of the secretary general, aspects of which can be observed through the project, for example the tendency to centralise and control activities personally rather than delegating effectively within the national office and to regions. Even in the third year, it is noticeable from project documents that the emphasis was on control of the process from the national level of the organisation. Although this was being challenged from Geneva, it took the change in governance for a more decentralised process to develop.

The secretary general's assertion that one barrier to the success of the 3-in-1 process was the project mentality in many staff and volunteers raises questions as to the effectiveness of the training and preparation of these key staff and volunteers who would be setting up and supporting new chapters. If they did not understand the logic of the change, or were not convinced of its validity, how would they be able to develop chapters along sustainable lines? This may be part of the explanation for the culture of expecting internationally funded aid projects observed by the Geneva OD Advisor in some units: another could also be the historic image of the National Society from the consortium period as a well-funded organisation largely external to communities.

Given this identified weakness, the decision to extend the project to ten regions seems questionable: if a significant number of key people did not understand the project logic, surely a better approach would have been to focus in areas where key people were willing to explore different ways of

working, and build success in these areas as the basis for shifting mindsets in areas without this understanding?

The third year again saw no progress on developing a sustainable support structure for community chapters: instead the strategy of purchasing motor-bikes was continued. The proposal in the year 3 plan that volunteer District Organizers would each visit up to 60 chapters on a weekly basis suggests that understanding of what constituted a sustainable and effective support structure had still not developed within the National Society.

While there was a significant success in attracting the drivers' first aid training contract, it is noticeable that this was based on a chance meeting rather than deliberate strategy on the part of the National Society. It does however illustrate the theory underpinning the project, that simple locally owned activities are likely to attract resources from a range of actors.

### 3.4 Following on from the pilot project: 2010 – 2012

#### 3.4.1 Activities relating to the pilot project

The intention of the investment in the 3-in-1 process by the Geneva OD department had been that this would catalyse further investment to allow the National Society to continue the process of developing community units and support system across the rest of the country. While the 3-in-1 process visibility led to further national resources for the National Society, these were not applied to continuing the 3-in-1 process. Nor does continuing the project seem to have been a priority in approaching external donors.

One important activity linked to the 3-in-1 process that has gone ahead at the national level is development of a more robust national data collection system. Also, in the Greater Accra region, the development of structures similar to the proposed zonal structures has gone ahead through regional initiative. Otherwise, the 3-in-1 process seems to have stalled within the National Society.

### 3.5 Analysis of issues underlying the 3-in-1 process

The analysis above broadly highlights strategic and technical aspects of the change process: where decisions were made, and how these played out over time. There are however also underlying factors which directly influenced the success of the 3-in-1 process. These reasons for the limitations observed in the 3-in-1 process are various and arguably interlinked. They are also extremely relevant to other National Societies and other actors planning and supporting similar change processes.

#### 3.5.1 Complexity of the change process

From the start, the complexity of the change proposed in Ghana Red Cross should be highlighted. To be successful in developing and maintaining a very large number of sustainable community chapters, it needed to significantly change the self-image, structures, activities and culture of the National Society. It also needed to change the image of the National Society in Ghanaian Society.

#### 3.5.2 Leadership understanding and buy-in to the original project

The criteria for Ghana Red Cross to be chosen for the pilot project were that it should be in crisis, and that it should have new leadership prepared to consider new ways of working. The secretariat's investment was to help the

new leader shape and more towards a vision of a stronger, more sustainable National Society based on ongoing countrywide services.

Yet through the project there are strong indications that the secretary general of the time did not fully buy into the logic of the project. There is some evidence that, rather than being seen as a transformational process (although this word was used in project documentation), the 3-in-1 process was actually seen by the secretary general as “another project” which provided useful resources for the organisation, but delivered results in which the organisation itself had little or no stake. Instead of being a project that challenged and broke the mould of looking to international funding as the major basis for activity within Ghana Red Cross, the 3-in-1 process perhaps became another project within the donor-implementer paradigm for the secretary general and other key figures within the National Society.

### **3.5.3 Leadership understanding of the National Society**

Through the project there are indications that the secretary general did not fully appreciate the strong ownership inherent in a membership-based National Society. As a concrete example, there was an attempt at one point to move Branch Secretaries between regions. While these positions are appointments of the secretary general, there are also very strong local links that would need to be negotiated for such a change to be accepted by regional governance as well as the Branch Secretaries themselves. The impression of the secretary general’s understanding of the National Society was of a bureaucratic organisation which could largely be controlled from the centre, rather than an organisation with a powerful, and distributed, leadership.

Not understanding the dynamics of the organisation would be a serious barrier to developing an effective change strategy, and there are strong suggestions (elaborated below), that change was understood by the former secretary general as a top-down and mechanistic rather than a political process within the organisation.

### **3.5.4 Description of initial project goals**

The headline goal of 7800 communities covered was in retrospect unfortunate on at least two counts. Firstly, it set a confusing target, as the relationship between communities and villages (which could comprise several communities, and are the natural level at which local chapters should be present) was not clarified for the external OD support to the National Society. More importantly, the target provided a strong focus on volume of chapters developed, rather than quality of chapters created and support structure. It is likely that this distorted the way that success of the project was perceived within the National Society. In the view of the team, a better project outcome would have been to have one fully functioning region, quite possibly with fewer community chapters but including a functional and sustainable support structure, complemented by an embryonic national communications and resource mobilisation strategy, rather than ten partially functioning regions and little in the way of resource mobilisation. An initial project agreement should have made the need for this focus clearer.

### **3.5.5 Change strategy adopted**

#### **i) Defining and focusing on success**

There do not seem to have been clear understandings of what constituted success within the organisation at each stage of the change process. Some of

these can be related to the numerical targets for chapters created, but others suggest wider flaws in strategic thinking. The decision to spread the project to four further regions in the second year, and ten in the third, when gains were still limited in the initial region, is a case in point. Limited resources were spread thinly, and evidence suggests that quality control in spreading the project between regions was weak.

This may have been a result of pressure within the National Society for project benefits to be shared between regions, or simply enthusiasm for the project and the results that it was creating; however in terms of the success of the 3-in-1 process, it is likely to have had a negative effect.

### **ii) Focus on sustainable activities and processes**

In the development of the initial units we see several aspects which, when taken to scale, prove to be unsustainable both for the chapters set up and the replication process itself. These include the provision of materials to groups, which quite quickly became too expensive to maintain, the provision of district level motorbikes for which there were not the resources to maintain in many cases, and the national office involvement in each new chapter, which could not cope with going to scale during year two in particular. While sustainability was identified in early project documents as key, this was not really rigorously thought through and implemented in terms of processes used, affecting the impact of the process as well as the National Society's capacity to continue the project beyond the funding period.

### **iii) Ownership of change**

While early meetings with regional and district members of the National Society were held, there is a strong sense through the project that project ownership never really moved beyond the secretary general. To achieve sustainable scale, however, key figures at all levels needed to feel that they owned the project, that they could take it forward at the right time, and that this was an activity that would benefit everyone. One interviewee described the attitude of the Regional Secretaries as "sitting back and waiting to see what happened": clearly not indicative of their buy-in to the process. This may well have been a function of the management style of the secretary general and possible power struggles between national office and regions, and this is not to say that everyone should have owned the project from the beginning. What we would however have expected to see in a successful project was ownership increasing through the process at all levels, and while this is of course impossible to measure, this impression remains strong within the evaluation team that this was not the case.

### **iv) Engagement with existing power structures**

Linked to the questions of understanding the organisational logic of the National Society and ownership of change, there does not appear to have been a strong appreciation in the early days of the 3-in-1 process that the change proposed had the potential to challenge existing power structures within the National Society. For example, the role of District Organizer would be likely to change appreciably through the change process. Without this appreciation, adequate strategies for dealing with resistance do not seem to have been developed.

#### **v) Momentum for change**

While we can see enthusiasm for the project moving between communities, and people coming forward wanting to set up new chapters in their communities, the 3-in-1 process did not gather momentum during the crucial early years. This momentum would have been very important in overcoming potential resistance to the change in business model, and creating a sense of “the way forward” in the National Society. Without this, it was unlikely to change mindsets and to start to be seen as something transformative within the National Society, as opposed to “another project”.

# The Ghana Red Cross today - organization, activities and status

## 4.1 National Society organizational structure

### 4.1.1 Local chapters

There are currently around 4000 local chapters in Ghana Red Cross, covering about 7800 of the country's 78000 communities in 86 of the country's 131 old districts (recent boundary changes have created a number of new administrative districts). They are present in all 10 regions of the country.

Local chapters of Ghana Red Cross can include Mothers Clubs, Youth groups and general units, but can also include just one or two of these types of unit. Each unit is likely to comprise 10 – 30 people in practice. Mothers clubs are not necessarily gender-exclusive if no other type of unit is available in a locality. Many of these units will have been created during the 3-in-1 process; some will have existed for years, and some will have been re-animated during the 3-in-1 process after a period of dormancy.

Active units should carry out the hand washing service at funerals and other public events, and are almost certain to be involved in social mobilisation on behalf of government health agencies and possibly NGOs, as well as simple health and first aid education for members and occasional community work such as clear-ups. Most groups are likely to have some form of income generation project to support members.

All community chapter volunteers are counted as members of the National Society in electing a committee of five people to lead the chapter. Very few (under 10%) will pay the membership fee of five cedis (USD 3) that would allow them to vote and be elected at higher levels of the organisation.



**Nima Namobi Mothers Club** was established 14 years ago in a predominantly muslim area of Accra. About 200 women are members of the group, predominantly but not exclusively muslim, and the group continues to attract more members. It is visibly and charismatically led.

The group meets on a weekly basis, and has a small office. It carries out literacy activities, and simple first aid training and health messaging – for example around cholera and yellow fever, hygiene training (and hand washing). It sometimes links with the nearby youth unit to undertake these activities. Some women undertake tasks such as clearing the drainage channels that run through the area – a very unpleasant task.

The group is well established as the only sustained volunteer group in the community. For this reason international NGOs and government approach it when they are looking for community involvement in their activities. They recognise the value of the sustainable local network, and work through it. For example, the chapter worked with an NGO to establish a water tower to supply the community with water when companies halt supplies. With an Italian NGO the chapter worked to promote awareness of the benefits of gas cooking stoves, which it also sells to generate revenues. If there is an outbreak of disease, Ghana Health Service will use the group to mobilise and inform local people of preventative actions.

The group is a strong and well-respected mechanism for disseminating simple messages through the community. What members felt would help the group would be more training, which raises the knowledge of members, and support for income generating activities to alleviate member poverty.

The group's leadership spoke very positively of their support from the regional branch of Ghana Red Cross, and members were clearly proud of belonging to the Red Cross.

#### 4.1.2 Districts

Ghana Red Cross has 86 district level structures, some of which cover two new government administrative districts. It is not present in about 45 of the country's districts. The size of a district can be very large – well over a hundred kilometres from end to end, and access to many communities may be along dirt roads. Each district has 30 – 60 chapters on average.

At the district level, a committee of ten people is elected by members of the National Society who have paid their yearly membership fee. As well as standard committee roles, this includes representatives from Mothers Clubs and youth. The team met one District treasurer – a pastor, and hence an important and trusted figure within the community. His role was to bank money on behalf of local groups and make it available to them when requested.

In terms of funds available to the District, a part of membership fees should come to the district level, but the treasurer reported that few people were willing and able to pay the membership fee. This limited the capacity of the district to support local chapters, as money for travel around districts could not always be found.

At the same time, a District Organizer is appointed by the national office. Although the role is a voluntary one, it is considered within the logic of the staff structure by the National Society. There are however discussions within the National Society as to whether this position should be elected or appointed locally rather than from the national office as a way to develop greater local accountability.

Their role includes working with the district committee, supporting and motivating local units, and often providing first aid training in schools and other institutions. Some District Organizers have been equipped with motorbikes, but the district itself may not have funds to pay for fuel and maintenance. Anecdotally many lie idle. Some districts have offices donated by local government or by the local traditional leader.

Districts also have a District Youth Organizer, who works specifically with youth chapters.

#### **4.1.3 Regions**

Ghana Red Cross has ten regional branches, each of which has an office with internet connection, and is staffed by a Regional Secretary with an assistant. Regional Secretaries are appointed by the secretary general, and responsible for Ghana Red Cross activities in their region.

A regional committee of ten people is elected by members in the region. It includes youth and mothers clubs representatives.

Activities at the regional level include supporting the districts in delivering national programmes. In addition, regions often have their own programme activities.

#### **4.1.4 National level**

The national office comprises ten technical and ten support staff (including drivers, cleaners and guards). There is currently an Acting Secretary General (recruitment for a permanent position is under way), and departments for Finance and Administration, Organisational development and resource mobilisation, health and care, and disaster management. Other than finance and administration, which has a complement of staff, each department comprises one person. There are also a National Youth Coordinator and a Communications Manager.

The General Assembly meets every second year, and elects a President, who can stand for a maximum of three two-year periods of office. The General Assembly comprises ten representatives from each region.

A Central Council is made up of 15 members: the ten Regional Chairs, and an additional five members elected by the General Assembly. This meets every six months, and is attended by relevant governmental bodies as observers. A Management Council of six members has the task of day to day oversight to the organisation.

During an evaluation workshop with staff members, it was generally agreed that relationships between staff and governance were improving in that there was a move away from a master – servant relationship which had characterised the previous status quo. This was in part a result of more regular training events for new governance members to explain the different roles of governance and staff within the organisation.

## **4.2 National Society services and projects**

### **4.2.1 National Society services**

The following activities are likely to take place in districts and communities where the Ghana Red Cross is present, managed at a local and district level broadly using resources within communities:

### Hand washing service

Local units attend funerals and other social events. Volunteers offer participants soap with which to wash their hands before and after the prolonged handshaking that takes place at such events. The activity reduces disease transmission at events, and raises awareness of the importance of hygiene. Volunteers will also help clean and set up the venue, and offer first aid services if required. They will often receive a contribution from the bereaved family to cover costs of attendance. In the northern part of the country, where the culture is to bury bodies immediately, the service still takes place, but volunteers must be more flexible in responding to events, whereas in the south of Ghana, funerals are held on a weekly basis. Funerals usually attract in the order of 200 attendees, including local traditional leaders and their entourages, although funerals of major figures can attract hundreds of thousands of people.

At the funeral of the Archbishop of Bolgatanga diocese, Ghana Red Cross volunteers offered hand washing services to over 200 000 mourners.

### Social mobilisation for health and in disasters

When there is an outbreak of disease, local Red Cross units are approached by regional and district levels of Ghana Health Service (GH) and National Disaster Management Organisation (NADMO), and requested to pass on simple health information to their communities.

For example, while the team was in Ghana, GHS and NADMO were preparing to respond to a meningitis outbreak in the north of the country. As part of this response, local Red Cross chapters would be contacted and asked to disseminate simple information on the “Do’s and Don’ts” of meningitis in their communities.

### First aid training and first aid

Local Red Cross units have simple training in first aid and provide first aid support at events and within the local community. The National Society is strongly associated with first aid by the general public.

At a large church service in Kumasi, attended by several thousand middle class worshippers, Ghana Red Cross volunteers operate a first aid tent. The activity provides a very visible service to an important potential constituency of financial supporters for the National Society.

Ghana Red Cross districts provide two types of first aid training. One is for internal customers (volunteers and staff members) and the other for the general public, who pay training fees.

There is sometimes a district organizer for first aid who is usually a volunteer first aid instructor.

A challenge for first aid provision in Ghana Red Cross is a lack of human and financial resources. Since the National Society has not been able to afford professional trainings for instructors for several years due to lack of finance, there are many districts which do not have qualified instructors. The training fees charged are not sufficient to allow the National Society to make revenues which can be reinvested for renewing equipment or organizing professional trainings.

### Communal work

Local Red Cross units will be part of carrying out tasks of general use to the community: clearing waste or unblocking drains, for example.

## Community development

Within chapters, chapter members are likely to work together to carry out simple income generation activities that benefit group members. Examples encountered by the evaluation team included cleaning agent manufacture, bee-keeping and rice-growing.

### **Ayinaasusuo chapter in Ahafo Ano South district, Ashanti region**

was created through the 3-in-1 project. It started with 54 volunteers, which has shrunk to 24 over the last three years. It contains both a Mothers Club and a youth group.

Central to the group is the income generated through paddy fields bought (and recently extended) with group funds. After deductions for materials etc, the group makes about 400 cedis (USD 230) a year – about USD 10 per person. By contrast, a local farmer would need to make about 500 cedis (USD 290) to survive and support a family.

In a neighbouring unit, also in existence for three years there are 24 volunteers who meet fortnightly, attending a day of funerals a month to carry out the hand washing service. The unit covers 2 villages a couple of kilometres apart comprising 8 communities, and a population of 2-2500 people.

Most of the volunteers do not have regular employment, as is usual in rural Ghana. This means that they survive through working their own land, and by carrying out occasional tasks for others for which they are paid. Through the one of the chapter leaders, the group has access to land on which bee hives are kept. When the honey is collected, group members will sell it, receiving 80% of the sale price and giving 20% to chapter funds. An obstacle for the group is the poor state of the hives, which meant that last year there was a big loss of honey that could otherwise have been sold.

## Youth

Ghana Red Cross estimates 30 000 (around 60%) of its members to be youth, with 2-6 000 in each region. Youth is considered under the headings of junior (6-14), senior (15-25) and young adults.

Youth Red Cross activity is mainly delivered through schools under the heading “Youth links”, with a majority of youth in the 9-13 age bracket. Youth groups are present in about 60% of primary schools (age 6 – 13) in the Greater Accra region, for example.

The groups offer an extra-curricular activity for young people taking place for 1.5 hours / week. Groups are animated by a volunteer, who may be a teacher in the school. The types of activity carried out include first aid training, health information, and information on the Red Cross and Fundamental Principles, volunteering opportunities etc. Young people also have access to social activities (for which their parents pay) such as excursions to factories and to tourist places. A large majority of youth work in the National Society therefore sees youth as beneficiaries of Red Cross services. Most are not active as volunteers. In Great Accra region, for example, an estimated 250 of the 6000 youth members carry out volunteering activities through local youth chapters.

Outside of schools, youth chapters are formed along the lines of other National Society units. They take part in the same types of activity: first aid training, health and disaster response activities. In addition they are encouraged to develop their own activities to identify and respond to community needs.

### 4.2.2 National Society projects

The following are examples of one-off activities with which Ghana Red Cross is involved. These mostly involve significant financial input that cannot be supported by community resources alone:

#### **Sex workers centre, Agbogboloshie, Accra**

In partnership with the USAID-backed Family Health International (FHI), Ghana Red Cross runs an STD clinic for commercial sex workers in Agbogboloshie, one of Accra's poorest neighbourhoods. There is a small hut with space for counselling as well as examinations by a nurse who attends three mornings a week. The centre is run by full time "volunteers" who receive a stipend for their work comparable to a daily wage, albeit not including employment contributions and social security costs. The staff are active in the neighbourhood educating sex workers and other groups about sexual health, and distributing condoms. Ghana Red Cross currently makes some financial contribution to the costs of the project, and the assumption from FHI is that Ghana Red Cross will take over full responsibility for the project when USAID funding to FHI runs out. This project is currently managed from Ghana Red Cross national level, not by Greater Accra Region.

#### **Motorway first aid post, Accra – Tema motorway**

Ghana suffers more than 1,600 traffic deaths and 10,000 injuries annually. Ghana Ambulance Service has limited capacity to respond to the regular traffic accidents, so Ghana Red Cross has initiated a new first aid post on the busy Accra – Tema motorway en route to Togo.

The first aid post consists of a visible modern building by a motorway toll-booth with basic first aid equipment (but currently without running water), two motorbikes and a car. It is staffed by a total of 22 volunteers who work 12-hour shifts so that the station is constantly staffed. Volunteers patrol in Red Cross vehicles, and also travel with police vehicles.

Volunteers receive 150 cedis / month (about USD 90) to cover their accommodation, living and travel costs. This is slightly under what a hotel-employed taxi driver might hope to make, and is enough to support one person with little or no other income. No employment tax or social security contributions are paid on this amount.

The Red Cross attends accidents, stabilises casualties and transports those needing treatment to hospital or to the first aid post, depending on needs. There are about 8 – 10 responses each day.

The post is currently funded by contributions from 25 companies, and the plan is to seek corporate sector sponsorship to develop and support more of these stations in order for Ghana Red Cross to be able to request the support that government would pay to Ghana Ambulance Services for responding to emergencies. The post is currently managed from the national level, although the plan is for management of this and subsequent posts to be pushed out to the regions.

Reaction at governmental level to the initiative is varied: the National Road Safety Campaign is enthusiastic, and may be in a position to contribute to the development of further posts in the future. It does however represent competition for Ghana Ambulance Services, who perhaps feel threatened as the Red Cross first aid post exposes their limited capacity.

### **Community based health and first aid (CBHFA) project, Central Region**

In Central Region, Ghana Red Cross is operating a Federation-led CBHFA project in three communities with a combined population of about 5000. The three year project cost is about CHF 100 000 per year, donated by Finnish Red Cross, and due to finish in December 2012.

CBHFA activities have included a baseline survey and Vulnerability and Capacity Assessment (VCA). On the basis of these, community dialogues were run to identify solutions to the needs highlighted. Following this identification, about 70 volunteers and local traditional leaders were trained on the needs identified. A district health committee was also created to support volunteers in reporting public health cases, and Memoranda of Understanding signed between Ghana Red Cross and district level bodies.

Volunteers were equipped with wheelbarrows and other materials for carrying out water and sanitation activities and clean-up exercises through project funds.

Management oversight for the project is planned to comprise visits by the District organizer (visiting each community on a weekly basis), the Regional manager (visiting on a monthly basis), and the national health coordinator (visiting on a quarterly basis).

In addition, a dispute between Ghana Health Services and the local traditional leader as to how toilets developed through the project should be situated required three visits from the acting secretary general in order to reach a compromise.

At the end of the project in 2012, it is planned to encourage other local partners to take up the CBHFA approach, and lobby for its inclusion in community medicine courses at the local university. It has been agreed within Ghana Red Cross to use the CBHFA approach in its community development programmes.

In addition, it is planned to set up youth chapters in the three communities to continue health promotion activities beyond the project end. It is planned for volunteers to acquire land, and receive some seed funding in order to generate revenue to support some Red Cross activities.

### **Disaster management – external partnerships**

In recent years the National Society has been involved in carrying out programmes following flooding in the north of the country, including building houses for affected families. It also works with UNHCR to manage a refugee camp for people displaced by violence in neighbouring countries.

## 4.3 National Society relationships

### **National**

Ghana Red Cross has a variety of relationships with government ministries, in particular Ghana Health Services (GHS) and the National Disaster Management Organisation (NADMO); in both of which organisations it sits on key committees related to its mandate. Relationships are maintained at regional and district levels.

The Director of GHS Public Health Division described the involvement of Red Cross volunteers as critical in meeting public health needs in Ghana.

Both organisations make use of the National Society's capacity to carry out community health mobilisation in order to spread health messages relating to health emergencies, as described above in relation to a meningitis outbreak.

While both organisations were very positive about the work of Ghana Red Cross, two points should be highlighted. Firstly, both organisations themselves mobilise volunteer groups, often using financial incentives to do so. This is unhelpful to the National Society, which does not pay incentives to volunteers at community level. Secondly, neither organisation provides systematic financial support to the Red Cross in return for the support offered by local groups, although costs are covered when funds are available. When the evaluation team challenged the interviewee at NADMO on this point, the response clearly indicated a perception of the National Society as having access to international funding to carry out its activities.

### **International**

Ghana Red Cross has a longstanding relationship with the Swiss Red Cross, which convened the consortium of National Societies between 1985 and 2000. Following the collapse of the consortium and publication of the KPMG management audit of the National Society in 2003, Swiss Red Cross focused its efforts on its long-standing eye care programmes in the two northern regions of the country. It has a small team housed in the national office.

Ghana Red Cross also works with the Red Crescent Society of the Islamic Republic of Iran, which runs a number of health clinics in-country. These links to local groups of volunteers, which refer cases to Iranian Red Crescent clinical staff. It has also donated materials to the National Society.

Ghana Red Cross is also currently developing a relationship with Red Cross Society of China.

## **4.4 National Society resource mobilisation**

The following are the broad sources of income for the National Society at the national level:

### **4.4.1 Membership fees**

Ghana Red Cross speaks of having 56000 members. This figure includes youth members and volunteers, of whom fewer than 5000 are estimated to pay a membership fee (adults 5 cedis (USD 3), youth 3 cedis (USD 1.75)). There is no centralised record of the number of National Society members. Only fee-paying members can vote and be elected at district levels of the National Society and above.

At present, the comparatively high membership fees are split between district and regional levels of the organisation. For the district level, membership fees are the only dedicated source of income.

Recruiting members was described as a challenge at every level of the organisation.

### **4.4.2 Government subsidy**

Ghana Red Cross receives USD150 000 per year from the government; prior to the 3-in-1 process it received USD 10 000. The acting secretary general felt that this was a direct result of the visibility for the National Society generated through the 3-in-1 process.

### 4.4.3 Gifts and donations

There seem to be good opportunities for the Red Cross to get gifts in kind from government and local leaders. For example, the CBHFA programme has led to donation of an office for the district Red Cross, and the roll-out of the pilot project led to similar gifts of office space and land. One problem for the National Society has been how to use gifts of land: in one example a donation of a facility by a local leader was impossible for the National Society to develop without further resources of time and finance, and the land has been reallocated by the leader with consequent potential for reputational damage to the National Society.

### 4.4.4 Income generation

#### 4.4.4.1 First aid training for driving licences

All new drivers in Ghana must now hold a first aid certificate from Ghana Red Cross. The cost of 6 cedis (USD 3.5) covers the cost of the Red Cross first aid handbook, delivering the training, and a surplus which is split between the Ghana Red Cross and other Ghanaian road safety agencies. Since the start of the scheme, around 35000 certificates have been offered, giving the National Society excellent income and visibility in a comparatively wealthy section of society, as well as giving the National Society the opportunity to market related products, such as first aid kits.

#### 4.4.4.2 Corporate sponsorship

There are felt to be good prospects for corporate support to the Ghana Red Cross. Certainly, corporate support to the establishment of the motorway first aid post in Accra has been significant in allowing for construction and basic equipment of the building. However it is not yet clear whether corporate sponsors see these as one-off donations to help the project get off the ground, or whether ongoing, long-term supporter relationships will develop that will allow high maintenance activities such as the first aid post to continue if the government does not start to subsidise them.

## 4.5 Current challenges for Ghana Red Cross

Through the evaluation process, the team identified the following long-term, strategic challenges for the Ghana Red Cross which affect its capacity to deliver services and maintain itself in a sustainable manner.

### 4.5.1 Competition from other organisations

Ghana has a large NGO sector competing for donor funding, and the issue of the National Society's ability to compete successfully with other organisations came up during the workshop with National Society staff and volunteers. In first aid, for example, other organisations were able to resource up to date training and equipment. The Red Cross was not able to keep up, and it was felt was losing ground to these other organisations in terms of visibility and access to resources.

Similarly, the National Society faced competition for volunteers from NGOs and even partner government agencies, many of which offered a financial incentive for "volunteers".

While Ghana is a competitive environment, it was not clear to the evaluation team that Ghana Red Cross was clear how it wished to position itself within this environment, and how it defined its competitive strengths and

weaknesses in terms of potential competition. In particular, it was not clear that there was sufficient focus within the National Society to develop a level of expertise in selected areas to compete with organisations focusing all their efforts on delivering services in one area.

#### **4.5.2 Lack of clarity about purpose of grassroots chapters**

From the observations of the team, and from previous mission reports in Ghana, there was an unevenness of quality between some newly created chapters visited and the chapters visited that had existed prior to the pilot project, one that is reflected in further mission reports from during and prior to the pilot project. The impression formed of three of the four new chapters visited was that income generation was central to the groups' existence, and that delivering Red Cross services was peripheral. This was reflected in the focus on community development activities benefiting group members in the groups that we saw, and also the requests to the team for external finance to finance group activities.

While this is impossible for the team to demonstrate at scale, it has potentially serious implications for the sustainability of the chapters. Firstly, if the expectation under which groups were set up was that they would receive external finance to carry out activities, then it may not be possible to keep groups together as this expectation is not met over time. Secondly, if the focus of the group is on activities which benefit members, then the understanding of the Red Cross as an organisation which delivers services to vulnerable people will be undermined, and hence its opportunity to raise money based on its contribution to public good.

#### **4.5.3 Maintaining chapters over time**

A major current challenge for Ghana Red Cross is how to provide consistent leadership and support to its network of grassroots units. The current system does not and cannot provide adequate support in its current form, and the danger is that the increase in community presence, which has led to greater subsidy from government and the opportunity to raise funds through first aid training for drivers, will erode over time as local units lose direction and become dormant, or stop carrying out their Red Cross purpose. This is particularly important if some local chapters may have an unclear or wrong view of their role, as described above. This can only be corrected through consistent and effective leadership and support to chapters.

One rather sad anecdote that illustrates this challenge is of a chapter in Central Region with a successful income generation activity which was essentially defrauded out of its equipment by a group claiming to be an NGO. The National Society needs to have the capacity in place to advise and protect its local chapters on this type of issue, and at present the systems have not evolved to do this.

#### **4.5.4 Organisational approach to implementation of internationally funded projects**

There is a strong culture within Ghana Red Cross that sees the implementation of time bound internationally funded projects as central to the organisation's future development. While this was certainly not shared by all staff members that the team met, it is widespread enough to be problematic: the implication is that the organisation's ability to deliver services in Ghana is dependent on international donors. There does not seem to be a clear vision and understanding of Ghana Red Cross as an organisation that has the potential to systematically develop a managed mixture of resource streams as

the basis for delivering sustained services across Ghana, irrespective of the ability and willingness of international donors to contribute. This attitude represents a long-term barrier to organisational development if key figures within the National Society are not prepared to take full responsibility for its own development.

#### **4.5.5 Learning**

The logic of the 3-in-1 process was based upon testing, learning and adaptation. While there are examples of learning through the process (for example the move from hand washing with water and soap to use of gel), the Ghana Red Cross today does not come across as an effective learning organisation that carries out and adapts its activities rapidly and effectively in response to internal innovation as well as changing external circumstances. This may well be a function of the very controlled, centralised form that the 3-in-1 process took in its first two years, reflecting a bureaucratic rather than an entrepreneurial approach to change.

#### **4.5.6 Unclear business model**

Underpinning all of the above challenges seems to be a fundamental uncertainty about the business model that the Ghana Red Cross aspires to. It delivers services in a variety of ways, but it is not clear that these necessarily relate to one another in a coordinated manner that creates synergies within the organisation and maximises the use of scarce resources. There is even potential for some of the ways of working to be in direct conflict, potentially reducing National Society capacity and long-term sustainability.

The importance of a clear business model is that it helps align all resources within the organisation to work in mutually supportive ways, and makes maximum use of scarce resources of finance and management capacity. It helps define the respective roles of different levels of the organisation, reducing unproductive competition and allowing specialisation of expertise. It also means that the organisation develops a clear external image so that external stakeholders can easily grasp what it does and how they can relate to it.

Ghana Red Cross currently delivers services through the following logics:

- a. as an implementer of services on behalf of other organisations (for example the sex workers' project in Accra funded by Family Health International)
- b. community development activities, both carried out spontaneously by local groups as part of the dynamics of local mobilisation, and as projects on behalf of other organisations, such as the CBHFA project described above
- c. as a membership based service delivery organisation (for example the hand washing service set up through the 3-in-1 process)
- d. as a community mobilisation organisation that mobilises populations on behalf of external partners (for example Ghana Health Services, Swiss Red Cross and Iranian Red Crescent), and
- e. as a social enterprise, carrying out activities in furtherance of its mission which generate funds to cover costs and contribute to the rest of the organisation. The first aid training for car driver licensees is one example of this.

All of these are service delivery logics used by National Societies everywhere to greater or lesser extents. All of them are valid activities in terms of the impact that they seek to have, and all of them can involve volunteers. They however have very different levels of sustainability, require different management processes and structures, and create very different external images of the organisation. In the view of the team, lack of a coherent strategy for prioritising and integrating these different logics is a major obstacle to effective current performance of the Ghana Red Cross as well as its future development. A key challenge for the National Society is therefore to ensure that these different ways of working fit together coherently, reinforcing rather than competing with one another, and that limited capacity is prioritised to the activities which are identified as representing the long-term future of the National Society.

For example, if Ghana Red Cross wishes to develop as an organisation reliant to a large extent on international donor funding, then it needs to develop specialised skills in grant-writing, management and reporting in order to manage the grant cycle at least as effectively as other organisations. Yet there is little evidence of these capacities being developed. If on the other hand it views its future competitive advantage as the capacity to mobilise communities, then it must focus its resources on ensuring that its community network is maintained and expanded, and drop activities which do not contribute to this.

Another example relates to the totally different uses of international pilot project funding from IFRC. Through the global OD pilot project CHF 300 000 has been spent in trying to develop a sustainable service delivery base to the National Society. Through the CBHFA pilot project, the same amount of money has been spent in three communities with a combined population of 5000 people. It is an observation of the pilot project that confusion about the role of Ghana Red Cross in communities is a barrier to development of a sustainable community base: this is an extreme example of how the National Society is actively contributing to that confusion.

The strategic plan 2011 – 15 encapsulates this confusion. It describes a whole range of activities, ranging from those in which the National Society is well positioned, such as first aid and community public health activities, through to activities in which the National Society has little or no experience, and which require different ways of working, such as setting up and managing seed banks. Rather than a focus on activities that the National Society can realistically carry out, at scale and sustainably as the core business of the organisation, it lists a series of activities that would be extremely challenging for even a large, well resourced National Society to carry out effectively. As such, it is difficult to see how this can help guide leadership and management decision-making over the four-year period.

Further indicators of the confusion around the National Society's business model encountered during the evaluation include:

- investment in a community base during the pilot project, but little further work to systematically support the chapters once created;
- instances of one-off projects drawing ongoing management time and financial support from the organisation without being sustainable or replicable (this would apply to the sex workers project as well as to the CBHFA project);
- competition between different levels of the organisation, with national level involvement in running regional projects;
- the culture of looking for external project funding without investment in the systems to successfully apply for and implement such projects.

# 5 Conclusions

## 5.1 Outcome of the 3-in-1 process for the Ghana Red Cross and its situation today

Since the 1970s, Ghana Red Cross has experienced three important change phases that provide important learning for the Movement, but more importantly are directly relevant to its current situation as it seeks to move forward.

The first was the emergence of the Mothers Clubs during the 1970s as a grass-roots movement of sustainable local units carrying out relevant activities at the community level. Yet over time many of these groups became dormant as they were not led and supported by the rest of the organisation.

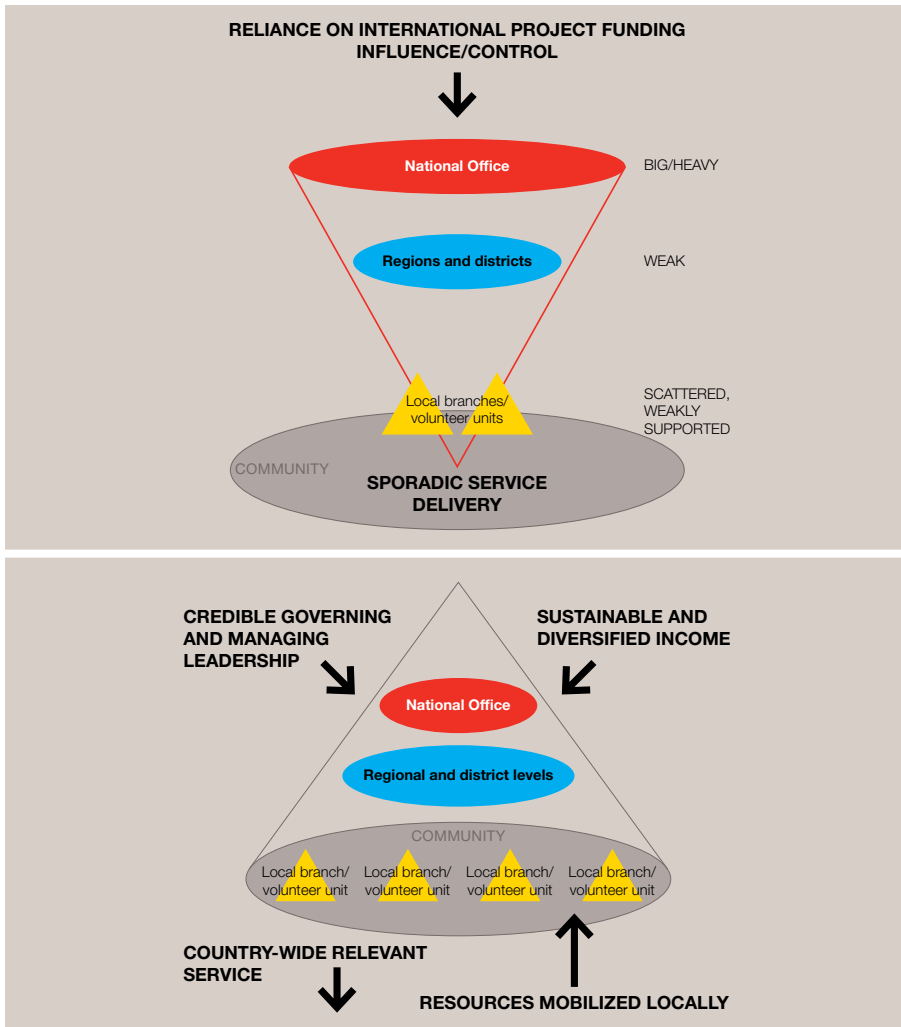
The second is the period 1985 – 2000 during which Ghana Red Cross was generously supported in its programme activities by a consortium of donor National Societies. Its image grew in communities, and it seemed strong; however when the consortium pulled back in 2000, local support quickly evaporated, and the organisation found itself with few activities that it could resource itself, a strong residual culture of reliance on international project funding as the basis for National Society activity, and an image in communities as a well-off organisation that gave things to people.

Thirdly, the 3-in-1 process itself has shown that there is scope, if Ghana Red Cross wishes to do so, for it to become a strong national organisation with a unique niche among competitor organisations as a national organisation with a sustainable community base delivering relevant local services. There is evidence both from the 3-in-1 process and from the emergence of the Mothers Club in Ghana during the 1970s that this is a viable vision for the National Society, however the 3-in-1 process and its aftermath highlight a number of major learning points for the National Society if it wishes to pursue this vision.

The experience of the 3-in-1 process is therefore a mixed one for the National Society. There is evidence for a growth in the community base of the organisation, and a strong linkage between this growth and resources and opportunities for the National Society to become more sustainable. Yet the 3-in-1 process has not led to one overriding business model for the National Society to prioritise and align its activities. Without this shift, it is likely that gains made during the project will disappear over time.

Returning to the diagrams cited earlier, the current situation of Ghana Red Cross could be understood as having moved between, but not completed the transition between the two organisational models. This is not likely to be a stable situation, given the competing demands on the limited resources at Ghana Red Cross' disposal.

## Moving from an international project delivery structure to a local service delivery structure



The result is an organisation today which still seems unsure about what its core business is, and which is consequently vulnerable to growing competition from other organisations as well as erosion of the strategic advantages that it has developed through the 3-in-1 process. There is still a sense of long-term crisis within the organisation that the incoming secretary general will need to address urgently, with the support of National Society governance

Yet it should be emphasised that the team felt that the opportunity for Ghana Red Cross to complete the transition started through the 3-in-1 process does still exist, and it still has the opportunity to become a very strong organisation in Ghana and in the Movement through this logic. Ghana Red Cross is increasingly generating income through a variety of sustainable sources, and is recognised in word, if not perhaps in terms of financial support, by its government counterparts in health and disaster management. It is also receiving support from Ghana’s growing corporate sector, as well as ongoing supporter-ship from Swiss Red Cross and interest from new Partner National Societies. If it can continue to mobilise local communities to deliver local services, it will continue to attract resources.

For Ghana Red Cross to continue to develop will however require it to address some fundamental issues within the organisation, based on strong leadership and a clear and compelling vision of where the National Society should go. This will require strategic choices to be made, and decisions which may challenge entrenched understandings within the National Society of its purpose and role, as well as existing power structures.

## 5.2 The global OD project in Ghana Red Cross

From the point of view of the OD pilot project, the 3-in-1 process shows mixed results. For the National Society, progress has not met the aspirations of the OD department in terms of becoming a strong and sustainable national organisation. However, the process, while far from perfect has demonstrated aspects of the underlying theory, in particular:

- that it is possible for simple services to be developed and delivered in resource-poor communities, and that, if done correctly, these should be broadly sustainable through community resources.
- that development of a strong community base is likely to lead to different types of national resources for the National Society: in this case offers of land from traditional leaders, the opportunity to generate revenues through provision of first aid training to drivers, and the massive increase in government subsidy to the National Society ascribed to the project.

What we also see through the project are a series of learnings about the macro level challenges that are likely to face all National Societies seeking to move from a situation of focus on attracting international project-based funding into a situation of more sustainable national resource mobilisation based on delivery of sustainable community services. Particular obstacles to the change process engendered by the years of international funding of the National Society include:

- an image of the National Society as a rich, external organisation that gives things to communities, observed both in some communities and in key government departments
- a culture within the National Society of looking for international funding as the solution to organisational challenges

It is important that these challenges are better understood within the Movement, both in terms of developing strategies to mitigate the damage to National Societies that are currently significantly dependent on international funding streams, but also in terms of developing strategies to support National Societies through the process of reducing this dependency.

Implementation of the Global OD pilot project in Ghana also throws up a series of questions and learning points relating to OD strategy and understanding of the dynamics of support to National Society self-development.

### 5.2.1 Investing in an individual or in the organisation?

As the 3-in-1 process unfolded, it became clear that the then secretary general probably did not have the understanding and legitimacy within Ghana Red Cross to lead the change process that had been agreed upon. This damaged the project, both through a change strategy that was flawed in several ways, but also through the accumulated resistance that built up within the National Society.

At the same time, another factor in the limited success of the process seems to have been an entrenched culture of looking for international funding as the driver for change within the National Society. These examples highlight the risks of the investment strategy adopted by the Geneva OD department. On the one hand the strategy recognises that change cannot always be a group process; on the other hand success is then limited to the strengths and weaknesses of the leadership.

Another issue arising from this approach is that, when the secretary general did leave, he took the accumulated training and coaching from the Geneva OD department with him. While the OD support from Geneva had deliberately been broadened to include other members of the National Society as the limitations of the secretary general's leadership became clear, this still represents a loss to the organisation and lost investment on the part of the OD department.

This is a dilemma that is likely to exist in supporting any similar change process, and it is not clear that there is a generic "right answer". What proved a weakness in this particular case might not be an issue in different circumstances, or indeed may be pivotal in a successful change process. However it seems important to underline that investment in key individuals of training, coaching and support needs to be very clearly thought through in situations in which their knowledge and attitudes will prove crucial, and that risk management requires this to be spread beyond one or two key figures where possible.

### **5.2.2 Describing targets for change processes**

In the view of the team, the definition of a number of chapters to develop as a project target did not help the National Society to understand the nature of the project, and may have contributed to poor strategic decision making within the 3-in-1 process. While the initial project document does mention creating a support system, and OD support from Geneva made consistently clear that each change process was different and that targets could be revised, the figure seems to have had overmuch influence in the process, in particular in the final year of the project when it was clear that original target was not going to be met.

In this case, a focus on developing one or two fully functioning regional branches based on sustainable local chapters and a stable support structure would have been a more appropriate project target, and might have helped the National Society to resist the temptation to spread itself too thinly too early in the process.

This raises quite difficult questions about defining success in change processes which will all inevitably be different, and quite legitimately move at different speeds. While there is clearly a need for goals to be articulated, this case perhaps highlights the importance of targets which reinforce the general direction of the change process, and not, as perhaps in this case, potentially undermining it.

### **5.2.3 Would it have been acceptable to stop investment?**

During the 3-in-1 process it became increasingly clear to the Geneva OD department that the project was off track during year 2, and unlikely to achieve the desired outcomes. It was also clear that the reasons for this were likely not to be technical issues, which could potentially be fixed through more intensive training and coaching, but cultural and political issues with individuals and within the National Society. As this was a pilot project, it was

absolutely acceptable to continue with the investment; however, if this had been the observation after two years of a project funded through a mainstreamed investment approach, the question might well have been raised as to whether further investment was justified. This obviously would have provided a potential lever to the Federation in terms of influencing the direction of the change process; it would also have undermined the concept of National Society ownership of the process, and put the Geneva support mechanism in a potentially difficult policeman role which in any case would be difficult to monitor or enforce.

#### **5.2.4 How much money is enough?**

A paper prepared to assess the viability of the pilot project in Ghana estimates that more than CHF 100000 per year would be required to allow the project to be successful. There is a generic challenge for estimating costs for a major change process: there need to be sufficient resources to allow staff time to be dedicated to achieving results and for associated expenses, but not so many resources as to create complacency and / or over-reliance on the funding.

The investment from IFRC was also never intended to take the process to completion – it was intended to catalyse success that would attract further funding that would in turn continue the project. While Swiss Red Cross did support the further development of the project in two regions, and some small amounts of money were applied to the project from other pots, this did not happen in this case.

In the event, however, lack of finance does not seem to have been a major constraint to the project. While there are issues with lack of finance to pay for set-up materials for new units and for travel costs, this is a function of the amount spent on each chapter and the way chapters are set up rather than necessarily project finance limitations.

Something to note from the point of view of financial return on investment of the CHF 300 000 invested by IFRC is that the project has directly led to increased government subsidy and an ongoing revenue generation activity that are likely to have already generated an equal amount of revenue for Ghana Red Cross as was invested by IFRC, and if maintained, will over the years contribute many times this amount to the National Society. From this point of view, the OD pilot project investment has already been extremely successful in bringing additional resources into the Movement.

In this case, therefore, the initial financial investment in this case seems to have been reasonable. It is not clear that the limitations observed in the project would have been addressed through greater financial resources, and these might even have been counterproductive in terms of encouraging a tendency towards unsustainable spending within the project.

#### **5.2.5 Was basic knowledge in place before the project?**

The 3-in-1 process highlighted limited understanding of the dynamics of a membership based National Society by its senior manager. In the event, there are strong indications that this contributed to the project's limitations. Similarly, there are points in the process where understandings of change management strategy were weak.

There are also points during the process at which more generic project management capacities – such as planning and budgeting – were weak. All of these are areas where more specific capacity building prior to the pilot project might

have been beneficial, in particular around areas of organisational understanding which was likely to prove crucial to the success of the project.

During the project, there might have been opportunities for targeted capacity building interventions around developing communications and resource mobilisation strategies, given that neither of these really took off.

### **5.2.6 Was Federation support to the National Society sufficient to allow for a successful change process?**

Given the limitations to the success of the change process within Ghana Red Cross, it is legitimate to ask whether the support from IFRC was adequate to enable success.

One approach would be to compare the results in Ghana to the parallel project in Burundi, which with very similar input achieved a much more obvious success. This however would be to ignore the specificity of each change process, and in particular the fact that the change process in Ghana was arguably significantly more complex than that of Burundi, in which the National Society started from a more or less blank page in terms of organisational capacity.

In reality, Ghana did receive more attention and visits from the Geneva OD Advisor than Burundi in response to the identified weaknesses of the change process. These were however constrained, and one reflection for the secretariat to consider is whether enough priority was placed on supporting the change process when prioritising individuals' workloads. Part of the learning from this pilot project should be to identify realistic amounts of time to be allocated to supporting National Societies going through this type of transition, both in best-case and worst case scenarios.

There is also a question as to whether support would ideally be provided from Geneva. The National Society appears to have had minimal support for this project from zone or region. For a global pilot project this is acceptable, but for a systematic approach to National Society development using this model the expertise in supporting this type of project needs to be developed at zonal level.

Of the learning and coaching opportunities offered by the OD department, it is impossible to get direct feedback on how useful they were, as the main participants have left Ghana Red Cross. Certainly the study tour to Norway and Sweden does not seem to have influenced the work to develop a chapter support structure. The course in non-profit management at Geneva University, attended by the current acting secretary general towards the end of the pilot project was however described as useful.

It is not really possible to judge whether more support, from Geneva or zone would have helped the project be more successful. For the project to succeed it needed to be locally led and owned, and while coaching and support were available to National Society leadership, it was the leadership's responsibility to turn these into success. In hindsight there are perhaps key points of the process where poor decisions could have been revised through further external input, and it might be that had more support time been available there would have been better outcomes.

### 5.3 Summary of outcomes of the OD pilot project according to IFRC evaluation criteria

Based on the following International Federation Framework for Evaluation criteria, the team concludes that:

#### **Red Cross Red Crescent Fundamental Principles, Code of Conduct and Strategy 2020**

The pilot project was in line with the Fundamental Principles, the Code of Conduct and Strategy 2020.

#### **Relevance and appropriateness**

The pilot project was relevant and appropriate for the needs of people in Ghana, the resources available in the country, and the long term developmental needs of the National Society.

From the point of view of learning within IFRC, the pilot project has created a large amount of learning that is very relevant to National Societies in similar situations to Ghana Red Cross, and the partners seeking to support them.

#### **Efficiency**

The intervention was efficient in creating and strengthening a large number of local Red Cross units at a very low unit cost. However the pilot project finance was not used to develop a support structure for these units, making their long-term future questionable.

#### **Effectiveness**

Although the project met its headline goal of covering 10% of Ghanaian communities with Red Cross units on paper, an appropriate support system to local units did not develop, and it did not shape a new culture and outlook within the organisation. While technical support, mentoring and study visits were provided by the Geneva OD department for the secretary general and occasional other colleagues, these were not consistently effective in influencing the direction that the pilot project took within Ghana Red Cross.

From a financial point of view, the project was effective in leveraging new national resources which are likely to provide Ghana Red Cross with a very significant return on IFRC's investment over the years.

#### **Coverage**

In terms of geographical coverage of Ghana, the pilot project has taken place in each region, but not extended the reach of Ghana Red Cross into districts in which it was not involved in 2007. It has extended its coverage into many communities across the country, and involved men and women, young and old in the organisation.

#### **Impact and sustainability**

In the short term, the impact of the hand washing service cannot be measured in terms of health impact. It is impossible to imagine that it has not reduced disease transmission at social events in Ghana, but by what extent is impossible to quantify, as is the extent to which it has increased hygiene awareness. One indicator for the impact of the project is that volunteer groups still give their time to deliver this service, and that social events still welcome the participation of Ghana Red Cross volunteers.

In organisational terms, the project has had some positive impact on Ghana Red Cross – expanding its service to vulnerable people, improving its visibility and leading to further important new sources of income. On the other hand, it has not moved the organisation into the new business model which would allow it to accelerate towards becoming a stronger, more sustainable National Society. There is a question as to the sustainability of the gains made during the project. Rather than supporting the National Society to take big steps towards becoming strong, the pilot project has perhaps demonstrated the opportunities available to Ghana Red Cross if it wishes to move forward as a community-based organisation.

### **Coherence**

The pilot project has not led to a coherent approach by Ghana Red Cross to dealing with Movement actors. For example, a large Federation secretariat led CBHFA pilot project in Ghana functions under a very different business logic to the pilot project. This confusion of approaches reflects a lack of coherence within Ghana Red Cross's business model.

That the IFRC secretariat can promote two overlapping pilot projects, over the same timeframe and at the same cost, but with two totally different business logics also raises questions as to the coherence of its approach to building strong National Societies.

# 6 Recommendations

## 6.1 Recommendations to Ghana Red Cross

Ghana Red Cross should recognise that its current situation of a confused business model is untenable in the medium term, and that decisive leadership and strategic vision is required to move the organisation forward. These should be an absolute priority for the incoming secretary general.

Ghana Red Cross should therefore invest leadership time and political capital on identifying and focusing on the core activities and business model which will define the organisation for the next 10 – 15 years. It should limit its operations to few technical areas in which it has expertise, which meet identified needs across Ghana, which it can resource sustainably across Ghana, and which provide the organisation with a high level of national visibility and recognition. From the observations of the team, these could be limited to first aid, simple community based public health and disaster response, in addition to the youth services offered.

Linked to this, Ghana Red Cross should develop a business model that integrates the services it delivers in these areas into a coherent and mutually reinforcing organisational whole. This will need to be based on a discussion of the organisation's current strengths, and how it wishes to position itself in relation to competitor organisations in Ghana. From the team's observations, the model of a membership based service delivery organisation delivering local services and carrying out locally owned community development activities would provide the most distinctive positioning to the Ghana Red Cross compared to its competitors, complemented by limited and focused social enterprise activity to generate income. Development of a government-funded national motorway ambulance service could give it a very visible national profile if the capacity existed to develop it. However, Ghana Red Cross should be wary of acting as a deliverer of time bound projects on behalf of other organisations, in particular if these are likely to damage its image within communities and reduce organisational capacity to focus on its core areas.

Once it has decided on the areas of focus and business model that it will adapt, it should audit its current activities at all levels to highlight those which do not fit into these focus areas and business model, and develop exit strategies from them. At the same time it should focus investment of finance, staff and volunteer time, training and resources into ensuring that the business model chosen is well understood and implemented at every level of the organisation. This will involve further institutionalisation of the chosen business model, including defining the respective roles of different levels of the organisation and developing standardised job and volunteer role descriptions for key posts. It will also involve developing a clear narrative that describes the role of the Ghana Red Cross in the country that can be shared with national and external

partners, and determine the type of support that the organisation is seeking for the future, and from whom.

If the National Society decides that it wishes to maintain and expand its community chapter network, then it should address two particular challenges very rapidly. Firstly, it should come to a clear understanding of the relationship that it wishes to have with communities in Ghana. It currently engages with communities both as the provider of time bound, internationally funded aid projects and as the facilitator of locally led and resourced services. The evaluation, and indeed the history of Ghana Red Cross suggest that these are likely to prove incompatible in the medium term. Ghana Red Cross should therefore develop a uniform and sustainable relationship to communities, making sure that this is clearly understood by staff and volunteers at every level of the National Society.

Secondly, developing its existing support structure to community chapters should be seen as a priority. This should be carried out in the logic of the pilot project: starting small, testing and adapting where required, before being taken to scale across the country.

All of this work should be captured in a very focused four or five year strategic plan that is widely disseminated through the National Society, and used as the basis for approaching potential partners for long-term and strategic support.

## 6.2 Recommendation to the Movement

The Movement should recognise in the experience of the Ghana Red Cross key learning points relevant to other National Societies related to the development and maintenance of community-based units, but also the negative long-term impact of reliance on international project funding as the basis for a strong National Society.

## 6.3 Recommendations to IFRC secretariat

IFRC should invest time in understanding and documenting National Society business models which lead to strong and sustainable National Societies according to the Board definition:

***A strong National Society is one that is able to deliver country-wide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed.***

In particular, it should carry out further research into the different models through which National Societies deliver services to vulnerable people, and the impact of these models on organisational strength over time. This research

should also reference the factors that allow different models to be scaled up across geographical locations, and sustained over time by a National Society.

The IFRC secretariat should furthermore examine the logic of its own support to National Societies, taking the example of the two different secretariat-initiated projects (OD pilot project and CBHFA pilot project), and opening an honest discussion about their relative merits and contributions to National Societies achieving the Board's strong National Society definition.

The secretariat Learning and Organisational Development department should incorporate learning from this pilot project into future similar change processes. In particular, it should consider developing a more explicit conceptual model for the methodology used in the pilot project, as this is a methodology relevant to many National Societies. This should include reflection on how targets for such change processes should be expressed, but also highlight the potential need for pre-project capacity building.

Furthermore, the LOD department should develop a clear model for the support requirements of National Societies in this type of change process, both in best and worst case scenarios, and ensure that adequate staff time is made available in future processes.

It should be considered whether a guide for National Society leaders on change leadership and management could be developed. Such guidelines could address issues such as defining success, the importance of focus, bureaucratic and entrepreneurial change models, identifying and managing resistance to change, and developing momentum in change processes.

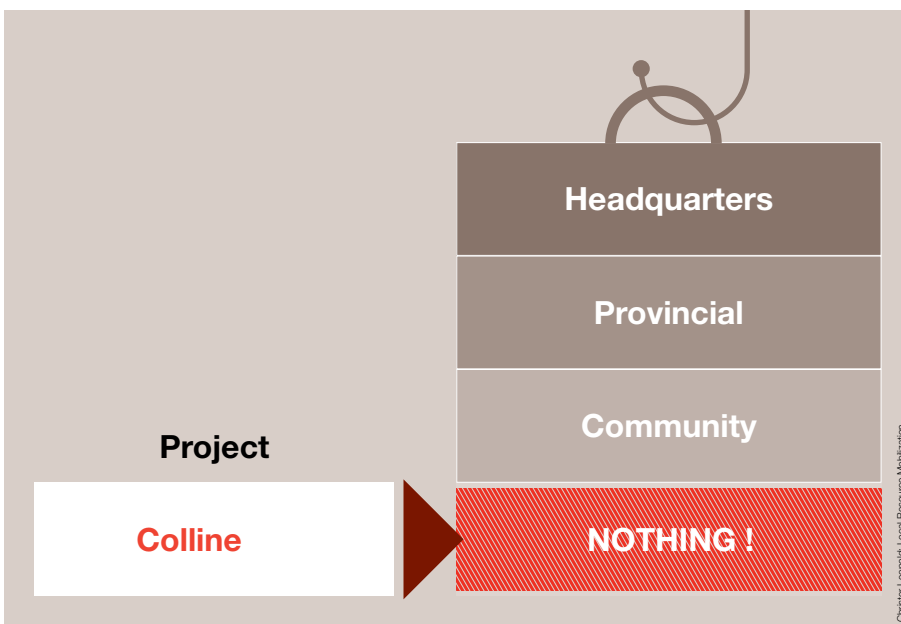
LOD should compare the experiences of this pilot project with the one carried out within Burundi Red Cross to identify similarities and points of difference between the two processes and their outcomes.

Finally, LOD should maintain the relationship with Ghana Red Cross, and follow the ongoing development of the organisation, if possible carrying out a further study in three or four years time to further document the evolution of this National Society.

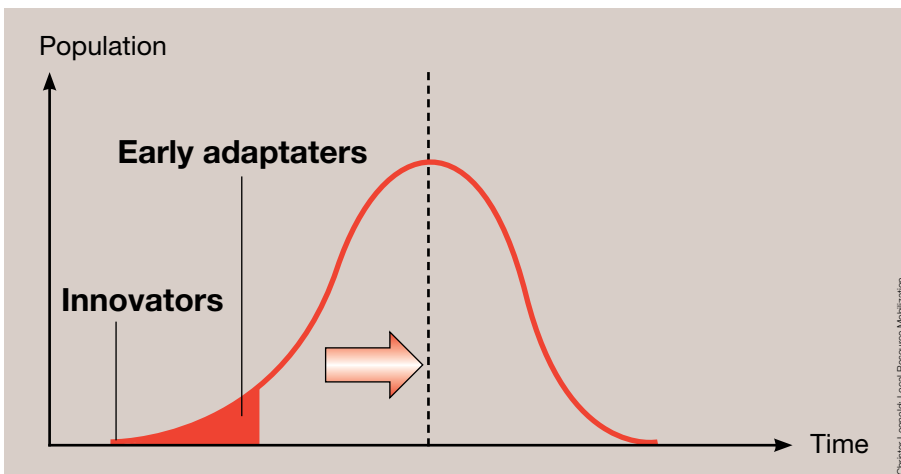
# Annex 1

## OD department presentation: illustrative designs for mobilising sustainable local capacity

### Many National Societies in Africa: a house without a ground floor

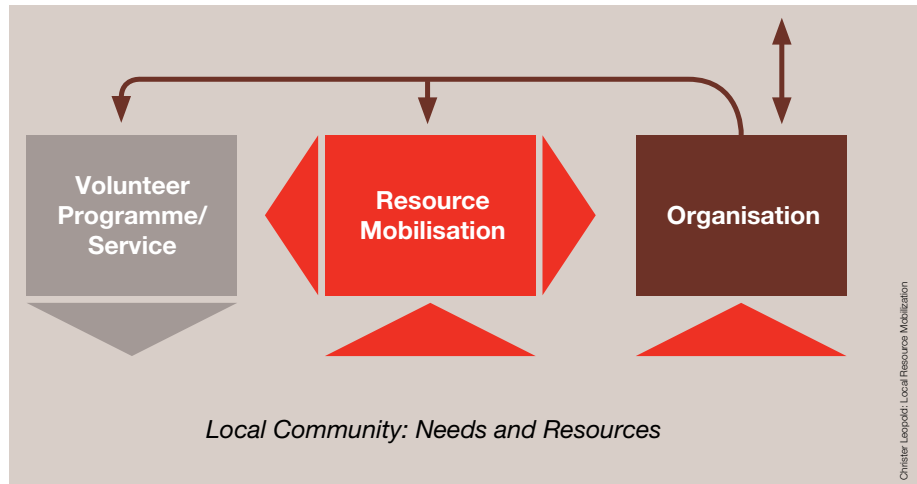


### Diffusion of new ideas



**Annex 1** OD department presentation: illustrative designs for mobilising sustainable local capacity

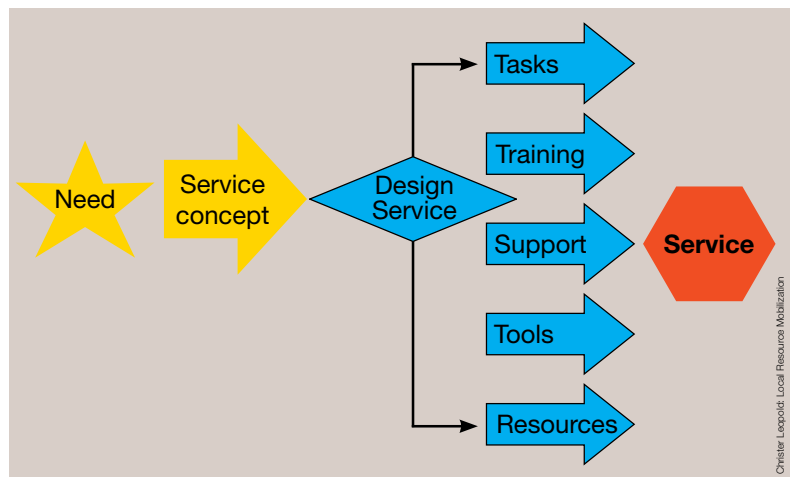
### Local RC Service Unit



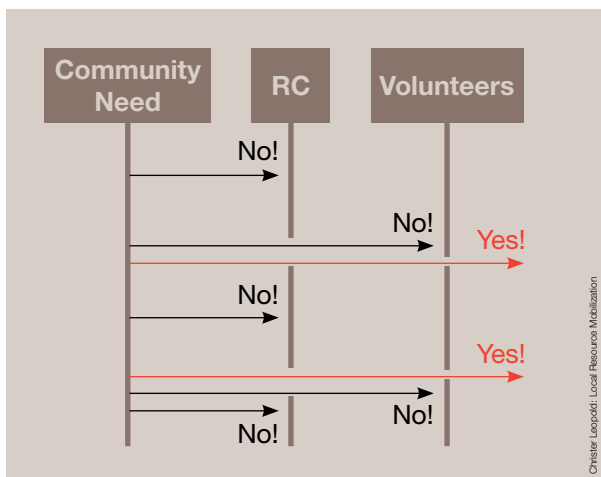
### NS Service Delivery System



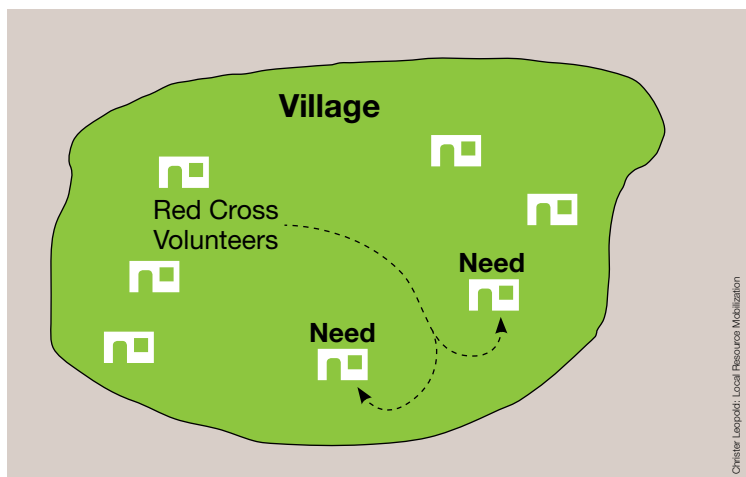
### Service Design



### Not all needs can be addressed



### Addressing the Needs in a village



# Annex 2

## Evaluation terms of reference

Evaluation of the project: “*Building sustainable capacity in the local branches of Ghana Red Cross Society*”, also known as the “3-in-1 process”

### 1. Summary

This is the ToR for the internal, final evaluation on the above project which was implemented from June 2007 to May 2010 by the Ghana Red Cross with technical and financial support from the Learning and OD department, the International Federation Geneva.

The deliverables of the evaluation will be a report and a case study that will be part of the knowledge development efforts to build strong National Societies and will be made available widely.

The evaluation is commissioned by the Learning and OD department of the International Federation. It will be completed between the beginning of February and end May 2012.

It will be based on a 9-day in-country mission in February 2012, preceded by a desk review of relevant literature.

### 2. Background

A global project on local capacity building was initiated in 2007 by the International Federation secretariat in Burundi and Ghana to pilot its organizational development strategy. The leadership of the Ghana Red Cross decided to strengthen its organization’s long-term capacity through extending and complementing the existing local Mothers’ Clubs

The project was implemented and lead by the Ghana Red Cross itself, through financial investment by the capacity building fund and a partnership with the British DFID, and thanks to external coaching from the Federation secretariat when needed. Through this project, the Ghana Red Cross also piloted the intensified capacity building (ICB) modality of the International Federation.

The project supported by the Federation secretariat ended in May 2011. The final evaluation was planned and agreed upon in the Project cooperation agreement between the Ghana Red Cross society and the International Federation of Red Cross and Red Crescent societies, paragraph 6. G).

### 3. Evaluation purpose and scope

This internal, final evaluation will assess four broad areas:

- i. The relevance of project objectives for the National Society and for vulnerable people in Ghana.
- ii. The project achievements and impact and their alignment with project plans and budgets.

- iii. The relevance and effectiveness of the technical and financial support available to Ghana Red Cross through the project
- iv. The current situation of the Ghana Red Cross and its future development plans.

The evaluation is part of the National Society and knowledge development efforts of Strategy 2020. The knowledge generated will contribute to develop the global OD knowledge on building strong National Societies and will be made available to interested Movement components.

The study evaluation will consider the time period from June 2007 to January 2012 and cover the whole country and organisational structure at all levels.

#### 4. Evaluation criteria and specific questions

1. Adherence to Fundamental Principles and Code of Conduct
2. Define where the Ghana Red Cross is today in its development process, its assets and deficits. Where does it come from, where it is today, and where is it going, focusing on the following broad elements:
  - Activities (services, projects, sustainability, ownership, etc.)
  - Organisation (organisational structure, leadership at all levels, democratic system, accountability, image, etc)
  - Resources (volunteers and members, in kind, financial, membership dues)
  - Environment (economical and financial situation, possible partnerships, relationship with public authorities, etc.)
  - What were the main drivers of the developments of the last 4 years?
3. Coherence, relevance and appropriateness of IFRC OD intervention
  - Figure out to what extent the financial and technical support was adequate for the particular context and development stage of the Ghana Red Cross. What worked well, what could have worked better?
  - Are the project and its outcomes in line with S2020 and the Framework and principles for building strong National Societies?
  - How did other partners contribute to the project?
4. Efficiency and effectiveness of overall intervention
  - Evaluate how the overall project plan and its subsequent annual plans were implemented. What worked, what did not work?
  - To what extent additional support received by the project from other partners was efficient, effective and in line with the Ghana Red Cross vision, and the IFRC strategy.
5. Impact of intervention
  - To what extent did it lead to improving the country coverage, the network of volunteer-based units, the services delivered and access to the vulnerable, accountability and ownership?
  - Determine what impact the project had on the service delivery to the vulnerable countrywide.
  - Define how the project contributed to community development beyond the Red Cross activities.
6. Sustainability and connectedness of intervention outcomes

- Determine what the Red Cross Red Crescent Movement can learn from this experience by the Ghana Red Cross in the perspective of the Principles included in the Building strong National Societies Framework
- How sustainable are the project outcomes and impacts? In particular, to what extent are the current coordination and the support system for the local units sustainable or is functioning thanks to other international partners' time-bound projects?

## 5. Evaluation methodology

The methodology for this evaluation will include a review of secondary data complemented by qualitative data collection and analysis. It will adhere to the draft IFRC Management Policy for Evaluations, with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted, and utilized.

The **evaluation team** will consist of 5 people. The composition of the evaluation team seeks to reinforce participation and ownership among key stakeholders.

- Samuel Kofi Addo, Acting SG, Ghana RC
- Louis Okyere (Resource Development Coordinator, Ghana RC)
- Peter Strömberg (Swedish RC)
- Yun-Keong Han, Learning and Organisational Development department, IFRC Geneva
- Ian Steed, Youth Action and Volunteering Development department, IFRC Geneva (Team leader)

It is assumed that the evaluation team members coming from abroad will cover their own costs. The domestic costs for conducting the evaluation (transportation, stationary, etc.) will be discussed by the evaluation team prior to the mission in country, and a request for payment accompanied by budget will be submitted to the Learning and OD department for approval and coverage as per the cooperation agreement (paragraph 8. d)).

The specific evaluation methodology will be detailed in close consultation with the evaluation team, but will draw upon the following primary methods:

- i. **Desktop review** of secondary data, including: project baseline data of the situation of the Ghana Red Cross in May 2007 (to be provided by the Ghana Red Cross before the beginning of the evaluation and based on key indicators to be agreed upon between the Ghana Red Cross and the Learning and OD department), project plans and financial reports, mission reports, and key IFRC texts relating to Strategy 2020 and Strong National Societies
- ii. **Field visits/observations**
- iii. **Key informant interviews**
- iv. **Focus group discussions**, as time and capacity allow, both at national and community levels

An initial draft report will be prepared for a review process involving key stakeholders. The review process should occur within 1 week of submittal of the draft report, and will involve the following stakeholders in the following order: Ghana Red Cross Society, IFRC LOD Dept

The review process will address any:

- **Inaccuracy:** Inaccuracies are factual, supported with undisputable evidence, and therefore should be corrected in the evaluation report itself.
- **Clarifications:** A clarification is additional, explanatory information to what the evaluators provided in the report. It is the evaluators' decision whether to revise their report according to a clarification; if not, the evaluation management response team can decide whether to include the clarification in their management response.
- **Difference of opinion:** A difference of opinion does not pertain to the findings (which are factual), but to the conclusions and/or recommendations. These may be expressed to the evaluators during the review process. It is the evaluators' decision whether to revise their report according to a difference of opinion; if not, the evaluation management response team can decide whether to include the clarification in their management response.

## 6. Deliverables

The evaluation team will provide:

- i. An inception mission plan by the team leader prior to the mission, outlining how he/she will lead the evaluation and detailing the planned methodology and timeline.
- ii. A mission budget plan by the team leader after consultation with the Ghana RC for costs likely to be incurred by the evaluation in country
- iii. A live sharing session in country with Ghana Red Cross management and key project stakeholders at the end of the mission. Feedbacks will be integrated in the evaluation
- iv. An evaluation report that will include a section on the methodology used, on the context, an executive summary, and recommendations to the Ghana Red Cross and its Movement partners.
- v. A case study on the Ghana Red Cross experience of developing sustainable local capacity at community level
- vi. An open presentation to secretariat staff on the outcomes of the study (in consultation with LOD department manager)
- vii. Feedback to regional and zonal IFRC structures

## 7. Proposed Timeline

- Team composition deadline:
- Desk review: 1st to 7th February
- In country evaluation: 8 – 18th February (not including travel days)
- Report writing and delivery of deliverables: 18th February to 31st March

## 8. Evaluation Quality & Ethical Standards.

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and applicable practices outlined in the IFRC Management Policy for Evaluation.

The IFRC evaluation standards are:

- i. **Utility:** Evaluations must be useful and used.

- ii. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
- iii. **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
- iv. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
- v. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
- vi. **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- vii. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- viii. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

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

## 9. Appendices

- i. Project cooperation agreement
- ii. Project plan
- iii. IFRC framework for evaluations

# Annex 3

## Desk review documents

### **Ghana Red Cross documents**

- Statutes of the Ghana Red Cross
- Project Cooperation Agreement between Ghana Red Cross and IFRC
- Pilot Project plans of action 2007 – 9, budgets, reports
- Pilot project training manual
- Pilot project final report
- Various summary documents showing National Society figures for 2006
- Ghana Red Cross strategic plan 2011 - 2015

### **IFRC documents**

- Strategy 2020
- Framework for building strong National Societies
- OD think tank on local capacity building in Africa, meeting report November 2006
- Various appeals and annual reports, 2000 – 2005
- Documents relating to Regional CBHFA project
- Mission reports C Leopold, J-E Brodier, W Babumba

### **External reports**

- Ghana Red Cross Society Management Audit, Final Report (KPMG, 2003)

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

**This evaluation report has been produced by the Learning and Organizational Development department, International Federation of Red Cross and Red Crescent Societies.**

**For more information, please contact:**

**Jean-Etienne Brodier**

je.brodier@ifrc.org

