

Panama, January 21, 2013

Ms.

INGA PURMALIS

Resource Mobilization Department, Americas Zone Office

International Federation of Red Cross and Red Crescent Societies

Re:	IFRC Health and Organizational Development in the Americas Zone
	Final evaluation, Components: Health in Emergencies and Organizational Development
	Final Report.

Dear Ms. PURMALIS:

I am herewith submitting the Final Report of the Evaluation.

The Final Evaluation reported significant progress in the region attributable to the execution of the Program. The National Societies show evidence of improvements to their management of Health in Emergencies and Resource Mobilization as a result of the activities funded with the resources allocated.

These types of investments, despite being spread throughout the region, provide an opportunity to serve as a reference for all National Societies, to exchange knowledge among NS and to strengthen the institutional network. The National Societies with small institutional structures require more support than others that play a more dynamic role in the region. Maintaining or increasing these types of resources to fund related activities will be critical to achieving the strategic objectives of the Federation by 2020.

Please do not hesitate to contact me should you require any additional information.

Sincerely,



Javier Velasquez



IFRC Health and Organizational Development in the Americas Zone

Americas Regional Red Cross Programme

Final evaluation

Components: Health in Emergencies and
Organizational Development

Annexes

Annex 1	List of contacts interviewed
Annex 2	Seminar on lessons learned, Lima, Peru, Dec., 2012. Photographs.

Glossary

ARC	American Red Cross
CBHFA	Community-based Health and First Aid
CRC	Canadian Red Cross
ERC	Ecuadorian Red Cross
GRC	Guatemalan Red Cross
IFRC	International Federation of the Red Cross
NRC	Norwegian Red Cross
NS	National Societies

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IFRC Health and Organizational
Development in the
Americas Zone

Final evaluation

Components: Health in Emergencies and
Organizational Development

Executive Summary

The Norwegian Red Cross funded the Health and Organizational Development Program in the Americas Zone (Caribbean, Central America and Andean region), executed by the International Federation of the Red Cross from 2009-2012, with the participation of National Societies (NS). This document represents the final evaluation of two of the components of the Program: *Health in Emergencies and Organizational Development*. The evaluation was focused primarily on the evaluation of the impact generated from the execution of the Program, although other relevant elements were also analyzed. This opinion on the impacts achieved as a result of the execution of the Program is based on interviews with over 30 individuals from different NS and employees of IFRC at different levels.

Impacts

The evaluation reveals that the implementation of the Program led to *obvious, tangible and demonstrable impacts* in the region. The emergency response carried out most recently in Guatemala (*San Marcos, Nov 7, 2012*), demonstrated an improvement in the type of response to victims and the inclusion of procedures associated with **Health in Emergencies** through the provision of safe water as well as medical and preventive attention in communities that were particularly vulnerable due to the loss of basic services. The availability of the internet page DESAPRENDER has led to the

provision of uniform instructions to volunteers and has brought knowledge to all the countries of the Zone. The prerequisite of accessing the page and passing online tests to attend training events will improve participation in the events as well as the level of discussion involved.

The NS in the region *report increased income* from other non-traditional funding sources. Some national societies such as the ones in Colombia and Ecuador created divisions within their organizational structures that are directly responsible for Resource Mobilization. This in itself is a significant impact because it represents a change in the way in which the topic of funding is addressed, which is key to improving the coverage of services and keeping volunteers active for a longer period of time.

The visibility of the NS in their respective countries was strengthened as a result of their improved ability to contribute to the emergency response system. The specific example of the Ecuadorian Red Cross (ERC) stands out, which had a modest level of involvement in the 2010 floods but a more significant involvement in the 2012 floods.

Regional integration has improved at all levels, from the National Directorates to the Health Directorates, whose directors and employees maintain a direct relationship with members of other NS.

Results

The **Health in Emergencies** component led to the integration of tools and mechanisms within the day-to-day work of the technical and volunteer bodies of the region, who are already aware of the tools and are adopting new ways of responding to emergencies. The topic of Community-Based Health and First Aid (CBHFA) has been included as a structural component in all response areas, independent of the

funding source. The CBHFA has integrated the community response elements and organized the response protocols in the region, and as such, NS members from different countries can compare themselves with each other and learn from experiences, such that there is a tangible multiplying effect. The fact that local specialists travel to regional events to learn about the tools and their application is leading to more consistent regional integration in and of itself.

The **Resource Mobilization** component has led to the adoption of methodologies to raise funds for NS. There is evidence of an increase in the resources raised as a result of a change in the way of doing so. In some NS the sale of services is not seen as the only source of funds; joining forces with the private sector is seen as an opportunity to help vulnerable communities that are a mutual target group for both the RC and companies, such as the neighbourhoods where factory workers live or the areas where their supplies are obtained. Other methods such as telemarketing and direct contact with people are being explored. The topic of resource mobilization is being institutionalized, which has necessitated the assignment of resources through a team dedicated to this task. It is hoped that with more resources, active volunteers can be retained for longer periods of time and that the population coverage will increase.

Outputs

The planned outputs were obtained. The diagnoses were carried out, plans and documents were prepared, training sessions were carried out, and the internet page DESPRENDER was developed and is operational. Thus, that which was planned was achieved.

Processes

The IFRC was responsible for the financial and operational implementation of the Program, which implied designing the proposal, the operational management of hiring processes, monitoring, reporting and evaluation. The IFRC carefully monitored the use of the funds.

Funding

The investment that is the focus of this evaluation was CHF 1.5 million, spent over a period of four years. This represents a modest investment compared to the budgets of the beneficiary NS, however, the expected results and regional impact were achieved as a result of the type of activities funded and the way that these were linked to initiatives funded by other donor NS (American, Canadian, Dutch and Spanish Red Cross).

Planning and diagnosis

The requirements of the donor NS were addressed. The activities were logically planned and were focused on the achievement of the objectives. The indicators were particularly simple to measure, which facilitated their monitoring and verification.

To summarize, it can be concluded that the expected results were achieved as a result of the implementation of the planned activities. Some conclusions and recommendations are presented for evaluation by the Federation team and the donor NS.

IFRC Health and Organizational
Development in the
Americas Zone

Final Evaluation

Components: Health in Emergencies and
Organizational Development

1 Introduction

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This document represents the final evaluation of two components of the Program: *Health in Emergencies and Organizational Development*.

The evaluation was focused primarily on the analysis of the impact achieved by the Program, although other relevant elements were also analyzed. The opinion on the impacts generated as a result of the Program's implementation is based on interviews with over 30 people from different NS and employees of the IFRC at different levels.

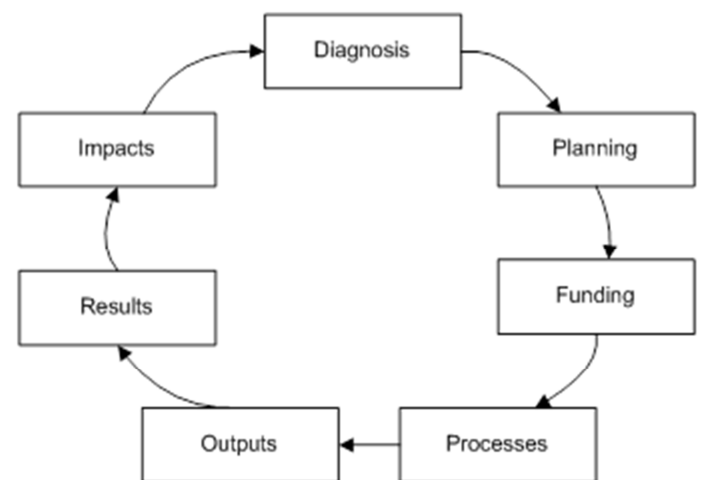
The report provides a summary of the evaluation methodology employed. Comments are provided on the application of the methodology.

1.1 Methodology

The *evaluation methodology* adopted was based on the concept of the project cycle and is summarized in Figure 1-1. The *diagnosis* (1) identifies the problems and suggests solutions. *Planning* (2) aims to address the priority problems identified in the diagnosis, and should include strategic guidelines, the precise formulation or

definition of project objectives, their design and the ex ante evaluation. The *funding* (3) outlines the allocation of resources or inputs to generate the *outputs* of the project. In order to convert inputs and funding into outputs, *processes* (4) are required for the institutional actors to generate the *outputs* (5) (the teams, training sessions, development of internet pages and required activities, which in turn produce the expected *results* (6), which are that National Societies have incorporated the proposed instruments and processes, namely, Health in Emergencies and Organization Development, within their day-to-day work. Finally, it is hoped that *impacts* (7) are achieved in the longer term, which represent the final objective of the investment.

Figure 1-1- Diagram summarizing the planning of investments, model used in the evaluation



Source: OTSCORP, Metodología para la preparación y evaluación de inversiones.

1.2 The evaluation

Based on the information available, a series of visits was organized to four National Societies of the Zone, including in the Caribbean region, Central America and South America. Four National Societies were visited (Guatemala -*Central America*-, Belize - *Caribbean*- , Colombia and Ecuador -*Andean region*-). Interviews were carried out with individuals involved in the management of Health in Emergencies, and with those in charge of resource mobilization. **Annex 1** presents a list of the people interviewed and their particulars.

In addition, the event on Lessons Learned that was held in Lima, Peru (Dec. 3-7, 2012) was attended with the purpose of exchanging opinions with those in charge of community health in the Zone. The three coordinators of the Zone for Central America, the Caribbean and the Andean region attended the event, as did representatives of the countries. The event was directed at employees of the IFRC in Geneva and was coordinated by the offices of the IFRC in Lima, Panama, and Trinidad and Tobago. The event was particularly enriching because it enabled employees and/or volunteers of the National Societies to exchange experiences, and to apply a tool to carry out a community diagnosis (which included health, risk and gender) and to learn about and appreciate the experience of other countries with the tool (IFRC 2012).

Employees of the IFRC and the Norwegian Red Cross (NRC) delegation were interviewed in Panama.

1.3 The Program as it was designed and implemented

Often programs are designed in one way and are modified during their implementation for various reasons. In this case, the Program that was implemented was very similar to the original Program design (NRC 2009). It was originally designed with four components: (i) HIV; (ii) Health in Emergencies; (iii) Preparation for emergency response; and, (iv) Organizational development. The third component was eliminated at the end of the first year. The proposed indicators were also modified.

The execution modality remained under the leadership of IFRC.

2 Impacts

The impact of the technical assistance is broad, evident and demonstrable. The availability of resources at the regional level to enable National Societies to share experiences and support each other led to an important process of integration.

2.1 Health in Emergencies Component, impacts

Without a doubt, the impact of this component was significant. Several hundred volunteers were trained in the methodology of Community-based Health and First Aid (CBHFA). The National Societies (NS) have incorporated the methodology and have integrated it into other activities carried out.

It is evident that the Program changed the protocols of response to emergencies in the region. The intervention during the emergency in San Marcos (Guatemala, 7 November 2012) did not only involve the provision of the basics but also listening and accompanying those affected and providing the psychosocial support required.

In Guatemala the impact of the Program is evident: (i) there are four trainers that have replicated the model and trained 65 rescue workers in 15 regional centres; (ii) there are protocols at different levels that have already been validated; (iii) people know about the webpage DESAPRENDER, which is considered to be serving as a reference for technical assistance (source of information and consultation, a resource to put the training plans into context, and consultation on lessons learned); and, (iv) a manual for training on emergencies now exists (which includes: provision of safe water, management of epidemics, psychosocial support, HIV-emergencies, food and nutrition, and the CHFA module). It should be noted that the Norwegian Red Cross accompanied the Guatemalan Red Cross

during the period under evaluation (2009-2012) through the designation of three people and funding for the entire Health team, with the exception of two people. Obviously the observed result was significant and consistent with the level of support provided.

The increase in the influence of the Guatemalan Red Cross (GRC) in the region is significant and is consistent with the amounts invested.

2.2 Resource Mobilization Component, impacts

At the regional level, the Program worked with the Directors and Presidents of the NS on resource mobilization (RM).

Under this component, resources were allocated directly to some NS with the aim of funding activities related to administrative/financial management and the application of procedures to improve transparency and help to obtain financial resources.

The difference in impact is evident between National Societies with strong institutional structures, in which the management of institutional policy is separate from technical management, that is, those in which operational management is distinguished from policy and management. In Colombia and Ecuador, personnel were assigned specifically to the task of raising funds, with important sums raised as a result of their efforts. In Guatemala, fundraising is assigned to the Chair of the Board and the President with significant results that are not a product of the institution as a whole, that is, they depend on the work of the individuals involved and not on the institution. In Belize, fundraising is carried out by the President and the Chair, though with modest results. In fact, the report on training in resource mobilization carried out in July 2011

((in2action 2011) specifically makes reference to the RM weaknesses of the Guatemala and Belize NS , together with those of Haiti, Barbados, Dominican Republic and Peru.

The NS reported on attendance at the events that were held, the relevance of the training received and the documents obtained. The exchange of information was highlighted in particular because it enabled comparison among different NS and an expansion of the range of opportunities available. In addition, a model is being applied to plan initiatives in communities in which companies have or may have specific objectives, such as neighbourhoods from which company employees originate that are usually located near factories or the neighbourhoods or rural areas from which they obtain their supplies.

For the Ecuadorian Red Cross (ERC), the topic of increasing transparency was addressed by funding accounting systems, with significant impacts on internal management and on the reporting of accounting information. The procedures for budgetary execution were modified. The regional budgets have been adjusted and mechanisms to ensure their monitoring and application are in place.

3 Results

The expected results were achieved according to the Program Results Framework. The Table presents achievements and the dates reported. The discipline employed to structure operations is very positive. The use of a results framework guides efforts toward objectives that are shared by the stakeholders involved with the execution of the Program.

Parallel and/or coordinated interventions of other donor NS apart from the Norwegian NS promoted the implementation of the CBHFA as an additional response mechanism in emergencies.

The Norwegian Red Cross (**NRC**) funded a team of individuals associated with the management of health in Guatemala. It paid for their salaries and the expenses directly related to their work. In Belize the NRC funded a team of people and is achieving positive results in terms of HIV prevention and the dissemination and validation of the CBHFA model. These two societies reported adequate results.

Table 3-1 Results framework, Health in Emergencies Component and Organizational Development Component

<i>Results / indicators</i>	2009	2010	2011	2012
Result 1: Health in Emergencies: Understanding of health in emergencies <u>increases</u> in the Americas through <u>promotion, knowledge sharing and capacity building</u> .				
1. By 2009 <u>a capacity building plan to address health in emergencies</u> within the Red Cross systems of response to disasters was agreed upon at the local and national levels with the health networks in South America, Central America and the Caribbean. In fact, the NS of the region have Strategic Plans that were recently developed and this itself is a notable result. The health component is associated with external funding.	11 of 19	16 of 24	32 of 48	ND
	Reference is made to emergency response campaigns carried out in the region, which included the component.			
2. By 2009, <u>a common platform to exchange knowledge</u> for Health in Emergencies has been designed and made available in DESAPRENDER. The electronic platform exists and is available in English and Spanish.		Platform was designed.	Platform operational	
3. By 2010, <u>at least four National Societies have incorporated the guidelines of the Inter-Agency Standing Committee (IASC) on psychosocial support in emergency situations</u> , HIV in emergencies and gender violence in their response plans on health in emergencies. By 2012, at least eight National Societies have incorporated the guidelines.				Belize Guatemala Colombia Ecuador El Salvador Venezuela Argentina Chile Bolivia....
4. By 2012, <u>Health in Emergencies (HE)</u> is included in the normal working procedures for emergency operations, as well as in planning for disasters, responses and recovery plans. The evidence obtained during the meeting in Lima, Peru (Dec 3-4, 2012) indicates that a large part of the NS have incorporated HE in their processes and have been advancing with respect to the dissemination, promotion and application of the procedures. Annex 2 presents photographs of the event.				√

<i>Results / indicators</i>	2009	2010	2011	2012
Result 2: Health in Emergencies: The NS focused on the region have strengthened their capacity to respond to health in emergencies through trials, validation and harmonization of tools for health interventions.				
1. In 2009, at least <u>two real-time evaluations during disaster response operations</u> will be focused on learning how to increase the capacity of Health in Emergencies at the local level in National Societies to achieve opportune responses that are sensitive to gender and well-oriented. By 2010 the evaluation results will be reflected in a pilot process of tools and methodologies. By 2011 the pilot tools and methods are validated and made available to the Americas region through a participatory process of knowledge exchange among NS. By 2012, 60% of the National Societies have incorporated a set of evidence-based, harmonized and validated tools and methods to respond to health in emergencies.		√ Haiti (Earthquake) (2010)	√ Haiti and Dominican Republic (Cholera)	
2. By the end of 2010 <u>all</u> NS in the Caribbean have been <u>trained in a set of tools and methodologies</u> associated with Psychosocial Support (PS) of the IFRC and validate it, in collaboration with the PS Reference Centre in Copenhagen. In fact, Barbados carried out a broad training session with the participation of all NS in the Caribbean.			All were include d	
3. By the end of 2010 there are at least <u>45 instructors trained</u> in psychosocial support in the Caribbean and Central America. 60 instructors in the region were trained in El Salvador.			√	
4. By the end of 2012 there is an <u>established mechanism</u> for psychosocial support in 70% of the National Societies of Central America and the Caribbean.			√	
5. By end of 2009, <u>two National Societies</u> in SA (one in the Andean region and one in the Southern Cone) have piloted and validated the Spanish tool kit entitled, Community-based Health and First Aid (CBHFA in Action). During the visit to Colombia, the tool kit was reported to have been validated.		√		
6. By end of 2010, <u>4 NS in the South American region</u> have implemented CBHFA in Action.			√	
7. By end of 2012, CBHFA in Action is an <u>integral part of the framework of "Safer and Healthier Communities"</u> of the National Societies in South America.			√	

<i>Results / indicators</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>
Expected Result 3: Organizational Development: The Selected National Societies have achieved a greater understanding of resource mobilization and have strengthened their capacities to raise additional funds.				
1. At least 8 National Societies have a <u>plan for resource mobilization</u> aligned with their <u>strategic and operational plan</u> , within the framework of <u>IFRC's policies</u> .			√	
2. At least 6 new agreements with the corporate sector have been formalized in the Americas at the national level, and these have a validity of six (6) months and are <u>aligned with the resource mobilization plan</u> , contributing to the activities of the Program. Ecuador (Farma), Colombia (Clorox), Venezuela (Ford, Michellin),				√
3. By the end of 2012, 90% of National Societies in the Americas region have a <u>reference document</u> that facilitates the identification of <u>sources of funding</u> (strategic alliances with the corporate sector, business plans to promote services that generate income, fundraising from individual private donors through memberships, events and campaigns).				√

4 Outputs

The outputs correspond to the activities that were funded, namely: diagnoses, proposals, manuals, training events and dissemination, development of the webpage DESAPRENDER and funding of some national societies for specific activities. These activities were included in the Annual Operational Plans.

Three operational plans were analyzed: 2010, 2011 and 2012, disaggregated by component.

4.1 Outputs, Health in Emergencies

The activities at the regional level that were reported upon in the operational plans included: the development of guides, the implementation of workshops, internships and coordination with other activities, while at the level of National Societies the activities included funding of personnel, training and resources for activities related to trips. At the local level, for example, for the Guatemalan Red Cross, the budget included salaries, expenses associated with an office (public services, cleaning services, stationary, equipment, repairs and vehicle operation), and funding of micro-projects.

In general, the outputs were achieved. The manuals were developed, the training was undertaken, and for some NS specific activities were carried out that were focused on dissemination, training, promotion, validation and documentation of experiences.

4.2 Organizational Development, Resource Mobilization. Outputs.

The main activities reported upon in the operational plans were: i) a diagnosis of the experiences and characteristics of resource mobilization in the context of Red Cross Societies; ii) development of a reference document for RM in the region, with the aim of elaborating a document on “*How to carry out RM*”; and, iii) design of a strategy for RM in the region, as well as its dissemination and advocacy in support of the strategy¹.

In the *Andean Region*, resources were allocated to national societies for specific objectives: in *Colombia*, to study and formalize unconventional strategies in the region and to continue to support the process of telemarketing; in *Ecuador*, to consolidate the financial information for 11 provincial offices; and in *Peru*, to design and partially implement its strategic RM plan.

In the *Caribbean* region, support was provided for the development of strategic plans in each of the NS; specific activities were funded in *Belize*, including the purchase of chairs and tables for the office and internships, and in *Jamaica*, a program to strengthen the volunteer base was funded.

In *Central America* activities were funded in *Panama* to strengthen its ability to train volunteers with a focus on first aid; in *Nicaragua*, funding was provided for organizational development and strengthening of the volunteers; and in *Guatemala*, for internships to Colombia and Mexico and capacity building.

¹ *Advocacy is employed as one of the pillars of the CBHFA strategy.*

5 Processes

The IFRC was responsible for the budgetary and operational execution of the Program, which implied the design of the proposal, operational management of hiring processes, monitoring, reporting and evaluation. Coordinators for Health in Emergencies and for Resource Mobilization were assigned in Panama and in the regional Federation offices (Lima- Peru, and Puerto España - Trinidad and Tobago).

Operational plans were developed on an annual basis, and included the activities carried out by the NS. Annual reports on these activities were also produced.

There was a large number of documents produced at the Federation and NS levels. As part of monitoring, "*Pledge-based reports*" were developed annually for the years 2009 and 2010. For 2011 the document "*Periodic Result Report, 2009 - 2011*" was prepared, which summarized the results obtained during the first three years of execution (2009 - 2011). Each NS produced internal documents and reports for the IFRC.

In the annual reports, the indicators included in the results framework were reviewed, which were achieved in a timely manner. The monitoring of the activities carried out by the NS was carried out through communication and visits to the NS.

The Regional Coordinating Units submitted systematic and periodic information on the monitoring of the implementation and dissemination of the CBHFA model in the Zone. The reports provided evidence of the level of dissemination and implementation of the model by NS. The reports includes a database with information on the number of volunteers trained in CBHFA, the volunteers applying the methodology and

the communities in which it has been applied. Thus, it gathers the evidence of the model's dissemination and facilitates comparison between NS. The analysis of this information is very useful for the programming of new activities in the region.

The annual operational plans were developed on the basis of an understanding of the region and of the results of the activities funded, which facilitated continuity and complementarity with respect to the actions underway.

6 Funding

The Table presents the amounts allocated for the 2009 - 2012 period of implementation.

This evaluation assesses the investments for the components: Health in Emergencies and Organizational

Development. It is understood that the component on HIV will be evaluated separately. The amount allocated for the Health in Emergencies and Organizational Development components was CHF 1.49 million. Some NS received allocations directly. Others benefitted from training events and knowledge exchange.

The financial monitoring was strict. All expenses had to be supported with original documentation. This is particularly positive as it helps to promote discipline among the institutional actors and IFRC collaborators and facilitates the reporting of information to donors.

Budget					
	(CHF)				
	2009	2010	2011	2012	Total
HIV	1,062,873	950,000	888,821	840,000	3,741,694
Health in Emerg.	132,114	170,000	275,000	256,000	833,114
Org. Devt.	130,013	180,000	180,000	168,000	658,013
Total	1,325,000	1,300,000	1,343,821	1,264,000	5,232,821

Source: Norad, Budgets 2009, 2010, 2011 y 2012.

7 Planning

The initiative was well-planned. There were three general objectives:

Result 1: Health in Emergencies: The understanding of health in emergencies in the Americas increases through promotion, knowledge sharing and capacity building.

Result 2: Health in Emergencies: NS focused on the region have strengthened their health response capacity in emergencies through trials, validation and harmonization of the health intervention instruments.

Expected Result 3: Organizational Development: The Selected National Societies have achieved a greater understanding of resource mobilization and have strengthened their capacity to raise additional funds.

The activities were logically planned and were focused on the achievement of the objectives. The indicators were especially simple to measure, which facilitated their monitoring and verification.

The following documents were reviewed: *i*) the original proposal of the initiative (2009), *ii*) the revised proposal developed one year later (2010), *iii*) the operational plans (2009, 2010, 2011, and 2012), and *iv*) the budgets executed by the Federation and of the Guatemalan and Ecuadorian Red Cross.

However, there was a certain level of disconnect between the activities included in the Operational Plans and the expected results. For example, it is difficult to expect that resource mobilization training provided to NS members would lead to concrete corporate alliances. This result would require much more than a training session, as it depends in large part on the capacity of

the local team, the institution's technical and monitoring policy and the participation of private companies.

No operational regulations were identified that would define, for example, the type of activities to be included in Annual Operational Plans, though general criteria existed.

A baseline for planning was not available, though this was not necessary because a new type of intervention for the region was being introduced, which originated in a potential pandemic entitled H1N1. Neither was there a reference for this type of health assistance in the Americas Zone, so that there was no way for NS to compare themselves to each other. General information on the region was available and joint training was carried out, but there were no shared protocols for all NS that would guide their management and permit exchange or that would complement the training and collaboration between the actors. Information such as the number of volunteers was available, but the expected level of understanding on specific themes related to health in emergencies was not identified.

As a result of the execution of this Program, substantial information is available for the planning of new, complementary activities that could be funded with recurrent funds.

8 Conclusions, Recommendations and Lessons Learned

Conclusions, recommendations and lessons learned are presented for each of the evaluation's modules . Some of the conclusions and recommendations do not have lessons learned associated

with them. This does not mean that they do not exist, but they may not have been captured in the analysis.

<i>Conclusions</i> ²	<i>Recommendations</i>	<i>Lessons learned</i>
Impacts		
The integration among NS is probably the most important benefit observed. The fact that NS operating with different languages and/or cultures are cooperating under different scenarios is a significant and evident impact that demonstrates regional integration.	It is strongly recommend that the financial effort to support NS be continued, such that the practice of periodic meetings is maintained, as they promote the exchange of experiences and at the same time increase the level of adoption of tools and the replication of successful experiences as well as preventative actions to avoid issues associated with some less successful experiences.	As positive as the integration among NS is, it requires coordination, orientation and financial support. The NS of the Zone do not have sufficient financial resources to fund frequent trips and attendance at events in the Zone.
The standardization of health processes (Community Health, Water and Sanitation and Health in Emergencies) at the regional level facilitates the interaction among NS to share resources and experiences.		
The establishment of a benchmark for response is, in and of itself, an important regional-level impact.		
Results		
Some NS obtained greater benefits in the area of RM than others because they have greater institutional capacity.	It is recommended that all the actors in NS contribute to the goal of RM through ideas, contacts and monitoring of activities. It is highly recommended that all the actors become involved, at least indirectly, in RM.	
National Societies with little personnel available require greater support to carry out institutional strengthening processes. Resource mobilization is an essential issue in management.		

² This format seeks to link the conclusions with associated recommendations and lessons learned.

<i>Conclusions</i> ²	<i>Recommendations</i>	<i>Lessons learned</i>
In terms of RM, the provision of technical assistance through short visits needs to be revisited, as change is not being achieved at the desired speed.	There is the potential that NS that are more advanced in the topics of Health and RM could provide technical assistance to support the management of other NS. This could occur through two-week visits for joint work, such that greater advances could be made. This would require funding.	
The strengthening of capacity in the area of community health has increased the visibility of NS in the national environments in which they have been participating more actively on health and emergency issues.		
The model of train the trainers has been validated and led to noteworthy results. However, for some NS with scarce resources, the results were not what was expected.	If the purpose is to disseminate a tool widely, it is recommended that greater follow-up be provided as well as increased funding for appropriate replication actions.	Training of human resources is a dynamic activity, that is to say that it should be continuous. Each year training should be carried out with new people. This would ensure that the number of personnel trained continues to increase.
Outputs		
The expected outputs were obtained, however, their achievement cannot necessarily be attributed to the activities that were carried out.	For future operations, greater effort needs to be spent on preparation so that the proposed indicators are more aligned to the resources invested.	
DESAPRENDER was reported as a source for reference, with a high potential for dissemination and harmonization of knowledge.	The web page should be maintained up-to-date and linked to the IFRC website, which is in a more advanced stage of development.	The use of the web definitely facilitates communication and human resource training.

<i>Conclusions</i> ²	<i>Recommendations</i>	<i>Lessons learned</i>
Funding		
Although the amount for this initiative was modest compared to the budgets of the beneficiary NS, the resources funded activities for which there are not usually resources available at the local level, such as trips outside the country for training purposes and internships.	It is precisely because NS do not usually have resources available for these types of exchanges that it is important to maintain their availability.	
Processes		
The resources allocated to this Program enabled personnel associated with the National Societies (NS) of the Americas Zone to learn about health intervention and resource mobilization instruments and methodologies. In addition, it enabled them to have references in other NS.	The practice of collecting information and reporting it has been developed in the Americas Zone. It is imperative that the IFRC make use of this information.	
The role of the IFRC in the execution of the Program added value to the Program. Its presence in the Zone facilitates dissemination channels and support for capacity development.		
For the purposes of this evaluation it was difficult to associate progress in terms of the results with the resources allocated and the activities carried out. This is because the monitoring was mainly financial and was carried out based on a manual of accounts, so that the expenses in different budget lines, such as trips, were added up, leaving only an aggregated value.	<p>This issue can be overcome through the use of expense lines within the accounting software so that a comprehensive report on a particular project's expenses can be obtained and monitoring can be improved.</p> <p>This practice would facilitate project monitoring as a sum of activities.</p>	

<i>Conclusions</i> ²	<i>Recommendations</i>	<i>Lessons learned</i>
The design of the intervention included a results framework with specific annual goals. However, this instrument was not used in the annual reports. The review of the annual " <i>Pledge-based reports</i> " makes it difficult to compare the originally proposed indicators with the results obtained at the time.	It is advised that this same instrument be used to facilitate Program monitoring.	
A substantial amount of communication was required to obtain the information needed for the evaluation. The information is not centrally available or organized.	It is urgent that IFRC formalize processes to manage documents digitally to store information (using a central network or a server). This way of organizing is key to ensuring that the information is complete and to save valuable time looking for the information when needed.	Having the information available before initiating an evaluation can increase the allocation of time to the analysis.
Planning		
The IFRC consolidated its presence in the region as a result of this Program and other parallel programs. Relevant information was gathered to update the diagnoses.	This information should be organized, processed and returned to the NS, so that they can compare themselves to others.	

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Anexo 1
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IFRC Health and Organizational Development in the Americas Zone

Americas Regional Red Cross Programme

Evaluación final

Componentes: Salud en Emergencias y Desarrollo Organizacional

Anexo 2

CBHFA, Learned Lesson, Lima, Dec 3 – 7, 2012



San Juan del Lurigancho, Lima, Perú



Venezuela presentation



Surinam, Presentation

- Difficult geographical access of the vulnerable communities
- Limited facilities to organize training
- Very low involvement (interest?) of NGO's
- Recruitment of volunteers
- Sustainability (of funds)

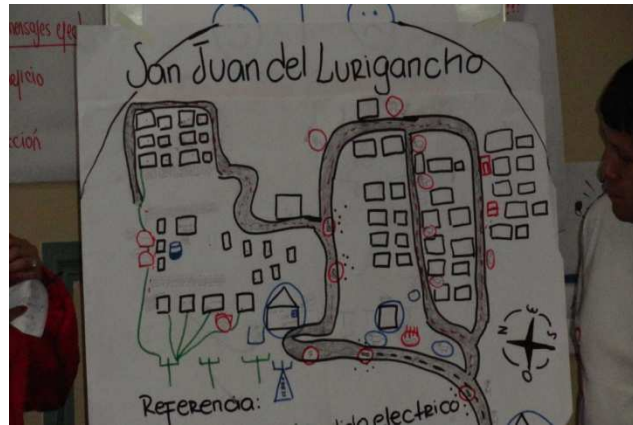


Colombia, presentation.

CAPACIDAD INSTALADA		
PROGRAMA	NUMERO DE SECCIONALES	NUMERO DE PERSONAS
SPAC	21	46



A neighboring Community..



San Juan del Lurigancho, Lima, Perú



Lima, Integration Party.