

DRAFT

Midterm Review

**Sri Lanka Red Cross Society
Community Based Health Projects
in Nuwara Eliya and Matale
supported by the Norwegian Red Cross**



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TABLE OF CONTENTS

LIST OF ABBREVIATIONS	3
ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	5
RECOMMENDATIONS	6
INTRODUCTION	9
Background	9
Objectives of the review	10
The Midterm Review (MTR) team	10
Methodological Aspects	10
Methodological constraints	11
THE CONTEXT	12
Sri Lanka Red Cross Society	12
Matale	12
Matale Red Cross Branch	13
Nuwara Eliya	13
Nuwara Eliya Red Cross Branch	13
Matale and Nuwara Eliya	14
MAIN FINDINGS	14
Appropriateness	14
Relevance	17
Efficiency	19
Effectiveness	21
Impact	27
Sustainability	29
Gender	31
Coordination	32
The way forward	33
Annexes	34

LIST OF ABBREVIATIONS

BEO	Branch Executive Officer
CB	Capacity Building
CBFA	Community Based First Aid
CBH	Community Based Health
CHA	Consortium of Humanitarian Agencies
DM	Disaster Management
DPDHS	Deputy Provincial Director of Health Services
DRC	Danish Red Cross
DSD	District Secretariat Division
FA	First Aid
FO	Field Officer
GovSL	Government of Sri Lanka
HQ	Head Quarters
IFRC	International Federation of Red Cross and Red Crescent Societies
IGA	Income Generating Activity
INGO	International Non Governmental Organisation
LFA	Logframe Analysis
MDG	Millennium Development Goals
MoH	Ministry of Health
MTR	Midterm Review
NE	Nuwara Eliya
NGO	Non Governmental Organisation
Norcross	The Norwegian Red Cross
NS	National Society(s) (Red Cross)
PHI	Public Health Inspectors
PHM	Public Midwife
PoA	Plan of Action(s)
PNS	Partner National Society(s)
OD	Organisational Development
ToR	Terms of Reference
VCA	Vulnerability and Capacity Assessment
VHC	Village Health Committee
Watsan	Water and Sanitation
SLRCS	Sri Lanka Red Cross Society

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EXECUTIVE SUMMARY

Appropriateness

The Midterm Review (MTR) team did not detect any major deviations from the original assumptions and risks stated in the project documents. The present geographical scope is appropriate, but in order to improve the focus in the Community Based Health (CBH) project in Nuwara Eliya (NE), the geographical scope could be limited to the three CBH focus divisions in the district. Internal coordination in the project is clear and there is a close and good cooperation with local authorities, both in the Matale branch and the NE branch.

Relevance

The MTR-team found that the objectives of the CBH projects are according to needs in the selected communities, as well as being in line with the strategies, priorities and policies of the SLRCS, Norcross, IFRC and local communities. The current situation in both projects corresponds well to plans. Minor deviations were detected, but understandable due to the limited human resources in the branches.

Efficiency

It is the opinion of the MTR-team that that the objectives could not have been achieved in a less expensive manner without negotiating the quality of service. On the contrary, more human resources might be needed, in particular in Matale. The timeliness of the projects is affected by delayed transfers of funds to the branches. It would also be nice to see financial reports showing expenditures under each objective. In other words the financial reports should correspond to the budgets which are including the objectives.

Effectiveness

Considering that two years are remaining of the project, the MTR-team's general impression of the team is that so far the planned outputs of the objectives in the two CBH projects have been achieved:

- Capacities have been built both in local communities, as well as in the Matale- and NE RC branch
- Increased visibility of the RC branches
- Observations and verbal evidence indicates that behaviours have changed in the project communities
- Construction of latrines and water schemes are on track
- Activities in relation to nutrition is taking place, but are difficult to measure
- It is likely that most objectives will be reached during the project period (concern about objective 4 in Matale though)
- Except for the Water- and sanitation (Watsan) component, a strategy for each of the project objectives, including measurable indicators, is missing

Impact

It is evident that the projects have had positive impact on the lives of the stakeholders and beneficiaries. Some observations made by the MTR-team:

- Improved cooperation between RC branches and authorities
- Improvement of quality of schools

- Even though impact monitoring of the projects are missing, it is reasonable to believe that the projects have contributed to an improvement of the general health situation in the project communities
- Beneficiaries are not adequately defined

Sustainability

The projects are definitely considered to be technical sustainable. Both the local communities and the authorities have been included from the outset of the projects. Volunteers have been recruited from the local communities, and extensive training has been conducted for VHC's, volunteers, beneficiaries and others. Additionally, beneficiaries have contributed with valuable labour in constructing latrines and water schemes. The gradual withdrawal of Norcross delegates long before the projects end seems to have been a sustainable and much appreciated way of working. There is still a need to develop Income Generating Activities (IGA) both within the Matale branch and the NE branch.

Gender

Women are representing more than 50% of the beneficiaries and a majority of the volunteers are women. There is however a gender imbalance, in favour of men, in leading staff- and volunteer positions in both branches, and especially in NE.

Coordination

The Sri Lanka Red Cross Society (SLRCS) Health strategies, policies and frameworks are in line with the strategies of the Government of Sri Lanka. Strategies are also adhering to strategies and policies of the RC/RC Movement, and are thus in line with the Millennium Development Goals (MDG).

RECOMMENDATIONS

Both projects:

1. The Project Cooperation Agreement regarding the projects should be signed by both parties (SLRCS and Norcross) as soon as possible
2. The SLRCS should consider arranging regular coordination meetings for representatives from all the current 19 CBH projects, at least on annual bases. Likewise should exchange visits between CBH projects be encouraged and included in annual project budgets
3. Include knowledge about leptospirosis in the awareness sessions
4. It should be considered to carry out life skills trainings which are including awareness on prevention of teenage pregnancies

5. Transfers to the projects should be done for one and a half month at the time. This would allow the branch to send timely financial reports to HQ and still keep the project going until the next transfer
6. There is a need for a closer contact between the Financial department at HQ and the SLRCS HQ Programme Manager. The Programme Manager should as a minimum receive quarterly financial reports from the financial department regarding the CBH projects. The team would recommend that the Programme Manager also is the budget holder of the programmes as this will increase the understanding of the needs in the branches, provide the Programme Manager with a constant overview of the financial situation as well as make the transfers smoother
7. Financial reports should be in the same format as the agreed budget
8. The projects should take into account increased prices for materials and fuel, as well as rising exchange rates, when preparing the budget for 2009
9. In order to be able to fulfill objective 3, more specific activities addressing pregnant women and lactating mothers should be developed and implemented
10. Clear strategies for the cooperation with the schools, including measurable indicators, should be developed
11. A strategy for each of the project objectives, including measurable indicators and time frames, should be developed. This will facilitate the reporting and strengthen the monitoring of the projects
12. The CBH projects in Matale and NE should start focusing on impact monitoring
13. SLRCS should consider simplifying the reporting template used for all SLRCS CBH programmes
14. The projects must define who the beneficiaries are. It should be made clear whether the projects are including only direct, or also indirect, beneficiaries. There is also a need to clarify whether beneficiaries who are included in different CBH activities are counted more than once. Depending on the outcome of the definition of beneficiaries, both projects might want to consider revising its target population
15. Strengthen the VHC through leadership trainings. VHC's should be able to approach MoH, as well as other donors, without the support from the SLRCS. It should be a priority to strengthen the VHC's during the next two years
16. VHC should look in to the possibility of register as non profitable charity organisations in order to be able to access funding from other NGOs, INGOs and the government. This will most likely not be possible for VHC's which have been transformed into RC units

17. In the future the branches should be more aware of the gender balance when recruiting staff, volunteers and members of governance
18. Develop plans for, and start implementing, viable Income Generating Activities

Matale:

1. The Matale CBH project has to consider whether to limit its planned activities in 2009. It should, in particular, be carefully considered if the branch has the capacity to implement objective 4 during the project period. The project could in any case benefit from recruiting more volunteers
2. An additional Field Officer, of Tamil origin, should be recruited to the Matale CBH project
3. Follow up on the consequences of transforming Village Health Committees into Red Cross units
4. Improve the impact monitoring of the malnourished children in the pre-schools

Nuwara Eliya:

1. The branch should seek regular contact with SLRCS HQ OD department and vice versa. The issue of the office building must be clarified as soon as possible as the contract for the present office premises expires in the end of December 2008
2. The NE CBH project should consider to limit its geographical scope to its three focus divisions
3. Send monthly progress reports to the MoH in order to improve communication with MoH level
4. Improve filing system in the office (separate files for reports, assessments, meetings etc.)
5. An Income Generating Project plan should be developed in relation to the construction of 20 toilets near Adams Peak. If possible, funds should be reallocated in 2008 for the construction of 10 toilets, while funds for the remaining 10 toilets should be included in the CBH- budget for 2009
6. The NE branch should be more aware of the fact that Watsan and FA are integrated parts of the CBH project

INTRODUCTION

Background

The Sri Lanka Red Cross Society (SLRCS) and the Norwegian Red Cross (Norcross) had a long term cooperation for several years up to the mid nineties. As a consequence of the Tsunami, the cooperation was renewed in 2005 focusing on construction, health and Watsan.

The SLRCS is running Community Based Health (CBH) projects in 19 out of its 26 district branches. All projects are funded by Participating National Societies (PNS). The plan is to expand the CBH programme to all SLRCS district branches within 2010.

In June 2005, the Norwegian Red Cross (Norcross) made a decision to focus its post-tsunami support to SLRCS in the health sector, and also to divert support to areas that were indirectly affected by the tsunami. Based on this decision, and on information showing that the health indicators for the Nuwara Eliya (NE) and Matale districts were among the worst in Sri Lanka, Norcross submitted a concept paper for CBH projects targeting NE and Matale in April 2006. The papers were approved by the Movement Platform the same year.

The CBH projects in Matale and NE were initiated in November 2006 and will run through 2010. In Matale the programme was a community based health program from the start. As the NE branch was perceived to be weaker, and thus needed more experience before taking on a more complex project such as the CBH project, the project started to focus on First Aid (FA) activities in 2006. Other CBH activities have, as of January 2008, been incorporated into the NE project. A water and sanitation component was further included in both projects in the beginning of 2008. The underlying idea of both projects was to enhance capacity building in the branches through health programming. The following are the objectives of the CBH projects:

1. To build capacities in communities and in Matale and Nuwara Eliya SLRCS Branch for sustainable and adequate response to present and emerging health hazards in vulnerable communities.
2. To change behavioral patterns and practices that allows transmission of diarrheal and water-related diseases.
3. To improve dietary intake of children less than 5 years of age and pregnant and breast-feeding women.
4. MAT: To improve psychosocial well-being and resilience of vulnerable children with migrant parents. NE: To develop and strengthen the Nuwara Eliya Branch Material and human capacities in order to develop and implement future community based First Aid activities through camps

Included in objective 2:

- To improve the water supply/quality and for people in project communities to consume safe water at all times.
- To make sure people in the project communities have adequate sanitation facilities and that systems for human waste disposal are established.

In line with project plans and in order to assess the progress in the projects, as well as to provide recommendations for the future, a Midterm Review (MTR) of the projects was carried out in November 2008.

Objectives of the Midterm Review

- Report on the current status of the project
- Assess the relevance of the project
- Assess the capacity building within the project and contribution to the overall organizational development and sustainability
- Assess the extent of adherence to the SLRCS policies, procedures and other operational tools
- Identify needs for changes and propose actions (revised plan of action)
- Assess the need for future follow-up by the Norwegian Red Cross

The Midterm Review team

The MTR-team consisted of the following persons:

- Dr. Ravichandran J.P, Programme Manager, Director Health, Sri Lanka Red Cross Society
- Carin Corfitz Nielsen, Health Delegate in Sri Lanka, Danish Red Cross
- Trude Bang (Team leader), Organisational Development Senior Advisor, Norwegian Red Cross

Dr. Ravichandran had a few months before the MTR taken over as the SLRCS Headquarters (HQ) Programme Manager of the CBH projects in Matale and NE. The two other members of the team had not been involved in the projects prior to the MTR. The mission took place between 17th November and 5th December 2008. Within this timeframe the team conducted interviews in Colombo, visited the Matale and the NE branches, drafted the MTR report, as well as supported the Matale and NE CBH programmes in drafting Plan of Actions (PoA) for 2009.

Methodological Aspects

The following methods were used:

- Review of documents (annex 3)
- Analysis of SLRCS and government statistical material
- Analysis of written communication
- Preparation of interview guides
- Interviews with project partners and stakeholders both at SLRCS- and Norcross HQ and field level, Danish RC and the IFRC (annex 1)
- Focus group interviews with volunteers and beneficiaries
- Field visits to the project districts
- Informal discussions with various partners throughout the mission

In Matale the project has been established in 4 out of 11 District Secretarial Divisions (DSD), hereafter mainly referred to as Divisions. The team spoke with representatives from three of these divisions (Matale, Naula and Ambanganga). The project has been established in 19 communities within the said divisions. The team visited three out of these communities; Helambagahawatta, Kotagala and Loluwala. Additionally, the team visited one preschool in Ambanganga and two schools in Ambanganga and Naula respectively. Village Health Committees (VHC), Volunteers, beneficiaries and representatives of the local authorities were interviewed in all

visited communities. Volunteers and members of VHC's in two additional communities (Bambaragahawatta and Ranmutugama) were also interviewed as they met up with the team in Helambagahawatta and Loluwala.

In Nuwara Eliya the project has been established in 3 out of 5 divisions. The selected divisions are Nuwara Eliya, Maskeliya and Ambagamuwa. Within these three focus divisions, the project has been supporting 5 estates and 3 villages. The team visited two estates; Dayagama East in Nuwara Eliya division and Ottery in Maskeliya division. VHC's, Volunteers, beneficiaries and representatives of the local authorities were interviewed in both sites. In addition the team met with two teachers and the representative of the Zonal Education Committee.

During the field visit the MTR-team also met up with the Norcross Watsan (Watsan) delegate.

For further details see annex 1.

Methodological constraints

- Most of the interviews were conducted in English, but many were also conducted in the national languages (Singhalese and Tamil). The fact that the team was dependent on a translator during many of the interviews has probably lead to some information being lost in translation, as well as loss of significant nuances in some of the informants' responses. It is possible that the presence of SLRCS and Norcross staff in all interviews may have influenced the responses of the informants. The team does however believe that the most important information has been captured in an adequate manner as all information collected was cross checked with the various stakeholders
- Lack of statistical data made it impossible to make clear statements in relation to the projects' impact on the beneficiaries
- Documents received prior to the MTR were considered adequate for providing the team with a general overview of the projects. However, some of the documents received existed in different versions, such as Log Frames and the project proposal for Nuwara Eliya. This was a bit confusing and made it difficult to comprehend the actual scope of the projects
- The team member from SLRCS, Dr. Ravichandran, was due to other commitments only available for four days during the review period. This was of course unfortunate. However, all recommendations in this report have been discussed and put forward in agreement with Dr. Ravichandran
- A representative of the Ministry of Health (MoH) was supposed to be part of the MTR- team. Unfortunately no representative from the MoH was released for this task. Participation of a representative of the MOH would probably have contributed to an increased understanding of the project, as well as of the role of the Red Cross (RC), by the MoH
- Given the time frame and lack of adequate financial data received by the team, it was not possible to do a fair assessment of the financial statements

- The team had many tasks to fulfill within a relative short time span. It is possible that this has led to a certain lack of thoroughness in conducting the review
- According to the Terms of Reference (ToR) the report was to be limited to 15 pages, which proved to be impossible. Still, in the efforts to make the report as short as possible, coupled with the limited time for report writing (only four days), the content of the report has been affected. Some things had to be left out and other issues did not get the in-depth analysis it deserved

THE CONTEXT

Poverty in Sri Lanka is high and widespread. According to the CIA Factbook 22% of the population live below the official national poverty line of 1 USD a day. The broad aim of Sri Lanka's health policy is to increase life expectancy and to improve the quality of life by controlling preventable diseases through health promotion activities. Strengthening of the Primary Health Care is as a key strategy of The Government of Sri Lanka towards its commitment of achieving the Millennium Development Goals (MDG).

Sri Lanka Red Cross Society

The Sri Lanka Red Cross Society (SLRCS) is one of the most recognized and committed voluntary humanitarian organizations in Sri Lanka. The National society (NS) has an extensive network of volunteers and a branch in each of the 26 districts of the country. It has experience in Community Based Health activities including First Aid, Health Promotion, Blood Donor recruitment and HIV/AIDS

Health and Care is one of the main strategic directions of the SLRCS and the NS has developed a Health Strategy, as well as a Health Policy in line with the policies of the Sri Lankan Ministry of Health (MoH). Furthermore, the SLRCS has, in cooperation with the RC/RC Movement partners, developed a Framework for Community Based Health (CBH).

For more information about SLRCS and on the situation in Sri Lanka see attached Country Profile (annex 5).

Matale

Matale district is situated in the Central province. The district is divided into 11 administrative divisions with a total population of approximately 440.000. The extent of the district is 1993 sq.km., and most available land is utilised for agriculture.

Both Sinhalese and Tamils, and followers of the four main religions live in Matale. The Sinhalese community is the majority and the Sinhalese population is spread throughout the district, while the other communities often live in enclaves. The Tamils of Indian origin live mainly in the estate sector and are the most deprived community due to segregation and deprivation of basic services and rights.

According to government reports Matale District has 136,000 persons living below the national poverty line, which is about 30% of the population. The poverty level is especially high among estate workers, resulting in poor living conditions and lack of basic facilities such as access to clean water, and sanitation facilities.

Matale Red Cross Branch

The Matale Branch of SLRCS was founded in 1993 and has been operating continuously until the present day. In addition to the core activities such as First Aid and Blood Donor recruitment, the Branch has in the past carried out nutritional projects in selected villages, micro-finance and community Income Generation projects and infrastructure development.

The Branch has an elected District Governing Committee. A network of Divisional Committees and Units are in place in parts of the District, and it is a priority for the Branch Governance to extend and strengthen the Branch organisational network at divisional and community level.

There is four core staff, Branch Executive Officer (BEO), Assistant Accountant, Book Keeper and General Clerk in the Branch as well as a Disaster Management Officer, a Health Coordinator and three CBH Field Officers (FO) employed. There are additionally volunteers as First Aid, Blood Donation, Youth, Dissemination and Tracing Coordinators. The branch has access to the necessary equipment in order to be operational (computers, Internet, cars, motorbikes etc.).

Nuwara Eliya

The district of Nuwara Eliya (NE) is situated in the hearth of Sri Lanka's hill country in the Central Province. The land area of the district covers 1.706 sq.km. It has 5 administrative divisions with a total population of 700,083 of which 51 % are Indian Tamil estate workers, 40 % Singhalese, 6 % Sri Lanka Tamils and 3 % Muslims. More than 80 % of the population depends on agriculture and the majority is employed in the more than 400 tea plantations in the district.

NE is one of the most impoverished districts in Sri Lanka. The Indian Tamil estate workers that cover more than half of the district's population are particularly vulnerable. They often live in remote areas and have little or no contact with non-estate communities. The estate communities have limited access to health facilities. They often live under appalling conditions in small overcrowded and poorly maintained line-houses, forced to use contaminated water sources and basic hygiene practices are almost non-existent. In addition alcohol abuse, domestic violence and illiteracy is widespread.

Nuwara Eliya Red Cross Branch

The NE Red Cross Branch was established in 1991. The District Governing Committee was dissolved by SLRCS Central Governing Board in May 2005. A new District Governing Committee was elected in May 2006. The branch elected also new Red Cross Committees in two of the five administrative divisions in the district, but Ambagamuwa division has been divided into two Red Cross divisions and the actual number of Red Cross Committees is therefore three (Nuwara Eliya, Ambagamuwa and Maskeliya).

The Branch has at the moment the following staff positions; Branch Executive Officer, Disaster Management Coordinator, Health Coordinator, Book keeper, General clerk, three CBH FO's and Community Facilitators. In addition, a Youth Coordinator and a Dissemination Officer are working full time as volunteers. Some of the main activities in the branch are CBH, First Aid, HIV/AIDS, Disaster Management, Tracing and Youth programme. The branch has access to the necessary equipment in order to be operational (computers, internet, cars, and motorbikes).

Matale and Nuwara Eliya

The armed conflict in Sri Lanka is not affecting the districts of Matale and Nuwara Eliya to a large extent. There have been few open hostilities between the ethnic groups since the island-wide communal violence in the early 1980-ties. In many areas the different ethnic and religious groups live side by side, while other areas are more segregated and there is less interaction.

For more detailed information about the context see attached ToR (annex 1) and project proposals for the CBH projects in Matale and NE.

MAIN FINDINGS

Appropriateness

Assumptions and risks

No major deviations from the assumptions and risks mentioned in the Logical Framework Approach (LFA) of the two projects have been noted. An exception is however the following assumption mentioned in the Nuwara Eliya LFA: "Cooperation and support from SLRCS and IFRC OD Department" in relation to the development of small scale income-generation projects for CBFA project communities. Mainly due to time constraints this activity has been postponed to 2009. In line with the mentioned assumption it should also be mentioned that the NE branch is currently renting its office premises and the lease is expiring in December 2008. As the team has understood it, the OD department is responsible for supporting the branch in purchasing a new building with funding from the IFRC. According to the SLRCS Head of OD department two buildings have been identified for this purpose. However there is not enough funding for the most eligible one, which is situated in a central place in NE. If this building could be bought the branch would have the possibility to rent out a conference hall for different purposes and thus have a stable income to sustain the core costs of the branch. The NE branch was worried about the future as the lease is expiring very soon, and still they had no information about the process from the OD department. As the team understood the NE branch, the rent for the current office premises had been paid with part of the funds meant for buying a new office building, thus diminishing month by month the available funds for purchasing a new building.

Appropriateness of the present geographical scope and actual status

The present geographical scope of the projects is appropriate as the needs in all selected communities are well defined. This is confirmed by the Participatory Rapid Appraisals (PRA) carried out prior to the implementation of the projects, the Random Health survey for Matale, and by the baselines for the Watsan component. This is further supported by public statistics and through information collected through

interviews with the various stakeholders, as well as through observations made by the team. The needs are extensive throughout both districts, and it seems like it has been a challenge to limit the CBH project to the selected communities.

Matale

The project has been established in 4 out of 11 divisions. Within these divisions 19 communities are being covered. The four divisions are Matale (4 communities), Rattota (4 communities), Naula (5 communities) and Ambanganga (6 communities). Out of the 19 communities are four Tamil communities, two are mixed Sinhalese and Tamil and the rest are Sinhalese communities. The selected communities are thus representing a fair balance of the ethnic populations in the district. In addition to supporting the said communities, the CBH project is also supporting 17 preschools and 11 schools with activities such as training in First Aid (FA), nutrition and health promotion, procurement of first aid boxes. A few schools had also received support for constructing toilets. In some of the schools there had been established Red Cross Junior circles. The schools are an excellent arena for recruitment of volunteers. The CBH project is also contributing with food supplements twice a week to the preschools.

According to interviews with local authorities and project communities, the Matale branch has been clear about what the Red Cross can contribute with and what it cannot do. This has made it possible to maintain a certain focus in the project.

Nuwara Eliya

The project has been established in 3 out of 5 divisions. The selected divisions are Nuwara Eliya, Maskeliya and Ambagamuwa. In addition to these districts the CBH programme has also been running FA trainings in the two other divisions. Within the three focus divisions, the project has been supporting five estates and three villages. The population of the five estates is mainly Tamil, while the population of the villages are mainly Sinhalese. The selected communities are representing a fair balance of the ethnic populations in the communities, especially considering that the Tamil communities are the most vulnerable. Additionally, the CBH project has been supporting around 38 schools. Some of the schools had received training in FA, nutrition and health promotion, some had received first aid boxes and in some schools the project had constructed toilets. In some of the schools there had been established Red Cross Junior circles.

The project in NE is, as explained above, actually present in all five of the divisions belonging to the district. It seems like the overall geographic presence to some extent has taken place at the expense of focus in the project, both when it comes to activities and geography. The pressure from the authorities and from the communities of always doing more is representing a challenge for the branch. It is crucial that the branch clearly states what they have the resources and capacity to do, and what they are not in the position to do.

The organisational set-up of the project and internal coordination

Sri Lanka Red Cross Society (SLRCS) has the overall responsibility for management and implementation of the Matale and the NE CBH projects. The projects are operating within the SLRCS CBH Framework. Reports are done on a monthly bases from volunteers to FO's, to the Health Coordinators via the BEO's and to the

Programme Manager at SLRCS HQ. The programme Manager is responsible for providing the reporting to the Norcross Country Coordinator, who again forwards the reports to the IFRC for coordination purposes.

Norcross is responsible for the management of external resources required and, in cooperation with the SLRCS Health Department, for providing technical support and advice to Matale and NE branches in the development and implementation of the projects. The Norwegian Red Cross and SLRCS are jointly agreeing on the policies and strategies for the projects.

Steering Committees have been established for both projects and are composed by representatives from Norcross and SLRCS HQ- and branch level. The Steering Committees meets twice a year and have the power to make decisions on the course in the projects. The projects are also reporting to the Branch Health Committees on regular bases. In Matale, the District Branch Health Committee meets bi- monthly with representatives from the authorities, such as PHI's, PHM's and MoH's. No such committee exists at district level in NE.

The roles and responsibilities of SLRCS and Norcross in relation to the CBH projects are described in a Project Cooperation Agreement. However, the agreement remains to be signed by both parties.

The SLRCS HQ Programme Manager visits the projects at least once a month. Norcross has a Watsan delegate in county who also is following up on the two projects. The Watsan delegate will leave Sri Lanka in March 2009 and he will not be replaced. Norcross has also supported the project with two consecutive Health delegates; the last one left Sri Lanka in June 2008.

The two Health Coordinators in Matale and in NE are regularly in touch with each other. Both Health Coordinators expressed that the mutual peer support was valuable.

There are no institutionalised meetings for all 19 SLRCS CBH Health Coordinators. They do however meet sporadically during trainings. In order for the different CBH projects to learn from each other, it would be a good idea to arrange coordination meetings for representatives from all the current 19 CBH projects, at least on annual bases. Exchange visits between projects should also be encouraged and included in annual project budgets. Such visits are very useful and also very motivating for those participating in the projects. Representatives from the Matale CBH project are planning to visit NE branch in December 2008. It would also be beneficial for representatives (staff and volunteers) from the NE CBH project to visit Matale in 2009.

Cooperation with local authorities

The MTR- team found that the cooperation with the local authorities in general is excellent, both in Matale and NE. The local authorities, especially MoH and the Ministry of Education, have been involved in the projects from the start. Both the FO's and the Health coordinators are regularly in touch with their counterparts within the local authorities. The FO's in NE are invited to the monthly conference of the PHI's, PHM's and MoH's. In Matale this contact is more informal and ad-hoc, but taking

place often. The PHI's and PHM's are e.g. very much involved in the Red Cross trainings.

The impression of the MTR-team is that the cooperation with the Red Cross in Matale and NE is very much appreciated by the local authorities. However, one of the MoH's interviewed in NE expressed that he missed regular updates on the RC CBH activities. The communication with the MoH can easily be improved by sharing the monthly CBH reports with the MoH.

Recommendations

Both projects:

1. The Project Cooperation Agreement regarding the projects should be signed by both parties (SLRCS and Norcross) as soon as possible
2. The SLRCS should consider arranging regular coordination meetings for representatives from all the current 19 CBH projects, at least on annual bases. Likewise should exchange visits between CBH projects be encouraged and included in annual project budgets

Nuwara Eliya:

1. The NE branch should seek regular contact with SLRCS HQ OD department and vice versa. The issue of the office building must be clarified as soon as possible as the contract for the present office premises expires in the end of December 2008
2. The NE CBH project should consider to limit its geographical scope to its three focus divisions
3. Send monthly progress reports to the MoH in order to improve communication with MoH level

Relevance

Relevance of the objectives

The main objectives of the CBH projects in Matale and NE are focusing on the following:

- Improvement of the capacities in the communities in Matale and NE, as well as in Matale and NE SLRCS branches
- Change of behavioral patterns and practices that allows transmission of diarrheal and water related diseases
- Improvement of basic facilities such as access to clean water, sanitation facilities and establishment of systems for human waste
- Improvement of dietary intake of children less than 5 years of age and pregnant and breast feeding women

On the bases of statistics, interviews with health officials and representatives of the selected project communities, it is the opinion of the MTR- team that the objectives of the CBH projects are highly relevant to the needs of the population in the target areas.

However, there are additional health issues which could be addressed by the projects without any major financial or technical input. During the field visits the MTR-team was informed that leptospirosis (rat fever) is on the increase in both districts. According to the Sunday Observer (23/11-2008), 6400 cases have been reported the last 6 months in Sri Lanka and 200 persons have died from the disease. Leptospirosis is mainly affecting farmers as they are being infected while working in the fields. Additionally, the increasing number of maternal deaths, many due to young unmarried girls' attempts to carry out illegal abortions, is worrying in both districts. These issues are not part of the current health promotion trainings in Matale and NE.

The focus on pregnant women and lactating mothers in the projects could be improved as there currently are not many activities targeting these women specifically.

The community selection was appropriate and in cooperation with both the MOH at different levels as well as District administration. Activities planned and carried out are decided in cooperation with the selected communities as well.

After reviewing strategies and policies of the different stakeholders, the MTR-team confirms that both projects are operating in line with strategies, priorities and policies of the SLRCS, Norcross, IFRC and local communities.

How the current situation corresponds to plans

Based on an assessment of the project plans, the current situation in both projects are corresponding to plans. Two full years are still remaining of the project period and consequently some activities have not yet been implemented. As an example, activities in relation to objective 4 in the Matale project: "To improve psychosocial well-being and resilience of vulnerable children with migrant parents" has been postponed to 2009, which is fully understandable. Likewise, the development of small scale Income Generating Activities (IGA) in communities in NE has been postponed to 2009.

Recommendations

Both projects:

1. Include knowledge about leptospirosis in the awareness sessions
2. It should be considered to carry out life skills trainings which are including awareness on prevention of teenage pregnancies

Efficiency

The relationship between resources/input and results/outputs

According to the information collected by the MTR-team, it seems like funds are sufficient and spent in appropriate manners. It has however not been possible for the team to review documentation on actual costs spent for the different objectives in 2007 or 2008, either for Matale or NE.

The staff members and volunteers seem very competent and well trained, they are also receiving regular refresher training. The beneficiaries and all relevant partners expressed the opinion that quality services were provided by the CBH project. It is the overall impression of the team that the objectives could not have been achieved in a less expensive manner without negotiating the quality of the service.

On the contrary, when it comes to human resources it is a danger that both staff and volunteers might be overloaded. This is particularly evident in Matale where most of the interviewed staff and volunteers mentioned that it was a challenge to fulfill all the planned tasks. As an example the objective 4: "Improve psychosocial well-being and resilience of vulnerable children with migrant parents" has been postponed to 2009. Furthermore, the volunteers expressed that they sometimes carried out the CBH activities at the expense of other private tasks. It was mentioned that their families felt that they were being too busy with the RC. It should be mentioned that as a general RC rule CBH volunteers are supposed to cater for 25-30 households. In Matale some of the volunteers were responsible for 50-60 households. If the Matale branch is to implement objective 4, and other planned activities, in 2009, the project needs to consider how to meet the above challenge. Either the branch should focus on recruiting more volunteers or it should consider scaling down some of the activities in the project. Staff, volunteers and most communities are well trained, so an option could be to cut down on the training activities. Alternatively, it could be considered whether to implement objective 4 at all.

Another issue in Matale is that none of the three Field Officers, or the Health Coordinator, is Tamil. Consequently, the communication with the Tamil speaking communities is not optimal. It would be a great asset for the branch if a Tamil FO, in addition to the three existing ones, could be recruited. This would strengthen the capacity of the branch and also enable it to carry out more activities for the next two years. However, the salary of a potential fourth FO has to be covered through reallocation of funds within the existing budget.

Late transfers of funds to the branches are affecting the timeliness of both projects. The transfers are done on monthly bases from Norcross office in Sri Lanka to SLRCS HQ, which again are transferring the funds to the branches on monthly bases. The branches are sending in quarterly cash requests and are supposed to be sending the monthly financial reports to the SLRCS HQ before the 25th in each month. The HQ is supposed to transfer the funds to the branches within the 5th in the following month.

This arrangement has unfortunately not worked according to the intentions and is thus affecting the efficiency of the projects. The team was informed by different stakeholders that receiving the funds on time had represented a main challenge for the branches since the start of the projects. For example, the funds for October 2008

in NE were only received October 29th, as funds for November 2008 had not yet reached the Matale branch 20th November.

The consequence of the late transfers from HQ is that the CBH activities in the branches are being delayed. This again is affecting the possibility for the branches to send their financial reports to HQ before the 25th each month. Finally, this might lead to a positive balance in the end of the year. In addition to delaying the project activities, the late transfers will eventually lead to loss of much needed funding for the SLRCS. According to Norcross policies, will funds not spent within a budget year, be deducted from the next years' transfers.

This is a serious challenge which needs urgent attention from SLRCS HQ, as it seems like the SLRCS is the bottle neck. The reason might be that the Financial department at the SLRCS HQ, which is executing the transfers, are not sufficiently familiar with the projects. Furthermore, the Programme Manager is not receiving regular financial statements from the Financial department which makes it difficult for him to keep an overview of the available funds in the project, and thus to follow up and make sure that transfers are done in a timely manner.

It would also be nice to see financial reports showing expenditures under each objective. In other words the financial reports should correspond to the budgets which are including the objectives. Reports done in this way would be a helpful tool for the branches as it would support the monitoring of each objective.

As far as the MTR-team was informed, no issues in relation to financial transparency were noted in the projects.

Finally, it should be noted that, among other things, rising fuel prices and loss due to increasing exchange rates might affect the project in 2009.

Transfers to projects in Norwegian Kroner (NOK):

Project	2006	2007	2008 (Jan. – Sept.)	Total
Nuwara Eliya	99.415	151.143	653.025	903.583
Matale	76.424	172.007	798.414	1.046.845

Recommendations

Both projects:

1. Transfers to the projects should be done for one and a half month at the time. This would allow the branch to send timely financial reports to HQ and still keep the project going until the next transfer
2. There is a need for a closer contact between the financial department at HQ and the Programme manager. The programme manager should as a minimum receive quarterly financial reports from the financial department regarding the CBH projects. The team would recommend that the Programme Manager also is the budget holder of the programmes as this will increase the understanding

of the needs in the branches, provide the Programme manager with a constant overview of the financial situation as well as make the transfers more smooth

3. Financial reports should be in the same format as the agreed budget
4. The projects should take into account increased prices for materials and fuel, as well as rising exchange rates, when preparing the budget for 2009

Matale:

1. The Matale CBH project has to consider whether to limit its planned activities in 2009. It should, in particular, be carefully considered if the branch has the capacity to implement objective 4 during the project period. The project could benefit from recruiting more volunteers
2. An additional Field Officer, of Tamil origin, should be recruited to the Matale CBH project

Effectiveness

An assessment of the achievement of outputs and objectives:

Objective 1: *To build capacities in communities and in Matale and Nuwara Eliya SLRCS Branch for sustainable and adequate response to present and emerging health hazards in vulnerable communities.*

Both branches have through the CBH projects succeeded in building capacities, both in the communities and within the respective branches, and are thus more capable of responding to health hazards than prior to the projects. The project has also contributed to improved and increased profile and trust of the RC and the SLRCS Branches within the communities.

Matale

Branch level: Staff members are well trained in relevant subjects and they carry out their work highly motivated. The CBH staff consists of one Health Coordinator and three Field Officers (FO). The three FO's are also HIV/AIDS Coordinator, 1st Aid Coordinator, Blood Coordinator on volunteer bases. Additionally, the project is funding the positions of the BEO and the Assistant Accountant. In the 19 project sites there are 74 CBH volunteers. Most volunteers are unmarried young women (34 against 17 married), of men there are 19 unmarried against four married. The age range is between 16 and 56 for both sex. The volunteers are not receiving any salary for their services. However, they are receiving trainings, certificates, and are being appreciated through functions arranged for the volunteers.

The Matale RC branch has actively recruited members with a high status in the communities, such as high level MoH employees. This has led to an increased profile of the RC in Matale.

The branch has experienced an increase in members and volunteers from 2006 to 2007 as follows:

Type of Membership	2006	2007
Kekulu	-	-
Junior	964	738
Youth	605	422
Active	1408	2477
Supportive	15	15
Life	63	73
Total	3055	3725

The review team did not receive updated figures for 2008

According to information gathered by the MTR- team it is likely that the CBH project has contributed to the increased membership of the branch. It was also clear through interviews with all stakeholders that the image of the branch had improved over the last two years. Prior to the project many of the people in the communities did not even know about the Red Cross, especially those without extensive education. Many had also the misconception that the Red Cross was supporting the LTTE. The project has contributed to increased and correct knowledge about the Red Cross.

The volunteers seemed very committed and motivated. The impression of the MTR-team is that it gave a certain status to be a RC volunteer. The volunteers informed the team that they were very much welcomed when doing household visits.

The VHC, volunteers, staff and beneficiaries have received extensive training in First Aid (FA), RC principles, Health promotion, nutrition, home garden, personal hygiene etc. Additionally, FA centers have been established in all 19 project communities.

Community level: VHC's was in the beginning of the project period established in all project communities, prior to the project no Village Health Committees (VHC) existed in these communities. During the project period all 19 VHCs have been transformed into RC units. The VHC's/RC units main tasks are related to planning and supervision of Health activities in the communities, as for example clean up campaigns, water maintenance and garbage disposal and to assist in identifying the most vulnerable households in the communities. Many of the VHC/RC units members are also part of other community committees such as the funeral committee, the cultural committee or religious committees. This facilitates interaction with other activities in the communities.

The fact that the VHC's in Matale have been transformed into RC units is positive as the RC has been able to expand its network in the district through the VHC's. On the other hand, the branch should be aware of the fact that the RC will be fully responsible for all health activities carried out by the VHC's in the communities, which might affect the possibility of support from other organizations.

NE

Branch level:

Prior to 2006 the branch had no staff or no equipment, not even an office. When the BEO was employed in 2006 he was given full managerial responsibility by the branch governance. He has during this relative short time span managed to build up a strong

Branch with well qualified and trained staff members. Several staff members have also been trained as trainers for different subjects. The CBH staff consists of one Health Coordinator and three FO's. The CBH project is also funding the positions of the BEO and the Assistant Accountant.

30 volunteers have been recruited for the CBH projects, most of the volunteers are women. The volunteers seemed very committed and all of them mentioned that they became volunteers because they wanted to serve, and help improve, their communities. They also very much appreciated the training received by the RC. The volunteers in NE are receiving 350 rupees a day up to 12 days a month.

The VHC, volunteers, staff and beneficiaries have received extensive training in First Aid (FA), RC principles, Health promotion, nutrition, home garden, personal hygiene etc. In addition, several government officials (teachers and PHIs) have received basic FA training. FA instructors are available for both Sinhalese and Tamil speaking groups.

The branch has experienced an increase in members and volunteers from 2006 to 2008 as follows:

Type of Membership	2006	2007	2008
Kekulu	-	-	490
Junior	362	1172	3367
Youth	381	576	1803
Active	917	1851	3031
Supportive	6	10	15
Life	-	-	1
Total	1666	3609	8707

According to the information obtained in the field it is plausible that the CBH project has contributed to increase the visibility of the branch, and thus also to the increased membership in the branch.

Community level:

VHC's were nonexistent in the selected communities prior to the project started. During the project period VHC's have been established in all project communities. The VHC's units main tasks are, as in Matale, related to planning and supervision of health activities, as for example clean up campaigns, water maintenance, garbage disposal and assist in identifying the most vulnerable households in the communities. Many of the VHC members are also part of other community committees such as the funeral committee, the cultural committee or religious committees. The capacities in the communities have increased. Community members have not only learnt about health issues, but also learnt how to construct latrines.

Objective 2: *To change behavioral patterns and practices that allows transmission of diarrheal and water-related diseases.*

- *To improve the water supply/quality and for people in project communities to consume safe water at all times.*

- *To make sure people in the project communities have adequate sanitation facilities and that systems for human waste disposal are established.*

The CBH volunteers in both projects are conducting household visits as well as group sessions on hygiene promotion in the project communities. The latter including information about personal hygiene, hand washing, water source and latrine maintenance, kitchen and environmental hygiene including household waste, as well as diarrhea prevention, nutrition and food hygiene.

Additionally, waste management systems and compost systems have been established in the project communities in Matale. The MTR- team did not see evidence of such systems in NE. Apparently these are activities are planned to start in 2009.

In Matale a Random Health Survey was carried out in March 2007 covering 163 households representing all the 19 project communities. According to this survey the level of knowledge of correctly identifying routes of transmission and measures to block transmission of diarrheal and water related communicable diseases was high in all four MOH areas. The survey did however indicate that the knowledge was not transformed into practice.

After nearly two years of CBH project intervention in Matale and after one year in NE, there is evidence of behavioral change in the selected communities and schools. As according to verbal information from beneficiaries, volunteers and project staff, as well as from PHI's and PHM's, the incidence rate of diarrhea has decreased. The MTR- team also noted during visits to project sites (communities and schools) that the environment were clean, and that toilets and houses were well kept. Additionally, beneficiaries demonstrated adequate knowledge about hygiene and nutrition during interviews. One of the MTR- team members also went on an unannounced visit to Kotagala, a Tamil community in Matale, where the impression of the above was reconfirmed.

Water/sanitation

Project proposals with clear strategies, budgets and timeframes for latrine construction and water schemes, as well as solid waste management, have been prepared for both projects. Activities have started with both latrine and well construction. The communities are participating with unskilled labour in the construction of latrines and water schemes.

In Matale, 303 toilets have been constructed out of 542. One spring catchment box has also been completed. Water schemes for two additional communities are expected to be finalized within the next three months. In total 6 water schemes will be constructed within the end of 2009 in Matale. The rest of the 19 communities have either acceptable water supply or other funding for water supply schemes (e.g. World Bank).

Since June 2008, 195 toilets out of 573, and one spring catchment box have been completed in NE.

The construction of toilets and water schemes is ongoing in both branches. The speed of the implementation of the Watsan components in the CBH projects has been impressive. The progress in NE is a bit slower than in Matale, this probably due to less favorable weather conditions and long distances to the project sites.

Objective 3: *To improve dietary intake of children less than 5 years of age and pregnant and breast-feeding women*

The CBH projects In Matale and NE are including information about nutrition in their Health Promotion activities. In Matale, the project has, together with the beneficiaries, also established a number of Home gardens. In NE the CBH project has started with Home Garden trainings, but the actual establishment of Home Gardens will take place in 2009.

All 17 pre-schools in the Matale project area are provided with food supplement twice a week. The PHM comes once a month and is recording the weight of every child. The recording system does not monitor the actual impact of this intervention in a adequate way.

Health Education sessions on nutrition have in both districts been conducted in schools.

Vulnerable households with children under 5 and pregnant women, are being followed up through home visits conducted by the CBH volunteers in both districts.

It seems like concrete activities targeting specifically pregnant women and lactating mothers is more or less absent. In order to be able to fulfill objective 3, activities addressing these groups should be developed and implemented.

Objective 4, Matale: *To improve psychosocial well-being and resilience of vulnerable children with migrant parents*

This objective, has as mentioned earlier, been postponed until 2009.

Objective 4 NE: *To develop and strengthen the Nuwara Eliya Branch Material and human capacities in order to develop and implement future community based First Aid activities through camps*

In order to achieve this objective three Junior camps and several DM, FA and Leadership trainings have been conducted. FA boxes have been distributed to schools and communities, and environmental clean- up programs have been carried out in cooperation with the NE RC Junior/Youth circles. Only three out of the originally planned four camps have been carried out in 2008. According to the staff and volunteers in NE branch, it is not likely that the fourth camp will take place in 2008. It seems like these activities have contributed to the strengthening of the material and human FA capacities in NE branch, especially the youth segment of the branch.

As mentioned earlier, the FA trainings have taken place in all 5 divisions in the district. In order to limit the geographical scope of the project, it might be time to scale down this activity in the two divisions which are not seen as the focus divisions of the project.

Likelihood of project outputs resulting in achievement of the project objectives

According to assessments made by the MTR-team it is likely that the objectives 1, 2 and 3 will be reached during the project period. The team also believes that this will be the case for objective 4 in the NE project. However, objective 4 in the Matale project has already been postponed for two years due to the lack of human resources in the project. It might be time to carefully consider whether the branch should remove this objective from the project and instead focus on the activities which are already being implemented.

Except for the Watsan component, the two projects lack a clear strategy, with measurable indicators, for each of the objectives. The MTR- team did not find any documents indicating the number of beneficiaries to be reached under each objective. The expected time frame for each activity should also be included in such a strategy. It was noted that the projects are also doing activities which they are not always reporting on.

The MTR- looked through the filing systems (hard copies) in both project branches. The filing system in Matale seems very structured. The filing system in NE is not self explanatory, which makes the project vulnerable when the Health Coordinator is absent.

An assessment of possible synergy effect with other health programs implemented by the SLRCS

There is definitely a synergy with other health related programmes at branch level in both projects. It seems like the staff within the different programmes is working closely together, are keeping each other informed and are learning from each other. Furthermore, often the same volunteers are used for CBH-, HIV/AIDS-, Blood donation- and DM activities. This might increase the burden on the volunteers, but the MTR-team sees it as important to keep a holistic perspective on the activities in the branch. This approach will also benefit the branch after the CBH project has phased out as all volunteers should be seen as Red Cross volunteers, and not CBH-volunteers.

The Watsan and FA components are included in the project reports and project plans. However, the way the staff presented the different components of the project in NE gave the MTR- team a notion that the Watsan and FA components are not yet completely integrated into the CBH project in NE.

Recommendations

Both projects:

1. In order to be able to fulfill objective 3, more specific activities addressing pregnant women and lactating mothers should be developed and implemented

2. A strategy for each of the project objectives, including measurable indicators and time frames, should be developed. This will facilitate the reporting and strengthen the monitoring of the projects

Matale:

1. Follow up on the consequences of transforming Village Health Committees into Red Cross units
2. Improve the impact monitoring of the malnourished children in the pre- schools

Nuwara Eliya:

1. Improve filing system in the office (there should be separate files for reports, assessments, meetings etc.)
2. The NE branch should be more aware of the fact that Watsan and FA are integrated parts of the CBH project

Impact

Positive and negative impact of the projects

No negative impact of the projects were recorded by the MTR-team.

It is the opinion of the team that even though the relations to the local authorities in both branches were good prior to the CBH projects, it is evident that the projects have lead to a closer and improved cooperation with the local authorities. The capacity of both the Matale- and the NE branch have, through extensive training of staff and volunteers, strengthened their capacities.

The projects have also contributed to the improvement of the quality of the schools they have supported. Some of the schools had a bad image before the cooperation started. The focus on health promotion, including nutrition, and FA has made the schools become attractive again. Parents, who previously had withdrawn their children from the schools due its bad conditions, were now sending their children back to the schools. This is confirmed by the increasing number of students in the schools receiving support from the CBH projects. Many of the schools have thus had a positive spin- off effect of the cooperation with the CBH projects. The projects have mainly contributed with technical input (training) and some small funds for FA boxes and a few toilets. The schools are also an excellent arena for recruitment of RC volunteers through the establishment of RC Junior circles.

The MTR- team did not succeed in finding clear strategies in neither of the projects for the cooperation with the schools, this makes it difficult to monitor properly the impact of this component of the projects.

The MTR- team noted that increased knowledge among beneficiaries has lead to cleaner environment and cleaner households.

It is too early to prove statistically that the projects have lead to a decrease of diseases, such as diarrhoea. The team did however, through interviews with RC staff,

volunteers, VHC's, beneficiaries and representatives of the local Health authorities, receive verbal evidence that it is likely that the project has contributed to improving the general health among the target population. As an example, a member from one of the VHC's mentioned that their children were sick daily prior to the CBH project, and that this had not been the case after they had received the Health promotion training and the new toilets.

Another issue is that secondary data from the MoH was only available for 2006. The health statistics are apparently only made bi-annually, hence the statistics for 2008 will be finalised in 2009. Additionally, it was noted that the MoH has a general policy of not sharing statistics, as it might be misused somehow.

The focus on reporting has been on process and output monitoring, while the MTR-team found the impact monitoring of both projects to be relatively poor. This is of particular concern given the technical complexity of health and Watsan monitoring and impact analysis. The current reporting mainly mentions which activities have been carried out and how many participants. There is no ongoing monitoring (interviews or observations) of the behavioral changes or decrease of diarrhea incidence rates. It seems like the lack of impact monitoring is due to the fact that the original LFA's for both projects are lacking measurable indicators. Additionally, the monthly narrative reporting template, which is standardised for all SLRCS CBH projects, is not self-explanatory and could benefit from being simplified

Review the extent to which the programme has reached its intended beneficiaries

It was difficult for the MTR-team to understand who the beneficiaries are. According to the monthly reports, the targeted beneficiaries are counting 100.544 persons in Matala, while the beneficiaries in NE are counting 19.134 persons. According to the September monthly report the Matala project has so far reached 1.363 beneficiaries, while NE according to November figures have reached 10.938 beneficiaries. Based on these figures it is likely that NE will reach its intended beneficiaries, while it is not plausible that the Matala project will reach its target within 2010.

The MTR-team did not manage to receive a clarification on how the beneficiaries are defined in neither of the projects. It is crucial that the projects define who their beneficiaries are. It should be made clear whether the projects are including only direct, or also indirect beneficiaries, and if they are distinguishing between beneficiaries who are receiving soft ware or hard ware for instance. There is also a need to clarify if beneficiaries are counted more than once if they are included in different CBH activities. Finally, it should be mentioned that it often seems like the CBH- volunteers also are beneficiaries. This is however understandable due to the needs in the communities.

Recommendations

Both projects:

1. Clear strategies for the cooperation with the schools, including measurable indicators, should be developed
2. The CBH projects in Matala and NE should start focusing on impact monitoring

3. SLRCS should consider simplifying the reporting template used for all SLRCS CBH programmes
4. The projects must define who the beneficiaries are. It should be made clear whether the projects are including only direct, or also indirect, beneficiaries. There is also a need to clarify whether beneficiaries who are included in different CBH activities are counted more than once. Depending on the outcome of the definition of beneficiaries, the CBH- project in Matale might need revising its target population

Sustainability

The local involvement in the project implementation and sustainability of the results
The priority areas and sites for project interventions in Matale and NE were selected during the first phase of the PRA using the SLRCS PRA Step-by-step Guide. Interviews were conducted with local government representatives, DPDHS and other health officials at District level, with MOH and other health workers at Division level. At community level community leaders, health workers and community members were consulted. In addition meetings were held with various NGOs and INGOs working in the potential project areas or in the same field.

Volunteers have been recruited from the project communities and beneficiaries have actively participated in the project through the VHC's, as well as with labor during the construction of latrines and water schemes. The construction of the latrines was implemented after extensive training in hygiene promotion had been carried out in the communities. The community members were in other words well prepared, and knew how to use and maintain the latrines after they had been finalised.

Most of the informants mention that the CBH projects have been implemented in a very systematic way, both involving the communities and the local authorities. It was said by several representatives of the Health authorities in both districts that the projects were seen as sustainable compared to similar projects implemented by other organisations.

The team was also informed that Water Committees will be formed, most likely sub committees of the VHC's. The Water Committees will be responsible for maintaining the water points. Each household will pay 50 rupees per month for electricity and for covering repairs of the water points. The members of the Water Committees will receive community management training of water points.

Due to the above it is the impression of the MTR- team that ownership has been secured in the CBH project communities.

The extensive training of staff, volunteers, VHC's and other community members, has been crucial for the further technical sustainability of the projects. The capacity is now in the communities and it is likely that most of the VHC members and volunteers will remain in the communities also after 2010.

The MTR-team sees it as important that the VHC's are gradually given more responsibility so that they, after the CBH-project has phased out, will be able to sustain the CBH activities with minimal support from FO's. Further capacity building and leadership trainings conducted for VHC's should be a priority during the next two years. The MTR- team was informed that some of the VHC's already manage quite well by themselves, and are thus only visited two to three times a year by the FO's.

The approach of the Norcross delegates, and the fact that delegates have been withdrawn from the project long before the end of the project, has proved to be a sustainable way of working. The delegates approach has been greatly appreciated by the project staff as they say it made them more responsible, competent and independent. The last Health delegate departed in June 2008 and the Watsan delegate is scheduled to leave in March 2009. According to interviews with the various stakeholders, it is likely that regular monitoring visits from SLRCS HQ will provide sufficient follow up in the future. Already the Watsan delegate says that the Health Coordinators seem to be doing fine without him, an indication of this is that they are not seeking his advise as often as before. However, the projects will probably also benefit from regular field visits from Norcross Health- and Watsan advisors. Twice a year the next two years should under normal circumstances be more than enough.

On the bases of the above, the MTR- team definitely finds the technical aspects of both projects to be sustainable.

Income Generating Activities (IGA)

Matale

In Matale a committee, including several business men from the district, has been established and are looking into possible IGA's. The Chairman of the District Governing Committee informed the MTR-team that he expect that the branch will be able to fund its own core staff after the project is ending. According to plans, the new branch office building will be finalized by the end of 2009. The building will have a conference hall which will be rented out. There is a lack of conference/training facilities in Matale, so it is expected that the rent will provide the branch with a stable income in the future. The branch is also running Commercial First Aid Activities, but according to the branch staff the market for this activity is not so big in Matale.

NE

In NE the CBH- project has come up with the idea of constructing 20 latrines close to the foot of Adams Peak. The Chairman of the District Governing Committee owns some land there and has welcomed the construction of the latrines on his land. The CBH- project would like to reallocate funding from the 2008 budget in order to construct 10 of these latrines in 2008 and include the remaining 10 in the 2009 budget. Adams Peak is a well visited mountain by pilgrims and tourists. The idea is to charge the public for using the toilets. Currently there are no public toilets in the area and The MTR- team therefore considers this to be a good idea for generating income. However, a short project plan, including calculations of expected income for a certain period of time, should be developed prior to starting such an activity.

The NE branch is already receiving technical support from the Commercial First Aid unit at the SLRCS HQ. The market for Commercial First Aids seems to be good with

all the hotels and factories in the area. The CBH- project could consider investing some of its funds for IGA's in 2009 or 2010 in the Commercial FA project. However, in order to invest in these IGA's the CBH- needs to forward project plans to the SLRCS HQ and to Norcross.

In addition to the above, micro finance projects are implemented in Matale and planned in the project communities in Nuwara Eliya.

The overall impression of the MTR- team is that both projects are technically sustainable and the potential for financial sustainability is there, but plans for the latter needs to be further developed.

Recommendations

Both projects:

1. Develop plans for, and start implementing, viable Income Generating Activities
2. Strengthen the VHC through leadership trainings. VHC's should be able to approach MoH, as well as other donors, without the support from the SLRCS. It should be a priority to strengthen the VHC' s during the next two years
3. VHC should look in to the possibility of register as non profitable charity organisations in order to be able to access funding from other NGOs, INGOs and the government. This would probably most likely not be possible for VHC's which have been transformed into RC units

NE:

1. An Income Generating Project plan should be developed in relation to the construction of 20 toilets near Adams Peak. If possible, funds should be reallocated in 2008 for the construction of 10 toilets, while funds for the remaining 10 toilets should be included in the CBH- budget for 2009

Gender

The gender aspects of the project – including an assessment of the role of women
Women clearly benefit from the project and they are representing more than 50% of the beneficiaries in both CBH projects. A majority of the volunteers are also women. This was explained by the fact that women, in general, have more time to be volunteers, as many of the men have steady employment. Women were also represented with an acceptable balance in all the VHC's met by the MTR- team.

The impression of the MTR- team is that both female volunteers and beneficiaries have benefited greatly from the trainings provided by the Matale and the NE SLRCS branches.

None of the two Health Coordinators or the six FO's is women. In Matale, four out of 11 members in the District Governing Committee are women, whereas in Nuwara

Eliya all members of the District Governing Committee are men. The BEO in Matale is a woman, but she will unfortunately be leaving the branch in 2009.

The branches, and especially NE, could benefit from having more women in leading staff- and volunteer positions. At the same time it would also be good to recruit more men among the volunteers.

The MTR- team would also like to take the opportunity to mention that during the selection of project communities it has been ensured that all the main ethnic and religious groups are represented in the selected communities, not mainly to avoid allegations of biased support, but to facilitate dissemination of the Red Cross principles to and involvement in Red Cross activities of all ethnic and religious groups living in Matale and Nuwara Eliya.

Recommendations

Both projects:

1. In the future the branches should be more aware of the gender balance when recruiting staff, volunteers and members of governance

Coordination

The SLRCS Health strategies, policies and frameworks are in line with the strategies of the Government of Sri Lanka. Strategies are also adhering to strategies and policies of the RC/RC Movement, and are thus in line with the Millennium Development Goals (MDG).

An assessment of the link to national authorities and policies in relevant areas.

At national level SLRCS is participating in national coordination meetings with the Consortium of Humanitarian Agencies (CHA). But no regular meetings with MoH are taking place. However, all health policies and strategies, such as the CBH Framework are forwarded to the MoH both for approval and for information.

According to the SLRCS Health strategy, the NS strives to implement a health programme that aims to be compatible with global RC/RC policies and humanitarian values, including Strategy 2010 Health and Care, as well as in line with the main principles of the National Health Care service delivery. The CBH Framework has also been formulated in the context of the MDG's, and is clearly defining the Red Cross's role in relation to the Ministry of Health as being supportive and complementary and limiting its interventions to the preventive and health promotion areas, leaving the curative aspects to the MoH and specialised NGOs.

An assessment of the link and coordination with other RC/RC partners as well as external partners if relevant

Both Norcross and SLRCS representatives of the CBH- projects in Matale and NE participate in the Technical Health Committee which is coordinated by the SLRCS HQ with support from the IFRC. Representatives from all PNS present in Sri Lanka supporting CBH projects participate in this meeting. These meetings are supposed to take place monthly, but according to information from different sources it seems like

the last meeting was held a few months ago. However, the monthly reports are shared with the IFRC. Tools developed by the IFRC, in cooperation with the SLRCS and the PNS, such as “Guidelines on using PRA Technique” and “A step by Step Guide for Common Approach to Community Based Health (CBH) Project Implementation” has been used when planning and implementing the projects in Matale and NE.

The institutional relationship with other relevant organisations and institutions

The team did not manage to get sufficient information about the above. Apparently there is currently an absence of organisations within the same field in the Matale and the NE project communities. The close link to the MoH and the Ministry of Education has been described several other places in this report.

An assessment of the cooperation between NRC and SLRCS

The cooperation between the two NS is in generally good and structured through regular reporting and meetings.

In addition to receiving monthly reports from the projects, the Norcross Country Coordinator, and other relevant Norcross delegates present in Sri Lanka, meets with the SLRCS relevant staff twice a year during the Steering Committee Meetings for the Matale and NE CBH projects respectively.

The two NS also meets on regular bases through the Technical Health Committee meetings as described above.

The MTR-team found that at branch level that most of the technical support from the Norcross delegates has been very much appreciated by the staff and volunteers.

The way forward

The CBH- projects in Matale and NE are on overall bases doing very well. Competent staff and committed volunteers are doing an excellent job in reaching the beneficiaries. The branches also have good relations with the local authorities. However, in order to improve the projects further, and to prepare for the phase out of project funding, the MTR- team suggest that adjustments are done according to the above mentioned recommendations (page 6).

Some of the main issues which need to be followed up are the improved impact monitoring, further strengthening of the Village Health Committees and development and implementation of Income Generating Activities.

The MTR-team recommends that separate Plan of Actions (POA) for Matale and Nuwara Eliya are developed on the bases of the recommendations presented in this report. The PoA's should, among other things, contain information on timeframes and pin point responsible person(s) for following up on each recommendation. The PoA's should be developed in cooperation between the CBH staff at branch level and the Programme Manger at SLRCS HQ. The Norcross Country Coordinator should be consulted if necessary. The MTR- team hopes that the recommendations suggested in this report will support the projects in becoming even stronger in the future.

Annexes

Annex 1: List of main informants

Annex 2: List of documents consulted

Annex 3: Terms of reference (attached to the report)

Annex 4: Map of Sri Lanka (attached to the report)

Annex 5: Sri Lanka - Country profile (attached to the report)

Annex 1:

List of main informants

SLRCS HQ, Norcross, IFRC and PNS:

- Mr. Olav Aasland, former Health delegate in Sri Lanka, Norcross
- Mr. Surein J.S. Peiris, Deputy Director General Operations, SRLCS
- Ms. Lene Svendsen, Health and Care Coordinator, IFRC Sri Lanka Delegation
- Mr. Tissa Abeywickrama, Chairman Task Force, SRLCS
- Dr. N. Ravichandran J.P, Programme Manager/Director Health, SLRCS
- Mr. T.H. Ariyaratne, Executive Director OD, SLRCS
- Grete Finsrud, Country Coordinator in Sri Lanka, Norcross
- Jackson Ndemena, Watsan delegate in Sri Lanka, Norcross
- Carin Corfitz Nielsen, Health Delegate in Sri Lanka, Danish Red Cross

In Matale:

- Mr. Sanath Dassanayake, Chairman, Matale branch, SLRCS
- Mr. Poiyaar Selvarathnam, Vice Chairman, Matale branch, SLRCS
- Ms. Tharangani Muththetupola, Branch Executive Officer, Matale branch, SLRCS
- Mr. Kumar Weerarathne, Health Coordinator, Matale branch, SLRCS
- Mr. Avasantha Dayawansa, Field Officer, Matale branch, SLRCS
- Mr. Sanjaya Jayasooriya, Field Officer, Matale branch, SLRCS
- Mr. Asela Bandara, Field Officer, Matale branch, SLRCS
- Mr. Manju Senevirathne, PHI, Ambanganga division
- Mr. K.B. Dissanayake, PHI, Matale division
- Mr. Abeyrathne, PHI, Naula division
- Dr. Ms. Rajitha, MoH, Matale division
- Dr. Mr. Lalith Dissanayake, DPDHS
- Mr. Divisional Secretary of local authorities in Ambanganga division
- Ms. Acting Divisional Secretary of local authorities in Naula division
- Ms. Principal of Ranmutugama School, Ambanganga division
- Ms. Principal of Bambaragahawatta School, Naula division
- Volunteers, Loluwala, Ambanganga division
- Village Health Committee Loluwala, Ambanganga division
- Volunteers, Ranmutugama, Ambanganga division
- Village Health Committee, Ranmutugama, Ambanganga division
- Volunteers, Helambagahawatta, Naula division
- Village Health Committee, Helambagahawatta, Naula division

- Volunteers, Bambaragahawatta, Naula division
- Village Health Committee, Bambaragahawatta, Naula division
- Beneficiaries in Loluwala, Ambanganga division
- Beneficiaries in Kotagala, Naula division

In Nuwara Eliya:

- Mr. S.Jegatheeswaran, Secretary, Nuwara Eliya Branch, SLRCS
- Mr. R.S.Chandrasiri, Branch Executive Officer, Nuwara Eliya Branch, SLRCS
- Mr. A.J.M.Tharindu, Youth coordinator, Nuwara Eliya Branch, SLRCS
- Mr. J.Asanka, HIV Officer, Nuwara Eliya Branch, SLRCS
- Mr. L.Joseph, First Aid Instructor, Nuwara Eliya Branch, SLRCS
- Mr. M.M.Kamal Sriyathna, First Aid Instructor, Nuwara Eliya Branch, SLRCS
- Mr. Youth Committee, Nuwara Eliya Branch, SLRCS
- Mr. A.M.S. Bandara, Field Officer CBH project, Nuwara Eliya Branch, SLRCS
- Mr. W.M.N.Wijerathna, Field Officer CBH project, Nuwara Eliya Branch, SLRCS
- Mr. D.Pravin Mark, Field officer CBH project, Nuwara Eliya Branch, SLRCS
- Mr. W.Rasanga, Disaster Management Coordinator, Nuwara Eliya Branch, SLRCS
- Mr. R.Devadas, Health Coordinator, Nuwara Eliya Branch, SLRCS
- Mr. D.Ekanayaka, Counseling Teacher
- Mr. B.D.HErandha, Counseling Teacher
- Ms. M.A.Anoja Rathnayaka, Zonal education office
- Dr .Sanjaya Gunathilaka, MOH Maskeliya
- Dr.D G.J.Abeyrathna, MOH Lindula
- Ms. S.Kalpa, PHM Diyagama
- Village Health Committee, Diyagama East Estate
- Volunteers, Diyagama East Estate
- Beneficiaries, Diyagama East Estate
- Mr. T.R. Tissera, Manager Diyagama East Estate
- Mr. W.M.P.J.Wenninayaka, PHI, Maskeliya
- Mr. J.M.N.N.U.Bandara, PHI, Maskeliya
- Mr. P.M.M.Silva, Chairman, Nuwara Eliya branch, SLRCS
- Village Health Committee, Ottery Estate
- Volunteers, Ottery Estate
- Beneficiaries, Ottery Estate
- Mr. Selvaraj, Ottery Estate Manager

Annex 2:

List of consulted documents:

- CBH project proposal Matale
- CBH project Proposal Nuwara Eliya
- Matale CBH Project PRA (Participatory Rapid Appraisal Report - 2006)
- Nuwara Eliya CBH Project PRA (Participatory Rapid Appraisal Report - 2007)
- Various Baseline studies
- Population and Health statistics for Nuwara Eliya district and Matale district
- Annual action plans for the CBH projects in Matale and Nuwara Eliya
- Sri Lanka Red Cross Society's Strategic Plan 2006 – 2010 (Draft 10th March 2007)
- Sri Lanka Red Cross Society's Health Strategy (draft)
- Sri Lanka Red Cross Society's Health policy
- Sri Lanka Red Cross Society's Country profile (partnerships in profile 2002 – 2003)
- CIA – Fact book
- End of mission report, Olav Aasland Health delegate (04.06.2008)
- Monthly reports from project areas and from Norcross office in Sri Lanka
- Quarterly progress reports
- Minutes from various meetings
- Annual budgets
- “Gaps in current nutrition related interventions in Sri Lanka” – presentation by Dr. Sudarshini Fernandopulle (MD), Family Health Bureau, Ministry Health Care and Nutrition
- Various mission reports
- Midterm Review of the Community based Disaster Management and Community Based Health programmes in Sri Lanka. Danish Red Cross, (August 27th 2008)