

# **The Red Cross Lake Victoria Program (LVP) 2004 - 2006**

## **Evaluation Report**

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**List of Abbreviations**

ACORD	=	Agency for Co-operation and Research in Development
AMREF	=	African Medical and Research Foundation
AIDS	=	Acquired Immune Deficiency Syndrome
ARV	=	Anti Retro viral
BCA	=	Baseline Community Assessment
CBFA	=	Community Based First Aid
CBO	=	Community Based Organization
CBHC	=	Community Based Health Care
EAC	=	East African Community
FA	=	First Aid
HIV	=	Human Immune Virus
HQ	=	Headquarter
ICRC	=	International Committee of the Red Cross
IFRC	=	International Federation of the Red Cross and Red Crescent
IGA	=	Income Generating Activities.
KRCS	=	Kenya Red Cross Society
LVP	=	Lake Victoria Programme
LVI	=	Lake Victoria Initiative
MoH	=	Ministry of Health
MoU	=	Memorandum of Understanding
NGO	=	Non Governmental Organization
OD	=	Organization and Development
OVC	=	Orphans and Vulnerable Children
PLWHA	=	People Living With HIV/AIDS
PO	=	Program Officer
PSI	=	Population Services International
RC	=	Red Cross
RCAT	=	Red Cross Action Team
SG	=	Secretary Generals
Sida	=	Swedish International Development Cooperation Agency
SRCS	=	Swedish Red Cross Society
TANESA	=	Tanzania-Netherlands Project to Support AIDS Control
TOR	=	Terms of Reference
TRCS	=	Tanzania Red Cross Society
URCS	=	Uganda Red Cross Society
VCT	=	Volunteer Community Teams
VCA	=	Vulnerability Community Assessment
WATSAN	=	Water and Sanitation

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## ***Executive Summary***

In 1998, the Secretariat of the East African Community (EAC) in collaboration with the Swedish International Development Cooperation Agency (SIDA), agreed for a coordinated approach to foster sustainable development in the Lake Victoria Basin. A process aimed at establishing the strategic partnership, was initiated; and an agreement between EAC Secretariat and the donor community (comprising the governments of Norway, France, Sweden, the World Bank and the East African Development Bank) was signed in April 2001.

Recognizing the potential of well established National Red Cross Societies of EAC countries for which the lake is a shared resource; and the fact that they already had well established Red Cross Branches in the Lake Victoria Basin, the Swedish Red Cross in 2002, initiated discussions with Kenya, Tanzania and Uganda Red Cross Societies on possible ways of making a contribution towards the work of Swedish government/ EAC Partnership and its goal. To this effect, a Memorandum of Understanding (MoU) between the three National Societies individually and through the Eastern Africa Network of Red Cross and Red Crescent Societies RC-Net and the Swedish Red Cross, was signed in Musoma, Tanzania in 2003. The International Federation of Red Cross and Red Crescent (IFRC) co-signed the MoU to demonstrate their commitment to supporting the program. Likewise the International Committee of the Red Cross (ICRC) declared its support for the initiative and would be contributing to the realization of the goal in its area of competence (conflict).

The greatest relevance and impact of the LVP is its involvement in pursuing a regional development program in the Lake Victoria region and its active and wide spread presence at the community level all around the lake. Thousands of community of Red Cross (RC) members, have shown willingness to work locally for development within chosen program priority areas. There is a need to balance the choice of these intervention areas between what is the RC mandate and expertise and what the priority needs are in the communities. How much resources should be invested in emergency preparedness and action (accidents, natural disasters, conflicts) in relation to “slower disasters” like deaths in preventable diseases, HIV/Aids, unsafe water, hygiene and sanitation, environmental destruction remain questions to be addressed.

Although the project has so far, not made a major significant impact on the target communities, it is expected that in the subsequent phases it will. However, there is a major concern over its coordination. Despite an elaborate organizational structure, the project overall coordination is found to be weak at all levels. The current implementation structure poses a major coordination challenge, as there is no proper overall authority vested in any body. This structure will need to be reviewed and restructured

The LVP is working with many issues; and program interventions are being developed, particularly in the area of safe water and sanitation. Awareness and mobilization activities on HIV/Aids, hygiene, environmental protection are beginning to have some impact. Based on experiences and strategic choice during the next program phase, the impact and relevance of the program will certainly increase.

However, on the issue of adherence to SRCS-Sida agreement, it is noted that the RC-LVP was not able to adhere fully to the agreed distribution of funds between different budget lines. A larger percentage of funds were utilized for capacity building purposes. Parts of funds used

for capacity building were registered under programs. According to the program document, programs in HIV/Aids, water and sanitation and malaria were mainly to be concerned with the sharing of experiences between countries and one pilot project. Although the sharing of experiences has been there and in particular, the cross-border exchanges between branches have been useful, these program areas have involved small projects and local interventions rather than the sharing of experiences. According to the program document, capacity building initially should have concentrated on “soft ware” while structures and means of transport would be rare and primarily funded outside the LVI support. But this has not been the case, capacity building costs mainly covered hard ware, in the form of office development, office equipment and IGA investments.

Yet, most of these investments were listed already in the program document, and must be regarded as having been reasonable and have laid a stronger basis for program implementation during the second phase of LVP, and has strengthened the branch capacity to increase own incomes and realize their exit strategies.

The RC seems to fear to challenge government on its roles. For example, in the area of safe water, it is the mandate of government to do so, but RC is often found to be lacking in advocating for safe water provision by government. Many LVP areas lack safe water and governments are not seriously trying to ensure that plans to do so are prepared and budgeted for, but RC is being called upon to initiate such activities. The challenge here is for RC to advocate for safe water by telling governments to carry-out its mandate.

Lastly the LVP was set out to “ensure gender awareness and gender considerations in all activities”. This has hardly been the case and the understanding of the gender challenges need to be improved.