



ANCP North Asia Cluster Evaluation

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Cover photo: *Participant in ADRA Live & Learn activity, near Ulaanbaatar Mongolia.
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EXECUTIVE SUMMARY

Background

The AusAID NGO Cooperation Program (ANCP) recognises community support for Australian non government organisations (ANGO) by subsidising AusAID accredited agencies for activities which directly and tangibly alleviate poverty in developing countries.

AusAID's Community and Business Partnerships (CBP) Section manages the ANCP, and in 2006-07 it provided around \$25 million to 43 ANGOs for work in 50 countries. The Australian Government has committed to increasing the ANCP budget to \$35 560 in 2007-08.

CBP Section uses a range of mechanisms including cluster evaluations to manage risk, to assess the performance of accredited NGOs, to develop performance information on the ANCP, and to report to the Australian Government.

AusAID has conducted cluster evaluations of NGO activities in Southern Africa (2000), Vietnam (2000), Cambodia (2005), Pakistan (2006) and India (2006). As well as reviewing NGO and ANCP performance, the 2005 Cambodia cluster evaluation also developed a cluster evaluation methodology and NGO Assessment Framework to facilitate analysis of performance information longitudinally. This methodology has now been used and refined in the Pakistan HES Cooperation Agreement activities (CAER), India ANCP and North Asia ANCP evaluations. A modified NGO Cooperation Agreement version will be used for the Solomon Islands Cooperation Agreement cluster evaluation scheduled for 2008.

Aim of the Evaluation

The goal of this cluster evaluation process is to improve performance measurement of the ANCP through reviewing secondary data and generating primary qualitative data on a selection of NGO activities, using the ANCP cluster evaluation methodology. CBP plans to conduct two such exercises each year over a five year cycle, thus enabling longitudinal data analysis.

The evaluation methodology acknowledges the complexity of issues surrounding performance measurement of international aid activities. To accommodate the complexity, it adopts a 'systems approach' to review NGO and activity performance holistically - acknowledging the influence of a multitude of factors through three dimensions of performance:

- Organisational Analysis: the NGO capacities to deliver the development response and strategies deployed to ensure quality partnerships;
- Development Strategy: analysis of the context and complexities, adequacy of the activity design process and standard of the activity design documentation;
- Activity Implementation: efficiency and effectiveness of the development activity, capacity for learning and continuous improvement and strategies for sustainability.

The four ANGO's that participated in this evaluation are diverse in size and scope. The sectoral focus, location, context and other factors varied considerably for each activity. This type of rapid review allows the collection of indicative information and analysis about individual activities of the ANGOs and the contribution of each to the goals of the ANCP. Findings cannot be extrapolated to represent the ANGOs full breadth of activities or their practices in other contexts or times. In addition, given the limited sample size, the findings cannot be used to determine the impact of the ANCP funding scheme overall.

A cluster evaluation is particularly relevant in the ANCP context as associated activities represent many different sectors and are implemented in multiple sites while

all having a common goal of poverty alleviation¹. It satisfies AusAID's imperative for a cost effective process to gather performance information across a large number of accredited ANGOs.

The North Asia ANCP Cluster Evaluation assessed four ANGO activities funded under the ANCP. Three of the ANGOs have Full accreditation with AusAID and one has Base accreditation. The three activities reviewed in China and Tibet focused on the health issues of HIV prevention (Tibet), blindness prevention (Jiangxi province) and the treatment of craniofacial abnormalities in children (Shanghai). The fourth activity, in Mongolia, worked with vulnerable youth using an outdoor education approach to facilitate personal development and develop life skills.

The four activities were as follows:

The Australian Cranio Maxillo Facio Foundation: The China Craniofacial Clinics Development Program implemented in Shanghai. ACMFF is a Base Accredited agency.

ADRA Australia: Live and Learn II Project implemented in Ulaanbaatar. ADRA is a Full Accredited agency.

Burnet Institute: HIV Prevention in Tibet implemented in Lhasa. BI is a Full Accredited agency.

The Fred Hollows Foundation: Team Capacity Building for Cataract Surgery implemented in Jiangxi Province. FHF is a Full Accredited agency.

Summary of Findings

The North Asia cluster evaluation, using the methodology referred to above found three of the four ANCP activities reviewed to be at least Satisfactory overall. One of these was assessed as Good Practice. The fourth activity was found to be Unsatisfactory overall. The issues surrounding the ACMFF activity and its unsatisfactory rating were not only performance related. The ACMFF activity had only very recently commenced. The most significant challenge in evaluating the ACMFF activity lay in the fact that it was generally inconsistent with the goals of the ANCP and as such did not rate well against an assessment framework developed specifically for ANCP activities.

The four activities reviewed involved agencies with a broad range of capacities and approaches. Four key factors emerged which influenced effective performance vis-à-vis organisational capacity and in fact resonated throughout most other dimensions of performance. They are:

- Duration and depth of engagement by the ANGO
- Organisational culture which enabled reality to drive systems and protocols rather than the opposite.
- Alignment of ANGOs and implementing partners approach, philosophies and motivations.
- Capacity of implementing partner, whether as a representative office of the ANGO or a separate indigenous entity.

The contextual analysis of the external environment undertaken by each of the four agencies was found to be of a satisfactory or high quality. It was universally demonstrated, and logically follows, that where an agency's level of engagement is deeper, their contextual analysis and ability to adapt to changing circumstances is stronger. This was found to be particularly so in the Chinese context. China is a challenging and complex environment for NGOs to partner with local organisations and to operate.

¹ Chelimsky, E. Shadish, W. (1997) *Evaluation for the 21st Century, A Handbook*. Sage Publications London p 397.

The design process and the elements which increase its effectiveness are often not recognised explicitly or undertaken intentionally by agencies. Design documentation is the articulation of the results of the design process. Both are important but the process is fundamental to good design documentation. Of course it doesn't always follow that good documentation will automatically flow from good process, but the opposite is almost always the case. This truism is well demonstrated in the findings of this evaluation.

The findings of this Cluster Evaluation were considerably more positive in relation to design documentation than for the four NGO activities of the 2006 India Cluster Evaluation. Design documentation was found to be relative to the complexity of the activity with three of the four activities having satisfactory documentation. Nevertheless, all activities would benefit from more detailed analysis and documentation of intended outcomes and impact. Limiting operational tools to the activity and outputs level fosters a compliance/ accountability approach to monitoring, hindering reflection and learning.

Planning and ongoing documentation at the inputs and outputs level which relates to efficiency was found to be thorough for the three Full Accredited agencies. This was coupled with strong contextual analysis so agencies were aware of emerging issues which could hinder efficiency. This was seen in the use of activity schedules, budgets, output progress reporting processes and detailed guidelines or training manuals for instance. This was found to be adequate for the Base Accredited agency.

The capacity and culture within the local implementing partner was found to have a significant influence on their overall ability and that of the ANGO to reflect, learn and adapt. However where the focus of planning and management was skewed towards the inputs and outputs levels, this tended to foster a corresponding bias towards accountability and compliance rather than reflection and learning.

Overall each of the four activities will achieve or contribute to their stated objectives with a few exceptions where activities have had to be postponed for valid reasons. Each of the Full Accredited agencies had conducted varying degrees of analysis of intended outcomes and impact.

In terms of sustainability, the factor which set the higher performing activities apart was their comprehensive approach, and particularly in the Chinese context, the importance of long term engagement. In themselves of course, these characteristics need not automatically lead to sustained development outcomes; unless combined with a commitment to good development principles and planning. Where an agency was in a position to do both, sustainability was found to be more likely.

The Cluster Evaluation findings resonate with the ANGO's self-ratings. It is not possible to directly compare the findings or ratings of the two assessments as they are based on different methodologies and the assessment subject and timing may not be identical. This issue is explored further in section 3.6 of this report.

The ANCP is unique as a funding mechanism within AusAID. It allows ANGOs to prioritise their own activities within the framework of an agreed goal, overarching Government policies, and broad administrative and management parameters. The goal of the ANCP is to "subsidise Australian NGO community development activities which directly and tangibly alleviate poverty in developing countries." In this Cluster Evaluation, three of the four sampled activities demonstrably contributed to poverty alleviation working in blindness prevention, HIV and with disadvantaged youth providing life skills development and promoting civil society. The fourth activity, the Craniofacial Clinics Development activity is not currently cohesive with the goal of the ANCP however it should nevertheless make a valuable contribution to the transfer of Australian expertise to Chinese surgeons and already has a clear Australian profile in Shanghai.

ANCP activities often have a larger impact than the monetary value of the AusAID subsidy, as ANGOs combine Australian government funding with community funds and other international donor support. This represents very good value-for-money for

AusAID in terms of impact. This was found to be the case with each of the four activities in China and Mongolia.

The ANCP allows AusAID to work in partnership with ANGOs in provinces and sectors that are not covered by bilateral programs. Each of the four activities reviewed demonstrated a strong Australian identity, taking Australia's aid profile into areas and sectors otherwise untouched by the bilateral program. The ANCP also enables AusAID to partner with ANGOs working on local activities with provincial and county level government counterparts and civil society organisations that aren't normally included under bilateral programs, but which are critical in the realisation of demand-led-governance.

The Chinese context and the nature of the three activities in China combined to constrain the full research process. This cluster evaluation methodology optimally requires access to all stakeholder groups, particularly the beneficiaries to facilitate the depth and breadth of information gathered and to ensure rigour through triangulation of data. Local protocols and practices in China and sensitivities of individual activities meant that while comprehensive interviews were conducted with senior representatives within government counterparts and implementing partners, access to the direct implementers and indirect and ultimate beneficiaries was limited. As a result it should be noted that data collected and analysed was skewed more towards performance and systems and less towards exploration or effectiveness and impact.

LIST OF RECOMMENDATIONS

1. Consult with ANGOs to ensure adequacy of the pre-field trip briefing. Consider whether this should be more prescriptive.	10
2. AusAID to consider the local context and inherent challenges therein to review the appropriate number of activities included in an evaluation to enable integrity of the methodology.	10
3. Consider the duration of activities since commencement in the process of selecting activities for the evaluation. Implementation should have commenced no less than 2 years ago.	10
4. Further develop indicators and quality standards in the Assessment Framework relating to effectiveness and impact of the activity and increase the proportion of time spent engaging with beneficiaries.	10
5. Clarify whether indicators in the Assessment Framework are referring to the ANGO, the implementing partner (local NGO or other entity) or both.	10
6. Increase the lead-time to 3 months prior to the field work to allow for increased consultation with ANGOs and ACFID (DPC) and to allow the identification of a broader range of key informants to gain a richer understanding and to further triangulate the data.	10
7. Allow additional time with each activity to revisit key informants or to refocus the line of inquiry following an initial assessment using the ANCP Assessment Framework. This needs to be balanced with the time demands of logistics. Where travel logistics are very time consuming, consider reducing the number of activities reviewed.	10
8. ANGOs need to extend the analysis and documentation of activity design to include the outcomes and impact levels	19
9. AusAID and ACFID to conduct sector wide training on project design with a particular focus on outcomes and impact analysis.	19
10. AusAID should confirm with the NGO sector, their expectation that ANGOs will have more detailed design documentation in place underpinning ADPlans.	19
11. AusAID should review the ANCP self assessment process. The criteria and indicators of performance to be assessed should be reviewed and clarified in the NGOPI. The rating system should be harmonised with others used in AusAID.	24
12. The AusAID funded China-Australia Governance Program (CAGP) should be approached to assist in addressing some of the current administrative problems faced by NGOs operating in China, particularly those issues relating to the impediments placed on transfer of NGO operating funds between the two countries as a result of recent changes to relevant Chinese legislation. Issues related to local registration of NGOs might also be considered. Relevant staff of projects from the cluster evaluation may be encouraged to contact CAGP staff in this regard.	24

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LIST OF ACRONYMS

ACFID	Australian Council for International Development
ACMFF	Australian Cranio Maxillo Facial Foundation
ADPlan	Annual Development Plan
ADRA	Adventist Development and Relief Agency
AMC	Australian Managing Contractor
ANCP	AusAID NGO Cooperation Program
ANGO	Australian NGO
\$	Australian Dollar
AUD	Australian Dollar
AusAID	Australian Agency for International Development
BI	Burnett Institute
CAER	Cooperation Agreements for Emergency Response
CBO	Community Based Organisation
CBP	Community Business Partnerships Section
CD	Community Development
CDC	Committee for Development Cooperation
CEO	Chief Executive Officer
DAC	Development Assistance Committee
DPC	Development Practices Committee
EC	European Commission
FHF	The Fred Hollows Foundation
INGO	International non-government organisation
M&E	Monitoring and Evaluation
NGO	Non-government Organisation
RDE	Recognised Development Expenditure
STEEP	Social Technical Economic Ecological Political
TAR	Tibet Autonomous Region
US\$	United States Dollar
USD	United States Dollar
WHO	World Health Organisation

1. INTRODUCTION

1.1 Document Purpose

This document reports the process and findings of a cluster evaluation that considered four of the nine Australian non-government organisation (ANGO) activities funded during 2006-07 under the AusAID NGO Cooperation Program (ANCP) in China and Mongolia.

Observations, analysis, findings and recommendations relevant to each of the four sampled ANGO activities are presented in stand alone documents (Appendices A-D). Section 3 of this report presents a synthesis of analysis and findings from the individual activities as they are relevant to the broader NGO sector, and identifies issues relevant to the ANCP as well as implications for the AusAID management of the program.

The ANCP Cluster Evaluation process has been designed to achieve the dual purposes of compliance and quality improvement. It is intended that the sampled ANGOS, AusAID and the broader NGO sector will use this ongoing ANCP evaluative process to improve the quality of their ANCP activities. To this end, this document outlines broad overall findings for AusAID and the sector, and agency specific findings for each ANGO.

1.2 Background

The ANCP is managed by the Community and Business Partnerships (CBP) Section in AusAID and provided around \$25 million in funding in 2006-07 through 43 Australian NGOs. The goal of the ANCP is to subsidise Australian NGO community development activities which directly and tangibly alleviate poverty in developing countries.

In 2006-2007 nine ANGOS managed approximately \$994,000 through ANCP funding to 13 partner activities and 3 evaluations in China and Mongolia. The combined ANCP budget for these countries for 2005-06 was \$1,112, 679. Interestingly, approximately half of these ANCP funds for the past two years have been utilised in Mongolia. This is probably a reflection of the more challenging context for foreign NGO operations and partnerships in China which may act as a deterrent for other agencies and activities.

Each year AusAID reports to Parliament on the effectiveness of the aid program and there is an ongoing requirement to improve the quality of performance information. AusAID does not directly monitor ANCP activities but relies on ANGOS to self-assess the performance of each ANCP activity's stated objectives on an annual basis. Currently, over 75 per cent of NGO activities are self-assessed as satisfactory or higher.

The CBP has a suite of performance assessment mechanisms including cluster evaluations, accreditation, spot checks and implementing agencies' own evaluation findings. These enable AusAID to assess the ANCP and other program outcomes, from a variety of perspectives. The assessment mechanisms use different methodologies, assess different aspects of performance and are thereby distinct from each other, so a cluster evaluation does not assess activity performance in the same way as might an ANGO self-assessment, an NGO accreditation exercise, or an individual activity evaluation.

There have been six cluster evaluations undertaken since 2000 including this evaluation in North Asia. These have considered ANCP and bilateral NGO activities in Southern Africa (2000) and Vietnam (2000), ANCP activities in Cambodia (2005), the HES Cooperation Agreement activities (CAER) in Pakistan (2006) and ANCP activities in India (2006). The next NGO cluster evaluation is scheduled to consider ANCP funded activities in Fiji and Vanuatu in September 2007 followed by a cluster evaluation of the Solomon Islands Cooperation Agreement activities in 2008.

The cluster of four ANGOs taking part in this North Asia Cluster Evaluation is diverse in terms of size and scope of the NGO, the nature, location and sector of activities and a number of other factors. The diversity has been particularly evident in this North Asia evaluation given that the context for each of the four activities was markedly different even within China where the three activities were being implemented in Tibet, urban Shanghai and rural Jiangxi province. The evaluation exercise therefore examines individual NGO activities and their contribution to the ANCP Scheme. It does not attempt to determine the impact of all ANGO activities working within the ANCP in North Asia, nor can the findings be extrapolated to reflect on each ANGO's other activities or their broader programs.

The Chinese, Tibetan and Mongolian contexts in which these ANCP funded activities are implemented are complex and challenging. For example, historically it has been relatively difficult for foreign NGOs to operate in China and there still remain numerous challenges, such as new laws relating to foreign currency and funds transfers, local registration and therefore legal operation. Finding suitably qualified local staff in rural areas and the need to partner with government counterparts who may not always be the most appropriate implementing partner is also an ongoing challenge. The growth of civil society organisations in China and Mongolia is recent but it is definitely increasing which should herald increased empathy from the general public towards humanitarian efforts and the emergence of potential partners and staff. The recent extreme economic development is growing a middle class well positioned to contribute to local funding efforts and has enabled the government to follow policy with real funding allocations, much of this focused on the rural poor. For example the government has recently launched its '21 poorest rural counties' support scheme, its health insurance scheme and for instance, is contributing funds directly to blindness prevention work within the Jiangxi health structure. Conversely, economic growth has widened the gap between the rich and the poor while increasing expectations and therefore demands on government funds. There are some interesting paradoxes developing which represent new challenges for foreign NGOs. In some areas there remains an imperative to work with government counterparts, however many government hospitals are now required to operate on a commercial basis, both alternatives presenting different challenges for NGO operations. With civil society organisations being in their early stages of development, and partners predominantly drawn from the government sector, the notion of "development" as understood by ANGOs and AusAID is not always intuitively shared by partners. The need for long term engagement with partners and a long range view of development outcomes is crucial in China and where an ANGO has been in a position to allow for this, the results are clear in the impact of their activity.

Very few foreign NGOs are operating in Tibet Autonomous Region (Tibet). Tibet is characterised by extraordinary political and social complexities which have had a considerable impact on the Burnet Institute activity, magnifying the significance of their achievements.

Previously under Soviet systems, Mongolia has unique legacies in relation to livelihoods and movement of rural and urban peoples, the plight of young people and a nascent market economy and government structures. Unusual gender dynamics exist, where it is generally females who are favoured for education and incumbent in the many senior government and private sector positions.

1.3 Scope of the Evaluation

The objectives of the cluster evaluation are:

- To evaluate a sample of ANCP activities in North Asia
- To verify the efficacy of ANGO self-assessment processes of the sampled ANCP activities
- To review action taken on recommendations from previous ANCP Cluster Evaluations

As noted earlier, this cluster evaluation is one element of an ongoing and broad performance assessment process within AusAID's NGO programming. The intended use of the evaluation report includes the following:

- To contribute to meeting AusAID's accountability requirements to the Australian Government
- To contribute to the performance information on the ANCP Scheme
- To enhance opportunities for learning and performance improvement by AusAID and the NGO sector
- To further refine the cluster evaluation methodology and tools.

In addressing the evaluation objectives the team considered four activities funded through the ANCP as follows:

The Australian Cranio Facio Maxillo Foundation: The China Craniofacial Clinics Development Program implemented in Shanghai by the 9th Peoples Hospital and supported by AusCham Shanghai. ACMFF is Base Accredited agency.

ADRA Australia: Live and Learn II Project implemented in Ulaanbaatar and surrounding areas by ADRA Mongolia and their local partner schools and the police department. ADRA is a Full Accredited agency

Burnet Institute: HIV Prevention in Tibet implemented in Lhasa by BI Tibet staff and the Lhasa Municipal Health Bureau. BI is a Full Accredited agency.

The Fred Hollows Foundation: Team Capacity Building for Cataract Surgery implemented in Jiangxi Province by FHF China and the Jiangxi Provincial Health Bureau and participating county hospitals. FHF is a Full Accredited agency.

1.4 The Evaluation Team

The team is comprised as follows:

- Team Leader: Jo Thomson, an independent consultant. Jo acted as the NGO representative on the previous Cambodia and India Cluster Evaluations. She has many years senior management and operations experience with ANGOs and in the field, as well as extensive consulting experience in accreditation, training, organisational development with AusAID and ANGOs and monitoring and evaluation. She was previously an NGO representative on the CDC and ACFID's DPC.
- Team Member: Johanna Wicks is Manager of the NGO Programs Unit in Community and Business Partnerships, AusAID. She develops and manages AusAID's overarching policy and processes relating to Cooperation Agreements, as well as managing risk management and performance evaluation processes for AusAID's engagement with Australian NGOs. Johanna has also worked for an Australian accredited NGO and an Australian Managing Contractor.
- Team Member: Colin Reynolds is an independent consultant. Colin is a monitoring and evaluation specialist. He has extensive experience working for many years with AusAID and numerous other international donors, AMCs and multilaterals.
- Team Member: Mr Wang Jun, Senior Program Officer (Health), AusAID Post in Beijing, provided cultural context throughout the activity visits in China, coordinated logistics and assisted with translation for the three activity visits in China.
- Translator: Mr Ding Jie (Frank) has worked extensively with AusAID Post in Beijing and as a translator for many international development activities and donors.

2. METHODOLOGY

2.1 Approach

AusAID has adopted a 'cluster evaluation' approach as one means amongst a suite of methods, to assess the performance of its ANCP activities. The ANCP scheme funds the activities of ANGOs which contribute to the direct and tangible alleviation of poverty. As per the ANCP Guidelines², activities may contribute to the overall goal through a broad range of sectoral approaches as determined by the ANGO. A cluster evaluation approach is particularly relevant in this context as activities represent different sectors and are implemented in multiple sites while all having a common goal of poverty alleviation³.

The evaluation of a geographical cluster of ANCP activities allows significant cost and time efficiencies. This is the primary attraction for AusAID in selecting a geographical cluster. While there would certainly be benefits to selecting a sectoral cluster, particularly in terms of comparative analysis and learnings, it would pose significant challenges to logistics, time and cost.

The approach acknowledges the complexity of issues surrounding performance measurement of international aid activities. These issues include the lack of agreement on absolute measures of performance and definitions of concepts such as impact, quality, etc., as well as the difficulty of attributing change to individual activities in complex environments. In a cluster evaluation, these complexities are compounded by the need to use rapid appraisal techniques and the difficulty of accommodating diverse agency structures, contexts, objectives and stages of implementation.

2.2 Sampling

A three-stage purposive sampling process was carried out to select the cluster of four activities to be evaluated.

The first stage involved country selection. China and Mongolia were selected based on the following criteria:

- a minimum of 5 NGOs implementing ANCP activities in the country;
- an acceptable security situation in-country;
- countries not previously targeted for a recent ANCP Cluster Evaluation ie Cambodia or India;
- The AusAID post willing and able to support the cluster evaluation.

While other countries were canvassed within AusAID and with DPC, China and Mongolia met all these considerations.

The second stage involved selection of the agencies for evaluation. Both Base and Full agencies were considered amongst the nine agencies supporting ANCP activities in China and Mongolia. ANGOs involved in recent previous cluster evaluations were excluded. Logistics were also considered.

The four ANGOs who participated in the evaluation and their Chinese or Mongolian partners are presented in the table below.

ANGO	Local Partner Organisation
ACMFF	9 th Peoples Hospital and AusCham Shanghai
ADRA Australia	ADRA Mongolia
Burnet Institute	Lhasa Municipal Health Bureau and BI Tibet team
The Fred Hollows Foundation	Jiangxi Provincial Bureau of Health, numerous county hospitals and FHF China team

Figure 1: Sampled ANGOs and their local partners

² AusAID NGOPI: ANCP Guidelines.

³ Chelimsky, E. Shadish, W. (1997) *Evaluation for the 21st Century, A Handbook*. Sage Publications London p 397.

The third stage involved selection of the individual activities to be evaluated. Where an ANGO implements more than one ANCP funded activity in-country, the selection was made by AusAID in consultation with the ANGO and considered logistics and duration of the activity. One of the activities selected, the ACMFF Craniofacial Clinics Development Program, had not yet completed its first year of implementation. This presented challenges for the Evaluation Team and for ACMFF and its partner in this evaluation process. The choice of such a new activity should be avoided if possible in future ANCP cluster evaluations.

The ANCP funding scheme supports ANGOs own programs and priorities. ANGOs tend to use their ANCP funding across a wide range of activities supplementing their own funds. With funding allocations to multiple activities within an ANGO's overall program being at the discretion of the ANGO, individual activity budgets may be large or relatively small. This is an advantageous characteristic of the ANCP funding scheme, however it does not preclude those smaller activities from being reviewed by AusAID. As a result, activities chosen for inclusion in ANCP cluster evaluations may sometimes have small budgets relative to the cost of conducting the cluster evaluation. AusAID aims to review all accredited ANGOs over a 5 year period through the cluster evaluation process and as such the size of the activity budget is not considered relevant in the selection process except perhaps where an agency has multiple activities in the chosen country.

The table below provides a brief overview of the sampled activities. More details, including evaluation findings for each ANGO activity, are presented in Appendices A-D.

ANGO (accreditation level)	Activity name and description	Budget
ACMFF (Base)	The China Craniofacial Clinics Development Program. A new activity to assist with the establishment and education of multidisciplinary medical teams in the field of children born with craniofacial deformities. The activity will improve skills of teams in Shanghai and later in Beijing, Chongyang and Guangzhou. In the future, the activity will assist in establishing a network of outreach services to rural areas based on the Australian system.	AusAID \$20,000 ANGO \$35,000 Total \$55,000
ADRA Australia (Full)	Live and Learn II. This activity is designed to continue enhancing the personal growth and life skills of at-risk adolescents through experiential learning and outdoor education.	AusAID \$91,392 ANGO \$38,080 Total \$129,472
Burnet Institute (Full)	HIV Prevention in Tibet This activity will increase awareness of reproductive health, STIs and HIV among specific vulnerable groups in Lhasa. These groups include: sex workers, truck drivers, taxi drivers, tour guides and youth. It aims to reduce risk behaviours and increase access to culturally appropriate information.	AusAID \$37,815 ANGO \$32,185 Total \$70,000
FHF (Full)	Team Capacity Building for cataract surgery in Jiangxi Province. This activity aims to reduce the prevalence of avoidable blindness due to cataract in Jiangxi Province by improving the skills of eye health personnel at 5 county level hospitals.	AusAID \$35,000 ANGO \$15,000 Total \$50,000

Figure 2: Overview of sampled activities

2.3 Assessment Framework

The ANCP Assessment Framework (attached at Appendix E) used in China and Mongolia was developed by AusAID as a result of lessons learned during the 2005

Cambodia and 2006 India Cluster Evaluations⁴. It draws on the three assessment frameworks used in the 2005 Cambodia Cluster evaluation: AusAID's NGO Quality Assessment Framework (QAF); ACFID's NGO Effectiveness Framework and the STEEP⁵ Framework⁶.

An AusAID peer review acknowledged the merit of taking a broader perspective on activity performance to include organisational and contextual analysis. The Cambodia ANCP Cluster Evaluation Report and the AusAID peer review recommended that the three frameworks be integrated into a new single evaluation framework. Minor revisions were also made following recommendations by DPC and the India cluster evaluation⁷.

The resultant ANCP Assessment Framework considers three dimensions of performance: organisational analysis; development strategy; and activity implementation. The Assessment Framework identifies 9 indicators of performance which are informed by 51 quality standards. A rigorous qualitative approach is used to assess each activity. The quality standards and indicators are used to guide analysis and a four level categorical rating system⁸ is applied. In a few instances, split ratings were used but only where there were consistent and marked differences in the assessment of indicators for different key stakeholders or components of a project. In such cases, a compromise rating would conceal very important strengths and weaknesses. Hence, the split ratings are not a compromise between two contiguous ratings, rather they represent distinct ratings applied to the different stakeholders or components of the project.

The ANCP Assessment Framework is informed by the use of the ANCP Assessment Question Guide (attached at Appendix F). It was used to guide all interviews and focus group discussions. Drawing the Question Guide from the ANCP Assessment Framework minimises the likelihood of omitting important lines of inquiry and ensures a consistent approach by subsequent evaluation teams thereby facilitating transparency, rigour and trend analysis.

The development and refinement of both tools involved consultation with ACFID through DPC. The use of these tools ensures that the process of analysing activity performance is rigorous, systematic, transparent and comprehensive, and will help to address some of the long-standing problems associated with incorporating activity context in NGO performance evaluation.

2.4 Methods of Inquiry

The broad methodology employed was qualitative. The particular methods of inquiry included:

- Document reviews;
- Key informant interviews;
- Focus group discussions;
- Observation.

For each ANGO activity, it was the Evaluation Team's aim to interview the following stakeholders:

- ANGO program staff (e.g. Program Manager, Project Officer);
- Chinese and Mongolian NGO, implementing partner or government counterpart staff (e.g. Country Director, Program Manager);
- Activity implementation team members (e.g. Activity Manager, technical/field staff);

⁴ Cambodia and India ANCP Cluster Evaluation Reports available from AusAID.

⁵ STEEP: Social, Technical, Economic, Ecological, Political.

⁶ Grant, D. (1999) Foresight and Innovation, The General Electric Company, (available at: <http://www.aste.org.au/publications/reports/foresight1.htm>)

⁷ India ANCP Cluster Evaluation Reports available from AusAID

⁸ GP: Good practice, S: satisfactory, US: unsatisfactory and HS: highly unsatisfactory

- Direct and ultimate beneficiaries, community representatives etc.

It should be noted that due to the sensitivities of the particular activities reviewed and the challenges of the Chinese context, it was not possible to conduct interviews with all stakeholder groups. In three of the four activities, the research process was constrained by the limited access available to the Evaluation Team to beneficiaries, compromising the Team's ability to assess activity impact except through secondary sources and inference. This differed significantly from previous ANCP Cluster Evaluations where considerable time was spent engaging with beneficiaries. Further reflections on this situation and its effect on the evaluation process and findings can be found in section 2.6, "Limitations Encountered".

Data was collected and triangulated at three levels:

- In Australia with ANGOs and AusAID: orientation through a desk review of all relevant documents determined by AusAID and furnished by the sampled ANGOs, key informant interviews with relevant ANGO staff as determined by the ANGO;
- In China and Mongolia: interviews with AusAID Post, Chinese and Mongolian implementing partner organisations and other relevant counterpart organisations and government representatives;
- At activity sites in China (Shanghai, Jiangxi Province and Lhasa) interviews and informal discussions with activity implementation teams and beneficiaries of training. It was not possible to interview ultimate beneficiaries in Tibet or Shanghai due to activity specific and local sensitivities. In Jiangxi, the Evaluation Team was only able to interview one ultimate beneficiary (cataract surgery patient) although there were interviews with beneficiaries of surgical training.
- At activity sites in Mongolia, extensive interviews and focus groups with activity implementation teams, community representatives and activity participants and beneficiaries.

Orientation involved a desk review of all relevant documentation⁹ furnished by the ANGOs including ADPlans, activity design documents, progress and monitoring reports and partnership agreements. Documents were reviewed using the 9 indicators of the ANCP Assessment Framework. The Evaluation Team consolidated the salient issues from these documents to gain an overview of the sampled activities and to orient the Evaluation Team to the broad issues for consideration.

The Question Guide drawn from the ANCP Assessment Framework was used to inform the inquiry at all stages of the evaluation. The use of the Question Guide was context driven. Different emphasis was applied with each stakeholder group and it was used in a structured way or more organically as appropriate.

ANGO inquiry involved key informant interviews with ANGO program staff from the four agencies. Using the Question Guide to guide the interviews, there was an emphasis on strategic issues such as the coherence of the sampled activity within broader strategic plans, planning processes, partnerships and the ANGO perspective of intended impact.

Chinese and Mongolian implementing partner organisation inquiry involved key informant interviews with program staff in Shanghai, Nanchang, Lhasa and Ulaanbaatar. The focus of these interviews was on tactical issues such as needs identification, context analysis, monitoring and evaluation and the implementing organisations perspective of intended impact. In addition, semi-structured conversational interviews were continued with implementing partner organisation staff throughout the two day visits to each activity site.

⁹ Following a recommendation from 2005 Cambodia Cluster Evaluation, ANGOs were asked to provide a specific set of documents.

The nature and sensitivities of activities evaluated in China and local sensitivities and protocols, combined to limit the depth of field inquiry with beneficiaries. In contrast, the context and activity in Mongolia engendered comprehensive interviews and focus groups with a wide range of activity participants, direct beneficiaries, parents and affiliated organisations. The focus of these interviews was on operational issues with the implementation staff and formal and informal evidence of any changes in beneficiary lives with the beneficiaries, their parents, teachers and social workers.

At all levels of inquiry and observation, the Evaluation Team members took extensive individual notes during the interviews. These were consolidated and triangulated at the end of each day.

2.5 Analysis and Feedback

At the conclusion of each two day field visit, the Evaluation Team carried out thorough analysis and debate of all data collected including interview transcripts, observations and any additional material provided by recipients, against the ANCP Assessment Framework. Ratings were concluded for each of the 9 indicators of performance. The data collated from this process formed the basis for the Agency Specific Findings Reports (refer to Annexures A-D). At the conclusion of the field evaluation process, the Evaluation Team reflected again on the findings for each activity to ensure consistency of expectations and judgements across all four activities. The ANGOs were provided with detailed verbal feedback against each of the 9 indicators by telephone soon after the Evaluation Team's return to Australia.

The Agency Specific Findings Reports were submitted for review to each of the ANGOs to ensure fairness and accuracy of reporting before inclusion in the final version of this report. It is hoped that the ANGOs will use these reports to provide detailed feedback to their implementing partner organisations and government counterparts in China or Mongolia and to facilitate learning and improvements to the activities.

The final report will be distributed to the relevant sections of AusAID, the sampled ANGOs and ACFID. It will also be made available on AusAID's website.

More generalised analysis and findings will be presented to AusAID and ACFID (through DPC) to facilitate learning in the NGO sector and AusAID.

2.6 Limitations Encountered

The ANGOs and activities reviewed were chosen by AusAID based on the selection process outlined in section 2.2. The application of the selection criteria narrowed the field from which activities could be chosen. The ACMFF activity was chosen by AusAID after consideration of the selection criteria however its recent commencement undoubtedly influenced the activity's performance. While the Evaluation Team sought to brief the ANGO on expectations and requirements for the field work to enable a purposive selection of sites and stakeholders to engage with, the in-country arrangements were necessarily made by the ANGO and their implementing partners. It can be assumed that ANGOs and their partners acted rationally in presenting the 'best' aspects of their activities. Hence, the findings compiled in this report must be taken as indicative rather than representative.

The methodology was effectively applied in the Mongolian context. The Chinese context and the nature of the three activities in China however, combined to constrain the full research process. The methodology optimally requires access to all stakeholder groups, particularly the beneficiaries to facilitate the depth and breadth of information gathered and to ensure rigour through triangulation of data. Local protocols and practices in China meant that a significant portion of time was spent meeting with senior representatives within government counterparts and implementing partners which then limited the time available to meet with more direct implementers and indirect and ultimate beneficiaries. While the insights and opinions of senior counterparts are a vital and necessary source of information, they naturally provide a particular perspective.

Despite this, the Evaluation Team was able to conduct an adequately thorough analysis of the three China activities to enable its assessment and substantiate its findings. However the limited access to direct implementers and beneficiaries did diminish the Evaluation Team's ability to assess impact and to triangulate the data and perceptions gathered from other stakeholder groups as rigorously as desired.

With more time available, these constraints may have been overcome to some degree with the possibility of arranging additional discussions and site visits. However as a rapid review, with only two days at each activity, the Evaluation Team relies on the preparations made by the ANGO and their local counterparts. In addition, making significant last minute changes to the pre-arranged meetings in the Chinese context was not a feasible option.

It is probable that the limitations experienced in China had more to do with the Chinese context and what was possible in two days, than in any miscommunication with the ANGO or between the ANGO and their partners. This view is supported by the fact that in the recent Cambodian and Indian cluster evaluation¹⁰ experiences, the same briefings provided to the ANGOs regarding the expectations and needs of the Evaluation Team with regards to access to stakeholders and the ANGOs preparations with their partners, elicited appropriate arrangements for activity site visits, interviews and focus groups with stakeholders with considerable access to beneficiary groups. Similarly the evaluation field work in Mongolia was excellent following the same briefings and preparations with the ANGOs. Nevertheless it would be useful to consult with ANGOs as to the adequacy of the briefing they received to ensure an improved result in the future.

The situation in Mongolia was quite different to that in China, with substantial and open access to all stakeholder groups. This allowed for thorough and open discussion and maximum triangulation of data with all relevant staff of ADRA Mongolia, field staff, community and government counterparts such as social workers, teachers and police, the direct beneficiaries (at-risk youth) and their parents. Focus groups with counterparts and beneficiaries were conducted without the presence of ADRA Mongolia staff allowing for open and robust discussion about the activity and its impact.

The nature of the three activities reviewed in China also undoubtedly hindered access to all stakeholder groups. The selection of the three particular activities in China was based on AusAID's transparent selection process and was therefore an unfortunate but unavoidable coincidence given the limited pool of ANCP activities in China, once some were excluded. All three were health activities and all were characterised by special sensitivities and obstacles.

The BI HIV activity in Tibet in particular presented challenges which the Evaluation Team had been well briefed on by BI in Australia. The Tibetan context presented political sensitivities with the BI government counterpart and for the BI local staff. The partnership was also at a crucial but vulnerable stage in its development. The Evaluation Team could not meet directly with any ultimate beneficiaries due to the obvious sensitivities of working with commercial sex workers and their clients, as prostitution is illegal in Tibet, and restrictions placed on the Team by the Government. The Evaluation Team sought to accommodate this limitation by researching the performance of the activity from other sources and of course the activity had other components such as the production and dissemination of IEC materials which could be more readily assessed.

The FHF and ACMFF activities, while very different in many ways, shared a surgical focus. The ultimate beneficiaries being surgical patients were widely dispersed and therefore no longer available in the sense of a group to gain multiple perspectives on the activities ultimate impact. The positive impact following surgical correction for cataract blind patients and for children affected by craniofacial abnormalities are well documented and are not in doubt. For both activities however, it would have been extremely useful to have had increased and more meaningful access to the direct

¹⁰Cambodia and India ANCP Cluster Evaluation Reports available from AusAID

implementers: the trainers, and the direct beneficiaries: the trainees; to have enabled a more informed analysis of the activities' impact on surgical quality, professional culture and institutional reform. Unfortunately access to these less senior groups was limited due to Chinese protocol and perhaps briefings by the ANGOs.

The limitations in terms of access to all stakeholder groups in China inevitably meant that the key informants were dominated by the implementing organisations or government counterparts and the ANGOs. This in turn skewed the focus of data collected and analysed using the Assessment Framework more towards performance and systems and less towards exploration or effectiveness and impact.

Recommendations

1. AusAID to consider an activity's duration since commencing when selecting activities for inclusion in future cluster evaluations. If possible an activity should have minimum of 2 years duration.
2. Consult with ANGOs to ensure adequacy of the pre-field trip briefing. Consider whether this should be more prescriptive.
3. AusAID to consider the local context and inherent challenges therein to review the appropriate number of activities included in an evaluation to enable integrity of the methodology.
4. Consider the duration of activities since commencement in the process of selecting activities for the evaluation. Implementation should have commenced no less than 2 years ago.
5. Further develop indicators and quality standards in the Assessment Framework relating to effectiveness and impact of the activity and increase the proportion of time spent engaging with beneficiaries.
6. Clarify whether indicators in the Assessment Framework are referring to the ANGO, the implementing partner (local NGO or other entity) or both.
7. Increase the lead-time to 3 months prior to the field work to allow for increased consultation with ANGOs and ACFID (DPC) and to allow the identification of a broader range of key informants to gain a richer understanding and to further triangulate the data.
8. Allow additional time with each activity to revisit key informants or to refocus the line of inquiry following an initial assessment using the ANCP Assessment Framework. This needs to be balanced with the time demands of logistics. Where travel logistics are very time consuming, consider reducing the number of activities reviewed.

3. FINDINGS

This section addresses each of the objectives of the North Asia ANCP Cluster Evaluation as outlined in the Evaluation's Terms of Reference (TOR attached at Annexure H) Recommendations of the Evaluation Team are listed within the relevant sub-sections.

3.1 Overall Assessment

The Evaluation Team found three of the four NGO activities to be at least satisfactory overall. One of these three was found to be good practice. The fourth activity was found to be unsatisfactory, although there are unique circumstances surrounding this activity, not the least of which was its very recent commencement in 2007.

As identified in the ANCP Evaluation Assessment Framework (Appendix E), the activities were assessed against three performance dimensions: Organisational Analysis; Development Strategy; and Activity Implementation. These three performance dimensions are further elaborated by 9 indicators and 51 quality standards which guide the analysis of data and observations. The Evaluation Team reached consensus on the rating for each of the 9 indicators using a subjective four point categorical scale¹¹, which then informed an overall assessment for each activity. In a few instances, split ratings were used but only where there were consistent and marked differences in the assessment of indicators for different key stakeholders or components of a project. In such cases, a compromise rating would conceal very important strengths and weaknesses. Hence, the split ratings are not a compromise between two contiguous ratings, rather they represent distinct ratings applied to the different stakeholders or components of the project.

Indicator		Agency		ACMFF		ADRA		BI		FHF	
Organisational Analysis	1. ANGO capacity to deliver development responses		US			HU/S		S		GP	
	2. Strategies for ensuring quality partnerships		S			S		S		GP	
Development Strategy	3. Appropriateness of analysis of geo-political context and complexities		S			S		GP		S	
	4. Adequacy of design process		US			S		S		S	
	5. Standard of funding proposal or activity design		S			S		S		US	
Activity Implementation	6. Efficiency of activity implementation		S			GP		S		S	
	7. NGO capacity for learning and continuous improvement		US			US		S		GP	
	8. Effectiveness of development intervention		US			S		GP		GP	
	9. Strategies for sustainability		US/S			S		S		GP	
Overall Assessment			US			S		S		GP	

Figure 3: Evaluation Team ratings

¹¹ Good practice (GP), Satisfactory (S), Unsatisfactory (U), Highly unsatisfactory (HU)

The comparative analysis of the four activities reviewed presents a number of challenges. While three of the four were health activities and two of those related to improving surgical culture and quality, the external contexts for each were so vastly different that comparisons have been made with caution. Where useful comparisons have been made in the hope that lessons may be shared, these tend to relate to internal factors such as management practices. The BI HIV activity in Tibet is implemented in an extremely challenging and fragile context. With this in mind, the satisfactory rating achieved by that activity increases in its significance. While the FHF and ACMFF activities are both working with hospital teams to change surgical culture and quality, they are implemented in rural Jiangxi province and urban Shanghai. These two settings are so different as to be beyond comparison. Each has its own enabling and constraining characteristics. The fourth activity in Mongolia is implemented in a different geographical and sectoral context.

It should be noted before reading the following overall findings that they relate only to the four activities reviewed and cannot be extrapolated to reflect on the ANGO sector as a whole, nor on the ANCP as an aid modality. The Evaluation Team's overall or comparative findings may be used as a reference for reflection by AusAID and the ANGO sector on possible areas where performance may be improved.

3.2 Organisational Analysis

Organisational performance involves the ANGO understanding and responding appropriately to internal contextual factors such as the agencies own capacity and that of its partner. This dimension of performance allows the Evaluation Team to explore and understand the ANGO and their implementing partners' strengths and limitations, issues considered as fundamental to effectiveness by the NGO sector¹² such as the degree and length of engagement with partners and the alignment of ANGOs and partners philosophies, and it ensures that an ANGO's accreditation status is taken into account. It is not looking to judge an NGO punitively where it is small or has lesser capacity, rather it judges the coherence between capacity and complexity of the activity. In other words has the ANGO responded accurately to its own and its partners capacities. The following two indicators¹³ were used to assess each agency's performance in regards to Organisational Analysis.

- NGO capacity to deliver development response
- Strategies for ensuring quality partnerships

The four activities reviewed involved agencies with a broad range of capacities and approaches. Four key factors emerged which influenced effective performance vis-à-vis organisational capacity and in fact resonated throughout most other dimensions of performance. Each will be discussed in the following paragraphs. They are:

- Duration and depth of engagement by the ANGO
- Organisational culture which enabled reality to drive systems and protocols rather than the opposite.
- Alignment of ANGOs and implementing partners approach, philosophies and motivations.
- Capacity of implementing partner, whether as a representative office of the ANGO or a separate indigenous entity.

The duration and depth of engagement by the ANGO clearly contributed to performance across many facets of the activity and many of the assessment indicators. The argument for long term engagement influencing development outcomes is particularly relevant in China, where its complexity, the fact that systems and practices are deeply entrenched and its sheer scale, requires a long term commitment to see partnerships flourish and produce quality development outcomes. This can be seen at its best with the FHF activity which has taken a long term view of

¹² 2002 ACFID NGO Effectiveness Framework

¹³ Refer to the ANCP Assessment Framework at Annexure E for the 13 quality standards underpinning Indicators 1 and 2 and used to guide the analysis.

their engagement in China. Certainly, there have been significant changes in China in recent years which may lessen the impact of duration of engagement, with the easing of partnership requirements and government departments afforded greater freedom to operate opportunistically and entrepreneurially. The additional characteristic of the FHF activity which ensured it rated highly across many of the performance indicators was the comprehensive nature of FHF's engagement. It is this strategy which will undoubtedly ensure the sustainability of the activity's development outcomes.

Both FHF and BI have been working in China and Tibet for a many years. For FHF this has enabled them to forge strong relationships with their local provincial partners, earn an excellent reputation and high profile. This in turn has facilitated their advocacy and lobbying efforts with the National government and other INGOs. For BI it has informed their extremely thorough appreciation of the complexities of the Tibetan and Chinese contexts, enabled them to earn a reputation as leaders in the field of HIV and positioned them to appropriately influence partners.

ADRA Australia was the only ANGO of the four that is a member of an international network. While this often affords the ANGO many advantages, it can also lead to a blind compliance with generic systems and protocols. In the case of ADRA's Mongolian activity, the systems and protocols have tended to drive action. This has diminished ADRA's critical analysis of the activity. ADRA Australia have professional systems of reporting and documentation in place and these are adhered to, however there is a lack of critical analysis and responsive interaction following from them. For instance, it appears that ADRA's three year funding cycle has greater influence on the activity's future than a critical analysis of the quality of its development outcomes. The quality of data being generated is reasonable; however the data is not being critically analysed and utilised – one of the most dangerous pitfalls of monitoring. To use a metaphor, in this case, "the tail was wagging the dog".

Where an agency has systems of similar quality to those of ADRA, but is using those systems critically to the activity's advantage, rather than being driven by them, the result is highly effective. In other words, using the same metaphor, "where the dog was wagging the tail". Both FHF and BI also had good quality project management systems, and both were using them well although not optimally. FHF's efforts were slightly diminished, paradoxically by one of their activities key strengths; its long term duration, which has led to a somewhat automatic rolling on of the activity. BI also has good quality systems and is using them efficiently, although this is likely to improve further once a Program Director commences in Tibet, and is able to provide further training and leadership for the BI Tibet team to utilise their systems more effectively. The FHF and BI teams in Australia are deeply engaged in their activities and are critically analysing and responding to the data being generated from the field. In other words they are driving and utilising the systems.

Whether an activity was reflective of the ANGO and their implementing partners' core business influenced performance across a number of the assessment indicators. This was most profound in the case of FHF where its long term engagement has fostered a partnership with absolutely shared motivations and aspirations. FHF China and their local partner the Jiangxi Bureau of Health, appeared to have developed capacity and vision in parallel over a number of years, producing a robust and mutually beneficial partnership. It should be noted though, that this partnership and activity has the benefit of a ten year duration which has undoubtedly allowed the time to fully understand and address significant differences in values and vision. Like FHF, BI Australia acted as the catalyst for their HIV intervention, and the ongoing commitment to their vision is shared by BI Tibet and their local partner the Lhasa Municipal Bureau of Health.

It is when the vision or motivation for the activities of the agencies diverges that performance is undermined. As partners in an academic exchange, ACMFF and the 9th Peoples Hospital are very well suited and this is reflected in the relative strength of this aspect of the ANCP activity. ACMFF is a not-for-profit support agency currently building its development capacity. The 9th Peoples Hospital is a tertiary hospital with strong surgical and academic credentials. The nature of the activity is reflective of these shared values and expertise; however its performance as a development

activity and characteristics such as a poverty focus and sustainability are undermined due to the differences in core business and possibly the motivations or commitment of the two organisations. The recent commencement of the activity is also likely to have been a limiting factor in this regard and if appropriately addressed as the partnership and activity develops, the differences may well be overcome.

The clearest example of the negative impact on performance of differing agency priorities is seen with the ADRA activity. This judgement does not imply that ADRA Australia is incorrect in its decision regarding its own priorities and core business – this decision is clearly the domain of the agency. However when there is a significant divergence of priorities between the ANGO and its implementing partner, in this case ADRA Mongolia, the ramifications can be seen in a number of indicators of the ANGOs performance. ADRA Australia and ADRA Mongolia's involvement in the Live & Learn model using outdoor education and experiential learning techniques began opportunistically. There is nothing wrong with this as such, however when the catalyst or initial motivation shifts, if the activity does not reflect core business, it is likely to be jeopardised by competing priorities. As an activity with successful development outcomes for ADRA Mongolia, the 'opportunity' has understandably become core business. However for ADRA Australia, the champion staff member has moved on and strategically the organisation has refocused its resources on current core business, which does not include the Live and Learn activity. Neither agency has acted incorrectly, however it becomes very clear that when two agencies have such divergent priorities, performance is undermined and in this case, the development outcomes already achieved are threatened.

Performance expectations are adjusted accordingly depending on whether an ANGO is accredited at the Base or Full level with AusAID. Nevertheless, there are minimum standards of project management and development capacity required under the ANCP. Certainly where the ANGO and the implementing partners' capacities are reasonable or complementary, there is a greater likelihood of satisfactory activity performance. This assertion is borne out in the BI and FHF activities where capacities of the ANGO and the local representative office and local counterparts were strong and/or complementary. ACMFF is accredited at the Base level and as such the expectations of the Evaluation Team were lower, however ACMFF lacks a depth of understanding regarding development and ANCP, as well as development-sector NGO project management principles. Therefore the operational capacities that we would expect to see and which generally go hand in hand with a reasonable understanding of development and development project management principles, are nascent within ACMFF and its implementing partner in China. ACMFF and its partner demonstrated strong technical capacities as required for a specialised surgical and academic exchange activity, however they did not meet the standards expected of a Base Accredited agency or for an ANCP development activity.

ADRA Mongolia and its local counterparts demonstrated significant and relevant capacity however while ADRA Australia is Fully Accredited and has professional systems and protocols in place, their engagement lacked depth and critical analysis. This could be a reflection of the need to strengthen capacity or simply the reasons outlined in earlier paragraphs, that is, a lack of strategic interest in the activity.

Partnerships in general were seen as a strength for all agencies and activities. There were however different levels of partnership observed and the functionality of each of these levels impacted on performance. Overall activity performance was strongest where each of the levels of partnership was strong. For instance the partnership between FHF Australia and FHF China was excellent, as was the partnership between FHF China and their local counterpart, so both layers were operating optimally. The BI and ADRA activities were satisfactory; however each demonstrated some challenges or limitations at one or other of the layers of partnership. The relationship between BI Australia and BI Tibet was strong and likely to become more effective with the appointment of a Program Director, while the relationship between BI Tibet and their local counterpart was young, fragile and very challenging. This reality has undoubtedly constrained the activity's full impact to date. The partnerships between ADRA Mongolia and their numerous local counterparts were relevant and

effective, however while there was mutual respect between ADRA Mongolia and ADRA Australia, the operational partnership between them was weak. ACMFF's partnership was more one-dimensional, demonstrating strong mutual respect and commitment, but operationally weak and lacking in a shared vision.

The Evaluation Team observed that the nature of relationships between ANGOs and local implementing partners and government counterparts was influenced by a diverse range of administrative relationships and varying spheres of influence. A representation of these structures is presented below. The elliptical representations offer some broad, albeit simplified insights into the diversity of structure and varying spheres of influence of the agencies. This representation does not attempt to reflect the subtle differences accurately. For instance ADRA Australia has at times had input into some tactical decisions of the ADRA Mongolia activity such as the introduction of new alliances and ideas relating to the development of financial sustainability but for the most part, tactical and operational decisions are the domain of ADRA Mongolia.

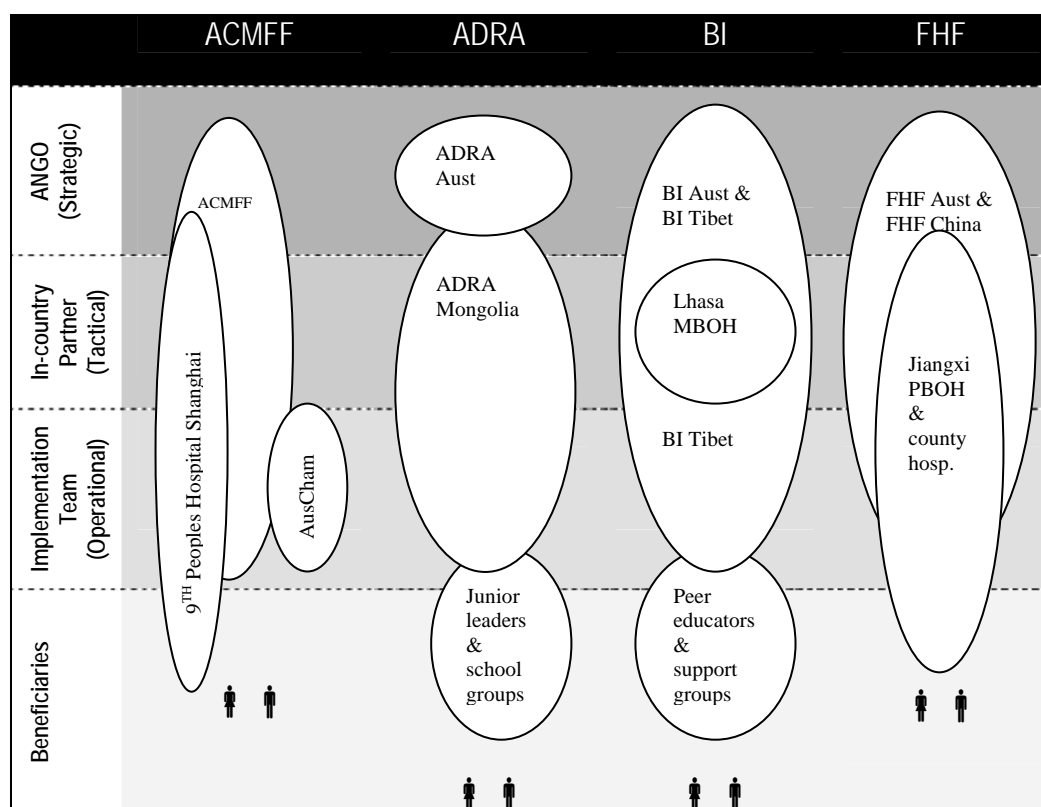


Figure 4: The diversity of organisational structures and spheres of influence

The 'y' axis describes the areas of potential influence and structural arrangements that underpinned the partnerships within each of the four ANGOs. The ANGOs are presented along the 'x' axis. Elliptical shapes represent the scope of responsibility or sphere of influence of discrete entities within the partnerships.

At the top of the matrix, ANGOs act in a strategic capacity establishing partnerships, setting broad directions, as sources of funding, and offering collegial support. Each of the four ANGOs played an appropriately active and dominant strategic role. Interestingly and positively in terms of effective partnerships, the local implementing partners (or ANGO representative office staff) in all four cases also had some degree of input to strategic decision making. BI and FHF's strategic decision processes were working effectively, resulting in activities that were cohesive with their strategies and broader programs. Both had engaged their local staff team in this process, with FHF in particular demonstrating a significant commitment to working with the FHF China team and the PBOH to develop long range plans and priorities. This was less evident where a mismatch existed between the ANGOs strategic thinking and that of the local

implementing partner. For ADRA this mismatch was clear and has been discussed in detail in preceding paragraphs. ACMFF and the 9th People Hospital may have shared a strategic focus on the academic exchange component of the activity; however this became less evident in relation to the longer term strategic vision for the activity in regard to its poverty focus and expansion to rural areas.

In three of the four activities, the ANGO plays little or no tactical or operational role in the activity or its implementation. This role sits appropriately with the local implementing partner. The exception to this being ACMFF. As an activity involving the transfer of Australian expertise to Chinese surgeons the activity appropriately involves both ACMFF and their local partner in implementation. In each of the four activities, the local indigenous entity is involved in the operational sphere contributing to implementation in varying degrees but appropriately matched to their capacity or position. For instance the Gao'an County Hospital contributes significantly to the FHF activity's implementation while the Lhasa MBOH plays a more limited, administrative role.

There were interesting dynamics at the beneficiary level in each of the four activities which has resulted in a two-way flow of influence between the beneficiaries and the operational sphere. The 9th Peoples Hospital, the Jiangxi PBOH and county hospitals and the Lhasa MBOH are all implementing partners as well as direct beneficiaries of the activities. In this sense they each have a dual role and are in a position to influence operational aspects of the activities. In the ADRA and BI activities, the beneficiaries have also formed groups, albeit nascent in BI's case, which plan to produce development outcomes of their own but also importantly contribute to activity implementation.

The Evaluation Team found that accreditation status did not necessarily reflect performance. Only two of the four ANGOs were operating at a level which could be expected given their accreditation status. As a Fully Accredited agency ADRA Australia was underperforming. It should consider exercising a greater degree of critical analysis of its activity's development outcomes, using its systems to foster learning and quality improvement and act in a more strategic manner to gradually phase out its support so as not to threaten development outcomes. There were a number of factors influencing ADRA Australia's role in the Mongolian Live & Learn II activity and these findings should not be taken as representative of ADRA's performance elsewhere. FHF and BI as Fully Accredited agencies were operating appropriately for their accreditation status and the capacity of their partners. ACMFF's operational performance vis-à-vis its limited development and project management capacity, was less than should be reasonably expected of a Base Accredited agency.

NB: Agency specific recommendations to improve performance are outlined in the Agency Specific Reports at Annexures A-D.

3.3 Development Strategy

This performance dimension encompasses contextual analysis, the design process and the quality of activity design documentation. It recognises that a thorough process of contextual analysis, consultation, thinking and planning informs a good design and that this should then be articulated through reasonable documentation which can be used as a management tool.

The following three indicators¹⁴ were used to assess each agency's performance in regards to Development Strategy:

- Appropriateness of analysis of geo-political context and complexities
- Adequacy of design process
- Standard of funding proposal or activity design

¹⁴ Refer to the ANCP Assessment Framework at Annexure E for the 18 quality standards underpinning Indicators 3,4 and 5 and used to guide the analysis.

The contextual analysis of the external environment undertaken by each of the four agencies was found to be of a satisfactory or high quality. It was universally demonstrated, and logically follows, that where an agency's level of engagement is deeper, their contextual analysis and ability to adapt to changing circumstances is stronger. Correspondingly then, the BI and FHF contextual analysis was most effective, with ADRA Australia and ACMFF being constrained for different reasons. ADRA Australia due to its general lack of operational and strategic engagement, and ACMFF due to its overly narrow focus on the clinical context at the expense of broader poverty and social analysis. ADRA Mongolia was able to draw on its long and multi-sectoral involvement in Mongolia to inform the design of its ANCP Live & Learn II activity. It must be remembered that while the ACMFF activity had only recently commenced this year, there was nevertheless a seemingly limited capacity demonstrated for broader or deeper engagement in development oriented activities on their part or that of their Chinese partner.



Figure 5 : A group of young Mongolian ADRA participants and staff

Perhaps unusually for a sample of ANGO activities, each of the four activities were relatively narrowly focused as compared with, for example, integrated rural development initiatives. This enabled a deep contextual understanding in their respective niche areas such as craniofacial surgery or HIV. Contextual analysis was most effective for those two agencies, namely BI and FHF, where they were taking a more comprehensive approach to a focused area. In the case of BI, its exceptional contextual analysis was enabled by its broader and longer term involvement in Tibet and due to the high professional capacity of its Australian and Tibetan based staff. FHF had taken a comprehensive approach to reforming blindness prevention in Jiangxi province and had invested in gaining a deep understanding of the health system, health economics, poverty analysis and the political process. It was compromised only by its lack of explicit gender analysis. FHF had also engaged at the National level with the Chinese government, the WHO and INGOs successfully advocating for reform.

The design process and the elements which increase its effectiveness are often not recognised explicitly or undertaken intentionally by agencies. Accountability and compliance demands of donors, while having had many positive effects on the sector,

have also tended to foster an unbalanced emphasis on design documentation at the expense of the design process required to inform it. Design documentation is the articulation of the results of the design process. Both are important but the process is fundamental to good design documentation. Of course it doesn't always follow that good documentation will automatically flow from good process, as is most clearly demonstrated by FHF's weakness in this area, but the opposite is almost always the case. This truism is well demonstrated in the findings of this evaluation. It should also be remembered that design documentation differs from a funding proposal in its intent and its application, and that project design must be ongoing to adapt to changing circumstances, necessitating routine updating of associated documentation.

FHF, BI and ADRA Mongolia undertook satisfactory design processes, being participatory and well conducted reflecting current development principles and practices. This involved thorough contextual analysis, participation of stakeholders, recognising and using lessons learned and the ability to adapt to changing circumstances. The process was not seen as a finite exercise pre-dating the commencement of the activity; rather it appeared to be a more organic process which was ongoing and continued to inform activity implementation and management. The ACMFF design process was reflective of the agency's and the activity's highly technical focus and the agency's strong technical capacity but limited development experience. The assessment of their design process was again impeded by the very recent commencement of the activity. As an academic exchange the design had not considered many of the elements central to the ANCP such as vulnerable populations, poverty analysis or gender analysis and it did not reflect the goal of the ANCP.

The findings of this North Asia Cluster Evaluation were considerably more positive in relation to design documentation than for the four NGO activities of the 2006 India Cluster Evaluation¹⁵. Design documentation was found to be relative to the complexity of the activity with three of the four activities having satisfactory documentation. The notable exception to this being FHF. FHF, although demonstrating many exceptional features throughout their activity, did not have design documentation for the ANCP activity beyond their ADPlan and implementation tools. The FHF ANCP activity is one component of a long term and broader engagement and as such seems to have been by-passed in FHF's otherwise comprehensive and good quality design documentation for other components of their China program. The point made in the previous paragraph is well illustrated in the case of FHF. Their design process had been thorough and has resulted in a good quality design (as distinct from design documentation). This has been supported by good quality management systems such as effective M&E. To date the lack of more detailed design documentation for the ANCP activity has not undermined its impact but this is certainly a risk that FHF should address immediately. In short, even though FHF's documentation was lacking, their depth of engagement and solid management practises had compensated for this.

The converse of the truism mentioned above can also be seen in the ACMFF activity. ACMFF had adequate design documentation in place for the nature and simplicity of its activity; however the documentation did suffer from an inadequate design process. The design documentation for instance referred to the beneficiaries as being financially disadvantaged however this was not the case in implementation and was not an understanding shared by ACMFF's partner who were operating as a commercial institution. This mismatch of philosophical motivations was a fundamental flaw.

The depth of engagement by the ANGO impacted on the quality of design documentation. BI's was correspondingly thorough, enhanced by the strong professional capacity of individual staff. This same factor illustrated a flaw in ADRA Australia's otherwise comprehensive design documentation. While reasonable documentation was in place, its application suffered due to ADRA Australia's somewhat formulaic use of its systems. For example data being received from the

¹⁵ India ANCP Cluster Evaluation Reports available from AusAID

field as a result of monitoring systems, was not being critically analysed or adequately responded to resulting in inaccurate and inconsistent ANCP documentation. The ANGO was not adequately abreast of what these inconsistencies meant so while design documentation was in place it was not being used effectively for management.

While in general, design documentation was satisfactory for three of the four activities, all activities would benefit from more detailed analysis and documentation of intended outcomes and impact. From a management perspective, with no clear definition of what the outcomes of the project will look like, the ability to know how the project is progressing is compromised. Equally as important is the ability to know when the project is not progressing and therefore being in an informed position to respond to this. Limiting operational tools to the activity and outputs level fosters a compliance/ accountability approach to monitoring, hindering reflection and learning

Recommendations

9. ANGOs need to extend the analysis and documentation of activity design to include the outcomes and impact levels
10. AusAID and ACFID to conduct sector wide training on project design with a particular focus on outcomes and impact analysis
11. AusAID should confirm with the NGO sector, their expectation that ANGOs will have more detailed design documentation in place underpinning ADPlans.

3.4 Activity Implementation

This performance dimension involves the different levels of efficiency and effectiveness in implementation of the project, how an organisation reflects, learns and responds to issues throughout implementation and finally their approach to enabling sustainability of the activity outcomes. The following four indicators¹⁶ were used to assess each agencies performance in regards to activity implementation:

- Efficiency which focuses on inputs, activities and outputs.
- Effectiveness which focuses on objectives, outcomes and impact
- Capacity for learning and continuous improvement
- Strategies for sustainability.

All four agencies and their partners, relative to their accreditation status, had undertaken good planning up to the outputs level, generating useful and well utilised operational documentation and tools. This was seen in the use of activity schedules, budgets, output progress reporting processes and detailed guidelines or training manuals for instance. Systems and documentation were more rudimentary for the Base Accredited agency and expectations were correspondingly modified. In addition, the ACMFF activity is relatively simple at this point having so far only involved a visit by 2 Australian experts to Shanghai for the purposes of academic exchange.

Planning and ongoing documentation at the inputs and outputs level which relates to efficiency is thorough for the three Full Accredited agencies. This was coupled with strong contextual analysis so agencies were aware of emerging issues which could hinder efficiency. In the cases of BI and FHF, the ANGO staff played a role in ensuring the strength of these systems. In contrast, this role was undertaken predominantly and very capably by ADRA Mongolia in the case of the Live & Learn activity. In spite of high quality implementation documentation and progress data generated by ADRA Mongolia, the ANGO was not appropriately engaged in or abreast of the detail of the activity for a Fully Accredited agency.

¹⁶ Refer to the ANCP Assessment Framework at Annexure E for the 20 quality standards underpinning Indicators 6,7, 8 and 9 and used to guide the analysis.

Findings

Where the focus of planning and management is skewed towards the inputs and outputs levels, this tends to foster a corresponding bias towards accountability and compliance rather than reflection and learning. While this was found to be less pronounced than in the previous India Cluster Evaluation¹⁷ there was a still a tendency to focus on the lower levels at the expense of higher order outcome and impact analysis and planning¹⁸. An organisational culture which engendered reflection and learning was also influenced by depth of engagement by the ANGO. As expected therefore, the BI and FHF activities were generating the information required and responding to it, enabling many instances of reflective learning and adaptation of the activity. ACMFF and ADRA's performance was weaker in this regard but for different reasons. ADRA Australia's lack of engagement in the activity was compounded by its formulaic use of its otherwise adequate monitoring systems which tended to ensure a compliance, checklist-type approach. As a very new activity, the ACMFF monitoring systems could be described as rudimentary at best and even for a small activity, should be strengthened with collection and analysis of data on some appropriate basic indicators.

The capacity and culture within the local implementing partner had a significant influence on the overall ability to reflect, learn and adapt. The application of the monitoring systems and high quality data collection was undertaken by ADRA Mongolia, and the BI and FHF local teams. BI Australia and FHF Australia actively responded to this data, critically analysing and utilising it. Both BI and FHF were also regularly conducting evaluations and responding to the findings. FHF demonstrated good practise in learning and adaptation because a number of factors were working harmoniously, namely strong ANGO and in-country staff, monitoring was process driven, not formulaic and monitoring and evaluation systems were comprehensive.



Figure 6: Village doctor and cataract surgery patient, Gao'an County, Jiangxi Province (FHF activity)

Overall each of the four activities will achieve or contribute to their stated objectives with a few exceptions where activities have had to be postponed for valid reasons. Each of the Full Accredited agencies had conducted varying degrees of analysis of

¹⁷ India ANCP Cluster Evaluation Reports available from AusAID

¹⁸ Note that these 'higher order' outcome and impact levels should be scaled to the activity in question, and should not represent overly ambitious aspirations.

intended outcomes and impact. Although not thoroughly documented, this information was being minimally utilised in M & E processes and to guide management. The immediate changes to beneficiaries' lives are more readily articulated than the longer term or broader impacts anticipated. Understanding and articulating the latter, is important in ensuring the optimal direction which the activity takes. For instance, the Craniofacial Clinics Development activity should create positive changes for individual clinicians, for individual patients and in surgical quality, however in the absence of more explicit analysis and articulation of intended impact, there is a significant risk that it will not assist the rural poor as intended by ACMFF. This is an area where the ANGO can take a proactive role and add value to the development process by working with partners to draw out their shared intended outcomes and longer term impact. This analysis and articulation is important because it tests assumptions, forces the analysis of risks and acts as a road map.

In the case of the ACMFF activity it was really too early to detect positive changes for beneficiaries. In its first year, only one visit had been made by Australian specialists to Shanghai. In the absence of any clarity of intended training outputs or outcomes, and no documentation about attendees it was impossible for the Evaluation Team to assess change. Through discussion with BI implementing stakeholders, the Team was able to ascertain a number of positive changes directly attributable to the BI activity, such as acceptance of outreach by the CSW and clients, increased use of condoms, and universal uptake of IEC materials. Changes in Jiangxi province to the reported quality and quantity of affordable cataract surgery for the poor, changes in hospital culture and within government counterparts could be directly attributed to the FHF activity. Identification and attribution of broader impacts in the ADRA activity was more difficult but it had undoubtedly contributed to the motivation and action of teachers, social workers, police, etc. and to the demonstrated confidence and functionality of the youth involved.

In terms of sustainability, the factor which set the higher performing activities apart was their comprehensive approach, and particularly in the Chinese context, the importance of long term engagement. In themselves of course, these characteristics need not automatically lead to sustained development outcomes; unless combined with a commitment to good development principles and planning. Where an agency was in a position to do both, sustainability was undoubtedly more likely. The FHF activity rated very well against this indicator as they are tackling both the supply and demand aspects of cataract blindness, as well as addressing the myriad pieces of the puzzle required for comprehensive reform. Over a period of many years, this had led to institutional, professional and attitudinal change which will be sustained. To compare this to the ADRA activity, changes have been positive for many individuals; however institutional change is limited by a minimal ongoing engagement with the Department of Education or other systemic factors. Not all agencies are in a position to undertake such comprehensive work as FHF; however it is a reality in relation to sustainability of development outcomes. The BI activity is endeavouring to engage with government processes and has had some success in this regard; however it is hindered by its extremely challenging context. The ACMFF activity performed poorly in regards to sustainability because training input was minimal and the positive surgical outcomes for patients are only currently likely to be sustained for those able to pay the high fees.

NB: Agency specific recommendations to improve performance are outlined in the Agency Specific Reports at Annexures A-D.

3.5 Contribution to the ANCP

The ANCP is unique as a funding mechanism within AusAID. It allows ANGOs to prioritise their own activities within the framework of an agreed goal, overarching Government policies, and broad administrative and management parameters. The ANCP has developed dynamically as an AusAID funding mechanism, reflecting different Government priorities and industry standards over time. For example, the introduction of accreditation has meant that it continues to reflect community support

to ANGOs in terms of funding allocation, but only with those ANGOs that are able to address agreed professional standards.

The goal of the ANCP is to “subsidise Australian NGO community development activities which directly and tangibly alleviate poverty in developing countries.” The ANCP does not have specific objectives but does have sectoral areas of focus outlined in the ANCP Guidelines as follows:

- basic education and training;
- primary health care;
- water supply and sanitation;
- income generation;
- rural and other poor; disadvantaged groups particularly women and children;
- good governance and promoting civil society;
- strengthening local NGOs;
- management of the environment and natural resources on a sustainable basis;
- renewable energy and appropriate technology.

In this cluster evaluation, three of the four sampled activities were health related activities. Two of these addressed poverty by working to increase access for the poor or disadvantaged to services and information. The third health activity, the Craniofacial Clinics Development activity is not currently cohesive with the goal of the ANCP and means of addressing this shortcoming have been discussed in detail with the ANGO. Nonetheless, it should make a valuable contribution to the transfer of Australian expertise to Chinese surgeons and already has a clear Australian profile in Shanghai. The fourth activity in Mongolia is working with disadvantaged youth, providing life skills development and promoting civil society.

AusAID's financial exposure with the ANCP is relatively low, owing to the relatively small amounts of funding expended on individual activities. In China and Mongolia on the four activities reviewed, AusAID's investment ranged from A\$20,000 to \$91,392 in 2006-07. The matching fund feature of the ANCP means that activities often have a larger impact than the monetary value of the AusAID subsidy, as occurs when ANGOs combine Australian government funding with community and with other international donor support. This represents very good value-for-money for AusAID in terms of impact. This was the case with each of the four activities in China and Mongolia and the FHF activity in particular is part of a much broader program with more far reaching impact which AusAID has contributed towards. The reach of BI's IEC materials across many government departments and other NGOs in Tibet, means a relatively small investment from AusAID has led to considerable impact and exposure, with prime opportunities for further expansion.

The ANCP allows AusAID to work in partnership with ANGOs in provinces and sectors that are not covered by bilateral programs or where the program is limited, thus enabling the Australian Government to have an otherwise unlikely link. This was the case with the FHF activity in rural Jiangxi, youth development in Mongolia and academic exchange in Shanghai. Each of the four activities reviewed demonstrated a strong Australian identity, taking Australia's aid profile into areas and sectors otherwise untouched by the bilateral program.

The ANCP also enables AusAID to partner with ANGOs working on local, often small scale activities with provincial and county level government counterparts and civil society organisations that aren't normally included under bilateral programs, but which are critical in the realisation of demand-led-governance. For example, the FHF activity has created demand amongst the rural poor for better quality and affordable eye care services. With FHF's assistance and lobbying efforts, the provincial and even National governments have responded with concrete support and funding thus strengthening demand-led-governance.

The ANGOs or their local team have invested enormously in establishing themselves locally in terms of relationships, infrastructure, and other activities and therefore track record and reputation. Australian support of the activities is well established. Funding NGO activities in China and Mongolia through the ANCP allows AusAID a connection with places, people, agencies and activities that it may not otherwise enjoy and does so without significant financial exposure. It positions AusAID and Commonwealth funds and potentiates the small ANCP budget.

3.6 Review of ANGO Self Assessments

AusAID is required by legislation to provide performance information on the quality of the aid program. The quality target, set in AusAID's performance information framework, is for 75 per cent or more of funded activities to achieve an overall rating of satisfactory or higher.¹⁹

The findings of the North Asia ANCP Cluster Evaluation are nominally consistent with this target, with three out of four of the activities being satisfactory and one of those demonstrating good practice, when assessed using the cluster evaluation methodology and the ANCP Evaluation Assessment Framework.

Agencies are expected to self-assess their ANCP activities at two points in the annual funding cycle. In April, an interim report assesses the likelihood of achieving their stated objectives. A final report is submitted in October after the completion of the ANCP annual activity. ANGOs apply a five-point numerical rating scale²⁰ to self-assess their activities. The capacity of ANGOs to assess their programs and to knowledgeably use the AusAID/NGO Quality Rating System is verified during Accreditation.

The ANCP Cluster Evaluation methodology cannot absolutely reveal the efficacy of the ANGO self assessment, except perhaps in cases of significant disparity. Recent changes made to the ADPlan format requiring Annexures for each country or activity with corresponding objectives has improved the reliability of the ANGO self assessment process however there remain a number of limiting factors. The timing of the cluster evaluations means that the status of the activities being reviewed may be significantly different to their status at the time of the ANGOs last report to AusAID. AusAID requires ANGOs to self-assess their activities using only one indicator of performance, namely the likelihood of achieving their objectives, and uses a 5-point numerical rating scale. The ANCP Cluster Evaluation Assessment Framework is a comprehensive tool using 51 indicators to analyse the contributors to project performance. It uses a 4-point categorical rating scale. Direct comparisons of these self assessment and cluster evaluation ratings are therefore not appropriate. The two results should be seen as separate elements of a broader 'triangulation set'. If both elements of this set are positive, this adds confidence to assertions of a positive real situation. If both elements are negative, this adds confidence to assertions of a negative real situation. Where a significant disparity in ratings emerges, the cluster evaluation process finding based on a transparent and comprehensive assessment process of overall performance, should be considered by AusAID.

While Accreditation has verified that ANGOs undertake the self assessment with integrity, the ANCP self assessment process as outlined in the NGOPI is confusing and contradictory, casting some doubt on the validity and usefulness of the self assessments. The indicators against which ANGOs are expected to self-assess their activities are not clearly outlined in the NGOPI, shifting between a request to assess

¹⁹ The AusAID NGO Quality Rating System: 1 - weak, 2 - marginally unsatisfactory, 3- satisfactory overall, 4 - fully satisfactory and 5 - good practice. Refer to the NGOPI for a full explanation of the five levels.

²⁰ The AusAID NGO Quality Rating System: 1 - weak, 2 - marginally unsatisfactory, 3- satisfactory overall, 4 - fully satisfactory and 5 - good practice. Refer to the NGOPI for a full explanation of the five levels.

Findings

the objectives, the project and/or the outcomes for each ADPlan or annex which may represent an entire country.

In a very general sense and considering the limiting factors outlined above, the Evaluation Team's findings supported the self assessments of the ANGOs in three out of four cases. There was a significant discrepancy in the case of ACMFF which had rated their China activity as '4' which is akin to Fully Satisfactory. ADRA, BI and FHF's self assessment were not significantly inconsistent with the findings of the Evaluation Team.

Recommendations

12. AusAID should review the ANCP self assessment process. The criteria and indicators of performance to be assessed should be reviewed and clarified in the NGOPI. The rating system should be harmonised with others used in AusAID.
13. The AusAID funded China-Australia Governance Program (CAGP) should be approached to assist in addressing some of the current administrative problems faced by NGOs operating in China, particularly those issues relating to the impediments placed on transfer of NGO operating funds between the two countries as a result of recent changes to relevant Chinese legislation. Issues related to local registration of NGOs might also be considered. Relevant staff of projects from the cluster evaluation may be encouraged to contact CAGP staff in this regard.

3.7 Review of Recommendations from 2006 India Evaluation²¹

The following table lists the recommendations made by the 2006 India ANCP Cluster Evaluation and comments on action taken.

Recommendation	Action taken
1. Where an ANGO's activity is assessed by the Cluster Evaluation process to be unsatisfactory or worse, another activity of that ANGO should be included in a Cluster Evaluation within 2 years.	This principle has been discussed with DPC and communicated to the NGO sector during the ACFID NGO Effectiveness workshops in Sydney and Melbourne. This was confirmed at the NGO Cluster Evaluation Peer Review in October 2007.
2. ANGOs should not rely on the ADPlan as a design document. ANGOs need to extend the analysis and documentation of activity design to include the outcomes and impact levels.	Discussed with NGOs at ACFID NGO Effectiveness workshops in Sydney and Melbourne. ACFID Design Workshop scheduled for September 2007.
3. AusAID should clarify misunderstandings with the sector which have developed since the recent revision of the ADPlan format regarding an activities/outputs approach vs an objectives/outcomes approach.	No specific action taken although it should be noted that this issue was not apparent amongst the 4 ANGOs in the North Asia Cluster Evaluation. Responsibility: AusAID
4. AusAID should harmonise the ADPlan format and other administrative requirements such as report formats to engender rather than hinder a programmatic approach by ANGOs.	No changes made. Responsibility: AusAID
5. Encourage ACFID to undertake a session with ANGOs to facilitate quality	ACFID conducted workshops in Sydney and Melbourne in June 2007 to discuss the

²¹ Full India ANCP Cluster Evaluation Reports available from AusAID

improvements in response to the findings of the Cluster Evaluations.	cluster evaluation. DPC has recommended a structured feedback session with participating ANGOs following each evaluation. This was confirmed at NGO Cluster Evaluation Peer Review in October 2007.
6. ANGOs should be encouraged to take a longer range view of planning given that ANCP funding is flexible and remains relatively stable even though it is managed on an annual cycle.	No specific action taken. Responsibility: AusAID

Recommendation	Action Taken
7. AusAID should review the validity of the current self assessment process and consider other ways of determining project performance. At the very least AusAID should harmonise the self assessment indicators and rating system with others used in AusAID and the Cluster Evaluation methodology.	No action taken to date but a similar recommendation has been made following the North Asia Cluster Evaluation. Responsibility: AusAID NB: New 6 point categorical scale developed by ODE.
8. Identify core questions within the ANCP Assessment Framework Question Guide which must be followed by all Evaluation Teams regardless of individual approaches.	Considered unnecessary by North Asia Evaluation Team.
9. To ensure organisational capacity is more intentionally considered (such as the distinction between Base and Full accredited agencies) the first dimension of the ANCP Assessment Framework should deal solely with these aspects of performance. Shift indicator 1 to Performance Dimension 2 (Design Strategy). Rename Performance Dimension 1 – Organisational Capacity.	Complete and revised Assessment Framework used in North Asia Evaluation.
10. Increase lead time for preparation prior to the field work to approximately 3 months to allow identification of a broader range of key informants to further triangulate data.	No changes made prior to North Asia or Fiji/Vanuatu Cluster Evaluations. Recommendation reiterated by DPC and AusAID has made a commitment to implement this recommendation in future. Confirmed at NGO Cluster Evaluation Peer Review in October 2007.
11. Allow time with each activity to revisit key informants or refocus the line of inquiry based on an initial analysis using the Assessment Framework ie increase the time spent at each activity by an additional ½ -1 day.	AusAID is supportive of this recommendation however logistics and consultant availability constrained its implementation in the North Asia Evaluation. Refer to Recommendation 7 of the North Asia Evaluation recommendations.
12. There are a number of practical recommendations which should increase the efficiency of the evaluation process which will be communicated directly to CPS.	Completed by Evaluation Team.

Figure 7: Action taken from India cluster evaluation recommendations

APPENDIX A: ADRA REPORT

ANGO	Adventist Development Relief Australia (ADRA)
Implementing Partner(s)	ADRA Mongolia (Independent ADRA Affiliate)
INGO	ADRA Mongolia
Program Title	Live & Learn Project
Budget – AusAID /ANGO/counterpart NGO	05/06 AusAID subsidy: \$119,740.32 (+ \$51,691 for innovative program and \$28,955 for M&E workshop in general capacity building program) 06/07: AusAID subsidy: \$91,392, ADRA: \$38,080
Major Development Objectives	<p><u>05/06 Live and Learn I</u></p> <ol style="list-style-type: none"> 1. Strengthening civil society by building the capacity of communities to identify and meet development challenges in a sustainable manner. 2. Improved quality in project design, monitoring and evaluation. <p><u>06/07 Live and Learn II</u></p> <ol style="list-style-type: none"> 1. To increase the personal growth of underprivileged young people and provide these young people with life skills needed to achieve long-term development. 2. To provide ongoing support and monitoring to participants in current and previous Live and Learn programmes 3. To ensure sustainability of the project through capacity building with partner institutions, networking and collaboration with local and international outdoor education organizations and through integration of course methodology through advocacy into the wider physical education curriculum.

Background

The Organisations¹

ADRA Australia is part of ADRA International, the global humanitarian operation of the Seventh-day Adventist Church.

ADRA's worldwide network has a presence in 125 countries. In 1997 the United Nations Economic and Social Council granted ADRA general consultative status.

Financially, each ADRA office in the network, including ADRA Australia, operates independently. ADRA Australia receives grants and funds from donors primarily within Australia and is accountable to Australian tax, auditing, aid and NGO (non-government organisation) policies and legal requirements.

As part of a global network, each ADRA office works under a similar vision, mission and belief statement. There is a uniform method for the planning, approval and implementation of projects.

ADRA offices are divided into two functions: Each office is considered either a supporting partner office or an implementing partner office. ADRA Australia is a supporting partner office.

ADRA Mongolia is part of the same global network and is an implementing partner office. Based in the capital city of Ulaanbaatar, ADRA Mongolia is a locally registered, development and relief agency with projects in education food security, health, micro-enterprise, adventure-based learning, and agriculture. The organisation has rapidly expanded in size over recent years and employs many Mongolian nationals as well as a smaller number of expatriate staff.

¹ Derived from existing documents provided by ADRA.

The Context²

Mongolia is a particularly harsh country for a young person to be living in difficult circumstances. The climate is extreme and Ulaanbaatar is famous for being the coldest capital city in the world. Street-children often sleep down manholes, to gain the only source of heating they can (from hot water pipes) although this problem has diminished in recent years. It is a country which has undergone huge political, social and economic change since the shift from communism in 1990. Levels of poverty are high, with an estimated 36.5% of the population living below the income poverty line.

The proportion of young people in Mongolia is remarkably high, with under 18 year olds and 19-24 year olds representing 46.6% and 12.1% of the population respectively. The 2000 population census revealed that approximately 22% of young Mongolians under the age of 18 live under difficult circumstances.

Since the transition from communism, social, education, justice and health services have required serious adjustments to the new reality; however, innovation and effective development in many of these areas has not kept pace with community needs or prevailing international standards. Fields such as social work, youth and community development are relatively new innovations and remain distinctly undeveloped given the level of need.

For many young Mongolians the current social, welfare and educational services available do not effectively address their needs, including the growing need for practical resources that would provide them with the necessary skills to enable them to directly cope with the fundamental life challenges they experience on a daily basis.

The number of early school dropouts continues to increase annually, rates of literacy and numeracy have dropped significantly since the early 1990s, while in parallel the number of crimes committed by young people has more than doubled with many of the government responses to this emerging juvenile crime not meeting standards set out by the Convention on the Rights of the Child. UNICEF estimates that there are between 3,700 and 4,000 street children living in Mongolia.

Vulnerable young people face significant barriers and many of the social and economic difficulties are tightly linked: children from poor families are less likely to gain higher level education, while those same children with lower levels of education are more likely to be incarcerated for criminal activities. For young people who slip through the cracks of the system there are no effective mechanisms to enable them to reconnect with the relevant community support structures. Therefore, one of the major developmental needs addressed through this programme relates to the need of vulnerable Mongolian adolescents to become re-engaged in positive roles with their communities and thereby becoming more capable of achieving their goals and aspirations.

Live and Learn will support young people's development by actively engaging them in a programme where they are able to explore areas such as team work, conflict resolution, communication, goal setting, time management, positive thinking, trust, and anger management.

The project will utilize a schools-based approach that has been proven to be an effective strategy in the current project to reach at-risk youth, to keep track of all participants and to monitor the long-term impact of the project on personal development. A school-based approach encourages the beneficiaries to maintain behavioural and attitudinal changes through ongoing supportive networks and nurturing relationships developed by participants during the programme training and upon their return to their communities.

² Derived from existing documents provided by ADRA.

Performance Dimension A: Organisational Analysis

Indicator 1: NGO capacity to deliver development response

Rating: Highly Unsatisfactory/Satisfactory³

As there was a clear disparity between the performance of the ANGO (ADRA Australia) and their local partner (ADRA Mongolia) in respect to this indicator, the evaluation team took the unusual step of providing a 'split rating' in this case. Considering the Full Accredited status of the ADRA Australia, its capacity to deliver development response in relation to this project was found to be Highly Unsatisfactory, while their Mongolian counterpart's performance in this respect was Satisfactory.

It must also be noted that ADRA Australia's input into this evaluation was effectively placed on the shoulders of a single individual, whose responsibilities extend well beyond this project. This was, perhaps, not a wise decision on behalf of the organisation, as it potentially prevented any corporate knowledge vested in other staff from reaching the evaluators. Having said this, it still may not have changed the rating, as the level of understanding looked for might reasonably be expected to pervade all levels of project management within ADRA Australia. It may also have been reflective of a lack of senior level (Australian) engagement in the project. This has had significant effects, as without a depth of understanding of the positive benefits of this project at the senior level, there was no one to appropriately champion it to the organisation's Board; resulting in funding almost being withdrawn this year.

Despite a number of monitoring visits having taken place, ADRA Australia had a limited grasp of the current state of affairs within the project. There was only a cursory understanding of the (quite good) monitoring and evaluation framework the project was using (including Life Experience Questionnaires [LEQs], participant follow-up, etc.), with a specific deficit of awareness occurring in regard to the associated analysis that was being carried out. Partnerships were much more advanced than implied by the ANGO's input, and there were some differences between the ADPlan targets and actual project plans (although, as these differences were well justified, this would again appear to be a communication, rather than a planning issue). Despite the project's success, ADRA Australia therefore demonstrated only limited capacity to effectively manage their role in it. ADRA Australia manages its portfolio on a 3 year funding cycle and this has been clearly communicated to ADRA Mongolia. While internal strategic decisions are obviously the business of ADRA and not this evaluation team, the cessation of funding to such a project would have seriously threatened its current development outcomes and therefore raises concern over ADRA Australia's analysis of its exit strategy and appropriate application of its funding cycles. This funding withdrawal was averted at the last minute (largely due to an increase in availability of ANCP funds). The original decision was undoubtedly based on a real shortage of available funds, but such a short-sighted approach tends to suggest that the high level of project impact and the substantial contributory investments made in regard to staff development (first aid training, counselling techniques, etc.) were being overly discounted; most likely on the basis of poor understanding. This situation could equally reflect poor strategic planning and decision-making. If outdoor education/experiential learning with vulnerable youth had ceased to be a priority area for ADRA Australia, a longer-term approach to phasing out funding should have been better advanced by this stage.

ADRA Mongolia has many years of experience working in relevant educational fields with relevant partners. The size and professional capacity of ADRA Mongolia's pool of project staff was demonstrated to the evaluators, and is regarded as more than sufficient to successfully deliver the project. One of the few failings in respect to ADRA Mongolia was in regard to Child Protection practices and policies. While very good OH&S-style policies/procedures were in place, these tended to overlook more specific child protection requirements (e.g. protection from potential sexual or other exploitation). It must be stressed that the evaluation team had no concerns whatsoever regarding the existence of current child protection issues. ADRA Australia

³ A split rating was used only where there were consistent and marked differences in the assessment of indicators for different key stakeholders or components of a project. In this case, a compromise rating would conceal very important strengths and weaknesses. Hence, the split rating is not a compromise between two contiguous ratings, rather it represents distinct ratings applied to the different stakeholders or components of the project.

probably should have played a more effective mentoring role in regard to the establishment of improved Child Protection policies, given the fact that children are a primary focus of the project.

ADRA Recommendation 1

Based on an informed impact analysis, ADRA Australia should decide where this project fits in a strategic sense within its overall program. If it wishes to withdraw support for the project, it should develop a clear phasing out strategy with ADRA Mongolia.

Indicator 2: Strategies for ensuring quality partnerships

Rating: Satisfactory

While ADRA Australia's performance in relation to its partnership with ADRA Mongolia was significantly flawed, ADRA Mongolia's local partnerships were highly effective.

Field partnerships were primarily established at the level of particular participating schools or police precincts, but some inroads were also made into broader systemic changes through relevant inclusions of personal development material in the National curriculum. As revealed by interviews, the local partners involved are enthusiastic and sincerely supportive of the project; with key individuals often providing much more of their time than initially requested. The choice of specific local partners seems appropriate and based on reasonable assumptions regarding the geographic distribution of vulnerable children. Urban and rural schools and 'gir district' police precincts (lower income areas) are included in the selection.

ADRA Mongolia is largely fulfilling the role of a packaged service provider in regard to the functioning of the project. It is undertaking a substantial and highly worthwhile program of train-the-trainer initiatives with teachers, police officers and students. In regard to students, it specifically develops 'Junior Trainers' who then undertake supporting roles in future exercises. The project also supports (both materially and through mentoring), associated student-initiated 'clubs' that have spontaneously developed within some participating schools. These clubs are an impressive by-product of the project, (as is the enthusiasm of the children who form them), and significant opportunities still exist in relation to establishing inter-club communication and coordination.

Design of project activities remains largely in the hands of ADRA Mongolia. This is quite justified, because design of personal development activities to be included in the project needs to be psychologically sound, and it would be potentially dangerous and counter-productive to leave such design tasks to lay persons or even non-specialist teachers. However, this packaged approach does reduce the potential for joint decision-making, and therefore limits some capacity building of local partners. A few, carefully controlled compromises may therefore be appropriate in this respect.

The main recent contribution of ADRA Australia to assisting ADRA Mongolia with project management was the provision of an intern. This intern has relevant social science (youth work) qualifications and has brought significant counselling, training and administrative skills to the project. She is clearly regarded as a valuable local asset by other project staff. However, it is not her role (nor is the evaluation team suggesting it should be), to mend the significant communication gaps between the Australian and Mongolian agencies.

Apart from having direct local partners such as schools and police agencies, ADRA Mongolia also attempts to link this project into other parts of its own broader Youth Enterprise Project (YEP) and Micro Economic Development Project (MED). It also fosters project links to the related programs of agencies such as Save the Children Fund and the partners National Centre Against Domestic Violence (both involved in provision of shelters and associated activities). Some expansion of such linkages is likely to prove productive, especially if clearer MOUs can be established with other Mongolia-based NGOs.

Recognition of the effectiveness of the outdoor education model of personal development by ADRA Mongolia and its local partners was very high and clearly shared. ADRA Australia did not appear to have a similar appreciation of this effectiveness, nor the level of local support it enjoyed, as the recent potential withdrawal of funds to the project seems to suggest. For a project enjoying such significant local support, some form of phased exit by ADRA Australia is called for to maintain the development outcomes, reduce the impact on local partners and the flow-on ramifications for ADRA Mongolia. If other sources of funding were not secured in time and the project ceased, many of the current development outcomes (in respect to producing lasting changes in children's lives) would be lost. Some form of ongoing support for existing participants should be a minimum consideration.

Performance Dimension B: Development Strategy

Indicator 3: Analysis of geo-political context and complexities

Rating: Satisfactory

The identification of the outdoor education model of personal development as appropriate in the Mongolian context appears to have been opportunistic, in that it was based largely on the personal leanings of certain ADRA staff. Having said this, there was a clearly established need within vulnerable groups of Mongolian youth for some form of intervention, and the opportunism appears to have been successful, with a much greater impact on individuals than initially hoped for (there is credible evidence to suggest that this type of intervention is of the order of three times more effective in the Mongolian context than elsewhere). Once this type of intervention was selected, there appears to have been substantial investigation of how to best implement it. Partnerships were established with similar, well-advanced programs in Australia (DelHunty Park), as well as with similar ADRA projects (in Rwanda and Cambodia). Development of the approach has continued with professional-development links also being established with Outward Bound Singapore, who have also played a significant ongoing role.

ADRA Mongolia has adopted the approach of leaving selection of participant children to their local partners, such as schools and police agencies. While this has relieved ADRA of some contextual analysis, it appears to be working well. It was noted that while selection is targeting the 'most vulnerable' children, this did not always equate to selecting the poorest children. This is regarded as appropriate by the evaluation team, because it meant that although the majority of participants were from less wealthy families, the program had not developed a potential stigma of its own (i.e. it was not perceived as 'a poor kids program').

Some ongoing monitoring of context is being undertaken. On a broader scale, this is mostly ad-hoc, through the feedback of local partners and links with related programs of other NGOs. ADRA Mongolia is well networked with the government, other INGOs and works all over Mongolia and is therefore well positioned to keep abreast to emerging contextual issues. On an individual basis, it is quite thorough, with 1, 6 and 12 monthly follow-ups of participants. The project has also recognised and responded to unexpected offshoots of the projects, such as the student-initiated, school clubs.

Some inclusions in to the National curriculum have been achieved, but it appeared that this higher-level engagement with local partner organisations has now fallen off. It is an area that might profitably be expanded again, especially in regard to teacher training.

ADRA Recommendation 2

ADRA Australia should assist ADRA Mongolia to improve the scope of ongoing risk management for the project. Ongoing risk assessment should consider the full range of STEEP risks (as used in the original design). More specifically, a child protection policy should be put in place as soon as possible, and ADRA Australia needs to ensure its partners are complying with AusAID Guidelines⁴ in this regard.

⁴ AusAID Guidelines on Child Protection are soon to be released.

Indicator 4: Adequacy of design process

Rating: Satisfactory

While perhaps opportunistic in its genesis, this project has found a successful niche in the Mongolian context. Neither ADRA Australia nor AusAID have a Country Strategy for Mongolia, so some opportunism is to be expected. Hence, while it does not appear to have been a strategic addition to a broader program, credit must be given to ADRA for being flexible enough to recognise and respond to the opportunity.

The project has been well designed, and professionally implemented. It is recognised that the use of outdoor education as a means of promoting personal development has many pitfalls for those underestimating the task. Many of these pitfalls can lead to highly counter productive social and psychological impacts at the individual level. The project has been strongly cognisant of such pitfalls and has sought appropriate professional assistance (e.g. DelHunty Park, Outward Bound Singapore, etc.) to successfully enable their avoidance. The input of ADRA Australia into the ongoing design has understandably been reduced over time, although some input to the quality of design documentation has continued. ADRA Mongolia has now clearly increased its capacity in design to a level where it requires little assistance.

Target beneficiaries are well selected, with most coming from 'at risk' youth within disadvantaged gir districts. While not all participating children are the 'poorest of the poor', this is appropriate, as it avoids the project itself becoming stigmatised (as a 'poor kid' program), and also allows participant interaction within a broader peer group. There is no doubt as to the disadvantaged nature of the youth involved.

Risk has been assessed reasonably thoroughly using a STEEP framework. Given the nature of the field activities undertaken by the project, Occupational Health and Safety issues required special attention. The project has been very conscientious in this regard. Field staff are well trained, including first aid. All activities incorporate appropriate safety protocols. Field communications are effective (with satellite phones at camp, and radios carried at all times during field activities). Supervision of children appears to be adequate without being overly invasive. Given the focus on child participants, one of the few areas that might be improved is the provision of a more specific child protection policy and associated protocols. Again, it is stressed that this is seen only as a policy deficiency and at no time did the evaluation team have any reason to think that any actual child protection issues existed within the project. At the behest of ADRA Australia, ADRA Mongolia has also clearly identified economic risks to the project and responded with a number of detailed studies into the viability of incorporating paying clients into the program in such a way as to cross-subsidize targeted participants.

The design has made effective provision for monitoring and evaluation. An externally proven combination of using an Adolescent Coping Scale (ACS) and Life Experience Questionnaire has been proactively adapted to meet project needs (with oversight successfully sought from its original designer). This instrument includes capture of some cursory 'impact' data at the individual level, and is applied to all participants at staged follow-up intervals of 1, 6 and 12 months.

The project has incorporated common sense gender sensitivities. Male and female field staff are always in attendance, and boys and girls have separate and well-supervised sleeping arrangements. It should be noted that, in some respects, it is the ensuring of adequate male participation in the project that demonstrates gender sensitivity, as women often have a dominant position with respect to educational institutions (both as staff and students) in Mongolia.

The Project has some links to other ADRA Mongolia projects (YEP and MED), but such linkages are in their formative stages and require substantial expansion to realize any effective synergies. Links to the programs of other NGOs operating in Mongolia have also been established to a modest, but commendable extent (eg. Save the Children Fund and the partners National Centre Against Domestic Violence). Expansion of all such links is greatly encouraged.

As mentioned under indicator 2, the design of outdoor education activities as a vehicle for personal development requires a sound, and not always obvious, psychological basis. Amateuristic attempts can easily do individuals more harm than good. The project has therefore been justifiably careful in allowing local partners input into design of specific activities. It has, however, brought local partners into decision-making regarding participant selection, and actively supported positive by-products such as student formed clubs. Increasing the degree of high-level engagement, such as through input into Government accredited teacher training courses, might provide further opportunities for joint decision-making with partners. Providing opportunities for inter-student club communication may also empower past participants to provide more consolidated feedback into design processes, and mentor more recent participants.

Indicator 5: Standard of funding proposal or activity design

Rating: Satisfactory

The project design document is of high quality, incorporating a STEEP risk assessment and detailed Monitoring & Evaluation requirements. There was clearly considerable and appropriate input from both ADRA Australia and ADRA Mongolia into this original design. ADRA Mongolia has appropriately adapted the design throughout implementation, and maintains very detailed action plans for all project components, particularly field exercises. Some documentation of updated risks is carried out, but is not very comprehensive. ADRA Australia seems to have been left behind in regard to project evolution, as there exist some inconsistencies between on-the-ground planning and the annual ADPlans.

ADPlan objectives are also somewhat vaguely written, and this makes it difficult to closely associate some field activities with them. This is likely to primarily reflect the communication issues mentioned elsewhere. Although ADRA Australia played a significant role in their original design, it appears to have only a shallow appreciation of the Monitoring & Evaluation systems operated by the project, particularly in relation to the Adolescent Coping Scale (ACS) and Life Experience Questionnaire (LEQ) and the quality of subsequent analysis. ADRA Australia's higher-level project monitoring plan remains somewhat superficial and generic.

The M&E systems currently operated by ADRA Mongolia are very good. At the individual participant level, a series of 1, 6 and 12 monthly follow-up sessions are used to assess project impact. At these sessions the ACS and LEQ are administered, and other instruments are also reviewed. For instance, during their initial involvement in the project, participants write a letter to themselves setting out their personal targets for 'where they wish to be' at each follow-up point. Information from these sessions is recorded and analysed. While this assessment of impact at the individual level is commendable, modest expansion of M&E systems to assess 'bigger picture' impacts of the project remains desirable.

Sustainability issues have been considered, with 2 significant reports being commissioned by ADRA Mongolia and encouraged by ADRA Australia, into the economic feasibility of attracting a percentage of paying clients (e.g. corporate groups, etc.) to use the existing outdoor education facilities, in order to cross-subsidize target participants. Follow-up of participants also encourages lasting effects at the individual level.

Performance Dimension C: Activity Implementation

Indicator 6: Efficiency of Activity Implementation

Rating: Good Practice

ADRA Mongolia can largely take the credit for this result. Project schedules are clear and achievable and regularly updated. The budget is clear and detailed and day-to-day planning and monitoring is excellent.

Professional development of staff is well managed and has resulted in a cadre of very valuable expertise being established within project staff. The associations with Delhunty Park and

Outward Bound Singapore have proved an effective means of ensuring this professional development. The full professional and technical standards of these associates have been successfully transferred to the project context. The technical standard of all project inputs has therefore been excellent.

Implementation of M&E systems is conscientiously attempted (particularly 1, 6 and 12 monthly follow-ups with the ACS and LEQs. In application of these LEQs, the monitoring systems of this project took a recognised standard in the field of experience-based learning and modified it (under expert supervision) for local conditions.

While it was true that ADRA Australia does not appear to be completely familiar with the detail of the project, their Mongolian partner clearly has developed sufficient capacity to make up for this management shortfall. In some respects this is a positive outcome, but it would have been far more impressive if evidence existed that this transference of responsibilities was due to good planning rather than necessity.

It seems that while ADRA Australia is receiving data from Mongolia and transferring it to AusAID reports, there is a lack of real synthesis of the information. A consequent lack of responsive engagement in the implementation process has resulted in ADRA Mongolia having to make some routine decisions alone, and this has created issues such as inconsistent feedback being reported to AusAID.

Indicator 7: ANGO Capacity for learning and continuous improvement

Rating: Unsatisfactory

It should be noted that this indicator is specifically directed at the ANGO. As has been noted elsewhere, ADRA Mongolia's M&E systems are regarded as appropriate and are operating well.

ADRA Australia does not appear to have a sound appreciation of the project M&E systems, as demonstrated by their being unaware of whether information collected using the ACS and LEQs was being analysed in any consistent manner, when this was actually progressing well. Information flows appear to be quite timely, however once information reaches Australia there is a lack of synthesis of its implications and associated responsive engagement in the project. Figures relating to targets and milestones are accurately recorded by ADRA Mongolia, but do not appear to align with ADRA Australia reporting to AusAID. Actual results are sometimes better than reported, so this is most likely another result of systemic miscommunication.

Even within Mongolia, there are some limitations to the value of existing M&E systems to higher-level decision making, as most data collection and analysis addresses lower order issues, or focuses on the individual participant level. There remains a need to attempt some extrapolation to 'bigger' picture impacts (i.e. impacts on educational performance or recidivism rates of participants compared to non-participants). This would allow modest projections as to the potential worth of any future (geographic or numeric) expansion of the project. There is some responsive consideration given to broader risks, but this is often focussed on key issues such as financial sustainability, rather than consistently assessed and documented across a comprehensive range of STEEP framework risks (as initially used in the project design).

In short, there appears to be a 'loss of strategic interest' in the project from the ADRA Australia side, and hence there is an accompanying lack of evidence of recent responses to any lessons learned.

ADRA Recommendation 3

ADRA Australia should give greater emphasis to ensuring that the purposes behind its sophisticated monitoring and evaluation systems are fulfilled, rather than focusing on fulfilling the processes alone. This should include an improved capacity to accurately monitor project results and inform AusAID of any significant departures from current ADPlans in a timely manner.

Indicator 8: Effectiveness of Development Intervention/Response
Rating: Satisfactory

This type of intervention appears to have found a niche in Mongolia, with outdoor education approaches to personal development reportedly showing on the order of three times the impact on individuals than similar interventions elsewhere (this finding is supported by the project's use of the Adolescent Coping Scale (ACS) and Life Experience Questionnaire [LEQ] results, compared to other countries also using the ACS and LEQs). This type of intervention appears to have great synergies with Mongolian culture. This level of impact has taken all partners (including ADRA Mongolia's local partners) by surprise and has translated into substantial stakeholder support and enthusiasm, not least on behalf of the participants themselves. A number of student formed clubs have spontaneously arisen as a by product of the project, and the participants themselves are pushing for expansion of their involvement and support in future project initiatives. Although impacts do reduce over time, the results of the ACS and LEQs infer long-term behavioural changes in individuals, and parents and other stakeholders interviewed support this view.

Longer-term impact could be improved by better integrating this project with other ADRA initiatives (eg. YEP and MED), or other government and NGO initiatives. This would give some participants in the project a clearer longer-term target of 'graduating' to other programs. This has been attempted to some extent, but deserves expansion. The project has also made some inroads into incorporating outdoor education approaches to personal development into the National curriculum, but emphasis on such systemic approaches to expanding impact appears to have fallen off in recent years. This is another area that deserves more effort. Suggestions include seeking opportunities to provide input into accredited teacher training.

One of the project's key successes has been to help prevent less privileged, or behaviourally maladapted children from 'falling between the cracks' of the public education system. Individual cases supporting such impacts were observed by the evaluation team. Given the higher educational standards promoted among such individuals, some long-term effects on poverty alleviation can be strongly inferred. However, it would be a mistake to assume that the positive effects flow only from improved education, many of the participants interviewed also showed well above average motivational and problem-solving resources, which they themselves attribute to the learning opportunities provided by the project.

The project has been gender sensitive in as far as it has ensured a relatively even mix of male and female among participants, local partner representatives/trainees and project staff. Ongoing capacity has therefore been built across both sexes. It is worth noting that, particularly from an educational perspective, females usually dominate the available opportunities in Mongolia.

The project has been very successful in promoting an Australian identity in relevant facilities and activities, with appropriate signage and acknowledgement at camps and on related materials.

While lower level and individual impacts (eg. school attendance figures, graduations, etc.) are well recorded, 'bigger picture' assessments of impact need to be attempted. These may still be relatively modest, but should at least allow estimations of project effectiveness (eg. in regard to improved academic performance or reduced crime recidivism, etc.) for comparison to relevant baselines (e.g. figures before the project operated in an area, or in a similar area without the project). This will provide rough estimations of both current worth, and the value of expansion of the project.

ADRA Recommendation 4

The project should consider restarting initiatives aimed at having systemic effects within the Mongolian educational or correctional sectors. Some inclusions to national curricula have been made in the past. A wide range of options should be explored in this regard, including seeking involvement in accredited teacher training.

ADRA Recommendation 5

While impacts at the level of individual participants are reasonably well assessed, this needs to be expanded to include definition and monitoring of broader project impacts.

ADRA Recommendation 6

The project needs to expand linkages with other ADRA Mongolia programs (e.g. YEP and MED), and to the related programs of other NGOS or Government agencies. While this is already occurring to a limited extent, it should be a key issue for the project in regard to promoting a higher level of impact. This may also include incorporating existing international partners, such as Outward Bound Singapore, into sustainability strategies, thereby allowing an expanded market for cross-subsidization opportunities.

ADRA Recommendation 7

The spontaneous creation of project-related student clubs in participating schools is a very positive development that should be capitalised upon by formally bringing them into the mainstream project design. Existing efforts to support these clubs could also be augmented by providing greater opportunities for inter-club communication and interaction.

Indicator 9: Strategies for Sustainability

Rating: Satisfactory

In the knowledge that funding for this project may be in jeopardy due to ADRA Australia's 3 year funding cycle, ADRA Mongolia has a plan to try to incorporate some paying customers (possibly from the corporate world) into their outdoor education program, with the intent of enabling cross-subsidization of targeted project participants. This would reduce dependence on external funding sources and perhaps also provide for some expansion of targeted participation. ADRA Australia has encouraged and assisted in this approach, but does not seem aware of its current level of progress. ADRA Mongolia has produced two very detailed assessments of options in this regard and is currently in the process of progressing such options. It is suggested that carefully chosen international corporate sponsorship may also be an option worth investigating (manufacturers of outdoor equipment, etc.).

In the interim, ADRA Australia remains a major source of funding for the project. ADRA Australia's 3 year funding cycle had been communicated to ADRA Mongolia however the cessation of funding at this point in the activities life would have certainly diminished its lasting development outcomes. The recent boost in overall ANCP funding fortuitously removed this necessity. It is not doubted that the decision made by ADRA Australia was based on a real scarcity of funds, but given the high level of local stakeholder engagement and support this project engenders, it would have placed all of these stakeholders, as well as ADRA Mongolia, in a very unenviable position should the project have been abruptly terminated. Negative effects on current development outcomes would likely result from both a withdrawal of existing support and adverse stakeholder reactions. The good will that partner relationships are necessarily based upon would have been lost, and would, at the least, have taken considerable effort to revive. The very valuable specialist technical capacity of project staff was also an asset that it would have been unwise to discount. A means of harnessing this talent for future productive use needs to also be considered. In short, ADRA Australia and ADRA Mongolia should develop a phased exit strategy which is informed by the actual context rather than being ruled by a set funding cycle.

At the level of individual participants, the current 1, 6 and 12 monthly follow-up sessions are a good start at ensuring some long term effects. However, participants themselves are eager to graduate to some 'next step', and provision of stronger links to ADRA's YEP and MED programs, and to relevant programs of Government or other NGOs is encouraged. Note that it is not the intent here to suggest that ADRA should keep supporting participants indefinitely. Rather it is simply proposed that the higher the level of educational or vocational assistance that can be

delivered the better, and that something beyond standard scholastic assistance may greatly benefit certain participants.

Overall Project Quality Rating: Satisfactory

Agency Indicator		ADRA	
Context Analysis	1. ANGO capacity to deliver development responses	HU/S	
	2. Strategies for ensuring quality partnerships	S	
	3. Analysis of context and complexities	S	
Development Strategy	4. Adequacy of design process	S	
	5. Standard of funding proposal or activity design	S	
Activity Implementation	6. Efficiency of activity implementation	GP	
	7. NGO capacity for learning and continuous improvement	US	
	8. Effectiveness of development response	S	
	9. Strategies for sustainability	S	
	Overall Assessment	S	

GP = Good practice; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

NB: A split rating was used only where there were consistent and marked differences in the assessment of indicators for different key stakeholders or components of a project. In this case, a compromise rating would conceal very important strengths and weaknesses. Hence, the split rating is not a compromise between two contiguous ratings, rather it represents distinct ratings applied to the different stakeholders or components of the project.

APPENDIX B: ACMFF REPORT

ANGO	ACMFF
Implementing Partner(s)	ACMFF, Shanghai 9 th People's Hospital, Shanghai Australian-Chinese Chamber of Commerce (AustCham)
Program Title	China Craniofacial Clinics Development Program
Budget – AusAID /ANGO/counterpart NGO	06/07: AusAID subsidy: \$18 000, ACMFF: \$35,000
Major Development Objective	<ul style="list-style-type: none"> To Maintain and Strengthen existing South East Asian Craniofacial Clinics Development Program The project aims to promote comprehensive development of treatment of craniofacial deformities in China as a whole.

Background

Comparability Issues

Unlike the other three organisations involved in this cluster evaluation, ACMFF is a Base Accredited Agency, rather than Fully Accredited. While ACMFF is still required to comply with the basic principles and competencies of the ANCP, it is acceptable that they do so with less sophistication than agencies with Full Accreditation.

This project is also only in its first year of operation, while the others in the sample have been underway for at least three years. This has been taken into account in regard to assessing the extent of progress to date.

Definitional Issues

There is no doubt that this ANGO is capable of delivering certain types of development responses. However, when being assessed against the criteria inherent in this ANCP cluster evaluation, it has come up against a number of significant definitional issues. The primary principle of the ANCP is direct poverty reduction (although this is sometimes relaxed slightly to allow for projects that directly promote improved and equitable access to important services by the underprivileged). The assessment framework used in the cluster evaluation reflects this. Many of the “unsatisfactory” ratings given below (including the overall rating) are more a reflection that, while the project is worthwhile in a broader sense, it is not currently placing sufficient emphasis on the specific type of development intended under the ANCP. This may well be because the project is taking a stepwise approach to achieving poverty alleviation as described after the evaluation by the ANGO's Director. However, as no practical aspects of such a ‘greater plan’ are articulated in existing project documentation, and were not articulated by Chinese partners or other key ANGO staff, assertions regarding future benefits to the most vulnerable can only be regarded as aspirational at this stage. ACMFF would therefore be well advised to make such longer term plans more explicit, so the projects receiving funding under yearly ANCP ADPlans can be assessed within a clearer context. The evaluation team is unfortunately not at liberty to ‘give the benefit of the doubt’, on purely aspirational grounds.

ACMFF also needs to consider immediately expanding the precursors to poverty alleviation or equitable service provision aspects of the project, in collaboration with their Chinese partners. In practice, this may simply mean redirecting a far greater proportion of ANCP-sourced funds away from academic exchanges to direct development of the currently embryonic strategies for providing greater access to services for the poor. Other sources of funding could be available for academic exchanges so there may be opportunities to continue all aspects of ACMFF's work, even if ANCP funding is redirected to poverty alleviation aspects. The cluster evaluation finding has no immediate effect on provision of ANCP funding, so there is ample opportunity for these changes to be attempted.

In short, ACMFF needs to develop a clear strategy with their partners on how this project intends to evolve. If the project intends to expand services to the poor, this aspect needs to be immediately

made more explicit and strengthened among all partners. This may also mean directing a far greater proportion of ANCP-sourced funds into these aspects, possibly at the expense of largely academic exchanges.

The Organisations

Australian Craniofacial Foundation (ACMFF) was established 1984 to raise funds to support the work of:

The Australian Craniofacial Unit by:

- providing assistance to financially disadvantaged patients worldwide to access the expertise of the Unit
- providing administrative and medical resources

The Australian Craniofacial Institute by funding the Institute's public and charitable programs which include:

- research
- teaching and training
- clinical services in third world countries

Shanghai 9th People's Hospital was founded in 1920, its predecessor is Battery Hospital and changed to Shanghai 9th People's Hospital in 1952. The hospital has 757 patient-beds, 28 clinical departments and 12 medical and technical sections and a staff of 1,800. In 2001, the hospital treated 853,700 outpatients, 15,516 inpatients and 10,096 operations were performed. It houses 2 research institutes, and numerous surgical and medical specialties. The 9th Clinical Medical College is responsible for part of the clinical education for medical students. Specialties of the Hospital include facial reconstructive surgery as treatment of both congenital deformities and tumour-related damage. It has over 20 years experience in these fields, and has partnered with a number of prestigious international institutions with expertise in such fields.

Australian Chamber of Commerce (AustCham) Shanghai:

Founded in 1994 as the China Australia Chamber of Commerce, today AustCham Shanghai is a modern networking organisation. AustCham Shanghai works on behalf of 280 members including 220 companies represented by 1,000+ employees. AustCham Shanghai corporate membership is currently growing at an average rate of 30+% per year with total membership including individuals is growing at 40+% per year. Members can choose from 100 events per year that attract 8,000 attendees in total, providing a formidable base for business networking. Operating on a non-partisan, non-profit-making basis, the Chamber is funded by membership subscriptions, sponsorship and activities. It annually makes significant donations to a variety of the People's Republic of China's community outreach activities.

Mission, Foundation and Values: AustCham Shanghai strengthens Australia-China business, government and community relationships and promotes Australia as a creative and reliable provider of innovative, high quality business solutions.

The Context

According to some clinical reports, the incidence of congenital craniofacial deformities in China is around 0.04-0.06%. This means that in a base of 20 million births, there are about 100 000 such deformities occurring each year. Secondary facial deformities due to trauma and tumour resection are also on the rise.

Deformities can range from merely cosmetic problems to life-threatening conditions. In virtually all cases, effects on the quality of life of affected individuals and their families are devastating. In the context of China's 'one child policy', there are obvious pressures which may increase infant mortality in such cases. Many affected children are abandoned at an early age, some are even sold to managers of strings of professional beggars. The luckier ones receiving some family support face being socially ostracised and with very limited prospects either in their vocational or personal lives. The physical deformities themselves bring many direct problems such as difficulties in simple tasks like breathing, eating and drinking, but perhaps even more debilitating are the common, but

completely incorrect perceptions of association between physical deformities and mental capacity. Many intelligent and fully emotionally aware children with such deformities are often treated as less than human by their peers.

Craniofacial treatment (usually requiring a series of surgeries over many years) provides one of the few opportunities for addressing such issues. The numerous successful clinical case studies on ACMFF's records (from other developing nations), show just how significant the impacts of successful surgery can be on the lives of individuals; ranging from increased life expectancy to vastly improved prospects for social fulfilment.

Such facial deformities strike rich and poor families alike. However, it is poorer Chinese who are most vulnerable to the effects of such problems. Even purely supportive medical care can be very expensive and the cost of the necessary series of craniofacial surgeries is well beyond the reach of all but the wealthy. Affordable medical insurance is currently being developed in China, but even when such insurance meets 60% of costs of craniofacial surgery, the cost remains prohibitive..

The China Craniofacial Clinics Development Program is a new project (in its first year of operation) designed to address the shortage of skills and assist with the education of medical teams in the field of children born with craniofacial deformities.

It is proposed that this will be achieved by:

- Improving the skills of the multidisciplinary team based at the 9th People's Hospital in Shanghai.
- Developing multidisciplinary teams and improving the skills of those teams in the other nominated centres namely Beijing, Chenyang and Guangzhou.
- To educate the Chinese teams in the establishment and maintenance of multi disciplinary teams.
- To assist in establishing a network of outreach services to rural areas based on the Australian system

Performance Dimension A: Organisational Analysis

Indicator 1: NGO capacity to deliver development response

Rating: Unsatisfactory

The ACMFF was established to support both the Australian Craniofacial Unit and the Australian Craniofacial Institute. In facilitating international projects involving these organisations, it draws upon expertise in craniofacial treatment that is internationally regarded as world-leading. ACMFF has already had many years of experience in transferring this expertise into the context of developing nations, particularly Indonesia. ACMFF is therefore well positioned to offer craniofacial services in a development context, including to the most vulnerable, if it chooses to do so. However, its formative project in China currently appears to lack some of the fundamentals required to render it a successful ANCP initiative.

While, as it stands, the ACMFF project in China may have some developmental effect in the longer term, it is not currently focused on activities that are sufficient to directly promote expansion of craniofacial services to the poor. All that is readily apparent is an academic/administrative exchange between selected medical specialists, designed to strengthen Chinese capacity in this specialist medical field to provide services to those able to pay the significant costs involved. While this increase in capacity is undoubtedly a necessary condition for poverty alleviation and equitable access in the field of craniofacial services, it is not a sufficient condition. There are some implicit suggestions in ACMFF documentation that poverty alleviation issues may receive more attention in future, with the ACMFF Sponsorship Document for the project identifying financially disadvantaged people with craniofacial deformities as key project beneficiaries. The MOU between the 9th People's Hospital and ACMFF also specifically includes the creation of up to three non-profit, craniofacial foundations. However, there is little evidence reflected in the activities of the early stages of this project that the partners are seriously cognisant of such intent. It is recognised that the project is in its early stages, but this is not sufficient reason for the lack of an early explicit focus on this key issue, especially given it is the main principle behind provision of ANCP funding.

The technical expertise available to ACMFF is excellent. Capacity to organise and deliver seminar-like training exercises appears to be adequate within ACMFF, as does capacity to establish collaborative research agreements and administrative systems support. ACMFF have obviously learnt lessons from their extensive work elsewhere, especially in relation to the problematic logistics of transporting both medical staff and equipment. The Chinese medical partner (the Shanghai 9th People's Hospital) is a prestigious and well-established commercial institution, which clearly has the capacity and enthusiasm to provide all necessary support to such exercises. The third partner in this project, the Australian Chamber of Commerce Shanghai (AustCham), is a highly professional and efficient fund raising body, and is probably in a very good position to mentor the creation of local, non-profit craniofacial foundations, if this aspect of the project is expanded.

Communication between these partners is frequent and is largely successful in promoting appropriate coordination, although it was noted that AustCham appeared to be undertaking an unexpectedly heavy role in terms of both logistical and scheduling tasks and had not received adequate briefings from ACMFF.

Unfortunately, the two medical partners (ACMFF and 9th People's Hospital) do not appear to have recognised the high priority ANCP places on direct poverty reduction. Both have ancillary mechanisms already allowing for 1 or 2 'charity cases' to be included in the project (and both Australian and Chinese surgeons already donate considerable amounts of their time to other charity work). However, expansion of services to those unable to pay current high market rates, whether through the creation of craniofacial foundations or through improved affordability, should be given higher priority, even in this early stage of the project. It should also be noted that, while the creation of charitable foundations is a valid ANCP exercise in regard to capacity-building of local NGOs, care needs to be taken that poverty alleviation efforts developed by the project do not solely take on a 'welfare' or 'charity' approach. While ACMFF is in no way discouraged from assisting in the development of such charitable foundations, it must remain cognisant that ANCP funds are intended to contribute to poverty alleviation through broader development mechanisms.

ACMFF Recommendation 1:

ACMFF needs to decide whether it wishes to complete the transition to a development agency (in addition to its charitable role). It has started this process, with appropriate advice recently being obtained from a consultant, but completion will require a commitment from both personnel of the foundation itself and participating medical staff.. The consultant's advice could also be valuably supplemented by developing a 'mentoring' arrangement with a more established development NGO or contractor (hopefully at minimal cost to ACMFF). Such an arrangement, especially if with a partner carrying out comparable medical work, could help ACMFF rapidly fill the gaps it now has in relation to its project design, implementation and monitoring systems. It could also expose the agency to valuable lessons in regard to maintaining a relevant development focus in ANCP-funded activities.

ACMFF Recommendation 2:

ACMFF should urgently develop a more comprehensive design/strategy document, which incorporates:

- *A longer-term perspective (to which yearly, ANCP ADPlans can be referenced)*
- *Clearer indications of expected development outcomes and impacts on beneficiaries, and the mechanisms by which these are to be achieved (note: these need only be very modest outcomes or impacts)*
- *Improved monitoring and evaluation systems, including provision for tracking basic indicators that will be used to assess progress towards (modest) outcomes and impacts*
- *Improved reporting systems, especially in regard to advising donors of changes to relevant scheduled activities*
- *Clearer definition of the intended beneficiaries (both medical trainees and treatment recipients)*
- *Expanded risk analysis, including consideration of both broader development/poverty alleviation issues (a basic STEEP approach would be a sound starting point), and key project-specific items, such as stem cell research and genetic screening sensitivities*

- *Basic gender analysis considering relevant external factors*
- *Improved financial tracking mechanisms (allowing identification of ANCP funds usage)*

ACMFF Recommendation 3:

ACMFF should investigate a means of involving development-oriented ACMFF personnel in direct project implementation to augment the current clinical perspective of medical staff.

Indicator 2: Strategies for ensuring quality partnerships

Rating: Satisfactory

The quality of the partnerships developed by ACMFF with both the 9th People's Hospital and AustCham is an obvious strength of the project. The 9th People's Hospital has had a 20 year association with this type of surgery and a long-standing relationship with Professor David (David). Hence, they are an appropriate choice for this type of exchange. Both the 9th People's Hospital and their local paediatric associate (the Nanjing Children's Hospital) contain many enthusiastic champions for the project, and a detailed MOU has been signed with ACMFF. AustCham has clearly identified the project as a priority area for fund raising, and has also assisted in many other practical ways. The inclusion of AustCham as a partner has been a great asset to the project, and this deserves greater recognition in all documentation.

The Shanghai 9th People's Hospital is a government institution but it has an imperative to operate on a commercial basis, as is the trend amongst government hospitals throughout China. As a commercial operator, the 9th People's Hospital is demonstrating great capacity and vision developing its sub-specialty areas, raising its profile as a prestigious institution and providing high end luxury services. The developmental agenda of ACMFF and the commercial imperatives of the 9th People's Hospital may at times lead to diverging priorities.

The historical and ongoing enthusiasm displayed by the technical partners in the project suggests that mutual respect and purpose will keep their relationship strong and positive for the foreseeable future. The project is thereby having very beneficial effects in regard to promoting Australian technical expertise and goodwill in this field within China. One of the reasons for this strength of partnership is likely to be a shared vision between the Shanghai 9th People's Hospital and the Australian Craniofacial Institute. Unfortunately, the shared vision at the academic/clinical level may have been achieved at the expense of the more fundamental objectives of ACMFF as a development agency. It was interesting to note that all partners were under the impression that their cooperation was with the Australian Craniofacial Institute rather than with ACMFF (which most interviewees had not heard of).

If viewed solely from the perspective of high-level capacity building, this project is clearly benefiting both technical partners. It provides for the introduction of new techniques and support systems into the 9th People's Hospital (and related institutions), and exposes Australian surgeons and researchers to cases and opportunities rarely seen at home. ACMFF deserves particular acknowledgement for basing their capacity building on both a strong multidisciplinary approach and a recognition that appropriate treatment of individual cases of craniofacial problems requires a long term commitment spanning many years of the early lives of each patient. This is a vast improvement to the 'one-off' treatments and fly-in fly-out approach taken by other initiatives in China and elsewhere. However, the project still urgently requires an explicit poverty alleviation focus.

Performance Dimension B: Development Strategy

Indicator 3: Analysis of geo-political context and complexities

Rating: Satisfactory

This indicator has been well addressed in terms of the clinical and logistical aspects of the project. This includes detailed provision of protocols for dealing with clinical risks. There is also a recognition of the great need for increased access to this type of surgery within Chinese populations. The potential impact of such surgery on recipient individuals quality of life is also well substantiated. ACMFF is clearly ahead of some similar providers in this regard, as they have recognised that any sustainable introduction of craniofacial surgery and related services must be based on an interdisciplinary approach to training of local clinical/administrative support staff as well as surgeons. They have also clearly recognised that one-off surgery is insufficient to treat affected individuals, and systems providing for management of a long-term series of interventions for each patient therefore need to be developed.

What is missing from an ANCP perspective, is detailed research and associated strategy development regarding how to substantially and sustainably extend the reach of this surgery and related services beyond those who are currently able to afford to pay the existing high fees. The MOU contains specific reference to the creation of a number of local, non-profit craniofacial foundations, but no assessment of the opportunities or constraints of doing so are explored. Creation of such foundations alone is also only a partial solution from a development perspective, so more systemic interventions also need exploration. Risk assessments also need to be correspondingly expanded in relation to the implementation of such strategies. The project partners recognise that developments in medical insurance within China may eventually allow for expanded access to project-developed services (particularly within the Shanghai municipality), but no plans for capitalising or improving on such developments appear to have been explored.

While there is no immediate suggestion that any gender biases were being shown in regard to selection of project beneficiaries (whether at the capacity-building or treatment level), little research or consideration appears to have been given to the inherent influences that may operate in the Chinese context to subtly affect gender access to project benefits. This may be particularly important, given that infant (and potentially unborn) females may be an extremely vulnerable target group in regard to fatal biases in the Chinese context.

Collaboration in genetic screening/stem cell research topics also present potential risks in regard to maintaining Australian ethical standards and sensitivities. Such risks need to be fully explored and more adequately addressed in project documentation, reporting and procedures.

Indicator 4: Adequacy of design process

Rating: Unsatisfactory

The immediate design of this project appears to have been based on the long personal association (over 20 years) with key individuals within the 9th People's Hospital. It is therefore well informed and demonstrates a significant level of partner input. Extremely appropriate, and often high-ranking, individuals within the 9th People's Hospital currently champion the project.

However, from the ANCP perspective, the process has been flawed in that initial stages of the project focus primarily on largely academic exchanges, and no firm longer term plans to which these early efforts may contribute are consistently made explicit. While undeniably valuable in their own right (and inclusive of illustrative treatment of a small number of charity cases), such exchanges are insufficient to fully recognise the poverty alleviation priorities required by the ANCP. While the latest 'Sponsorship Document' outlines an appropriate set of objectives, including provision of services to the most vulnerable, and the MOU refers to the creation of non-

profit craniofacial foundations, this has yet to be translated into practical initiatives within the project. Even at this early stage, this is a significant problem, as it potentially discounts the perceived importance of this aspect of the project. AMCF and their technical counterparts within China both need to display greater recognition of the urgency of developing poverty-alleviation initiatives, if ANCP-sourced funds are to be continued to be accessed.

Clinical risk assessments and related protocols are very well incorporated, and are soundly based on many years of related experience in Australia, Indonesia and elsewhere. However, broader (objective-based) risk assessment is largely neglected. There is no significant investigation of contextual subtleties that may be operating in regard to gender equity in beneficiary access to both training and surgery (NB. this needs to be done, if only to confirm gender biases are non-existent). A particular set of risks that need greater consideration in this context are those surrounding the inclusion of genetic screening/stem cell research in cooperation exercises. Given potentially differing sensitivities between the parties, it is inappropriate for AMCF to leave such considerations solely in the hands of its counterpart.

Monitoring systems are in place, but are rudimentary. Post-visit debriefings are held and a standardised reporting format is completed as a result. However, no basic performance indicators (e.g. attendance records, competency levels attained, etc.) are reported against. It was noted that AustCham was probably the most diligent partner in regard to compiling and processing the information flowing from these debriefing sessions. While AustCham should be commended for doing so, it is more correctly a role for AMCF itself.

AMCF Recommendation 4:

The development of a more comprehensive design must be undertaken in collaboration with all partners, and the process of developing the document should be used as an opportunity to ensure that Chinese medical partners are fully aware and supportive of the broader development/poverty alleviation priorities of the project.

Indicator 5: Standard of funding proposal or activity design

Rating: Satisfactory

The 'Sponsorship Document' provided by AMCF provides a reasonable outline of an appropriate design for a Base Accredited agency and discusses relevant issues including risk, sustainability and, to a certain extent, poverty alleviation. The MOU between AMCF and the 9th People's Hospital is also relatively detailed and partially cognisant of poverty alleviation issues. This sponsorship document is a recent product of AMCF and displays a desire to move in the right direction in regard to fulfilling both the documentary and design expectations of an ANCP project. It is in recognition of this 'step in the right direction' that this indicator is rated as satisfactory. Unfortunately, this document is not yet reflected the on-the-ground implementation of the project.

The (earlier) internal logic of the ADPlan is flawed, as 'significant outputs' were overly ambitious for a 12 month period, and while the 'targets' were reasonable, they did not link logically with the 'outputs'. This may reflect limited understanding of AusAID terminology. Clinical risk is well addressed, but the risks associated with broader development issues are only selectively considered (eg. to AMCF's credit, a Child Protection Strategy is currently being developed by AMCF through ChildWise, and 'travel risk' to participating Australian teams is carefully monitored, but issues surrounding genetic screening/stem cell research are not visibly addressed at all). While it was initially planned that some surgeons would travel to Adelaide for 3 months more of extensive training, this activity has been postponed, and AusAID was not immediately advised of this change. While this can be seen as a simple administrative oversight, it also raises questions about the impact of training in China given substantial delays in the more comprehensive follow-up training planned in Adelaide.

The primary beneficiaries identified in the Sponsorship Document are financially disadvantaged people with craniofacial deformities, as well as medical professionals. At this early stage of the project, the focus is almost exclusively on the medical professionals and wealthy patients able to pay for their skills. While a need to initially develop medical capacity is acknowledged, this should not exclude explicit and concurrent development of measures to take advantage of this increased capacity when it arises. Both aspects of the project will take a considerable period of time to achieve and should be undertaken in parallel, rather than in series. Those medical personnel receiving training should also be more thoroughly defined (e.g. are they senior staff or junior staff? are they already specialised? etc.).

Financial tracking is difficult to follow in terms of identifying usage of ANCP funds.

There also appears to be other discrepancies between on-the-ground activities and the ADPlan, including timings for major activities such as bringing Chinese teams to train in Australia. While some of these variations may have been justified, it remains necessary for AusAID to be notified of any major alterations. Other discrepancies appeared to have been the result of a misunderstanding of ADPlan terminology, with many 'Significant Outputs' provided being overly ambitious for a 12 month period.

As noted previously, Monitoring arrangements are in place, but cursory; also tending to focus on clinical aspects of the project, rather than the project as a whole. Basic performance indicators are not defined.

Sustainability issues are well addressed from a clinical perspective but otherwise this represents serious weakness in the project design. From a clinical perspective the project proposes a highly commendable long-term approach to individual treatment. A training approach is also clearly adopted, but appears rather limited in reach and comprehensiveness; consisting of 2-3 sessions of a few hours each during the first annual visit by Prof David, and follow-up training in Australia is necessarily low volume. A lack of concurrent consideration of sustainability issues relating to increased affordability or access-equity of services delivered is absent and this represents a major flaw in the project.

Performance Dimension C: Activity Implementation

Indicator 6: Efficiency of Activity Implementation

Rating: Satisfactory

Performance against this indicator is varied.

While the training exercises conducted are described by participants as being of a high academic standard, they largely remain seminar/observation-based, with practical experience directly provided to only a small number of Chinese surgeons through one supervised surgery. This exchange of expertise is undoubtedly intended to feed into more formal and/or accredited surgical training at some stage, but the mechanisms for doing so need further clarity, particularly in regard to project attribution, and in light of the postponement of bringing a Chinese team to Australia for 3 months of follow-up training.

Financial tracking is difficult to follow in terms of identifying usage of ANCP funds. These difficulties make it hard to assess 'value for money' issues.

Also concerning is that training schedules for the first visit were randomly interrupted by the partner (9th People's Hospital) in a number of instances. It is acknowledged that this may have been in response to local protocols requiring meetings with specific dignitaries at short notice. Such protocols are important, but given the already limited nature of the training exercises, these interruptions may have significantly devalued the training component of the exchange. These interruptions reveal a prioritisation that may be completely appropriate in the context of high-level academic exchanges, but they do not demonstrate an understanding of the aspects of the project

that are currently most consistent with the intent of the ANCP (in the absence of a greater focus on poverty alleviation).

Basic reporting tasks have only been undertaken to a cursory level. This includes a lack of both simple performance monitoring data (e.g. attendance records, meeting of competency standards, etc.) enabling reporting on project progress, and timely communication of changes to scheduled activities to AusAID.

Indicator 7: ANGO Capacity for learning and continuous improvement

Rating: Unsatisfactory

Monitoring systems are in place, but are quite rudimentary. Debriefings are held, and a standardised reporting format is completed as a result. However, greater involvement of the 9th People's Hospital would be beneficial, and no basic performance indicators (e.g. attendance records, competency levels reached by participants, geographic sourcing of participants, etc.) appear to be reported against. This is a particularly important omission in light of the cancelling of lectures that occurred on the first visit. While it may be appropriate to place greater pressure on local medical partners to ensure collection of monitoring/performance data, it remains the responsibility of ACMFF to define the overall Monitoring & Evaluation framework for the project. It was noted that AustCham was probably the most diligent partner in regard to compiling, processing and following up on the information flowing from these debriefing sessions. However, while they are highly professional organisation in their own sector, the knowledge and skills required to undertake this role for a development project are quite different. Again, this should be a role ACMFF itself takes the lead on.

Given that ACMFF is a Base Agency, sophisticated and comprehensive reporting mechanisms are not expected. However, there is an expectation that a minimum standard will be met. This minimum standard needs to at least provide a basic indication of project progress and performance against objectives, and allow for timely communication to AusAID of likely changes to schedules and other key issues faced. The 'debriefings' held after each trip can provide only part of the information needed in this regard, and do not link into formalised systems allowing for necessary follow-up in relation to issues identified in discussions. That AusCham has been forced into taking on aspects of this follow-up role (in order to facilitate its own future involvement in the project), does not reflect well on the functioning of ACMFF's own systems.

It should be noted that the systems for managing clinical information generated by the project appear to be strong. While commendable and very necessary, clinical information alone does not greatly assist in the management of the project as a whole. A clear 'development impact' perspective is also required. In ACMFF's favour is the fact that they have recently engaged a consultant to improve these types of development-focussed (cf. clinically-focussed) reporting and learning systems within the Agency. While the consultant appears to be suggesting very appropriate changes, it is too early to assess whether these changes will be fully embraced. To do so will require overcoming of the existing strong clinical focus of project staff drawn from the Australian Craniofacial Unit and The Australian Craniofacial Institute and balancing this with management and development skills.

Indicator 8: Effectiveness of Development Intervention/Response

Rating: Unsatisfactory

As an academic exchange (i.e. of specialist techniques, collaborative research, and administrative support systems), this project may have significant impacts in the longer term. Technical and administrative improvements in the delivery of craniofacial surgery and related services will be of undeniable benefit to the Chinese medical system. It is noted that there are also plans for eventual expansion of the current model to establish other 'Centres of Excellence' for Craniofacial treatment in provinces beyond Shanghai. The types of activities undertaken by the project are quite capable of establishing the 9th People's Hospital and others as such 'Centres of Excellence' from an academic standpoint. This will afford such establishments clear international recognition and assist their staff to better participate in world forums on Craniofacial

specialities. However, it is unlikely that this greater capacity will then ‘automatically’ lead to the provision of a higher level of service provision to the poor and vulnerable (given the huge potential demand in China for such services). Without specific and targeted poverty-related strategies, it may only increase the gap between service availability to high and low income groups. Taken on current face value, there is no compelling reason to believe that existing project activities will result in anything other than the widening of this gap. Expansion of the project’s focus on the establishment of craniofacial foundations or other poverty alleviation measures must be made explicit and given much greater priority and profile within the project to correct this perception.

In regard to technical capacity-building alone, while some effect can be assumed from the training sessions, the fact that the project has not defined what level of change in surgeon or support staff competency is projected, nor what geographic spread of trainees is desired, renders it difficult to assess either the effectiveness or efficiency of this component of the project.

Indicator 9: Strategies for Sustainability

**Rating: Split rating provided in recognition of appropriate clinical approach⁵:
Satisfactory (Clinical Approach); Unsatisfactory (ANCP Perspective)**

Sustainability issues are well addressed from a clinical perspective, with a highly commendable long-term approach to individual treatment proposed. A training approach is clearly adopted, but appears rather limited in reach and comprehensiveness. Consideration of sustainability issues relating to increased affordability or access-equity of services delivered is largely absent.

A more explicit long term plan (with an inherent sustainability strategy) is needed. Sustainable impacts on poor and most vulnerable groups need to be addressed, as do means of ensuring trainees contribute to such impacts (eg. through relevant components of extended training, or at a later stage), rather than simply marketing their increased skills in a purely commercial manner.

A clear strategy allowing for succession of key personnel is also required from an institutional perspective.

⁵ A split rating was used only where there were consistent and marked differences in the assessment of indicators for different key stakeholders or components of a project. In this case, a compromise rating would conceal very important strengths and weaknesses. Hence, the split rating is not a compromise between two contiguous ratings; rather it represents distinct ratings applied to the different components of the project.

Overall Project Quality Rating: Unsatisfactory

Agency Indicator		ACMFF.	
Context Analysis	1. ANGO capacity to deliver development responses	US	
	2. Strategies for ensuring quality partnerships	S	
	3. Analysis of context and complexities	S	
Development Strategy	4. Adequacy of design process	US	
	5. Standard of funding proposal or activity design	S	
Activity Implementation	6. Efficiency of activity implementation	S	
	7. NGO capacity for learning and continuous improvement	US	
	8. Effectiveness of development response	US	
	9. Strategies for sustainability	US/S	
Overall Assessment		US	

GP = Good practice; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

NB: A split rating was used only where there were consistent and marked differences in the assessment of indicators for different key stakeholders or components of a project. In this case, a compromise rating would conceal very important strengths and weaknesses. Hence, the split rating is not a compromise between two contiguous ratings; rather it represents distinct ratings applied to the different components of the project.

APPENDIX C: BURNET INSTITUTE REPORT

ANGO	Burnet Institute
Implementing Partner(s)	Burnet Institute (BI), Lhasa Municipal Health Bureau
Program Title	HIV Prevention among Vulnerable Groups in Laos, Tibet and Indonesia
Budget – AusAID /ANGO/counterpart NGO	05/06: AusAID subsidy: \$40 000 BI: ? (not separated) Total ANCP: \$88 689 Total BI: \$121 311 06/07: AusAID subsidy: \$37 815, BI: \$32 185 06/07: Evaluation (Sept 06) AusAID subsidy: \$8 924, BI: \$1 076
Major Development Objectives	<ul style="list-style-type: none"> • To raise awareness of reproductive health, STIs and HIV among people in Tibet Autonomous Region (TAR) • To enable a reduction in risk behaviour among vulnerable groups in TAR • To increase access to culturally appropriate information on reproductive health, STIs and HIV

Background

The Organisations⁶

The Burnet Institute is Australia's largest communicable diseases research institute, investigating some of today's most serious viral infections such as HIV/AIDS, hepatitis and measles.

It was founded in 1986 and named in honour of the highly acclaimed Australian scientist Sir Frank Macfarlane Burnet. The Institute integrates basic and applied laboratory research in virology and other communicable diseases with field research and the design, implementation and evaluation of public health programs.

It assists socially marginalized groups by tackling tough problems: HIV/AIDS, sexually transmitted infections, hepatitis, and illicit drug use. The organisation's laboratory research is motivated and informed by the direct experience of Burnet's people on the streets and in communities in developing and developed nations.

In 1998, Burnet Institute was also accorded Collaborating Centre status by the United Nations Program on AIDS (UNAIDS) - one of just 12 such centres in the world.

The Burnet Institute also has an important educational role, and provides training in research and in public health at the undergraduate and postgraduate level through its associations with the University of Melbourne, Monash University, RMIT University, LaTrobe University and University Udayana in Indonesia.

Burnet Institute maintains a branch office in Lhasa, where the project is based, and is also involved with the related bilateral initiatives in Tibet (e.g. THSSP).

Lhasa Municipal Health Bureau is the main Government health service administrator in the Lhasa area. Its on-the-ground focus makes it a very relevant partner in this initiative. It includes specialist units and personnel specifically dedicated to the management of HIV. The Bureau is one of the bodies involved in managing resources for the Lhasa Municipal Hospital and related health facilities in the area. It is often charged with putting into practice the National HIV policies and programs of the Chinese Centres for Disease Control (CDC) (the CDC was an earlier partner of BI).

⁶ Derived from existing documentation provided by BI

The Context⁷

The current situation regarding HIV in Tibet is of great concern. While official statistics indicate that Tibet has relatively few recorded cases of HIV, the real picture is considerably more complicated and a lot less reassuring. In particular, the absence of a comprehensive and effective serological surveillance program in Tibet is a sobering factor. Health authorities in Tibet have yet to establish a comprehensive HIV surveillance program, and until they do the likelihood of identifying positive cases of HIV remains remote. As a result, it is highly likely that people infected with HIV are working, living and travelling in Tibet while the capacity to detect infections remains extremely poor. If this is indeed the case then the risk of a serious HIV epidemic developing is very high.

A range of specific factors within Tibet place the region at high risk of a HIV epidemic and provide the rationale for this project:

- Location: Tibet lies adjacent to several regions of very high HIV prevalence. In fact it is virtually surrounded by areas with Asia's worst epidemics
- Increasing travel and mobility: the people of Tibet are travelling more often for more reasons than at any time in its history. When Tibetans travel, often they travel to neighbouring areas where HIV is already well established in the community. In addition, Tibet has become a major drawcard for hundreds of thousands of the transient Chinese population; the people who move between areas within China seeking employment. Transient population members comprise the majority of both sex workers and their clients in Tibet.
- Current high rate of STIs: Tibet already has a very high rate of sexually transmitted infections (STIs), combined with a low capacity to accurately diagnose and effectively treat them.
- Extremely low rates of condom use: Most Tibetans think of condoms as a second-rate form of contraception. Few understand the disease prevention properties of condoms. Condom availability is limited mostly to large cities like Lhasa and Shigatse.
- Limited Government capacity to respond to HIV and AIDS: Although the Government of Tibet (GoTAR) is beginning to mount a response, progress is very slow and their capacity is extremely limited.
- Lack of accurate data: The lack of accurate data on the number of HIV infections has also contributed to a slow government response in Tibet. Without the necessary hard data to demonstrate the existence of the epidemic, senior government decision makers have been reluctant to divert resources into HIV.
- Lack of information and awareness at the community level: There is a severe lack of information available to the people of Tibet. For two years now the materials designed, published and distributed by Burnet have been virtually the only source of public information on HIV, AIDS and STIs. Young Tibetans in particular are desperately in need of basic reproductive health information that can protect them from the growing threat of STIs, especially HIV infection.
- Changing attitudes and behaviours combined with residual male dominance: Young people's behaviours are changing as Tibet modernises, especially in urban Tibet. In particular, attitudes to sex and sexual behaviours are changing rapidly but this has not been matched by a corresponding growth in knowledge of safe, responsible sexual behaviours among young people.

This project is focused on increasing awareness of reproductive health, STIs and HIV among specific vulnerable groups in Lhasa. These groups include: sex workers, truck drivers, taxi drivers, tour guides and youth.

⁷ Derived from existing documentation provided by BI

Performance Dimension A: Organisational Analysis

Indicator 1: NGO capacity to deliver development response

Rating: Satisfactory

The Australian NGO and their field office staff have clearly demonstrated the capacity to deliver the stated objectives of this project. At this point the Australian and Tibetan offices contain complementary capacity. The Australian Office contains many world-class experts on HIV, STIs and production of associated IEC materials. Some of these experts have had direct experience in the Tibetan context (partially through BI involvement in the aligned THSSP). The Tibetan field office staff have extremely well developed outreach skills, and are able to communicate effectively and empathetically with target beneficiaries. While not a marked hindrance to date, this current separation of roles is likely to impede expansion of project impact. Increasing the technical capacity of existing field staff deserves a high priority. The intended reintroduction of an appropriately qualified field-based, Project Manager in the near future illustrates BI's recognition of this issue. The local staff member who has been prompted to undertake the role of team leader in the absence of a formal Project Manager has been doing an excellent job under difficult circumstances, but it would be unfair to hold her in such a position for any length of time without providing the necessary opportunities for associated professional/technical development⁸.

Financial monitoring is frequent and detailed (including separation of ANCP line items). M&E systems are in place and operating reliably. However, while the reporting formats capture both quantitative and qualitative data, capture of the latter is almost completely unstructured, rendering any analysis of it tedious and difficult. In a project of this kind, it is the qualitative feedback which is likely to provide most lessons related to project improvement. BI has recognised this shortcoming and has plans to address it.

Communication and coordination between the Australian and Tibetan offices was clearly sufficient to promote effective implementation. The fact that parts of the project are currently stalled due to ongoing negotiations with government partner organisations does not detract from this perspective. Given the sensitive nature of this work and the political sensitivities affecting Tibet in general, this period of ongoing negotiations is likely to require even more effective communication than periods of routine operation.

One key area in which BI appears to lack appropriate expertise is in provision of adequate personal security arrangements for outreach workers. A detailed security plan is provided targeting expatriate staff, but current arrangements for local outreach staff appear to be both ad-hoc and token, given the significantly hazardous situations to which some staff are routinely exposed. Sexual and other violence (including abduction) is often directed against sex workers at venues that outreach is undertaken. These outreach workers need to be perceived as acceptable 'peers' by the sex workers, and some are themselves young and attractive females. These female outreach workers, whether alone or in pairs, are often mistaken for sex workers and are therefore at real risk when operating in such locations. The existing security plan completely misses this point and assesses the general risk of 'Crime and Violence' against staff as 'Low'.

In addition to this pervasive risk, the outreach workers are often required to deal with brothel owners and other individuals who may, for various reasons, be hostile to their contact with sex workers. There have been sufficient hostile incidents anecdotally reported to date to clearly refute this 'Low' risk assessment in regard to outreach staff.

It is an axiom that field workers should never be left to decide on their own security requirements. To their credit, the project's outreach workers are very committed and enthusiastic, but this will only increase the likelihood of their taking objectively unacceptable risks with their own safety in response to a desire to 'do a good job'. Another relevant axiom is that a lack of problems in the past in no way ensures a lack of problems in the future.

A review of project security protocols is therefore urgently required. Such a review should ensure that security arrangements provide for both **effective communication** of an incident and **effective response** capacity to the likely range of such incidents. If either aspect is neglected, potential tragedies are unlikely to be avoided. In real terms, ensuring timely communication of

⁸ A Program Manager commenced with the activity in August 2007.

incidents may not only require strict monitoring of communications during certain outreach exercises, but also provision of a disassociated observer (possibly a driver), where possible. The obvious sensitivities regarding simply 'calling the police' to help deal with incidents may mean that this option is used only as a last resort (although it should never be completely discounted, particularly when the life or wellbeing of a field worker is at stake). To fill this response gap, it may be necessary to enlist the assistance of an on-call commercial security firm, or look for other innovative solutions. It is recognised that such suggestions may be somewhat unwelcome from an operational perspective, but it is an unfortunate fact that the designers of projects operating in high-risk environments need to be especially cognisant of personal security of field staff. Provision of adequate personal insurance for staff is also an issue that requires attention, but such consideration should only ever be ancillary to preventative measures.

BI Recommendation 1

As a matter of urgency BI should develop and implement personal security measures aimed at ensuring the safety of the project's outreach workers (particularly females). These measures need to provide for both effective communication and effective response in the advent of dangerous situations arising. Improved insurance coverage for outreach staff should also be provided, but only as a secondary response to this issue.

Indicator 2. Strategies for ensuring quality partnerships

Rating: Satisfactory

BI has recently changed their key Government partner for this project from CDC to the LMHB. This change was based on an assessment of mutual relevance to the type of work being undertaken, and appears to have been well justified. It has meant some hiatus in some aspects of the project workplan, while a new MOU, that will give the project an essential official umbrella to operate under, was drawn up with LMHB. This MOU has now been finalised. Meetings held by the evaluation team confirmed that both parties are happy with the end product and have actively contributed to negotiations determining its content. Both parties have a clear and consistent picture of what they wish to achieve through the association. The evaluation team also observed an awareness of the content of the MOU demonstrated at the highest levels of LMHB.

While the implementation role of LMHB appears to be largely limited to provision of appropriate permits and other bureaucratic assistance, enough synergies exist between the project, LMHB's own programs (under National policies, etc.), and other related initiatives (such as THSSP and more recent initiatives), to ensure some local capacity building will take place. While some direct training also occurs, one of the most effective vehicles for capacity building is through the project's development of high quality IEC materials that already enjoy widespread use by other Government and non-government organisations. The project generally supplies such materials to Government agencies free of charge, but recovers printing costs from other NGOs. The other NGOs using project IEC materials can be regarded as indirect partners of the project, and these relationships extend both the reach of the project and help ensure consistency (and technical correctness) of HIV and STI-related IEC materials distributed throughout Tibet. It was felt that the expansion of these partnerships provided an excellent opportunity for efficiently increasing overall project impact. This might require production of additional materials that target broader audiences than the current direct project beneficiaries (eg. production of cheaper pamphlets able to be distributed by partner NGO programs directed at the largely illiterate rural poor). There was a clear indication from such partner NGOs that production of cheaper IEC materials targeting illiterate rural populations would be welcomed and utilised. One of the reasons given for this enthusiasm was the high technical quality of the information already presented in BI-produced materials. Production of IEC materials specifically designed for distribution by other organisations would be a relatively inexpensive means of rapidly expanding the geographic impact of the project, as well as ensuring the proliferation of high quality HIV and STI information throughout Tibet.

Working in partnership with government agencies in Tibet is subject to significant additional sensitivities. BI is now well entrenched in the sector, and through involvement in this and other

initiatives has earned a reputation for technical excellence. Its local field staff are well versed in the sensitivities and protocols of the region, and are highly empathetic of beneficiary interests. Negotiations for a longer-term MOU with LMHB are already underway.

BI Recommendation 2

Local staff of the Tibetan Office should be provided with relevant professional development opportunities as soon as possible. Amongst other things, these opportunities need to address further increasing staff technical knowledge of HIV/AIDS transmission mechanisms, improved personal security awareness, and development of management/administrative skills. This should be carried out with the intent of eventually handing over a greater degree of responsibility for routine implementation of the project to local staff.

Performance Dimension B: Development Strategy

Indicator 3: Analysis of geo-political context and complexities

Rating: Good Practice

Whether at the (HIV-STI) sector, local (Lhasa sex-worker) or individual beneficiary level, the project appears very well researched and positioned. With the notable exception of staff personal security issues (see above), Australian and Tibetan BI staff demonstrated extensive knowledge and insight into the complexities of the geographical and sectoral context. This is reflected in project documentation and is an essential element of successfully operating in the context of Tibet.

The recent change of Government partner demonstrates not just a recognition of the dynamic nature of the geo-political context, but also a willingness to take major steps in response to changing environments. LMHB has developed as the primary implementer of HIV/STI policy in the area, making it the most appropriate partner for an outreach project. Both partners are constantly assessing the on-the-ground situation and responding to it, and hence, shared learning opportunities can be realised.

This is a project designed to specifically fulfil a modest sex-worker outreach niche. The selection of an appropriate niche has been one of its initial strengths; allowing BI to earn a local reputation for technical excellence in regard to HIV/STI issues. It is now in a position to capitalise on this success through the production of less expensive, but technically sound, IEC materials designed for distribution by others.

Indicator 4: Adequacy of design process

Rating: Satisfactory

The design of this project has clearly benefited from BI's earlier involvement with a bilateral project in Tibet. Development of the design appears to be based on the identification of a specific niche need and was refined through an iterative process based on field observation and amendment with substantial input from both Australian and Tibet-based staff. The design is therefore rich in contextual analysis, and (with the noted exception of staff personal security issues) early risk analyses were adequately sensitive to the operating environment. Although they were originally involved in primary health care and water supply sectors in Tibet, the HIV/STI field was an existing area of strength within BI and a clearly identified need in Tibet. The development of the project was highly consistent with both BI's and AusAID's country strategies. BI are now also involved in a major bilateral project addressing HIV/STIs in Tibet with clear

synergies operating between the two activities. They can also draw upon a wealth of experience in this field derived from similar projects in other countries.

The project specifically targets female sex workers. While some male sex workers are known to exist in Lhasa, female sex workers are clearly dominant. The project's analysis of gender issues is therefore sound insofar as it recognises key issues associated with working with female sex workers. Given the higher likelihood of HIV transfer through male to male sex, it may be reasonable to incorporate male sex workers into the project focus to some extent (perhaps through production and distribution of related IEC materials), but the magnitude of the problem addressed by the current project scope is such that this need not become a high priority for some time yet.

All stakeholders, including the direct beneficiaries (and their clients) were given the opportunity to provide input into the design. The design has been adapted during implementation to respond to particular needs identified by sex workers themselves, including the production of specifically requested IEC materials.

Many worthwhile activities that were planned for inclusion in the project were described to the evaluation team. Some of these (e.g. the use of peer educators brought in from Thailand). are not clearly articulated in the design documents. While the expected immediate outputs of activities (e.g. number of condoms provided, number of participants trained, etc.) are usually well covered, articulation of even very modest higher-level intended impacts of activities (particularly training exercises) is often not provided. This makes it very difficult to assess both the rationale and success of some component activities, and requires correction as soon as practicable.

Indicator 5: Standard of funding proposal or activity design

Rating: Satisfactory

The design document is clear and has realistic and well-written objectives. With the exception of the personal security issue noted above, risks are well identified and addressed. Responsibilities of stakeholders are clearly stipulated in the design and associated MOU with LMHB. Objectives remain achievable despite some slippage due to staffing issues and delays in signing of the MOU.

Subsidiary action plans are detailed and well scheduled. Geographic details are carefully mapped and these maps are used to inform future scheduling of outreach work. Step by step guidelines are in place for the production of IEC material.

Beneficiaries are clearly identified, and constitute a valid vulnerable group (primarily female sex workers and their clients). Insofar as it reduces the health problems of beneficiaries, it directly facilitates their continued employment and therefore alleviates poverty. The female sex workers are rarely remunerated well, and numerous ploys are used by pimps and brothel owners to entrap and repress them.

Monitoring and evaluation systems have been incorporated into the design and are operating effectively. Field reports are regularly sent to Australia where more detailed analysis occurs. There is some emphasis on quantitative over qualitative data collection. While this is mostly due to an unstructured approach to qualitative data collection, it has resulted in a tendency to focus on accountability concerns rather than learning or strategic direction issues. Despite this, some data is analysed in a manner which produces sound indicators of project impact (i.e. increases in condom use, awareness levels, etc.). An internal evaluative review of the project is scheduled within the next few months.

Financial accountability systems are well maintained and detailed (including separate line items for ANCP component expenditures).

With the notable exception of personal security of outreach workers, project risks have been investigated and addressed. The personal security issue is a major oversight, however, and requires immediate attention.

Sustainability issues are well analysed, but difficult to comprehensively address. Both the sex worker and client base tends to be fairly transient, but the proliferation of IEC materials seems to be producing some lasting alterations in awareness, possibly through spontaneous peer education. Expanding the focus on IEC production may also assist to broaden awareness beyond transient populations and therefore promote more sustained impacts.

BI Recommendation 3

Existing design documentation should be augmented to make the intended beneficiaries and (modest) impacts of certain project activities (particularly training exercises) more explicit. Monitoring and evaluation systems should also be augmented to assess progress towards these impacts.

Performance Dimension C: Activity Implementation

Indicator 6: Efficiency of Activity Implementation

Rating: Satisfactory

This Project has suffered some slippage in implementation due to two main factors. The first is a hiatus in the filling of the in-country manager position, largely due to visa issues. The second factor is the time it has taken to develop the new MOU with LMHB. The driving forces in both of these circumstances appear to be beyond BI's direct control, and are therefore acknowledged as a largely unavoidable challenge of working within the sensitivities of the Tibetan context.

These slippages have affected broader training exercises and the development of a peer educators initiative. The outreach aspects of the project have only been affected to a relatively minor extent, and associated targets are well on track.

Delivery of the outreach components of the project has been excellent. Both Australian and Tibetan staff are dedicated and enthusiastic, although the latter clearly deserve improved opportunities for professional and technical development. Monitoring requirements are conscientiously adhered to, and basic analysis takes place. Financial tracking is adequate and is kept up to date, with specific provisions made to account for use of ANCP funds.

Outreach has been provided in a very responsible manner, with the interests, sensitivities and risks involved for the beneficiaries consistently considered. Much of this success can be attributed to the tactfulness and innate empathies of Tibetan staff. A more equivalent level of concern needs to be afforded to these Tibetan staff themselves from the Australian side. The personal security of outreach staff is an area that has already been highlighted (see above) as requiring urgent attention, and they also deserve greater opportunities for professional/technical development.

IEC materials are of high technical quality and effectively target the needs of the project's direct beneficiaries, with some materials actually being generated in response to specific requests of beneficiaries. The high technical quality of the material produced is evidenced by their uptake and application by both Government agencies and other NGOs (materials are supplied free to Government agencies, with cost recovery practiced in regard to supplies provided to other NGOs).

The materials are also of high production quality. While this is appropriate and beneficial in respect to use with the project's own target beneficiaries, it places real limits on the material's uptake by other NGOs; in that they are generally too expensive for mass distribution. In addition, while the materials are appropriately tailored for use with the project's target beneficiaries, this limits their broader applicability, especially to the often illiterate rural populations routinely targeted by the programs of other NGOs. Existing broader use of project IEC materials to date has largely been due to recognition of their technical superiority to the available alternatives. There therefore exists a very valuable opportunity for BI to efficiently increase the geographic

range of this project's impact simply by also producing a more basic (and cheaper) set of IEC materials specifically targeting the potential beneficiaries of other NGO initiatives (particularly illiterate rural populations). This could be carried out cautiously at first, but once the demand was confirmed, increased project costs could again be partially mitigated by cost recovery through on-selling. BI is therefore both well qualified and well positioned to help ensure a level of consistency and technical accuracy across HIV/STI educational material used throughout Tibet. This in itself would be a highly worthwhile achievement.

Indicator 7: ANGO Capacity for learning and continuous improvement

Rating: Satisfactory

Monitoring and evaluation systems have been incorporated into the design and have been progressively refined through use. These systems include exhaustive data collection, with reports written up by each outreach worker after every outing. The format of these reports has been appropriately modified in line with field experience, and outreach workers have been directly engaged in this process. The reports provide a significant level of detail, including the numbers and types of clients encountered, topics of discussion and other very relevant information. They are very conscientiously completed and provided to the Australian office in a timely manner. There is some emphasis on quantitative over qualitative data collection. This has resulted in a tendency to focus on accountability concerns rather than learning or strategic direction issues. Despite this, some data is analysed in a manner which produces sound indicators of project impact (i.e. increases in condom use, HIV awareness levels, etc.). Financial accountability systems are well maintained and detailed (including separate line items for ANCP component expenditures). An internal evaluative review of the project is scheduled within the next few months.

Tibetan staff, including the interim (acting) manager, have the capacity and commitment to do more in regard to analysing the information collected, learning lessons and consequently amending/progressing many aspects of project implementation. However, they lack some specialist technical skills, as well as a clear mandate to do so. Regardless of the planned arrival of a new (international) project manager, provision of professional development opportunities for Tibetan staff is overdue.

Indicator 8: Effectiveness of Development Intervention/Response

Rating: Good Practice

The components of this project that were not affected by unavoidable delays are leading to effective development outcomes. The projects own monitoring and evaluation systems support this view particularly in regard to demonstrating increasing rates of condom use within target groups (from a baseline of around 10% to a current estimation of 56%). Increases in lubricant use have been more modest, but still appreciable. While some transient sex workers may be bringing relevant knowledge and behaviours with them from outside, the behavioural changes also appear to be occurring in the more static population of ethnic Tibetan sex workers, suggesting that attribution can be reasonably assumed.

The acceptance of the outreach workers themselves has also increased markedly. At the beginning of the project, sex workers and their clients were far more reluctant to talk with outreach staff, and local Tibetans in particular were very reluctant to accept free condoms. Over time this situation seems to have changed, with sex workers, their clients and even (occasionally) brothel owners actively seeking assistance from the outreach staff, including provision of condoms (and less frequently, lubricant). These changes are reflected in reporting, and can undoubtedly be put down to the advanced empathy, sensitivity and interpersonal skills of these Tibetan project staff.

Even in the absence of some delayed outputs, activities relating to outreach are well on track to significantly contribute to stated objectives. Broad uptake of project produced IEC materials demonstrates their superiority to available alternatives. Opportunities exist for greatly expanding

project impact by also producing a range of cheaper differently targeted, HIV and STI IEC materials, designed for use and distribution by other organisations.

Current project beneficiaries are clearly identified, and constitute a valid vulnerable group (primarily female sex workers and their clients). By potentially reducing the health problems of beneficiaries, the project alleviates poverty by enabling their continued employment. Pimps and brothel owners who often entrap or trick them into prostitution generally heavily exploit the female sex workers. The sex workers rarely receive much personal gain. Their education in HIV/STI issues, at least permits them some control in regard to protecting their own health.

Expansion of the production of IEC materials to allow broader application and mass distribution (through the programs of other NGOs) could have very significant poverty alleviating implications by further assisting in reducing risk of a HIV pandemic in Tibet.

Outreach activities include gender sensitive approaches to increasing sex worker's negotiation skills with clients in regard to condom use. These negotiation situations are very often complicated or compromised by the intoxicated state of clients, but general improvements in rates of condom use are still reported.

BI Recommendation 4

BI should consider expanding its production of IEC materials to include targeting the needs of other organisations. This would provide an efficient means of immediately expanding the numbers and geographical spread of project beneficiaries, and would also ensure a high standard of information provision across many programs in Tibet. Cheaper materials, specifically designed for mass distribution to illiterate rural populations, may be an appropriate first step in this regard.

Indicator 9: Strategies for Sustainability

Rating: Satisfactory

Sustainability issues are well analysed, but difficult to comprehensively address. Both the sex worker and client base tend to be fairly transient, but the proliferation of IEC materials seems to be producing some lasting alterations in awareness, possibly through spontaneous peer education. Expanding the focus on IEC production may also assist in broadening awareness beyond transient populations and therefore promote more sustained impacts.

Other sustainability-related initiatives undertaken by the project include the cost recovery practices relating to IEC materials (which have potential for considerable expansion) and the introduction of condom marketing and condom dispensing mechanisms into brothels (while the quality of the condoms is appropriately controlled, the brothel owner is allowed to profit slightly on each condom sold). Capacity building through direct interaction with, and supply of technically correct IEC materials to, Government agencies and other NGOs is likely to have significant long term benefits in the HIV/STI field.

Once the broader training exercises and peer education components are restarted, opportunities for achieving more sustainable outcomes should also increase. While a phasing out strategy may be needed in the much longer term, the project is currently still exploring opportunities for increasing its impact. Given the scale of the problem faced, this is completely appropriate, provided solutions proposed inherently consider sustainability issues.

Overall Project Quality Rating: Satisfactory

Agency Indicator		BURNET INSTITUTE.	
Context Analysis	1. ANGO capacity to deliver development responses	S	
	2. Strategies for ensuring quality partnerships	S	
	3. Analysis of context and complexities	GP	
Development Strategy	4. Adequacy of design process	S	
	5. Standard of funding proposal or activity design	S	
Activity Implementation	6. Efficiency of activity implementation	S	
	7. NGO capacity for learning and continuous improvement	S	
	8. Effectiveness of development response	GP	
	9. Strategies for sustainability	S	
	Overall Assessment	S	

GP = Good practice; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

APPENDIX D: FHF REPORT

ANGO	Fred Hollows Foundation Australia
Implementing Partner(s)	Jiangxi Provincial Bureau of Health (PBOH)
Program Title	Team Capacity Building for Cataract Surgery in Jiangxi
Budget: AusAID /ANGO/counterpart NGO	04/05 AusAID subsidy: \$160 000, Overall ANCP:\$497,007, FHF \$869,946 05/06 AusAID subsidy: \$80 000,Overall ANCP \$513453, FHF \$789,000 06/07 AusAID subsidy: \$35 000, FHF: \$15 000
Major Development Objectives	<ul style="list-style-type: none"> • To contribute to the alleviation of the burden of poverty through the strengthening of eye care services and institutions by transfer of skills, technology and equipment in developing countries. • To improve access by the poor and vulnerable to quality, affordable eye care services with a particular focus on the disadvantaged cataract blind • To reduce the prevalence of avoidable blindness in Jiangxi Province, China

Background

The Organisations⁹

The Fred Hollows Foundation is inspired by work of the late Professor Fred Hollows, whose vision was for a world where no one was needlessly blind.

Working to continue Fred's vision, The Fred Hollows Foundation in Australia, New Zealand and the United Kingdom, have come together to form a global network to increase their collective impact in eradicating avoidable blindness around the world.

Through this new network they hope to be able to enhance Foundation operations and programs in the countries where they work and bring together funding bodies and program entities in an equal partnership.

Collectively working in over twenty countries world-wide, they hope to build on their record of restoring sight to well over one million people, primarily through the facilitation of expanded access to high quality cataract surgery.

Jiangxi Provincial Bureau of Health is the main Government health service administrator in Jiangxi Province. The Bureau oversees operation of provincial and county hospitals, as well as other related health facilities in the area. Its on-the-ground focus makes it a very relevant partner in this initiative. It includes specialist ophthalmology units and personnel, and plays a lead role in formulation and implementation of the Jiangxi Province component of National 5 Year Blindness Prevention Plans.

Jiangxi Provincial Disabled Persons Federation is a government supported national organisation with provincial representation. It works in cooperation with provincial government departments and other INGOs to support services for disabled people.

⁹ Derived from existing documentation provided by FHF.

The Context¹⁰

Approximately nine million people in China are living with blindness, of which just under half are affected by cataract blindness. Each year an additional 400,000 people become cataract blind. The main factors which have led to the growing number of blind people in China are an ageing population, high population growth, limited resources, a lack of eye health personnel and the rising cost of eye care services. The number of people in China over 60 years of age is expected to increase by 90%, to around 240 million, by 2020. As cataract is a disease linked to ageing, China's ageing population will substantially add to the number of cataract blind cases in the future.

In 1999, WHO estimated that in China only one cataract surgeon serviced 150,000 – 200,000 people and that these eye doctors were mostly located in urban areas, while more than 70% of China's population live in rural areas. Less than 5,000 eye doctors in China are trained in modern cataract surgery. It is also estimated that 20-30% of China's counties have no eye care services available and only 50% of county hospitals have the capacity to perform modern cataract surgery. Travelling to cities for surgery is very costly and challenging for most people in China. Depending on a person's geographical location the cost of cataract surgery also varies. At the county level it costs approximately USD\$207, at the provincial level it costs approximately USD\$250 and in the bigger cities of China the cost is further increased to USD\$300-400. This cost is often prohibitive for people in China as much of the population live in rural areas and have an average annual income of USD\$230.

In addition to the prohibitive cost and limited access to services, many misconceptions existed within the local community as to the safety of surgery. There is little awareness of cataract blindness and limited understanding that it can be treated. Many people in China are wary of the safety or success of cataract operations, which is a fear borne from previous poor outcomes for patients in the time before modern cataract surgery which involves an intraocular lens (IOL) implantation. Efforts to improve eye health care in China have steadily increased confidence and demand and therefore the cataract surgical rate (CSR) over the past decade.

FHF began operating in Jiangxi province under the China-Australia Cataract Surgery Training Cooperation Project in March 1999 in partnership with the Jiangxi Provincial Bureau of Health (PBOH). The aim of this Program has been to develop a sustainable model of high volume cataract surgery that is accessible to the poor. The program was subject to its first internal review in late 2001. One of the main recommendations of that review was that the program should concentrate its efforts on a reduced number of hospitals, rather than continue to undertake more widespread training and support. A more recent review was aimed at assessing the impact of the program after this change of direction and thus concentrated on the three county hospitals in Gao'an City, Poyang and Xingguo.

Recent significant additions (not ANCP funded) to the program have been made:

- A research protocol and budget have been developed for a Rapid Assessment of Avoidable Blindness (RAAB) survey in 3 counties of Jiangxi province. The RAAB will commence with training in August 07;
- The planning process in the establishment of a new independent Eye Care Centre in Jiangxi province has begun;
- Partnership agreements and implementation plans for the establishment of a Paediatric Ophthalmology Wing at the Gao'an City People's Hospital (GCPH).

¹⁰ Derived from existing documentation provided by FHF.

Performance Dimension A: Organisational Analysis

Indicator 1: NGO capacity to deliver development response

Rating: Good Practice

FHF has a proven track record of progressive engagement in China. Its association with its existing partners there spans over 10 years. The organisation's involvement in this specialist development sector is greater than 15 years, and its experience has been gained in a wide range of developing countries in North Asia and other regions. It now operates on an international scale with programs in 20 countries.

Australian Office staff are highly professional and cognisant of the issues affecting operations in China. A constant upgrading of management systems including design and M&E appears to take place. Most recent designs incorporate substantial contextual research, risk analysis, sustainability considerations and appropriate M&E systems. Unfortunately, the creation of the ANCP-funded component of FHF's program in China appears to have predated these latter improvements, and a specific design document for it was not created, nor has this omission been corrected to date. However, ADPlans are consistently of a high quality, and display sound design logic. The most recent ADPlan however being anomalous in this regard as it is inconsistent with actual activities being implemented.

The FHF China team staff are highly competent and well qualified enhanced through professional development mechanisms provided by FHF. All are of a graduate or post-graduate level in their relevant fields and have a diverse range of experience in relevant donor, local NGO and Government sectors. In-country management systems have been clear and adequate in the past, and are currently undergoing significant revision. A new Program Manager has just been externally recruited to relieve technical staff from administrative burdens. These changes have brought with them the usual tensions between 'old and new guards' in regard to approaches to program delivery, and a balance will eventually need to be struck in this regard. The new Manager has implemented a number of worthwhile reforms, including production of a draft staff policies and procedures manual. Such reforms will improve the chances of eventual registration of the China Office of FHF as a Chinese NGO in the future.

Given these recent changes in the management structure in the China Office, some tensions and ongoing trade-offs are also apparent in their communications with FHF Australia, including a continued reliance on long established, interpersonal relationships. This is not ideal, but it would likely be counterproductive in regard to staff cohesion to immediately insist on more stringently defined channels of communication.

A great deal of communication and cross-fertilisation of programs also takes place directly between the China Office and other FHF recipient country offices. This has had significant impacts, particularly for staff professional development (eg. professional ophthalmology training), introduction of appropriate technologies (eg. IOLs and microscopes) and improved administrative procedures. FHF's well-established, ophthalmology centre in Nepal (providing training, research and artificial lens manufacture) and the Vietnam Office's advanced financial tracking procedures have, in particular, provided substantial support to the China program.

FHF has been particularly adept in fostering a shared vision with a range of local partners including the PBOH, local hospitals and the Provincial Disabled Persons Federation (PDPF). This has resulted in the rare, but ideal development outcome of all partners undergoing parallel and cooperative capacity development in regard to reaching shared goals. This achievement has far reaching implications and generally contributes to the provision of a number of Good Practice ratings (including the overall rating) under this assessment framework.

Indicator 2: Strategies for ensuring quality partnerships

Rating: Good Practice

This is a key strength of this program. FHF has very successfully fostered a shared eye care vision among its partners. This has led to the rare, but ideal development outcome of all partners undergoing parallel and cooperative capacity development in regard to reaching shared

goals. Choice of partners is very appropriate, with necessary oversight cooperation established with PBOH, necessary technical cooperation established with relevant hospitals (of which Gao'an Hospital is a particularly good example), and very worthwhile support and advocacy cooperation with the PDPH. That the PBOH is firmly committed to this work is evident by their substantial ongoing financial support measures directly complementing the FHF program.

Some confusion exists in relation to the expectations of partners in regard to a \$1million 'donation' towards the jointly proposed eye centre (not part of ANCP funded program, but related to it). FHF China would be well advised to address this confusion. Despite such misunderstandings, the partnership remains strong, as is confirmed by the fact that FHF and PBOH are jointly developing an officially recognised 5 year eye care plan for the province (also tied into the WHO Vision 2020 program). FHF has been asked to take a considerable role in this regard, including sitting on the lead group of the province's official Blindness Prevention Committee. This level of formal recognition is a rare achievement for a foreign NGO in China.

Communication between FHF and its partners appears to be continuous and highly effective. This is largely facilitated by the respect and trust afforded to the FHF China Office's technical staff. This respect has been built up over many years of professional association, and is also evident in the high regard local technical partners have for the quality of the surgery and training provided by FHF initiatives. A great deal of the local enthusiasm for FHF involvement in the eye care sector in Jiangxi province can be attributed to this high regard for the technical quality and thoroughness of FHF's work. This has also led directly into other non-ANCP funded initiatives, such as the joint creation of a regional eye care centre that could allow increased standardisation of training, thereby facilitating government accreditation. Not all details for this eye centre have been finalised, and it may well put the existing relationships to a greater test, but early indications of success are reasonably positive, largely because of the consistency in both levels of enthusiasm and broader goals.

FHF has worked particularly closely with the Gao'an Hospital. The success of this partnership is evident from the greatly increased capacity of the hospital itself, but perhaps even more so in the recognition at the PBOH and Provincial Hospital level that Gao'an Hospital should now be used as a model for eye care treatment for other hospitals in the province. This is a major achievement for a county-level hospital. Staff of hospitals in neighbouring provinces have also made 'study tours' of Gao'an Hospital, providing some regional recognition. FHF has also worked with 52 other counties within the province. While this work has been substantive in some cases, it has not been on par with the work done with Gao'an. Given the success with the latter, it may now be time to promote further dissemination of the Gao'an model or other more widespread initiatives.

The provision of specialist equipment and IOLs by FHF has been another key enabling factor in terms of increasing the number of cases treated, improving the quality of surgical outcomes and facilitating training of surgeons in related techniques. Technical partners are understandably keen to see provision of IOLs in particular, continued or even expanded.

Capacity building is the core of the FHF approach. Training of local surgeons, support nurses and administrators is a primary focus of the training sessions and 'eye camps', which also deliver substantial numbers of corrective cataract surgeries. Capacity building of key individuals also often includes providing opportunities for their exposure to more highly developed eye care initiatives in the region. This has included the FHF supported Tiganga Eye Centre in Nepal and the LV Prasad Institute in India.

Poverty reduction considerations are directly addressed through the partnerships. Gao'an hospital has developed an economically sound and sustainable approach to reducing the cost of eye surgery. The PDPF and more recently the Jiangxi Charitable Foundation have contributed a local poverty alleviation perspective to the 5 year Blindness Prevention Plan and have advocated for the acquisition of Central Government funds for initiatives such as the "21 Poor Counties Initiative".

The recruitment of a new manager for the FHF China office presents both challenges and opportunities for existing partnerships. The introduction of any new approaches needs to be undertaken carefully, so as not to potentially disrupt the successful status quo, but innovative mechanisms for expanding on the existing success should also be considered.

Performance Dimension B: Development Strategy

Indicator 3: Analysis of geo-political context and complexities

Rating: Satisfactory

The lack of a full design document is an ongoing problem in regard to assessing this criteria, but the designs of subsequent initiatives have included a great deal of relevant contextual analysis, as has the broader program strategy and a number of evaluative program reviews. These consider the full range of risks, sustainability concerns, partner identification/selection issues, appropriate technologies, and epidemiological concerns.

The main strength that FHF has displayed in relation to the analysis of the context is its commitment and ability to engage in a comprehensive approach to reforming eye health care in the province through a deep understanding of all its facets. This is truly a horizontal program albeit in a specialised sector. Of course, such a long term engagement has facilitated this comprehensive approach but it is nonetheless due to FHF's commitment to understanding and addressing social, technical, cultural, economic and political issues.

In recent years, partners have also been brought into contextual research, with PBOH taking a lead in some epidemiological studies. FHF and Goa'an Hospital staff undertook significant economic assessment and modelling in regard to reducing the cost of eye surgery. Effects of recent reforms in regard to provision of affordable medical insurance have also been actively followed by all parties and incorporated into relevant plans and approaches.

While the program actively avoids gender biases, gender analysis could be made more explicit, even just in terms of a provision of gender breakdowns of both patients and trainees. No obvious gender biases were observed, but this needs to be more transparently confirmed in some way.

A clear benefit of this in-depth contextual research has been the FHF program's ability to adapt to the rapidly changing conditions and capacity within China and its Chinese partners. It has also facilitated links to related initiatives such as Vision 2020 and commercial developments such as the emergence of Chinese IOLs and microscope manufacturers where FHF has worked with such manufacturers to improve the quality of their products.

FHF Recommendation 1

Whether in the design suggested by Recommendation 2 or in other supporting documentation, FHF should provide specific contextual analysis, including that relating to potential external effects influencing gender selection of beneficiaries, and provide for enhanced financial tracking of ANCP-sourced funding.

Indicator 4: Adequacy of design process

Rating: Satisfactory

Generally the process of design has been effective. Sound contextual studies have been undertaken (addressing risks, sustainability concerns, partner identification/selection issues, appropriate technologies, and epidemiological concerns) and these have been regularly updated to reflect rapidly changing circumstances in China. Partners have been actively engaged in development of plans and strategies, and have begun to lead such processes in many cases. Linkages with related initiatives, such as Vision 2020 and National Blindness Prevention Plans, have been mutually beneficial for all agencies concerned.

The program has clearly focussed on provision of services to the most vulnerable, and has adapted its approach over time to ensure that this remains the case. Assistance with provision of greater quantity of surgeries (through training programs and targeted donation of key equipment and IOLs), promotion of reductions in surgery cost (through the establishment of the Gao'an economic model and promotion of improved quality by Chinese manufacturers of equipment and

IOLs), and capacity building of local advocacy for greater access to National funding sources for providing eye care, are all very relevant achievements in this regard.

This program clearly fills a worthwhile technical niche, and FHF Australia has used its contacts and relationships with its other country offices and related international organisations to maximise its impact, as have FHF China in regard to local/regional knowledge and relationships.

The FHF systems for learning lessons and incorporating these into future design are well established, with two major internal reviews of this program having already been undertaken. The processes by which these lessons are then incorporated are also very evident in subsequent documentation and accountability procedures.

Unfortunately, the lack of a design document for the ANCP-funded component of this program represents an important failing, even in regard to the 'process' of design. While it is recognised that the initial production of such a design document was not strictly required in regard to the ANCP, its continued absence may be impeding some forward planning because of a lack of clarity in explicit intent. While this may not currently be having significant effects at the 'shared vision' level, some discrepancies between on-the-ground activities and the generally well written ADPlans are already evident, as are some shortcomings in provision of evidence in regard to assumed gender equity considerations.

Indicator 5: Standard of funding proposal or activity design

Rating: Unsatisfactory

The ongoing lack of a general design document relating to the ANCP-funded component of the FHF China program is a clear failing in regard to this indicator. While the ADPlans are clear and well presented, the most recent version contains inaccuracies in regard to on-the-ground activities, perhaps revealing some divergence in detailed planning between the FHF Australia and China Offices and a lack of familiarity of the China Office with ADPlan content. Plans seem to be historically driven rather than the process being systematic or formalised. Amore recent non-ANCP-funded components of the program have very good design documentation, so FHF has demonstrated the capacity to produce such documents. In the case of the ANCP component this appears to simply be a continuing oversight on behalf of both FHF Australia and FHF China. While the ANCP-funded component of the FHF program has been implemented each year since the program's commencement and there is likely to be an element of it just "rolling on" and therefore excluded from more detailed design processes, it is nonetheless a core component of the program. As such, its importance within the broader FHF program design should not be underestimated.

While the most vulnerable are clearly targeted in practice, beneficiaries are not well documented. M&E systems are demonstrably operating (including quarterly budgeting processes), but the framework under which they do so is not made explicit in regard to ANCP-funded activities. It is also difficult to identify ANCP-funded components in budgeting processes.

Risk and other contextual analyses are conducted and documented in regard to later initiatives, but are never made explicit for this core ANCP-funded component of the program. Likewise, sustainability concerns are well addressed in general, but never specifically in regard to this core component.

FHF Recommendation 2

As a matter of urgency, FHF should develop a design document specifically addressing this 'Team Capacity Building for Cataract Surgery' component of their China program. This design should be forward-looking and of equal quality to recent design documents provided for other initiatives under the program. It should make explicit the intended beneficiaries, key risks and expected outcomes/impacts of this core program component.

Performance Dimension C: Activity Implementation

Indicator 6: Efficiency of Activity Implementation

Rating: Satisfactory

Given the difficulty in separating out the ANCP-funded activities from the broader program budget, an accurate assessment of the 'value for money' aspects of these activities cannot be made. However, in regard to on-the-ground practice, it is clear that relevant targets are set and these are regularly met on time and within budget.

These targets, whether in regard to provision of surgeries or training, include comprehensive consideration of the desired standard of benefits delivered. One of the major strengths of the FHF program, as reported by partners, is the consistently high quality of outputs. Training in particular, is very well administered with set competency levels required for 'graduation' of trainees and a series of follow-up testing/trainings provided to ensure that such competency is reached, where possible. It is worth noting that there are cases in which attending surgeons/nurses were not permitted to graduate, even after follow-up training, because they were not able to meet competency standards. This is not always politically palatable given the high status of some surgeons, and therefore reveals a clear commitment to quality by FHF and their partners.

Synergies with other organisations and programs have been actively sought and have added a great deal of value for all involved. On the larger scale, this has involved initiatives such as working in with WHO's Vision 2020. On a small scale it has involved very commendable targeted cooperation, such as with Chinese IOL and microscope manufacturers, to facilitate the raising of the standards of locally available and therefore cheaper products.

That progress towards targets is monitored in a timely fashion, with efforts being made to correct intermediate shortfalls, is well documented in routine reporting.

Indicator 7: ANGO Capacity for learning and continuous improvement

Rating: Good Practice

There is clear documentary evidence that effective monitoring and evaluation systems are in place. Quarterly financial statements are prepared although it would be preferred if these were able to differentiate activities receiving ANCP funding. Ongoing assessments of progress towards annual targets are made in quarterly reports, and timely consideration given to correcting any projected shortfalls. The Chinese partners appear to be well incorporated into monitoring chains and both readily accept, and routinely deliver on, significant responsibilities in regard to information gathering and analysis.

Two significant internal reviews of the China program have already been conducted. These reviews were of a high standard and displayed a commendable level of independence and critical evaluation. Implementation of the recommendations of these reviews has been tracked, and responsible parties (including partners) held accountable for their progress.

In a broader learning sense, general contextual analysis has continued over the life of the program and adjustments have been made to relevant strategies in response to new conditions. The consideration of the impacts of recent developments in affordable health insurance, and the potential for sourcing IOLs and microscopes within China, provide a good example of this. The value of such 'informed adaptability' cannot be overestimated in the context of rapidly developing countries such as China.

Indicator 8: Effectiveness of Development Intervention/Response

Rating: Good Practice

Lasting technical and professional culture changes have been achieved within a range of partners, and these partners have been successfully encouraged to share a common vision for improvement of eye care within the province. This has had significant impact to date, especially in regard to quality and quantity of surgical outcomes and increasing both National and Provincial Government recurrent funding commitments in the eye care sector. A series of jointly developed and delivered future initiatives are already planned including a regional eye care centre, government accreditation of future training, a paediatric ophthalmology wing for the Provincial Hospital, improved epidemiological research, and greater outreach facilities to the rural poor. These plans are in the process of being formalised in an official 5-year Blindness Prevention Plan for the province.

Both forms of direct beneficiaries; trainees and recipients of cataract surgery; have already received a high quantity and quality of benefits. Successful trainees often enjoy greater prospects for promotion within their resident hospitals, and many thousands of patients have had some degree of sight restored, either through surgery directly provided under the FHF program, or facilitated by improved access to high quality surgery provided by local hospitals (due to capacity improvements, lowering of costs, or both).

The degree of impact on both types of direct beneficiaries is high, and is passed on to their families and communities at large. Given that no gender biases are shown in selection of candidates for training under the FHF program, it may be that it is allowing some female trainees to progress to higher positions faster than before; however, in the absence of any specific gender analysis by FHF, this is not confirmed. Those whose sight has been restored often go from being burdens on their families to being able to return to contributing to economic activities. The positive impacts on individuals, their families and their communities are well documented and include physical, social, economic, educational and psychological benefits.

Better articulation of intended beneficiaries and the projected impacts on them (i.e. in a design document for the ANCP component of the program), would provide a sounder basis of assessing effectiveness.

Indicator 9: Strategies for Sustainability

Rating: Good Practice

Whether in regard to technical, administrative or advocacy capacity, this program has been very successful in assisting in the development of its partners. It has also facilitated the attainment of a shared vision between partners in regard to eye care in the province. This increased capacity and improved coordination will have very significant ongoing benefits.

Targeted supply of some equipment and donation of IOLs has established an ongoing demand for both surgery and related products. Follow-up in relation to supply of equipment has been outstanding, with FHF producing translations of relevant maintenance manuals and regularly checking on the condition of such items. The assistance given to local manufacturers of both microscopes and IOLs has both improved the quality of their products and potentially reduced the cost of providing relevant surgery. The program has also assisted in the promotion of uptake of more affordable medical insurance among the rural poor.

Very high quality training has been supplied to a large number of surgeons and nurses, and exhaustive follow-up activities undertaken to ensure that required competencies are both attained and maintained. The quality of surgery and therefore surgical outcomes is at the core of the success and sustainability of the program outcomes. Training is primarily train-the-trainer in approach, and therefore has the potential for even greater impact in the future. Some hospitals have been able to substantially increase the number and quality of cataract surgeries they provide each year, although much of this increase has focussed on a small number of hospitals to date. In some cases, hospitals

have been able to lower the cost at which they offer such surgery due to the increased quantity, and the ability to cross-subsidise cataract surgery by also offering improved treatment of other eye problems.

FHF has an explicit policy of 'graduating' its country offices to an independent status. FHF China appears to be making sound progress in this regard. Given the closeness and mutually beneficial nature of its existing relationships with relevant Government partners, FHF China appears to be comparatively well placed to eventually achieve registration as a Chinese NGO. It would then be able to raise its own funding within China.

If only those cataract-related activities covered by the ADPlan are considered, the planned collaborative establishment of a regional eye care centre can be regarded as a major step in the phasing out of FHF Australia's involvement. This eye care centre is intended to eventually take over a large part of the training role of the existing program, and in doing so, allow for government accreditation of such training.

Overall Project Quality Rating: Good Practice

Agency Indicator		FHF.	
Context Analysis	1. ANGO capacity to deliver development responses	GP	
	2. Strategies for ensuring quality partnerships	GP	
	3. Analysis of context and complexities	S	
Development Strategy	4. Adequacy of design process	S	
	5. Standard of funding proposal or activity design	US	
Activity Implementation	6. Efficiency of activity implementation	S	
	7. NGO capacity for learning and continuous improvement	GP	
	8. Effectiveness of development response	GP	
	9. Strategies for sustainability	GP	
	Overall Assessment	GP	

GP = Good practice; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

APPENDIX E: ANCP ASSESSMENT FRAMEWORK

Summary

Performance Dimensions

Dimension A	Rating	Dimension B	Rating	Dimension C	Rating
Organisational Analysis		Development Strategy		Activity Implementation	
Indicators 1. ANGO capacity to deliver development response 2. Strategies for ensuring quality partnerships		Indicators 3. Appropriateness of analysis of geo-political context and complexities 4. Adequacy of design process 5. Standard of funding proposal or activity design		Indicators 6. Efficiency of activity implementation 7. ANGO capacity for learning and continuous improvement 8. Effectiveness of development intervention 9. Strategies for sustainability.	

Overall Project Quality Rating: _____

Descriptions of Quality Ratings:

GOOD PRACTICE (GP):

This is normally as good as it gets. The project/program fully satisfies all AusAID/NGO requirements and has significant strengths. There are only a few minor weaknesses in the project/program as a whole.

SATISFACTORY (S):

This is the lowest rating that satisfies AusAID/NGO requirements. However, this rating usually means there can be weaknesses as well as strengths but that the weaknesses are not severe enough to threaten the project/program.

UNSATISFACTORY (US):

This rating indicates that the project/program has significant weaknesses although other aspects may be satisfactory. The weaknesses require immediate action if the project/program is to continue to progress.

The weaknesses have the potential to undermine the capacity of the intervention to achieve its objectives.

HIGHLY UNSATISFACTORY (HU): This is a rating that indicates serious deficiencies in the activity. An activity would only be given an overall HU rating if there were widespread problems which have/will have the effect of preventing achievement of its objectives.

SOME RATING PRINCIPLES

- The emphasis is on quality and not quantity of analysis. In this regard multi-context sampling is important; the perspectives of key stakeholders (ANGO, partners, beneficiaries, other donors and government agencies) need to be taken into account during field visits.
- Only one rating may be awarded per level ie indicator
- Ratings against individual Quality Standards are not necessary; the standards are only a guide to assessing the quality rating of an indicator.
- Ratings should not be averaged when converting to a higher level, eg, from quality Indicators to overall assessment. Where the appropriate rating is not readily apparent, it is important to reflect upon the relative significance of particular indicators in arriving at an overall rating.
- Strengths and weaknesses should be briefly recorded in the Indicator comments column to capture the key issues in relation to the quality standards for that quality Indicator.

Performance Dimension A: Organisational Analysis**Indicator 1: NGO capacity to deliver development response.**

#	Quality Standards	Comments	
1.1	Past involvement or relevant experience of the ANGO and its partners in the geographic area and sector		
1.2	Quality management procedures and practices in place, including: <ul style="list-style-type: none"> • Financial management and administration systems • M&E systems for compliance and learning • Effective communications between ANGO and field • Professional development • Security 		
1.3	NGO Staff or volunteers have the capacity, skills and sensitivity needed to oversight or manage the activity effectively.		
1.4	staff or volunteers responsible for the project in-country have, or are developing the technical, organisational and social skills needed to implement the activity effectively		
1.5	Evidence of adherence to use of international humanitarian standards such as SPERE where relevant		
	Rating		
	Strengths	Weaknesses	
Indicator 2: Strategies for ensuring quality partnerships.			
#	Quality Standards	Comments	
2.1	Pre-existing, positive working relationship with local partners		
2.2	Compatibility between ANGO and implementing partners' goals, policies, management procedures and practices		
2.3	Existing mechanisms to facilitate joint decision-making during planning, implementation and evaluation		
2.4	Participation of local partner throughout the project cycle and development process		
2.5	ANGOs assessment of partner capacity has been appropriately accommodated in partnership and		

	activity design		
2.6	Partnership incorporates capacity building (if appropriate)		
2.7	NGO is coordinating with other NGOs effectively		
2.8	ANGO has a strategy for long term engagement with partners' program and development process.		
	Rating		
	Strengths	Weaknesses	

Performance Dimension B: Development Strategy

Indicator 3: Analysis of geo-political context and complexities.

#	Quality Standards	Comments	
3.1	Analysis of the development context target area and population (including relevant historical, social, gender, economic, political and cultural factors) was adequate		
3.2	ANGO and partners' development strategy and activity design took sufficient account of the geo-political context		
3.3	Changes in the geo-political context were carefully monitored and the development strategy, activity design and implementation mechanisms adjusted accordingly		
	Rating		
	Strengths	Weaknesses	

Indicator 4: Adequacy of design process

#	Quality Standards	Comments	
4.1	Situational and needs analysis identified those in greatest need, as well as the most vulnerable and marginalised		
4.2	Design has considered the geo-political context and inherent risks		
4.3	Design reflects satisfactory gender analysis		
4.4	Activity design is coherent with ANGO's broader development strategy/ programs and may provide and benefit from synergies with other activities		
4.5	Activities are consistent with AusAID's policies and country strategies		
4.6	Participatory planning approach has been used involving local partners		

	and/or representatives of target communities		
4.7	ANGO has made a positive contribution to the design process		
4.8	NGO incorporated lessons from earlier work into the design process		
	Rating		
	Strengths	Weaknesses	
Indicator 5: Standard of funding proposal or activity design			
#	Quality Standards	Comments	
5.1	Design is clear and logical and has realistic objectives that are appropriate to the project goal		
5.2	Beneficiaries are clearly identified		
5.3	Implementation strategies, responsibilities and schedules are clear, workable and achievable within project life		
5.4	Budget is realistic and informative		
5.5	Design articulates M&E arrangements		
5.6	Design identifies and takes account of the main risks and presents strategies for managing them		
5.7	Design incorporates sustainability strategy		
	Rating		
	Strengths	Weaknesses	

Performance Dimension C: Activity Implementation

Indicator 6: Efficiency of Activity Implementation			
#	Quality Standards	Comments	
6.1	Planned activities and outputs are likely to be completed on schedule		
6.2	Planned activities and outputs are likely to be achieved within budget		
6.3	The project inputs (commodities and services) and material outputs were of a satisfactory quality		
6.4	Costs for key budget items were reasonable		
6.5	NGO's project monitoring, reporting		

	and acquittal procedures reliable, professional and meet AusAID needs		
6.6	Technical aspects of activity implementation meet agreed standards		
	Rating		
	Strengths	Weaknesses	
Indicator 7: ANGO Capacity for learning and continuous improvement			
7.1	M&E systems ensured timely information flow		
7.2	M&E systems ensured responsive decision making		
7.3	M&E system facilitates both accountability/compliance and organisational learning		
7.4	ANGO policies, organisational structure and culture favour change or willingness to innovate in response to lessons learned		
	Rating		
	Strengths	Weaknesses	
Indicator 8: Effectiveness of Development Intervention/Response			
#	Quality Standards	Comments	
8.1	Activity is likely to achieve planned objectives		
8.2	Outputs delivered have fostered the anticipated benefits among beneficiaries		
8.3	Outcomes contribute to significant and lasting changes in target communities		
8.4	Improvements likely to occur in poverty reduction		
8.5	Improvements are likely to occur in Gender equity		
8.6	The livelihoods of the affected populations were supported, not		

	disrupted by the intervention (Checklist STEEP)		
	Rating		
	Strengths	Weaknesses	
Indicator 9: Strategies for Sustainability			
#	Quality Standards	Comments	
9.1	Sustainability issues are monitored and strategies for dealing with sustainability adjusted as required during implementation		
9.2	Project is likely to add to the capacity of implementing partners and beneficiaries to maintain the flow of benefits in the future.		
9.3	Project is likely to support the sustainable use of the environment		
9.4	There is a phasing out strategy for ANGO support to implementing partners.		
	Rating		
	Strengths	Weaknesses	

APPENDIX F: ANCP ASSESSMENT QUESTION GUIDE

Data Source	Question	Cross reference
Indicator 1: ANGO capacity to deliver development response.		
ANGO, LNGO	How long have you implemented projects in this target area?	
ANGO, LNGO	Describe the nature of your interactions with your in-country partner – communication, frequency etc.	Also informs indicator 3
In Australia and in-country	Points for observation: <ul style="list-style-type: none"> • Management systems • quality of staff and volunteers 	
Indicator 2: Strategies for ensuring quality partnerships.		
ANGO, LNGO	Describe the history and structure of your relationship with your partner.	Also informs Indicator 2
LNGO	Describe the value added by your ANGO partner	Also informs Indicator 4
ANGO	What level of engagement do you have with your in-country partner?	
ANGO	Describe your strategies for development of good relationships	
DA, ANGO, LNGO	Describe capacity building initiatives by the ANGO	
ANGO	Describe plans for the future of the relationship	
ANGO	Describe how you engage with partners beyond projects (if you do)...	
ANGO, LNGO	Describe how your collaborative efforts with other organisations (NGOs) are of value.	
Indicator 3: Analysis of geo-political context and complexities.		
ANGO, LNGO, field observation	Describe social or cultural factors that have influenced the project and the level of participation of beneficiaries in project activities?	
ANGO, LNGO, field observation	What technical factors have enabled or hampered project implementation or beneficiary participation?	
ANGO, LNGO, field observation	What economic factors have enabled or hampered project implementation or beneficiary participation?	
ANGO, LNGO, field observation	What ecological factors have enabled or hampered project implementation or beneficiary participation?	
ANGO, LNGO, field observation	What political (relational) factors have enabled or hampered project implementation or beneficiary participation?	
ANGO	What is your country strategy?	
ANGO, LNGO	Describe how you analysed the context to design the project	Also informs Indicator 4 and 3
ANGO, LNGO	How did you assess the community need?	Also informs Indicator 4

ANGO, LNGO	Describe how the beneficiaries were identified/scoped	Also informs Indicator 4
Indicator 4: Adequacy of design process		
ANGO	How does this project contribute to your country strategy?	
DA	Are activities consistent with AusAID's objectives?	
ANGO	Describe any synergies between this project and other projects within your country program?	
ANGO, LNGO	What strategies are you employing to ensure the intended changes are socially/culturally acceptable?	Also informs Indicator 1
DA, ANGO, LNGO	Describe your design process	
Indicator 5: Standard of funding proposal or activity design		
DA, field observation	Consider the internal logic, coherence with context analysis, achievability of targets and performance measurement framework. Are implementation strategies, schedules and responsibilities clearly defined?	Also informs Indicator 6
DA, ANGO, LNGO, field observation	Describe the M&E framework employed to guide: <ul style="list-style-type: none"> • management decision-making, • learning and • accountability 	Also informs Indicator 7
ANGO, LNGO	What processes do you use to assess risk and implement mitigation strategies? What are the risks?	
Indicator 6: Efficiency of Activity Implementation		
DA, ANGO	How do you know the planned activities and outputs are completed on schedule and within budget?	Also informs Indicator 7
Indicator 7: ANGO Capacity for learning and continuous improvement		
ANGO, LNGO	Describe processes by which you and your partners capture lessons learned	Also informs Indicator 2
ANGO	In what situations do you modify plans or change approaches?	
ANGO	Describe any particular innovative aspects to the work undertaken and has it enhanced or detracted from the impact)	
DA, ANGO, LNGO	Describe any aspects of your work which increase its complexity arising from where you work (location), who you work with (people) or the nature of what you do (sector).	
DA, ANGO, LNGO, field observation	Describe the M&E framework employed to guide: <ul style="list-style-type: none"> • management decision-making, • learning and 	Also informs Indicator 5
ANGO, LNGO	How has the project been adapted to respond to any changed circumstances?	
Indicator 8: Effectiveness of Development Intervention/Response		
ANGO, LNGO	What changes to people's lives (impact) do you anticipate?	
ANGO, LNGO	What processes do you use to assess changes in peoples lives?	Also informs Indicator 7

ANGO,LNGO, field observation	What evidence do you have to suggest that your project is helping to change people's lives?	Also informs Indicator 7
ANGO, LNGO	What constraints have you encountered in gathering the evidence of this change?	Also informs Indicator 7
ANGO, LNGO	Do you anticipate the project will achieve its objectives?	Also informs Indicator 6
<i>Indicator 9: Strategies for Sustainability</i>		
ANGO	What strategies do you employ to promote sustainability?	

APPENDIX G: ITINERARY

Date	Activity AM	Activity PM
19 Sat May 2007	Evaluation team departs Australia, arrives Shanghai	
20 Sun		Meet with AusAID Beijing Post, Peter Jensen and Wang Jun
21 Mon	Meet with Prof Mu and ACMFF Partner Visit to hospital	Meet with Nanjing project representatives Meet with project beneficiaries
22 Tue	Meet with AusCham Shanghai	Depart Shanghai for Nanchang
23 Wed	Evaluation Team to conduct ACMFF analysis	Meet with FHF Project Management staff
24 Thur	Visit to Gao'an County Hospital Meet with Dr Liang and other hospital staff	Meet with project beneficiaries, including clinical staff and villagers
25 Fri	Meet with the Provincial Eye Health Office	Meet with Mr Jia Liming, Jiangxi Health Bureau, FHF's in country partner Depart Nanchang for Chengdu
26 Sat	Secure Tibet entry permit Evaluation Team to conduct FHF analysis	Depart Chengdu for Lhasa
27 Sun	Rest day to acclimatize in Lhasa	
28 Mon	Meet with in BI country partner, Lhasa Health Bureau Meet with TPAF (TBC)	Meet with Swiss Red Cross (TBC) Outreach site visit
29 Tues	Meet with Burnet Lhasa staff	Depart Lhasa for Beijing
30 Wed	Depart Beijing for Ulaan Baatar Mongolia	Evaluation Team to conduct analysis of Burnet Project
31 Thurs	Meet with ADRA Mongolia project management team	ADRA Mongolia: conduct focus groups with implementation representatives, beneficiaries and their parents
1 Fri June	ADRA Mongolia: site visit to meet with staff and beneficiaries	ADRA Mongolia
2 Sat	Evaluation Team to conduct ADRA analysis	ADRA analysis
3 Sun	Depart Ulaan Baatar for Beijing	Travelling
4 Mon	Evaluation Team to continue overall analysis	Debrief with AusAID staff at Post
5 Tues	Depart Beijing for Australia	Arrive Sydney 8.10am June 6

IDIX H: TERMS OF REFERENCE

AusAID 2007 Cluster Evaluation of NGO ANCP activities in North Asia Terms of Reference – 2 April 2007

BACKGROUND

The Australian Government's AusAID-NGO Cooperation Program (ANCP) managed by AusAID will provide around \$25 million in funding in 2006-07 through Australian community development NGOs. The goal of the ANCP is to subsidise Australian NGO community development activities, which directly and tangibly alleviate poverty in developing countries. Each year AusAID reports to Parliament on the effectiveness of the aid program. At present NGOs assess the performance of their own ANCP activities against their stated objectives. Under the current system, over 80 per cent of NGO activities are self-assessed as satisfactory or higher.

There is an ongoing requirement to improve the quality of performance information in the ANCP. Since AusAID does not monitor ANCP activities, Cluster Evaluations will be carried out biannually as part of the broader CBP performance framework to assess ANCP outcomes. This strategy includes cluster evaluations, accreditation, spot checks and agencies' own evaluation findings.

The representative sample of NGOs taking part in this North Asia Cluster Evaluation is diverse, and therefore the results of the evaluation will examine individual agency's activities and their contribution to the ANCP Scheme. It will not determine the impact of all NGOs within the ANCP.

There have been five cluster evaluations of NGOs undertaken since 2000. These have considered ANCP and bilateral NGO projects in Southern Africa and Vietnam, ANCP projects in Cambodia and India and the HES Cooperation Agreement projects (CAER) in Pakistan.

The 2004 Kilby Report¹¹ identified the need to conduct longitudinal performance reviews of the ANCP, comparing findings over time. To do this a standard methodology for ANCP Cluster Evaluations was developed during the Cambodia Cluster Evaluation in 2005. As a result of recommendations from that evaluation and input from the NGO sector through ACFID, the cluster evaluation methodology and the ANCP Assessment Framework were refined. These were subsequently used and refined further in the CAER Evaluation in Pakistan and the India Cluster Evaluation in 2006 and will be used in the North Asia Cluster Evaluation.

EVALUATION OBJECTIVES

The objectives of the evaluation are:

1. To evaluate a sample of ANCP activities in North Asia
2. To verify the efficacy of ANGO self-assessment processes of the sampled ANCP activities
3. To review action taken on recommendations from previous ANCP Cluster Evaluations

INTENDED OUTCOMES

It is intended that the outcomes of the cluster evaluation will be used:

1. To meet AusAID's accountability requirements to the Australian Government
2. To contribute to the performance information on the ANCP Scheme
3. To enhance opportunities for learning and performance improvement by AusAID and the NGO sector

¹¹ Kilby, P, Options Paper, Revision of Performance Criteria for the ANCP Program, Sept 2004.

SCOPE OF THE EVALUATION

ANCP projects of the following ANGOs will be included in the cluster evaluation:

- Adventist Development and Relief Agency (ADRA) Australia
- Australian Cranio Maxillo Facial foundation (ACMFF)
- Burnet Institute (Burnet)
- The Fred Hollows Foundation (FHF)

For each NGO, the following stakeholders will be consulted in Australia and in North Asia:

- Australian agency program staff (e.g. Program Director, Desk Officer)
- North Asia partner program staff (e.g. Country Director, Program Director)
- Project implementation team staff (e.g. Project Manager, technical/field staff)
- Project beneficiaries, community representatives etc.

APPROACH AND METHODOLOGY

Approach

The approach acknowledges the complexity of issues surrounding performance measurement of international aid activities. These issues include the lack of agreement on absolute measures of performance and definitions of concepts such as impact, quality etc., as well as the difficulty of attributing change to individual activities in complex environments. In a cluster evaluation, these complexities are compounded by the need to use rapid appraisal techniques and the difficulty of accommodating diverse agency structures, contexts, objectives and stages of implementation.

The ANCP Assessment Framework (attached at Annexure 1) to be used in North Asia was developed by CBP as a result of lessons learned during the Cambodia and India ANCP Cluster Evaluations. It draws on the three assessment frameworks used in the Cambodia evaluation: AusAID's NGO Quality Assessment Framework (QAF); ACFID's NGO Effectiveness Framework and the STEEP Framework. An AusAID peer review of the Cambodia ANCP Cluster Evaluation acknowledged the merit of taking a broader perspective on activity performance and recommended that the three frameworks be integrated into a new single evaluation framework. The Cluster Evaluation Framework is further supported by the use of a Question Guide developed by CBP for the Cambodia Cluster Evaluation. These tools have subsequently been trialled in the 2006 CAER Cluster Evaluation in Pakistan and 2006 ANCP Cluster Evaluation in India.

The use of these tools will ensure that the process of analysing activity performance is rigorous, transparent and comprehensive, and will help to address some of the long-standing problems associated with incorporating activity context in NGO performance evaluation.

To ensure the North Asia Cluster Evaluation meets its dual roles of accountability and quality improvement, it is important that all stakeholders are engaged in the evaluation process and respond to the findings and recommendations.

Sampling

A three-stage purposive sampling process has been carried out to select the cluster of four ANCP activities to be evaluated.

The first stage of sampling involved country/region selection. North Asia was selected based on the following criteria:

- a minimum of 5 NGOs implementing ANCP activities from which to draw a reasonable sample
- acceptable security situation in country
- there have been ANCP activities with the four selected NGOs in the country for the past 3 years
- The AusAID post willing and able to support the cluster evaluation

While other countries were canvassed within AusAID and with DPAC, North Asia met all these considerations.

The second stage of sampling involved selection of the agencies for evaluation. Both Base and Full agencies were considered. Four of the five agencies supporting ANCP activities in North Asia were chosen, the fifth agency having recently participated in the India Cluster Evaluation in November 2006.

The third stage of sampling involved selection of the individual activities to be evaluated. Where partner agencies implement more than one ANCP-funded activity in North Asia, the selection was made by AusAID with input from the ANGO.

Methodology

The broad methodology will be qualitative. The particular methods of inquiry will include:

- Document reviews
- Key informant interviews
- Focus group discussions
- observation

Data will be collected and triangulated at three levels:

- In Australia with ANGOs, AusAID and ACFID
- In North Asia with AusAID Post, the Chinese NGO partner organisations and other relevant groups
- At project sites with implementing teams, community representatives and beneficiaries.

The performance of the sampled ANCP activities will be assessed using the ANCP Assessment Framework. The Framework considers three dimensions of performance: organisational analysis, development strategy and activity implementation. The Framework identifies 9 indicators of performance. A qualitative approach is used to assess each activity using the indicators and a four level quality rating system. Strengths and weaknesses of the activity are also analysed and described.

The ANCP Assessment Framework is supported by the use of a Question Guide. It will inform all interviews and focus group discussions. Drawing the Question Guide from the Evaluation Framework minimises the likelihood of omitting important lines of inquiry and ensures a rigorous and consistent approach by subsequent evaluation teams.

Initially the evaluation team will undertake a desk review of project documentation. Interviews with Australian NGO personnel will be held prior to departure for North Asia. This will be followed by a two- three week field study in North Asia, allowing approximately 2-3 days per activity. Interviews with AusAID officers at Post, implementing partner personnel and beneficiaries, and other stakeholders such as Government and community representatives will be undertaken in-country and during field visits to project sites. Feedback sessions will be conducted with each ANGO prior to the completion of the draft report. The draft report will be circulated within AusAID and to the sampled ANGOs for comment prior to the submission of the final report.

In-Australia and field inquiry will involve a mix of key informant interviews and focus group discussions as appropriate to the context. Interviews will generally use a semi-structured approach and be informed by the Question Guide. The focus of these interviews will be context driven. Interviews with the ANGO will focus on strategic and tactical issues, with the Implementing Partners on operational issues and with the beneficiaries on formal and informal evidence of change in their lives.

PHASING AND DURATION

The evaluation process will be conducted in three phases in Australia and North Asia:

Phase 1: Desk Review in Australia

22 April – 5 May 2007

- Identify sample activities for review; review methodology and evaluation framework in light of lessons learned from 2006 Pakistan CAER Cluster Evaluation and 2006 India ANCP Cluster

Evaluation, prepare TOR; procure AusAID and NGO documents relevant to the evaluation of the sample of activities; liaise with ANGOS

- Conduct document review in accordance with the approach and methodology as outlined above.
- Meet with relevant NGO staff in Australia to collect additional documents if required and discuss activities in accordance with the approach and methodology outlined above
- Analyse the data and prepare a brief interim Desk Review Report for each agency for use by the Evaluation Team to inform the conduct of the next phase of the evaluation.

Phase 2: Field Visit in North Asia

21 May – 5 June 2007

- Meet with AusAID representatives at Post
- Meet with all stakeholders involved in the sampled activities i.e. North Asian partner program staff, project implementation team staff, project beneficiaries, community representatives etc. Discuss the context and activity and collect data in accordance with the approach and methodology outlined above
- Conduct rapid appraisal of field work of sampled activities through focus group discussions, semi-structured interviews with staff, informal contact with beneficiaries and transect walks.
- If appropriate, hold a de-briefing session with NGO staff in the field to discuss preliminary findings and seek feedback.

Phase 3: Feedback and Analysis in Australia

6 June – 30 June 2007

- De-brief AusAID staff in Beijing to discuss preliminary findings
- De-brief and provide draft agency-specific findings to the ANGOS in Australia for comment
- Analyse data and findings
- Prepare a draft report on the performance of the selected sample of ANCP activities (report format attached at Annexure 2) and make recommendations on areas where performance might be improved.
- Provide AusAID and the NGO Sector (through ACFID/DPAC) with findings and seek feedback.
- Finalise report following AusAID and NGO comments and AusAID peer review in August 2007.

EVALUATION TEAM

The Team will be led by an AusAID appointed Team Leader with NGO and evaluation expertise. The three member team will include the Team Leader, an AusAID staff member from the Community and Business Partnerships Section, and another AusAID appointed consultant. Team members from previous cluster evaluations will act in an advisory capacity. During the in-country visit, one PSU staff member will be made available to participate in the evaluation.