Sida Evaluation 04/17

Social and Health Sector Projects in Russia

Final Report

Thomas Bjørnkilde
Alexandra Wynn

Department for Europe

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Authors: Thomas Bjørnkilde and Alexandra Wynn.

Sida Evaluation 04/17
Commissioned by Sida, Department for Europe

Registration No.: 2003-002052
Date of Final Report: April 2004
Printed by Edita Sverige AB, 2004
Art. no. Sida4106en
ISBN 91-586-8473-5
ISSN 1401—0402

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Address: SE-105 25 Stockholm, Sweden. Office: Sveavägen 20, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: http://www.sida.se

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Foreword

In the report PLS RAMBOLL Management (hereafter) RAMBOLL Management, presents the results of an evaluation of the support Sida has provided to the social and health sector in the North Western part of Russia.

The evaluation has been launched by Sida and carried out by a team consisting of health care experts, social sector experts and evaluators. RAMBOLL Management bears the full responsibility for the report and its conclusions.

Executive summary

Background

This evaluation assesses the support Sida provides to the social and health sector in North West Russia. The evaluation is a combination of an on-going and an ex-post evaluation. The evaluation has a simultaneous focus on the implementation process, as well as the results and impacts of twenty four health and social sector projects, spanning a wide cross section of support in North West Russia. Within this overall focus, the evaluation addresses: the relevance, effectiveness and sustainability of the projects, cost efficiency and the competence of the Swedish partners involved in the projects.

Findings and Assessment

In general it is the evaluator's assessment that the objectives of the projects are in line with the overall objectives and aims formulated in the country strategy for Russia, though this is more the case for the health sector projects than the social sector projects. This is because the social sector projects have on the whole focussed on providing some of the corner stones for changing the systems but have only been engaged to a limited extent in setting up new structures and systems. However, this is not surprising given the longer road that the social system has to move along in terms of its development.

The effectiveness in terms of the achievement of objectives has in general been high. This is partly explained by the fact that the projects have been well organised and focussed on subjects relevant to the participants. However, some of the high level of goal achievement is also due to the setting of less ambitious objectives. For most of the projects activities, especially in the social sector, objectives have been formulated in activity and output terms and only to a lesser extent in terms of results and impacts. Throughout this evaluation it has been, in general, easier to discern more tangible results among the health sector projects because of the nature of them and because results are measured more frequently and objectives have been more clearly defined.

The findings of the evaluation indicate that the work carried out by the Swedish consultants has been of a good standard. However, the consultants need to be able to deliver a combination of both professional sector related competencies, which they all do, as well as skills in project and change management, which several have not clearly displayed. It is not necessarily the case that consultants lack these skills but, for example, in larger scale complex social sector projects the demand to actively deploy these skills is greater.

Moreover, those involved in leading processes of change within oblasts either at the decision making or micro-project level have had limited opportunities to develop their professional skills so that they can use the knowledge they have gained in an effective manner. The increased use of basic professional skills and professional tools, for example LFA (logical framework analysis), for example, would help both Swedish consultants and Russian leaders to manage projects in a better way.

The findings show that the majority of the development activities have the potential to be sustainable and those that demonstrate the best potential for include those that work within existing structural frameworks, involve key decision makers, incorporate work with universities and focus on train the trainer elements. The probability of sustainability is also high for projects focussing on providing practical training that is quickly absorbed within institutions and where high quality training materials are maintained in some kind of knowledge bank.

Lessons Learned

The following lessons learned should be highlighted in the context of planning future support in the social and health care sectors in North West Russia:

- The identification of committed cooperation partners is crucial not only to the implementation of the projects but also the sustainability of the activities started through the projects;
- The increased use of LFA as a project management tool would help improve overall project management;
- It is important that consultants deploy both project and change management skills as well as their sector expertise;
- Training trainers is a very effective way to achieve capacity building
- It is essential that knowledge banks are established within institutions, especially newly established ones, to help to ensure the longer term sustainability of the project activities regardless of changes in staff;
- The more deliberate use of study tours would help to increase their impact;
- In order to ensure the sustainability of the work started through these projects it would be beneficial to focus attention now on strengthening the links between grass roots works and the reform of institutional and legislative structures.

1. Introduction

1.1. Origin and purpose of the evaluation

This evaluation assesses the support Sida provides to the social and health sector in North West Russia. The evaluation deals with both the implementation process as well as the impact of the projects and includes:

- **A process evaluation:** how activities have been formulated, conducted, reported and received by the project beneficiaries within the larger framework of the ongoing social and health care reforms in Russia today;

- **An impact analysis:** the evaluators should, to the best of their abilities given time and resource constraints, assess the impact of the projects in the social and health care sectors as well as the different regions where projects have been carried out.

The evaluation is a combination of an on-going and an ex-post evaluation. The evaluation has a simultaneous focus on the implementation process, as well as the results and impacts of projects. Within this overall focus, the evaluation addresses the following questions:

Relevance:

- To what extent have the project objectives been in line with the local stakeholders' actual needs?
- How important are the objectives of the project compared to other needs in the sector?
- To what extent have the project objectives set, been in line with and coordinated with Sida's overall goals?

Objectives:

- Have the objectives for each project been clearly formulated?
- Have the objectives for each project been reasonable (realistic to achieve taking resources and capacity constraints into consideration)?
- To what extent have the objectives been changed in the course of the project?
- Why have the project objectives been changed?

Effectiveness and overall results:

- What measurable results have been achieved?
- To what extent have the expected (original and where appropriate adjusted) objectives been achieved in the projects?
- How effective have the different instruments (training, study tours etc.) been in achieving the objectives?
- Have any positive or negative unexpected results been achieved?
- Have gender issues been mainstreamed in the project?

Sustainability:

- Which major factors may favour or prevent the fact that results and impacts will survive over the coming years?
- Is it likely that the results will survive over the coming years?

Cost-efficiency:

- Have the administrative costs been kept at an acceptable level?
- Could the objectives been achieved at a lower cost or could more results, outputs and greater impacts have been achieved at the same cost?

Competence of the Swedish partners:

- Have the consultants carried out their assignments in a satisfactory manner?
- Have the competence and skills used been suitable?

External factors:

- To what degree have external factors, such as the adoption or lack of adoption of relevant legislation, or not implemented legislation affected the projects implementation and results?
- Has the risk analysis been realistic?
- Have other international donors been involved in the project and what has the extent of cooperation been?

1.2. The methodology of the evaluation

The evaluation is based on a qualitative evaluation design. The main data collection method has been 24 case studies of social sector and health projects funded by Sida. The projects have been selected in order to have projects which differ in terms of:

- Sector
- Geography
- Subjects and types of projects
- Size
- Implementation status

In each case study, the following activities have taken place:

- Desk study of documents (i.e. applications, progress reports, final reports, evaluation reports etc.)
- On-site visit and interviews with project managers, final beneficiaries, key stakeholders and others

A more detailed description of the evaluation methodology is provided in annex 1 -3.

1.3. Structure of the report

The report is structured in six sections. A description of the context for the support and an overview of the support provided by Sida to projects within the two sectors in the North Western part of Russia follow this introduction.

Section three presents the main findings from the case studies. The section contains a description and analysis of the findings, including activities carried out, approaches used, organisation of the projects and results and impacts achieved.

Sections four contains value judgments based on the results of the evaluation of the projects. The support will be judged according to the above mentioned evaluation criteria.

Conclusions are presented in section five while section six contains lessons learned for future programming.

2. Context of the support

2.1. Country strategy for Russia

2.1.1. Overall objectives

According to the country strategy for Russia, the overall objectives of Swedish development co-operation are to:

"… Promote sustainable development, closer integration and partnership in the Baltic Sea region and its vicinity, based on the needs of the partner countries and utilisation of the Swedish resource base.[1]"

The country strategy states further that:

"Swedish development cooperation shall be informed by three guidelines: to promote systemic change and integration with European cooperative structures, to promote the development of relations with Sweden and the need to adopt a gender equality perspective in all development cooperation."

2.1.2. Objectives for support in the social and health sectors

Specific objectives for the support to the social sector are also formulated in the country strategy. Within the strategy objectives have been formulated that relate to both target areas / target groups of the support as well as the overall approaches to be used.

Target areas / target groups

For development cooperation activities within the *social sector* the following objectives are stressed:

- Greater priority should be given to preventive structural measures aimed at strengthening families and enabling maltreated children to escape being placed in institutions and having to grow up there.
- Efforts to reduce and combat trafficking in human beings should be accorded high priority. Particular attention should be focused on preventive measures.

[1] COUNTRY STRATEGY FOR DEVELOPMENT COOPERATION WITH RUSSIA 2002 – 2004, Sida (2002)

- Swedish support for structurally sustainable reforms in Russia's social insurance systems, particularly pension systems, is a matter of importance. This also applies to support for the further development of primary care in the Russian healthcare sector.

For development cooperation activities within the *health* sector the following objectives are stressed:

- Improving public health and preventing the spread of infectious diseases. Priority should be given to educational programmes relating to young people's health and wellbeing.
- Initiatives for developing special health and guidance clinics for young people should be extended to other regions.

Approach

- Apply a long-term perspective in its social security programme with a view to achieving both systemic change and a lasting change in attitudes, and so as to further encourage method and policy development.
- Supporting structural change and method development.
- Measures in support of education and training, method development and the personal guidance of social welfare officers and other officials at the local, regional and central levels, should continue. This also applies to the development of model offices and other pilot schemes aimed at disseminating new methods for social service work and the care of socially disadvantaged groups.
- Programmes should focus on particularly vulnerable groups in society such as people with disabilities, children in institutional care, and women and children exposed to physical abuse and/or sexual exploitation, e.g. via trafficking in human beings.

2.2. Overview of projects

24 projects have been selected for the purpose of this evaluation. These projects cover various sectors and geographic areas. Table 1 below provides an overview of the projects.

Project	Sector	Theme	Region	Implementation status[2]
Social work in ST Petersburg	Social	Social service development	St. Petersburg	On-going
Labour market integration of disabled	Social	Rehabilitation of disabled	St. Petersburg	On-going
The school for reproductive health care	Health	Primary health care	St. Petersburg	On-going
Drug Box	Health	Children at risk	Kronstadt/St Petersburg	On-going
Improvement of control of STIS	Health	Care of infectious diseases	St. Petersburg	On-going
Project 13+	Health	Maternal child health care	St. Petersburg	On-going
Development of primary health care in St. Petersburg	Health	Primary health care	St. Petersburg	On-going
Development of the care of handicapped children in St Petersburg	Health	Care of the disabled	St. Petersburg	On-going
Social work and vulnerable children in Leningrad oblast	Social	Children at risk	Leningrad Oblast	On-going
Social work and health care in Murmansk	Social	Social service development	Murmansk	Finalised
Development Centre in Monchegorsk	Social	Drug abuse / Children at risk	Murmansk	Finalised
Education of Social workers in Murmansk	Social	Social service development	Murmansk	On-going
Social work in Karelia	Social	Social service development	Karelia	Finalised
Endeavours to combat spread of Tuberculosis within Penal Institutions	Health	Care of infectious diseases	Karelia	On-going
Exchange between Kolbäckens child- and youth habilitation and rehabilitation centre	Health	Maternal and child health care	Karelia	On-going
Social work in Vologda	Social	Social service development	Vologda	On-going
Social family preventive center	Social	Children at risk	Arkhangelsk	Finalised
Habilitation of disabled children	Social	Rehabilitation of disabled	Arkhangelsk	On-going
Youth at Orphanages in Pskov	Social	Children at risk	Pskov	On-going
Social work in Pskov Oblast	Social	Social service development	Pskov	On-going
Social work in Kaliningrad Oblast	Social	Social service development	Kaliningrad	On-going
Integration of disabled people in society	Social	Rehabilitation of disabled	Kaliningrad	Finalised
Preventive measures against HIV/AIDS	Health	HIV and TB	Kaliningrad	Finalised
Clinics for preventive and contraception counselling for young people in Kaliningrad	Health	Maternal and child health care	Kaliningrad	On-going

[2] Projects were awarded the status finalised or on-going at the time that each mission and project visit was carried out. Therefore, the status of some of the projects might be subject to change now

3. Findings

In this section of the report the findings from the case studies are presented. The section is organised in four parts. Part one presents the activities and outputs of the projects. Part two presents the approaches used. Part three deals with the organisation and implementation of the projects. Finally, results and impacts are presented in part four.

3.1. Activities and outputs

Due to the nature of the technical assistance projects that Sida finances similar types of activities occur within all of the twenty four projects evaluated. The aim of this section of the report is to discuss and analyse the role particular activities have played in the projects and the different ways in which these activities have been carried out.

3.1.1. Study tours

Study tours to Sweden are a common feature among the projects evaluated and it seems that on the whole they are considered to be an essential element to projects. The general aim of the study tours is to inspire and motivate project participants by introducing new and/or alternative ways of providing social or health care services, as well as to establish contacts between Russian health and social service care professionals and institutions. But more than this it is hoped that study tours play a significant role in stimulating those participating in the tours to have a new vision in terms of the way that they approach their daily work. The ideas that study tour participants take with them vary considerably and range from the incredibly ambitious to the modest.

The deputy head of prison services in North West Russia mentioned that he had reordered the painting of the walls from dark green to lighter colours in some of the prisons following a visit to prisons in Sweden, as he had realised the importance of surroundings for the inmates well being.

It is often the case that a 'pre-project' study tour has been arranged by Sida for key decision makers. Having taken part in the study tours these decision makers then become cooperation partners if they commit to a Sida financed project. The key decision makers that have been on a study visit to Sweden prior to the project starting play a key role in the way that the project is set up and the way in which future cooperation

develops. The evaluation shows that those who have had positive experiences on the study tours and have become genuinely interested in the development of their sectors and institutions often provide essential longer-term support to the project throughout its lifetime. This is also the case when decision makers who have not previously participated in a study tour to Sweden have the opportunity to take part in one fairly early on in the lifetime of the project. It is important that these decision makers are fully on-board in terms of what the project is aiming to achieve. Without this support from the outset there is the danger that the work that practioners begin hangs in a vacuum, disconnected from decision making processes.

Involving a variety of decision makers in a study tour to Sweden and giving them the opportunity to sit down with their counterparts from Jämtland kommun gave the Russian delegation from Pskov not only a chance to connect to the project but also to discuss common issues with each other on a professional level. This has resulted in the decision makers longer term commitment to the changes afoot in their region. Some of those involved in the study tour have proceeded to approve new budget allocations to cover activities in some of the micro projects.

There are many different combinations of individuals taking part in the study tours and while some higher-level decision makers take part in the study tours and associated training the majority of individuals taking part are heads of institutions, their deputies, coordinators and practioners. When considering the full range of study tours that have been organised as part of the projects it is clear to see that in the majority of social sector projects there has been a good mix of stakeholders taking part in the trips to Sweden. However, the focus of study tour programmes commonly revolves around looking into technical issues, such as social methods, but rarely on management/leadership issues, which are relevant for directors, administrators of institutions, local administrations.

The large majority of the study tours are held in Sweden. It is very rare that study tours are held in neighbouring countries or other parts of Russia. This is due to a number of reasons. First of all, it is a stated overall objective that the support should be based on the utilisation of the Swedish resource base as well as the needs of the partners. Secondly, it is easier for the Swedish project managers to organise study tours in Sweden due to their networks. Finally, in many cases it will only be possible to find the knowledge and practice in Sweden or other Western European countries with a developed welfare state.

However, it should be noted that a few projects have had very good experience in arranging study tours to neighbouring countries or other parts of Russia. These projects are trying to develop the same kind of services or institutions which already have been established in other parts of Russia or in the neighbouring countries.

Given that there is the potential for study tour participants to be overwhelmed by what they see in Sweden it is critical that the study tour programmes are focussed and offer the participants a way of thinking critically about what they have seen and done. This has been achieved successfully in those projects where study tour participants have been asked to design their own micro projects at the end of the study tour. Of course those designing micro projects either in a group or in terms of what they can do on an individual basis need support long after the study tour is finished (see section 4.1.5 for a discussion of micro projects). But the fact that the participants are asked to focus their thoughts at the end of the tour helps to ground their ideas.

The size of the groups participating in study tours and the duration of the study tours are other variables that merit discussion. In some projects as few as four to six participants are visiting Sweden. At the other end of the scale there has been a group of one hundred and twenty participating in study tours to Sweden in the course of the project. This latter group is obviously very large and consumes a large proportion of the project resources, consequently limiting the amount of activities that can be arranged following the study tours.

The larger social work projects have run multiple study tours to Sweden for a large range of project participants in some cases a study visit has lasted up to three weeks. These longer study tours have combined visits to institutions with seminars and other forms of training. They too have consumed a larger proportion of project resources but because smaller groups have been involved this has not necessarily limited the amount of activity that has been conducted in Russia after the study tours.

3.1.2. Training: Theoretical and Practical

Training is a core element in most of the projects evaluated. Training can of course take different forms but for the purposes of this discussion will be divided into theoretical and practical. Theoretical training is pitched to different audiences when comparing social and health care sector projects. In general theoretical training in the health sector projects is for highly qualified staff working in the medical profession. The training is specialised, which is appropriate given the existing skills of those taking part in the training and is highly valued by those that have taken part in training activities.

The starting point for the theoretical training in the social sector projects, is mostly pitched at a more general level at the beginning of the projects, there are exceptions to this where those partaking in training are starting with a different background. Training tends to get more specialised throughout the lifetime of the project. This is assessed to have been generally appropriate. It is clear that basic training, for social workers, has been necessary and has paved the way for further developments in the projects and the sector.

Theoretical training in both sectors must take into account the current possibilities within both the health and social sectors at the present time and the legislative constraints that might hinder the adoption of certain principles and methodologies. This in no way goes to say that problems with legislation should not be discussed sensitively within training sessions, quite the opposite but those leading the courses should be aware of the working conditions of those that they are helping to train.

Project 13+ dealing with improving the capacity of youth clinics and development of sexual education offers a good example of this. According to Russian legislation, the schools are not allowed to provide sexual education. The project responded to this by framing the education and counselling in a larger perspective labelled "healthy life style".

Theoretical training should also be appropriate. Some participants spoke of their frustration at the slow pace of some seminars and at the number of seminars they had covering very basic aspects when in fact they wanted to be challenged more, others seemed more confused as a result of the very advanced theoretical psychological training they had received. It can be difficult to strike a good balance between the basic and the advanced but in those situations where the participants have been most satisfied there had been good communication between the Swedish trainers and the Russian cooperation partners in agreeing what the content of the training courses should be.

Practical 'hands on training' and 'learning by doing' has been successful where it has been carried out. In some instances, Swedish experts have worked alongside their Russian counterparts with Russian clients.

Both in Karlsson in St Petersburg and in the habilitation centre in Arkhangelsk the impacts of this working method are clearly visible. Those who have had the opportunity to watch and work with their Swedish colleagues have certainly grasped the theory and its implementation in their daily work. This has led to the very speedy integration of new work methods in institutions. Moreover, those who had the chance to work alongside their Swedish counterparts felt that this provided them with a valuable opportunity to ask questions, which they would have otherwise not thought of in a seminar situation. Of course, organising hands on practical training comes with its own problems particularly in terms of the language barrier but these problems can be overcome as has been shown by those projects that have included this in their activities.

3.1.3. Training Trainers

Training trainers has been integral to many of the projects and is an activity that underpins the whole approach assumed in many social work projects, and a few health sector projects. The logic behind training trainers is that it supports capacity building and allows knowledge to be disseminated to a much bigger audience than would otherwise be possible through the confines of the project. It is also cost efficient in terms of the use of project resources.

Taking 'training of trainers' as the starting point for the project activities has proved to be successful in several projects. Those identified as potential local trainers have on the whole been very dedicated individuals who have responded well to the training offered to them and are now actively using the skills and knowledge that they have acquired. Furthermore, these training activities are involving practioners from wider geographical areas as daughter training/methodological centres are established throughout the regions not just in the administrative centres. Local ownership of the knowledge and training process is made further effective by the fact that those providing the training understand the local conditions for practioners and can hopefully help them to adapt suitable models/methodologies to their particular contexts.

Newly trained trainers need high quality training materials and in those instances where training materials, such as manuals, models and videos for example, have been produced as part of the project these have been relied upon heavily. It is, however, important that those trained do not just gain the knowledge that they need but also the professional skills to know how to disseminate this knowledge to others most

effectively and how to help others realise what they learn in practical terms otherwise the maximum potential of training trainers as an approach is not maximised.

3.1.4. Leadership Training and Project Management Skills

In general, the majority of projects have not provided much training in leadership and project management skills which are of particular importance in the relatively young social sector. There are notable exceptions to this. For example, the social work projects in Leningrad, Pskov and Vologda oblasts have included such types of training, as has the development of Primary Health Care/Family medicine in Petrogradsky.

Logical framework analysis (LFA) has been introduced in few of the projects, by both Russian and Swedish partners as a way of managing the projects. In Leningrad oblast the main aim of using LFA has been to carry out problem analyses and to set goals. Use of the LFA approach has proved to be relatively successful. A danger is that those managing Logframes are too rigid in the way that they follow them and miss the opportunities for reflection and the reassessment of objectives, which should be an integral part of using the approach. Using the LFA approach has however meant that real efforts have been made to actually 'manage' projects and that those managing projects share a common language. This is positive for the overall development in the sector and the formulation of a sector strategy, which has been the case for example, in Leningrad oblast. More than this, the use of LFA by Swedish Consultants has proved to be successful in the very few cases where it has been applied.

Project management courses have been held, for example, for some managing micro projects and have proved to be effective in motivating project managers to take an active role in leading the project as well as to organise micro projects efficiently. For example, there is a clearer understanding among those leading micro projects how to organise work associated with the micro projects, not least real teamwork. These courses have gone some way to developing the professional skills of those involved.

3.1.5. Micro projects

Small scale sub projects or 'micro projects' have formed an essential part of the social work programmes funded by Sida in Kaliningrad, Leningrad, Pskov and Vologda oblasts and St Petersburg. Micro projects provide the opportunity for a selection of those involved in the projects to develop their professional skills further by designing and implementing their own small scale projects in the workplace. In theory they should be putting into practice what they have learnt that they think will work effec-

tively in their respective work places. The micro projects have in all cases been designed by individuals that have previously participated in different forms of so called 'basic' training and/or study tours. The micro-project leaders and their teams are generally supported throughout the duration of the micro projects by Swedish consultants.

Though the use of the word 'micro' implies that the micro projects are small-scale this should not suggest that the support given to the development of the projects should be short-term. In order to maximise the impact of the micro projects it is clear that longer term intervention and support is required. Micro projects provide the opportunity to connect theory through practice and can be seen as beacons of development.

Micro projects are usually run by managers or coordinators of institutions or services who operate very closely to those that are delivering in practical terms social or health care services. Those involved in the micro projects are often seen as the pioneers of change in their respective sectors and as such they often relatively 'vulnerable' as everything is new, both the way that they organise their work and the type of work that they are trying to carry out. It is therefore essential that the micro projects are well planned and managed.

Some project managers have opted to introduce LFA as a way of helping in the planning and implementation processes, others have focussed on providing other types of project management skills. Regardless of the type of project management skills introduced, as long as they are introduced, it is key to the success of the micro projects that clearly defined and realistic targets are set. Targets help focus the work of those involved in the projects but more than this they provide a means of assessing the progress that is being made in the micro projects. If targets are met project leaders can look to set further, perhaps more ambitious, though still realistic, targets. If targets are not met project leaders then have the opportunity to assess why not and to think about in which direction they should proceed and what the new targets should be. If targets are not set and there is no means of internal assessment then the objectives of the micro projects often become vague and the participants unclear of the direction of their work. The lack of clear target setting is problem in several of the micro projects.

The target groups for the micro projects vary considerably as do the numbers of clients that are to be involved in them. The size of target groups should be reasonable given the available resources but should also be large enough so that they are representative. It is easy to understand the logic behind beginning with small target groups

but built into the planning process should be target setting for the number of families to work with after for example, six months, a year etc. so that the project continues to develop.

In many cases the problems faced by those in the micro projects are associated with the rather short term support that consultants have been able to give because of the limited duration of projects and funding. Close supervision of micro projects by Swedish consultants is essential otherwise there is a real risk that the sustainability of these endeavours is questionable.

The micro projects are as mentioned integrated with more generic knowledge and capacity building activities like study tours. The strength of this approach is that the participants are more motivated to gain knowledge and use it afterwards. However, it is also resource demanding to do both activities at a sufficient ambitious level. The case studies have revealed some examples were it is questionable to what extent sufficient resources have been left to development of micro projects

The project social work in Kaliningrad has a budget of approx. 5 million SEK. Within this budget study tours of two weeks duration for 120 people have been organised. At the same time 20 micro projects have been identified and nurtured. Many of the projects are quite ambitious as the aim to establish new institutions within the social sector. The modest support available for each of the 20 projects can endanger the implementation and sustainability of these projects.

In some cases the duration of support has not been the only problem it is more that those leading the micro projects have not had the chance to develop their professional skills adequately because limited attention has been given to this area during training and this is one of the greatest factors in hindering the development of micro projects and some of the projects more generally.

While questions should be raised about the sustainability of several micro projects there is evidence of many of them being sustainable and making an impact. For example, Karlsson in St Petersburg is a well cited example, of how a micro project grows and continues to grow. In several other cases, there is definitely the potential for the micro projects to grow and to become sustainable but again more attention needs to be paid to providing those running the projects with the appropriate profes-

sional skills to manage and lead the projects as well as ensuring adequate supervision and realistic target setting.

3.1.6. Production of training materials

The production of textbooks and training manuals and materials handed out in seminars in Russian has been a priority in several projects.

High quality training manuals and textbooks, such as those one produced in the St Petersburg School of Reproductive Health project and the STI project management manuals are invaluable not only for those participating in large training courses run by the project but also as a reference for those running training courses in the future, as well as individuals who buy and read the textbooks. In Vologda oblast, fourteen models for various aspects of social work have been developed, which have been published and are used by social workers throughout the oblast.

The main benefits of producing highly relevant materials are twofold: they are valuable reference guides for practioners and trainers, and they help to ensure the sustainability of the work as they form part of a 'knowledge bank'. The best of these textbooks, manuals and models combine a sound theoretical base with good practical examples that offer concrete ideas of how techniques or methods can be introduced. The importance of providing Russian translations of the material used, and not only Swedish hand outs, cannot be underestimated.

Videos are increasingly being used as a training tool in the projects and a number of social projects have had funding to purchase video equipment that is stored and used by the Russian partners. The use of videos falls into two main categories. First, training sessions given by Swedish consultants/experts are filmed. Second, project participants are trained in video production and are assigned the task of creating their own educational videos for training purposes.

Video production has been a feature of the social work projects in Pskov and Vologda oblasts. Teams of two social workers have been trained during a study tour to Sweden in video production techniques. The aim of which was to help them develop the skills they need to produce their own videos in Russia that the local trainers can use for their own training purposes. The videos are well produced and are clearly a valuable training resource.

In those projects where Swedish consultants and experts have been filmed carrying out forms of practical 'hands on' training it is evident that these videos are being used for further training purposes, in particular for new members of staff. The videos provide are a valuable methodological resource and are especially valuable in institutions where there is the potential for a high turnover in staff.

3.1.7. Local and interregional and international seminars and conferences

Local seminars constitute key activities in most of the projects with group numbers varying on average between eight to forty people. The seminars are often used as a way of introducing theories and techniques. As is the case holding seminars in any country maintaining the interest of the participants is the greatest challenge. This can, however, be helped by ensuring that all training materials, overheads etc. are produced in Russian. There is no point in putting up overheads in Swedish, for example, that none of the seminar participants can understand. The subject material should also be directly relevant to those taking part in the seminars.

Seminars naturally provide the opportunity to talk about Swedish experience in the social and health care sectors. But care should be taken not to overdo this. Some participants spoke of their frustration in hearing so much about the 'Swedish model' because they were not sure how they were to use this information in their own context. Seminars should also offer something concrete in terms of methods that can be applied and how they can be applied. If seminars are relied upon as a major activity in the projects they should not only focus on delivering theory but how this can be realised and put into practice.

Interregional conferences have been held within the scope of several of the social work projects, in the case of the projects in Pskov and Vologda oblasts, these conferences were made possible by the fact that the same Swedish consultants managed both projects evaluated. The opportunity to meet and discuss issues at an interregional conference was viewed very positively by those interviewed because it gave them the opportunity to learn more about what is happening in other regions but also the chance to discuss common problems and strategies for tackling them.

Interregional seminars and conferences can facilitate the creation of interregional networks which can be supportive in the longer run beyond the lifetime of the projects. Furthermore, they provide the opportunity to invite those who know very little about the new developments in the projects, therefore, raising awareness and interest in the

work that is being carried out. Dissemination conferences should be used not only as a way of advertising the work that has been done but also provide the opportunity to discuss, in a wider forum, concrete strategies for the future.

Involvement in international conferences has mainly been limited to those working the health sector. This is not unusual given the longer tradition of international cooperation among those in the medical profession and that fact that those in the medical profession, on the whole, have better language skills. Involvement in international conferences, when appropriate, provides interesting arenas for discussion among professionals. Several of those working in the medical profession have talked positively about the chances they have had to discuss matters with their peers from the Baltic States, in particular Lithuania.

3.1.8. Research Activities

Research activities are most common to health sector projects. This is not surprising given the tradition of research in medical institutions.

Technical inventories of institutions dealing with sexually transmitted infections (STIs) were carried out in a project in Leningrad oblast. The questionnaire was used to disclose laboratory methodologies, technical capacity and the training of staff. The questionnaire could also be the basis of further quality assurance work as the training and technical needs of the laboratories become apparent. In Kronstadt, outside St Petersburg, two drug habit surveys have been conducted among school children in the municipality. The aim of which is to track changes in the patterns or tendencies for drug use.

One of the main issues involved in supporting research activities, in general in Russia, is the significant difference in the way that official cases are recorded meaning that the type of data being used differs from that collected, for example, in Sweden. This has not been a major hindrance to the research activities that have been conducted as part of the projects mentioned but more generally it highlights the point that it is not necessarily easy to just transfer research methodologies from Sweden, for example, to Russia and to expect the same types of results. A further related issue is the danger of relying too heavily on Russian statistics as the basis for the development of project objectives.

3.1.9. Equipment

Sida maintains a general policy of not funding the purchase of equipment. Some small scale purchasing has, however, been permitted and includes items such as computers, video cameras, projectors, medical equipment, healthcare products and lekotek that are deemed essential for training purposes and the continuing work of Russian professionals. It is clear that in many cases it is essential to purchase some small scale equipment for the projects. For example, within the budget of the St Petersburg School of Reproductive Health project, funds were allocated to purchase a resuscitation dummy that could be used to teach staff in maternity clinics the principles of resuscitating a baby and in Arkhangelsk lekotek has been purchased for the use of the early intervention group. In other projects computers, video equipment has been purchased. Computers are generally to be used by staff in centres to help them with their work, for example, documenting case histories etc. It is of course hard to ensure that these items are continuously used for their designated purpose but generally speaking the equipment is well used though it is evident in a few cases that the computers are actually causing more problems than they are helping to solve because there is not always the technical back up that is required to run the computer systems etc.

In addition to purchasing equipment for training purposes some equipment, supplies have been purchased or donated by Swedish partners. For example, old Swedish army supplies are passed on to penal institutions in Karelia through Swedish partners and in Pskov, clothing has been given to a boarding school for young children to help clothe the children better.

Very little larger scale purchasing has been permitted by Sida. Only in a very few cases has the renovation and/or redecoration of rooms been funded.

A kitchen, a guest room and laundry room in a boarding school in Pskov and a youth clinic in St Petersburg provides examples of larger scale equipment funding. This was approved by Sida because it was felt that the renovation of these rooms was essential to the project. In general it seems that the amount of funding allocated for the purchasing of equipment has been adequate and by limiting the amount of larger scale purchasing the Russian partners are themselves having to find ways of financing larger renovation projects, which of course demonstrates their commitment to the development of their work.

Of course, getting commitments from Russian cooperation partners regarding their funding of new institutions/premises is problematic and the Swedish partners are reliant on the good will of their partners in providing what they say they are going to. Therefore, projects that involve the significant renovation of premises that will be funded by Russian partners are relatively high risk and all steps should be taken from the outset in trying to minimise this risk by obtaining more than just verbal commitments to renovation schemes etc.

3.2. Approaches used

3.2.1. The transfer of knowledge

Due to the fact that there are fundamental differences between the health sector and social sector the approaches used in the projects differ somewhat as a direct reflection of this. Those working in the health sector, on the whole share a common language even before projects begin. Added to this many of the health project managers have been working in Russia and or/Eastern Europe for a long time and have a good understanding of the situation in Russia and many of their Russian colleagues have been exposed to international practice in the medical field.

This said, although professionals within the health sector may share, on the whole, a common language there are still wide discrepancies in terms of what is understood by the different concepts, such as for example primary health care, specialist treatment, referral systems etc. Moreover, training doctors to become family doctors is quite a step into the unknown for the majority of doctors and is almost asking them to revise their basic understanding of the medical profession.

There are also, of course, those working in social sector projects that have a good understanding of the situation in Russia but it is initially harder for most Swedish partners to share a common language with their Russian partners as the differences in approach to delivering social services in Sweden and Russia differ so greatly. As such, health care projects are often focussed towards delivering a specific type of training to specialists, though some projects are focussed at more promoting structural changes, whereas the majority of social sector projects have begun from a more general starting point, providing an introduction to alternative methods in social work and Swedish experience in this area.

A common approach among many of the larger social projects has been to focus on providing general knowledge about the social sector for large numbers of individuals. One advantage of this approach is that it provides staff from the same regions or municipalities with a common framework for understanding social problems and solutions to them. The appropriateness of the broad approach also depends on the participants' point of departure. If, for example, the general knowledge about social work and alternative methods is limited then this approach is appropriate as it functions as an eye-opener.

An alternative strategy has been to tailor the projects to the more specific needs of various professional groups. Managers and decision makers then have the opportunity to focus on the overall structural issues while the practioners pay attention to more to the practice and methodologies involved in delivering specific health and social care services to clients. This approach has been appropriately used for projects based in health sector projects and more specialised institutions. Many of the large multi-phase projects have sought to combine both of the aforementioned approaches by focussing on delivering general knowledge first and then more specialised assistance in later phases of the project.

The use of study tours as a project activity has been discussed earlier as most projects have used study tours as an important element the process of transferring knowledge. There are, however, different ways of using the study tours depending on the approach that is assumed. For example, not all project managers have opted to organise a study tours early on in the project cycle or at the beginning of training for specialists. The rationale is that it is better to begin with longer periods of training in the cooperation partners own institutions, therefore, giving those participating in training, for example, the chance to become fully engaged in the project and to demonstrate their commitment to the project without having the immediate carrot of a study

tour dangled in front of them. Moreover, it is hoped that when the project participants finally reach Sweden they can look at Swedish models/methods with a more critical eye, given their background training, rather than being overwhelmed by the differences in resources and techniques that they see.

This approach has been successful in a project focussing on the habilitation of handicapped children in Arkhangelsk. A dedicated team of professionals have taken the study tours very seriously in terms of the professional skills that they can develop. When asked what they expected to or had got out of study tours they were very specific, in terms of things that they wanted to see and learn more about and the impact that the study tour had had on their daily work.

This is not to say that study tour participants in other projects who have visited Sweden at the beginning of the project cycle have necessarily had less valuable experiences. One has to take into account the motivation of those involved from the outset of the projects, their role in the project, as well as the overall goal of each study tour. For example, several social workers interviewed stated that they had a limited vision of the way in which they would work in the future and the study tour played a pivotal role in inspiring and motivating them in their work and importantly gave them the opportunity to think about their work and the context of their work in a different way and it was critical to the success of the project for them to have a new vision from the outset. Others need less motivation and inspiration from the outset they, for example, know what their needs are and what professional expertise they would like to benefit from, which is perhaps more common among health care professionals.

Many projects have adopted a seminar based approach to transferring knowledge while others have focussed on providing hands on practical training in addition to this. Many health care projects and projects focussing on prevention have used seminars as the main way of transferring knowledge. Given that this is the traditional Russian method of transferring knowledge this has been widely accepted within the healthcare projects. Those delivering the seminars have endeavoured whenever possible, however, to encourage more open dialogue during seminars than is usual in the average Russian seminar. Transferring knowledge via seminars needs to be supported by high quality training materials produced in Russian if they are to have maximum impact. In addition to holding seminars, practical 'hands on' training has constituted an important and effective element in the process of the transfer of knowledge. This approach enables Russian participants to see Swedish professionals working with clients and to have the opportunity to see visually how theory is put into practice.

3.2.2. Capacity Building

Capacity building has mainly revolved around designing curricula, training trainers and setting up micro projects, which have been features in a few health projects but the majority of social sector projects. Capacity building is an important factor in ensuring the sustainability of projects and new ideas that are being adopted, which is why it has been particularly important in social sector projects aimed at introducing a wide range of alternative ways of delivering social services. Where capacity building has taken the form of designing a curriculum the aim has been to develop the pedagogical and academic capacity of health care and social work education programmes. Working closely with academic institutions has given credibility to the curricula that have been designed and in theory if formally approved by a university means that students can enrol for courses on an annual basis, therefore adding to the sustainability of the new ideas and practices.

Training trainers is a major capacity building exercise and has been discussed earlier in this report. Training trainers is usually performed in conjunction with university departments or health and social committees. The obvious benefit of training trainers is that local competence in managing the knowledge that has been transferred is improved and used in an effective manner among wider audiences which strengthens the overall processes of reform and change. Without trainers and attempts at capacity building the danger is that knowledge lies with individuals and if they leave their current working environment they simply take that knowledge with them.

Setting up and learning to manage micro projects is also a key part of the capacity building process and one that has been widely used in many of the projects, especially social sector projects. In some projects it has been the expectation that following a few introductory seminars and a study tour that a large number of project participants will develop their own micro projects and implement them with limited assistance from Swedish consultants/experts. This typifies a rather more intensive approach to implementing a project in comparison with several longer term social sector projects that have tried to build up local capacity stage by stage, by for example, training trainers and then beginning work on micro projects. The longer term intervention which supports this latter capacity building approach has on the whole, if managed efficiently, produced comparatively more sustainable results. Longer-term multi phase interventions are required if the micro projects are really to take root because having basic knowledge is not necessarily enough to know how to manage a small scale project, more specialised knowledge and professional skills are required.

3.2.3. Institution Building

Building institutions in the development context involves not just the building of physical entities but also the creation of social practices, norms and legislation. A major part of the institution building process involves changing attitudes and this is something that is a key element in all projects. The most tangible institution building processes that are being undertaken in the projects are those that deal with trying to influence changes in legislation and to build new structures and networks within the social and health care sectors. The aim is to merge these new institutions with existing institutions where they are compatible or replace those where they are not. It is important that new institutions are incorporated into the system otherwise only a system of 'unofficial' parallel structures can emerge, which ultimately undermine efforts to support the reforms of the 'official' system in Russia. There is a risk of this occurring in a very few projects where training courses involving the introduction of new methods, which are not yet approved by state authorities are being spread among project participants, while at the same time no work is being undertaken with authorities to change legislation.

Trying to influence changes in legislation often requires work not just at the regional but also the federal level. Some Federal Ministries are monitoring developments in several of the regions in which larger scales projects are being carried out but in general contact between the federal and regional levels of government is limited, which sometimes makes the process of institution building more complicated.

In some cases institution building involves supporting the establishment of a physical institution, for example, the social preventative family centre in Arkhangelsk, and in others the development of parent's and other associations. Due to the embeddedness of existing institutions it is taking time to help facilitate the creation of new networks and associations. For example, trying to establish networks of parents among those who have handicapped children is a challenge to those working with these issues. Parents are sceptical of the benefits of being involved in such a group and still have an uneasy relationship with society because they have a handicapped child.

3.2.4. Partnership Approach

Employing a partnership approach has been successful in the instances where it has been applied. A good example of the partnership approach has involved a clinic of infectious diseases in Luleå and expert advisors for penal institutions in Luleå and

Umeå working with the penal authorities of North West Russia, in connection with the East-West AIDS foundation.

The Swedish partners involved in a HIV/TB prevention programme in penal institutions, have provided the institutions with surplus army material such as clothes, blankets etc. These were donated by the Swedish army and have been distributed to the prisoners targeted in the project. The benefits of using this approach have been twofold: materials have been distributed among those that need them and those involved in distributing the materials have gained access to what would be otherwise very secluded and closed institutions and have been able to work on other project activities. Assuming a partnership approach in this case has, therefore, facilitated the development of better contacts between Russian and Swedish partners and the opportunity to develop project activities further.

This partnership approach has also been seen in another project where technical assistance funded by Sida has been combined with a private donation and support provided by a charity organisation. The partnership approach often provides the opportunity for development cooperation activities to take place in otherwise more inaccessible areas.

3.3. Project organisation

3.3.1. Project leadership

A large number of the official Russian partners involved in both the health and social projects are the respective social or health committees at either the regional (oblast) or city level. There are exceptions of course to this, for example, some institutes and universities are official partners. In some instance 'rivalry' between oblast and city authorities, for example, in Petrozavodsk, has been detected concerning access to funding from Sida but cooperation partners have been supportive of the projects, as have the large majority of those working below committee level in institutions or clinics where projects have actually been implemented. It is however, more difficult to assess the longer term commitment to helping ensure the sustainability of the projects beyond the duration of their funding. It is important to ensure that those who have a key role in the project are enthusiastic and willing to participate fully in project activities. In the rare cases where this is not the case these individuals present real obstacles.

Many of the Swedish partners are counties (län), and more specifically departments of the county administrations, some of which have been officially twinned with regions in Russia. It is often the case that the official Swedish partner has then subcontracted the work out to independent consultancies. This is not always the case Swedish Institutes and universities and NGOs such as the Riksförbundet Narkotikafritt Samhälle (RNS), the Stensta and Kölbacken Centres, Stockholm University's Socialhögskolan, Uppsala and Umeå universities have also been cooperation partners, as have consultants working on an independent basis.

All of the projects have been led and managed by one or two project leaders, most of them dedicated to the work. Some of the project managers have had continuous support from a Russian project manager who has been assigned by the Russian Cooperation partner to help with project management. In those cases where a Russian project manager has been assigned and is specifically allocated the role of working with the project, and is therefore given time to do this as part of their daily job, this has been very successful. Arrangements have not only been easier to make from a practical point of view but also the Russian project manager assisting the Swedish project management team has the time to monitor project activities throughout the duration of the project and is a valuable resource in monitoring the progress that is being made. This is particularly important in large scale projects.

3.3.2. Swedish Consultants and Experts

From the Swedish side the support has been provided by two groups of experts; professional consultants and employees of various public authorities/institutions. The two groups have different strengths and weaknesses. The professional consultants are in general, but not always, better able to manage the project and have better skills to organise training and share the knowledge with their Russian colleagues. The public employees, on the other hand, are in general more committed and more enthusiastic. Furthermore, they have easy access to Swedish institutions which is very useful in relation to the arrangement of study tours. However, these differences should not be exaggerated. The findings from the projects do not indicate any differences in performance and results between projects implemented by the two different groups of experts.

In general, the Russian counter parts have been pleased with the support and advise the Swedish consultants and experts have delivered. Project participants speak very highly of the experts that have been involved in the project as well as their professional dedication, which they claim they have found inspiring. This indicates that it has been a wise choice to involve experts who are passionate about their work and who want to share their knowledge and experiences.

Those Swedish experts that have worked alongside their Russian counterparts in practical training activities have had an impact on the way that new techniques and methods are implemented in daily work. Those involved in more theoretical training have been received very positively on the whole by the Russian participants, many of which felt that the Swedish experts had delivered some interesting new ideas and methodologies. Some project participants, however, did feel that the experts presenting seminars spoke a little too much about their work in Sweden, which they did not find relevant and that they would have liked to receive more training materials and hand outs during seminars produced in Russian. On the whole though, it seems that the experts have done an impressive job in helping to motivate individuals.

3.3.3. Local Consultants

Few local independent Russian consultants have been involved in the projects. Naturally many Russians involved in the projects are experts themselves and in this sense they are used as consultants throughout the projects and some of the projects, are almost creating consultants through the training of trainers. But there is a limited number of consultants that are specifically ‘brought in’ to help with training or the devel-

opment of the projects. In many cases this is not surprising as there is a relatively small number of NGOs in comparison with those in Sweden, providing such support. Local consultants have, however, been involved most notably in two projects. The first in the work in the boarding school in Opotjka and secondly in the work with Children's Home Number 4 in St Petersburg where their input has been received positively.

Consultants from NGO 'Klockan' based in Novgorod have contributed to the seminars run in Opotjka and have made visits to the boarding school. The NGO has emerged from a project that was run in Novgorod. Their involvement has been welcomed by all those involved in the training activities in Opotjka because they feel that the information they receive from them is highly relevant and the ideas possible to implement. In the case of Children's home Number four in St Petersburg, the NGO Gaaordi is involved in implementing the project, as well as acting as a pressure group in the political arena. The involvement of the local NGO has helped in many ways, for example, without the involvement of a Russian NGO the politicians making funding decisions might easily sweep the plans to build accommodation to one side but the involvement of a pressure group means that the project has wider support. This is especially important in the complex political environment of a city such as St Petersburg.

3.3.4. Monitoring

The monitoring of projects is most commonly carried out through the regular report writing process. Consultants usually submit reports following the inception phase of the project, at the midpoint of the project and the end of phase of the project, in addition to this reports are submitted in conjunction with invoicing. Basic reporting is carried out by all consultants and this provides a basic means of assessing the general progress being made in the projects. A handful of external evaluations have been carried out in the projects and these have provided a means of monitoring the overall progress being made in the projects, as well as highlighting potential bottlenecks and current problems. They have also provided concrete recommendations as to how the project objectives, for example, might be reassessed.

More formal methods of monitoring projects are less common among the projects and are not required by Sida or ÖEK. A number of health care projects do carry out evaluations of the impacts of the projects, which certainly add to the monitoring process but it is often the case that because of poorly defined indicators these evaluations are not as strong as they might be. Very few projects use, for example, the LFA approach. In those projects where LFA is used we see the clearer setting of objectives and the formal re-assessment of these objectives, which can ultimately improve the

results of the projects. Furthermore, the use of LFA; for example, has led the project leaders in some cases to give consideration to exit strategies. This is something that is rarely formally documented in the majority of projects.

3.3.5. Internal Assessments and Evaluation

The aim of the majority of internal assessments and evaluations carried out within the projects are to ensure the quality of the project activities. Evaluation forms are often given out at the end of training activities, which give the participants the opportunity comment on the content and quality of the sessions and what they have learned. These assessments provide important feedback to those running sessions and project activities. Similar types of assessments have also been used as a way of assessing the quality of study tours.

The assessments demonstrate that participants are very satisfied with what they have got out of the project activities, most assessing that their expectations have been fully met and similarly large proportions of those that feel that the project has had an impact on the way that they work. Although these results should be interpreted with some caution, as participants in these types of projects in general express their gratitude, the very positive assessment clearly indicates that the participants have been satisfied, inspired and gained new knowledge.

3.4. Results and impacts

This section deals with the results and impacts of the projects. A result is defined as the effect achieved immediately after a project or part of a project has been concluded, while impact concerns the more lasting consequences of the support. It is difficult to maintain this distinction in this analysis for a number of reasons. One reason is the timing of the projects. Some projects are in their initial phases, others are in a mature or final stage while a few projects have been concluded. The fact that most projects are on-going, or have recently been concluded, makes it difficult to measure impact. This is especially the case for projects dealing with such complex social and health issues as is the case for the projects in this evaluation. The main emphasis will therefore be on results and not as much the more lasting impacts as they have not yet materialised.

The case studies have revealed that the projects have to a large extent achieved, or are on their way to achieving, the expected objectives. For most of the projects these objectives have mainly been formulated in activity and output terms and only to a lesser extent in results and impact terms. This is especially the case for social sector projects. The common objectives in most of these projects involve transferring experience and knowledge in order to change attitudes and provide inspiration for the future reform process within the sector. The projects constitute the first step in a long development process.

Throughout this evaluation it has, in general, been easier to discern more tangible results among the health sector projects because of the nature of them and because results are measured more frequently and objectives have been more clearly defined. For example, a large number of doctors and specialists have taken part in training which has resulted in the better diagnosis of certain medical conditions and a wider range of options for their prevention and treatment.

In the analysis presented below, the results have been structured in three different types of results; transfer of knowledge, capacity building and institution building.

3.4.1. Transfer of knowledge

Throughout the projects links have developed between Russian and Swedish cooperation partners, which have led to the creation of “islands of knowledge” in North West Russia. Many Russian participants have been inspired in one way or another in their daily work through the cooperation that they have had with their Swedish part-

ners and a high percentage project participants expressed the desire to take part in further training if it were available. The work of Swedish consultants and experts has given their Russian partners the chance to see alternative ways of providing social and health care services. These opportunities have led to a wide range of changes being implemented.

In Arkhangelsk it is possible to see the impact that the introduction of specific habilitation techniques has had in terms of the possibilities to integrate children into normal schools in the city- a group of over ten handicapped children now attend classes in a regular school and have more opportunities for interaction with able-bodied children.

In Petrozavodsk, a project addressing the needs of mentally disabled children has enabled two children to attend a regular day-care centre, instead of staying at home or staying in institutional care. The Russian partner concluded that there had been very few difficulties in integrating the two children into the day-care centre and reported with great pride and astonishment that none of their concerns about prejudices or aversion towards the children had been met. To discover that the anticipated barriers did not actually exist were considered to be the one of the greatest benefits of the project and there is therefore now the potential to extend this programme and introduce such ideas on a larger scale.

Furthermore, providing practical training has yielded many positive results, and longer term impacts among social and health care professionals.

In Petrozavodsk, the personnel within the home service for elderly reported that lifting techniques had been exceptionally well disseminated in the organisation. The relatively simple and hands-on knowledge, was deemed altogether revolutionary in their context, and had an immediate application in practice. Russian partners had translated material and publications given to them by the Swedish counterparts, thus generating interest and enabling training in social services schools and other institutions. Compared with other methodologies and techniques transferred to the social services in Petrozavodsk, this was clearly the one with greatest impact. This was probably due to the immediate benefit gained by the individual social worker, and the absence of implementation costs. This is a fairly representative example of the types of results than have been achieved through practical training

The Russian project participants have built up theoretical and practical knowledge bases with the help of the Swedish consultants and experts. Many Russian cooperation partners are now disseminating information among wider networks both at a regional and interregional level using their own knowledge, experiences and high quality training materials produced both locally and by Swedish partners where they exist. In general, we are increasingly seeing greater cooperation between institutions at both the regional and interregional level, though the extent of this should not be overstated at this stage. Several institutions, for example, including Karlsson, in St Petersburg have been visited by a wide variety of people from other regions in Russia looking to learn from the experiences of Karlsson. Hopefully these links will continue to strengthen over time and that cooperation between institutions will win over competition. Another example of knowledge spreading trough networks is project 13+.

Project 13+ and the predecessor project 13 in St Petersburg has involved transferring knowledge regarding youth guidance on sexual behaviour. Some of employees that have participated in these programmes have now established themselves as leading experts within the field. Their expertise have now been widely known trough North West Russia and they receive visitors from other places interesting in learning from their experiences.

The greatest difficulty faced by some of those who have benefited from the projects is how to integrate new ideas and methods into the existing structures in Russia. In some cases, for example, the adoption of new methods and techniques has not been formally approved by the Ministry of Health, Ministry of Education and local Health Committees, or is not widely accepted by society, religious communities etc, therefore, making the situation more complicated for those who have acquired new knowledge.

3.4.2. Capacity building

Large numbers of social workers, specialists and decision makers have been involved in different activities in the social sector projects. As a result of this there are now thousands of individuals throughout North West Russia that have been involved, both directly and indirectly in the projects. The impact of the projects, however, varies quite considerably. New ideas and techniques are spreading most rapidly through the oblasts where training trainers has been the priority and there is greater momentum to the processes of change.

A large number of micro projects have been established and different groups of clients are now benefiting from alternative forms of treatment and support through them, though perhaps in some micro projects the numbers could be even greater. The weaknesses of several of the micro projects have been discussed previously but needless to say in those micro projects where there has been continuous support from Swedish consultants as well as a focus on providing those managing the projects with basic project management skills have produced the best results in terms of the extent of the work that the micro projects are trying to tackle. However, the full potential of micro projects has not always been realised, weak target setting is part of the explanation, as are the weak professional skills of those managing the projects combined with only shorter term support from Swedish consultants.

In addition to inspiring and motivating individuals there is a need to build up the professional skills of those participating in projects in particular those who will be responsible for managing team work, micro projects and dissemination activities. This is an important issue, for example, in the social projects where principles of team-working are not always well developed. There is no doubt that those now responsible for organising team work and dissemination activities are enthusiastic, but some still lack the professional skills to know how to manage these activities, which ultimately limits the impact of the projects.

Improving the professional skills of those responsible for organising activities might also help them to think more about the range of clients, for example, that they are involving in micro-project or target groups. In many cases those clients that are involved in micro projects are those that are very willing to take part and those that are perhaps not so dislocated from society. Of course, it makes sense from the outset to involve such clients in the projects, and the success of working with these clients is a boost to staff, but the groups should ideally not just consist of those that are ‘easier’ to work with. Strategies of how to extend care to more ‘difficult’ groups of clients should also be considered and if successful would increase the impact of the projects in many cases.

3.4.3. Institution Building

In many cases the introduction of new methods and ideas has taken longer to take root in the social than among the majority of health sector projects and this is at least in part due to the fact that new institutions and/or services are being introduced and that the traditions of social work are so very different from the new forms that are gradually being adopted.

In new institutions where Russian social workers and specialists are working to help (re)build family networks and to find foster families are finding it hard to organise teamwork among specialists and to structure their work with biological parents. While they understand the benefits of working with biological parents, as an alternative to institutional care for children, the focus at the moment seems to be on finding foster families as a temporary solution to the problem while work with biological parents takes second place. In some situations, work with biological families might not be the best alternative for a child but in order for this to be a viable alternative in those cases where it would be appropriate the social workers and specialists working in this field need to develop their team-working skills more effectively otherwise the institution building is not sustainable.

Moreover, structural institutional changes in the health sector involving, for example, the introduction of family medicine also face their problems. In the Russian health sector there is a strong tradition for using specialists. This creates some barriers for introducing family medicine both on the supply and demand side. There is very little prestige attached to being a general practioners and therefore it is very difficult to recruit new doctors. At the same time the general population have been used to consult specialist. It is therefore difficult for them to get used to see general practioners.

Institutional building naturally takes time and therefore, support to this process should be of a longer term nature where the possibilities for appropriate and potentially sustainable institutional changes are identified. Limited support has been provided to assisting in the process of legislative reform and trying to connecting new grass roots social and health work with the reform of existing structures would in many cases help improve the impacts and results of institutional building efforts.

4. Value judgements

This aim of this section of the report is to make value judgements based on the findings and analysis presented in section 3. The evaluators have assessed the performance of the support in relation to the evaluation criteria.[3]

4.1. Relevance

The relevance of the projects has been assessed according to the following three criteria:

a) To what extent have the project objectives set, been in line with and coordinated with Sida's overall aims and objectives?
b) To what extent have the project objectives been set in line with the local stakeholders actual needs?
c) How important are the objectives of the project in comparison with other needs?

A. Relation between project objectives and Sida's overall aims and objectives
In general, it is the evaluator's assessment that the objectives of the projects are in line with the overall objectives and aims formulated in the country strategy for Russia.

The degree of alignment has been greater for projects within the health sector compared with social sector projects. [4] The objectives for health sector support have to a large extent been focused on the prevention of infectious diseases in general and for young people in particular. The objectives for the health related support also includes developing guidance clinics for young people.

The objectives for the social sector related projects are not as aligned to the country strategy as the case is within the health related projects. According to the country strategy, the main emphasis should be on supporting structural measures and reforms. When we examine the overall objectives of the main part of the social sector projects, we find that these objectives are in alignment with the objectives in the country strategy.

[3] See section 1 and annex 1 for a more detailed description of the evaluation criteria
[4] See table 1 in section 2 for an overview of the content of the support

Looking at the more specific objectives for the project we see some misalignment with the overall aims. A lot of emphasis has been on changing the attitudes towards the root causes of socials problems and the groups exposed to social problems. In this sense the projects have focused on providing some of the corner stones for changing the social systems. But the projects have only to a limited extent been engaged in setting up new systems and structures. The approach of focusing on creating a knowledge base and changing attitudes is in line with the objective of applying a long-term perspective. But the projects are not fully aligned with the overall objectives of the country strategy.

The differences in the alignment of goals between the types of projects can be explained by a number of factors. The objectives for the health related support are first of all more specific and thereby easier to achieve in the short-term. Second, changing social measures and social systems in Russia is a more complex task than supporting the work with sexual transmitted diseases. Social problems have only been drawn into focus following the systemic changes that took place at the beginning of the 1990s, while Russia has a strong tradition for providing health services.

B. The needs of local stakeholders

Support towards the health sector, among those projects that have been evaluated, has generally focused on providing support to projects dealing with preventing sexual transmitted diseases. There is a great need for support in this area. Russia and other countries in the region face the fastest growing HIV epidemic in the world. According to UNAIDS there has been a fifty-fold increase in the number of HIV infected people between 1998 and today. Today, in Russia more than one percent of the adult population is infected by HIV. These figures, and the assessment we received from the local stakeholders lead us to conclude that support provided to work within the health sector is aligned with the local stakeholders needs.

The number of people in Russia living below the national poverty line is 25 percent according to latest figures from the World Bank. This clearly indicates that the country is facing some serious social problems and is in need of help to strengthen the social service system. It is therefore appropriate that Sida supports work in this sector. Furthermore, it is the evaluator's assessment that the social sector projects in general have reflected the needs of the stakeholders. This assessment is first of all based on the interviews with the participants involved in the project. Many of the participants assess that the projects have been important in terms of providing them with basic knowledge about the structure of social systems and social work practices in a de-

mocratic society where respect for individuals regardless of their circumstances is of paramount importance.

The relatively good and intense co-operation between the Swedish consultants and their Russian counterparts also supports this conclusion. The fact that the projects involve providing technical assistance and no direct investment in the social services decreases the economic incentives of participating in the projects. The main force driving the projects has been a professional interest in developing human resources and the social sector as a whole. In many of the interviews we have felt that the participants have been committed to the projects

C. Relatively importance of objectives compared with other needs

As shown above we assess that there – in absolute terms – has been a local need for support from Sida. Another question is to what extent the objectives for the support have dealt with the most urgent needs within the sectors. This question is very difficult to assess based on the findings gathered in this study. The scope and aim of the study does not allow us to draw a complete picture of all the needs within the health and social sector in Russia. But based on the information we have received from the interviewees it is our assessment that the support in general have approached some of the most urgent needs within the two sectors.

Within the health sector, it is our clear assessment that the fight against HIV/AIDS and other sexual transmitted diseases represent the most urgent needs. In the social sector there has been an obvious need to provide knowledge to decision makers and social workers regarding new and alternative methods of social care provision.

It is the evaluator's overall assessment that the support provided by the twenty four projects has been relevant an in accordance with the needs of the stakeholders.

4.2. Objectives

The objectives of the projects will be assessed according to the following criteria:

a) Have the objectives for each project been clearly formulated?
b) Have the objectives for each project been reasonable (realistic to achieve taking the resources and capacity constraints into consideration)?

A. Clearness of objectives

A clear objective is, according to our understanding, an objective which is specific, measurable, accurate and bound by time. The objectives are in general specific. Most projects have defined an overall aim and then a number of more specific objectives. Moreover, many projects have also formulated results they expect to achieve.

There has been greater difficulty in terms of project objectives meeting the criteria of being measurable and time-bound. This is especially the case for the many social sector projects. In many of the projects, the objectives are mainly formulated in vague terms, for example, exchange and improvement of knowledge without establishing any benchmark and targets for the kind of knowledge that should be changed. The objectives also, to a high extent, lack considerations about the timeframe for achieving the improvements in, for instance, knowledge.

B. Reasonability of the objectives?

The second criteria for assessing the objectives of the projects are to what extent the objectives can realistically be achieved. It is the evaluator's judgement that in general the projects have set reasonable objectives. The fact that most of the projects have been able to achieve their objectives (refer to the assessment of effectiveness below) show that the objectives have been reasonable and realistic.

One of the reasons why the objectives are reasonable is the way they have been formulated. In a number of projects, mainly within the social sector, the objectives have been formulated in input and activity terms and not in output and impacts terms. In these cases the objectives only states the exchange of various kind of knowledge (activity) and not what impact this exchange will have on the participants and the service they provide. The effect of this is that the objectives will be achieved as long as the projects carry out the activities they have promised to deliver.

Other projects, in particular health related projects, have formulated their objectives in output and impact terms. Objectives formulated in these kinds of terms are in general more ambitious and thereby also at risk of being more unrealistic to achieve. It is the evaluator's assessment that the objectives formulated in these projects have been reasonable. In many cases the projects have used a Logical Framework Approach or an approach heavily inspired by this kind of project management thinking. The formulation of objectives has therefore been followed up by a number of assumptions, and also in some cases a risk analysis.

In sum, it is the evaluator's assessment that the objectives in general are reasonable. The main problem with the objectives is the clarity of them. In a number of cases the objectives are vague and immeasurable or formulated in terms of activities.

4.3. Efficiency

The cost-efficiency of the projects will be assessed according to the following criteria:

a) Have the administrative costs been kept at an acceptable level?
b) Could the objectives been achieved at a lower cost or could more results, outputs and greater impacts have been achieved at the same cost?

A. Administrative costs

The first criteria for efficiency concern whether the administrative costs have been kept at an acceptable level.

First of all, it has to be noted, that it has been difficult to get a precise overview of the administration costs. First of all the projects have structured their budget differently. Some have budget lines for projects administration, while others combine the time spent on project administration with the time spent on support and training.

On average, the projects have spent 20 to 25 percent of the budget for project administration. This average covers some differences. Some projects have only spent 10-15 percent, while others have spent 35-40 percent.

Are administrative costs of 20 – 25 percent acceptable? It is the evaluator's assessment that it is acceptable in the kind of projects that have been carried out. This assessment is first of all based on logistical demands to the projects. The fact that visa is required for all visits as well as the language barrier makes it very time consuming to manage projects in Russia.

The nature of the activities – training and study tours – also makes the management of the projects a time consuming activity.

B. Value for money

The value for money criteria deals with the relation between costs on the one hand and output, results and impact on the other. The key question is whether more results could have been achieved by designing and managing the projects differently.

In many projects, in particular projects within the social sector, study tours to Sweden have constituted a significant part of the projects. Study tours to Sweden are of course much more expensive compared with activities taking place in Russia. For the costs of brining one person to Sweden one could alternatively have organised training in Russia for a wider audience. In order to justify the use of study tours within a value for money perspective, it has to be demonstrated that the impact of having been to Sweden and seen how the works are organised in practice is much greater in comparison with the effect of holding seminars in Russia.

It is the evaluator's assessment that study tours have been a very useful activity. For many participants the study tours have been an eye-opener providing them with inspiration that could not have been obtained trough a seminar in Russia. At the same time, the study tours have created new patterns of co-operation between people representing different authorities. This would also have been difficult to achieve without the study tours.

Having said this, it is also the evaluator's assessment that the scope of study tours – both in terms of number of tours and numbers of participants – has been exaggerated in a small number of the projects. In some projects, the same participants have been on study tour to Sweden three or four times. It is the evaluator's assessment that these projects could have organised more of the activities in Russia. They could for instance have compiled all the lectures in seminars in Russia and then spent the time in Sweden exploring the work in practice.

In some projects one can also question the number of participants in study tours. In a large social work project more than 120 individuals participated in study tours in the course of the project. The argument for this was that it would provide them with a common framework for future discussions of reforms. It is the evaluator's assessment that more results and impacts could have been achieved by diminishing the number of

participants and instead complimenting the study tours by providing more seminars afterwards in Russia.

Instead of organising study tours to Sweden, one could alternatively consider arranging study tours to other places or projects in Russia, or to neighbouring countries, like the countries around the Baltic Sea. This would often reduce costs and yet at the same time provide the opportunity to see alternative ways of organising and delivering social and health care services. In some cases, it could actually increase the impact of the study tours, as the experiences would be easier to apply in the local context.

4.4. Competence of the Swedish consultants

The competence of the Swedish partners will be assessed according to the following criteria:

a) Have the consultants carried out their assignments in a satisfactory manner?
b) Have the competence and skills used been suitable?

A. Satisfactory completion of assignments

Swedish consultants have shown real commitment to the projects and their work. The passion they have had for their work has helped inspire many social and health care professionals working in North West Russia and in the majority of cases their assignments have been completed successfully. Of course, because many of the projects are still ongoing it is only possible to comment on the way that assignments have been performed to date. Perhaps one measure of the satisfaction of the Russian partners is the desire of many to extend development cooperation activities over longer periods of time.

Where projects have not been completed satisfactorily this is mainly due to poor project planning and management and conflicting agendas of Swedish and Russian partners, the latter of which is sometimes beyond the control of consultants. However, this has only been the case in few projects.

B. Suitability of competence and skills

When talking about the competence and skills of those involved in running the projects the discussion will be divided into two parts, the first concerning the Swedish consultants who have been project managers and consultants and the second con-

cerning the additional experts that have been involved in the implementation of the projects.

The Swedish project managers, as stated earlier, have been instrumental in inspiring the commitment of Russian partners involved in the projects. The majority of Russian partners have expressed satisfaction with the way that the Swedish consultants have managed the projects. Many of the Swedish consultants are experienced project mangers and it is a pre-requisite that the projects are well managed if they are to be a success and help produce sustainable results. The importance of having good project management skills should not be underestimated. In those cases where project management has been weaker than it should be problems have ensued leading to, for example, discontent among Russian partners and reduced impact and sustainability. In addition to developing good dialogue between stakeholders, planning project activities, setting clear budget lines, which Russian partners are informed of, it is essential that some form of internal monitoring and assessment is carried out within the projects.

Carrying out internal assessments, of which very few are actually conducted, provides the opportunity to refocus objectives and targets formally taking into account the reality of the progress being made. This is hard to do if there are only limited means of monitoring and evaluation. Increased use of project management tools such as LFA help ensure that regular internal assessments and monitoring activities are conducted that give both project managers and Sida Area managers a clear idea of the progress being made and the problems faced, which in turn allows for the appropriate development of strategies and targets for the remainder of the project period. Relatively few project managers use professional tools to help in project management.

In several cases, the Swedish project managers/consultants need to improve their professional skills so that they are not just providing expertise but rather consulting skills such as organisational management and leadership training, this is especially important in the development of new institutions and as part of the capacity building process. There are many Russian partners who have acquired knowledge that remain unsure as to how to use it and how to organise others to use it.

It has been the role of the Swedish experts involved in projects to provide specialised knowledge to Russian partners. The Swedish experts that have taken part in the project activities, for example, giving seminars and practical training sessions have on the whole been well received by Russian partners. In those instances where they have

not been so well received this is due to the fact that local partners taking part in seminars, for example, felt that too much emphasis was placed upon talking about Swedish models for social and health care provision. Furthermore, some of the experts had very limited experience of working in Russia and/or the CIS, which the Russian participants felt limited their appreciation of the current social and health care systems and potential for change. It would, however, be misleading to generalise on this point as in the majority of cases the Russian participants were satisfied with their contact with Swedish experts.

The use of Swedish experts has been most effective and well received where the Swedish experts have held similar jobs/positions to those that they are training and especially where they have had the opportunity to work alongside their Russian colleagues. In fact, where this has occurred, for example, when physiotherapy and speech therapists have worked with Russian participants, this has been very effective and led to the direct introduction of new techniques. In terms of more theoretical training the comments were a little more varied regarding the involvement of experts, this is partly not due to the experts but rather the planning of projects and the choice of particular seminar topics. In some projects participants felt that too much time was devoted to theoretical training when they would have rather received more practical training. The involvement of Swedish experts in more theoretical training has been well received where Swedish experts have been well prepared and in particular have produced overheads and hand outs in Russian rather than Swedish. Participants expressed frustration sometimes that they did not receive adequate materials following seminars.

4.5. Effectiveness

The effectiveness of the projects will be assessed according to the following criteria:

a) To what extent have the expected (original and where appropriate adjusted) objectives been achieved in the projects?
b) Have any positive or negative unexpected results been achieved?
c) Have gender issues been mainstreamed in the project?

A. Achievement of expected objectives

Generally speaking the expected objectives of projects have been achieved. However, due to the vagueness of some of the objectives, it is not possible to provide a full account of the degree of effectiveness of project activities. Some final reports state that all the objectives have been achieved but there is very limited evidence support-

ing this conclusion, therefore the evaluation team has used interviews and missions as a way of assessing whether or not the expected objectives have actually been achieved. It is of course more difficult to measure to what extent more intangible objectives have been achieved in comparison with output orientated objectives.

Many of the project objectives focus around changing mentalities, which is a long term process, as well as providing alternative ways of delivering and organising social and health care services. There is no doubt that the majority of those participating in projects have been inspired to think and work differently and their eagerness to participate in project activities is testament to this. Some participants, however, still remain unconvinced about processes of change, for example, the very gradual deinstitutionalisation of care for handicapped young people and adults. Some participants we talked to believe that it is not realistic for these groups to live more independently because society is not ready for that and that is therefore safer for them to remain in residential institutions. Of course, the motivation for making such statements can be questioned, some participants wanting to protect their jobs, for example, but the fact is that barriers to change remain and therefore the expected objectives of changing mentalities are not always met.

The large majority of output orientated objectives have been met in terms of the numbers of people passing through training, participants on study tours, numbers of micro projects started, equipment purchased, curricula written etc., as have objectives relating to the introduction of new methods and techniques. This said objectives relating to the targeting of specific groups have not always been achieved. This is because target groups might have been poorly identified in the first place, the target group not being representative of the extent of the problem to be tackled. Moreover, it has sometimes been the case, for example, that those involved in working with pre-identified target groups with difficult problems have actually only worked with those who have somewhat more minor problems/disabilities than those most seriously afflicted meaning that a representative cross section of the target group has not been involved in the project activities.

B. Positive or negative unexpected results

The most common unexpected positive result emerging from the projects is that dissemination activities go well beyond the confines of the project. Some projects have attracted attention from health and social workers working in other regions in Russia who would like to consider replicating the work of carried out in projects in their own institutions. Those Russian participants involved in the Sida funded projects have

proved to be very willing to share their experiences with others, though some local rivalries have emerged.

In a few projects the numbers of new centres/institutions opened exceed those that were originally planned. This is testament both to the fact that the introduction of a new concept has worked well, but also that sufficient local/regional interest has been generated in the potential of the delivery of new forms of health and social care.

Very few unexpected negative results have been realised through the projects.

C. Mainstreaming of gender issues

Sida officially requires Swedish consultants to mainstream gender issues in projects. The reality is that this is rarely done. If gender issues are to be mainstreamed in projects appropriate project objectives should be defined within the terms of references and the technical proposals for projects. By accident or through planning there is usually a good mix of male and female Swedish consultants taking part in the project activities. It is the case within the social sector that the majority of Russian participants are female due to the fact that there are proportionally fewer men working in the sector. It seems that wherever possible male health and social care workers have been engaged in the projects.

It is the case that little or no attention is given to providing differential support to males and females in the majority of social sector projects and in projects involving work with families again little attention is paid to the differential needs of mothers and fathers.

4.6. Sustainability

The sustainability of the projects will be assessed according to the extent it is likely that the results will survive over the coming years.

There is no doubt that all of the projects have presented the opportunity for Russian partners to learn about alternative ways of providing health and social care services. Those projects that have run for longer periods of time have naturally had the opportunity to produce more sustainable results, though time alone or a larger budget are not factors necessarily ensuring sustainability. How effectively time and money are used is essential to this.

In those projects where new ideas and processes have been absorbed within existing/new social and health care structures, including legislation there is greater sustainability of activities. In those projects where project activities create parallel structures to official ones, meaning that they are not absorbed into structures and legislation, they often rely on a handful of individuals for their sustainability, which is not necessarily viable in the longer term and not something that necessarily encourages deeper processes of change with the sectors. It also makes sense that projects that have support from decision and policy makers have the potential to be more readily integrated into the health and social care systems, thus helping to ensure their sustainability. Without this kind of integration ideas and activities can remain suspended in an institutional vacuum.

It is clear that where strong local commitment to processes of change have been identified the potential for sustainability is clearly greater than in those cities/regions where it is more a question that local partners have sought the prestige of being involved in a number of internationally financed projects. Given that to a large extent the sustainability of projects rests with policy and decision makers their commitment and involvement in projects is crucial to the success and sustainability of them that they are actively involved in them. In some areas more coordinated work with policy and decision makers, in terms of planning, budgeting and auditing would help improve the sustainability of project activities and support deeper processes of change.

The involvement of Russian universities in projects is another very good way of helping to ensure processes of sustainability. This is not always easy as curricula and to some extent research activities are to a high degree state controlled but the involvement of local universities in projects, for example, in developing curricula and training modules helps to build local capacity and institutionalise processes of change.

Training trainers has proved to be a very effective way of helping to ensure the sustainability of ideas and methods. In those projects where trainers have been trained most of the training for social and health care workers is now being delivered by Russian trainers. This means that there is further potential for the strengthening of local capacity among health and social care professionals beyond the scope of the project. Furthermore, training trainers has ensured that knowledge can be widely disseminated throughout a region or city. In a couple of projects the establishment of daughter training institutes adds to the sustainability of ideas and activities.

Where new techniques in health or social care have been introduced via practical training they are generally speaking being quickly absorbed into institutions and disseminated among wider groups of health and social care professionals, which means that there is a greater chance of their longer term sustainability. Where practical training has been backed up with the provision of training materials, including videos and written materials the sustainability of the changes that have been implemented is even greater as the knowledge remains not just with individuals that may come and go but in the institutions themselves.

The existence of high quality training resources helps to promote the sustainability of projects regardless of changes in personnel and the creation of such 'knowledge banks' of material is, therefore, even more important in newly established centres and institutions. In those projects where very new ideas and methods are introduced but there is a lack of such 'knowledge banks' the sustainability of such activities is questionable as knowledge rests solely with individuals that might change job at any time. One can argue that these individuals take their knowledge with them and this can reap benefits in other areas/organisations but of course the institution they leave behind no longer continues to benefit from this

Newly established institutions/centres are relatively vulnerable in their first few years of their existence and it is therefore not only important to establish 'knowledge banks' that will help them weather changes in personnel etc. but also to offer consulting support in areas such as organisational management, as this will have a huge impact on the success of the centre and the sustainability of its activities. Consultants involved in such projects should allocate time and resources to, among other things, the development of effective teamwork and basic professional skills. Consultants should also be active in helping those working in new centres and institutions to set realistic targets and goals so that the progress that the centre is making can somehow be monitored. This will help direct the work of the centre in the future and ensure the sustainability of its activities. In those few projects where these issues had not been faced the sustainability of the project activities is questionable.

The importance of providing consulting in terms of project management and organisational management should not be underestimated when thinking about the sustainability of the work begun, for example, in micro projects. There is no doubt that if activities developed through micro projects are to become firmly rooted and sustainable they require longer term support but more than this those managing the micro projects need to have the professional skills to do so. Weak objective setting and poor project and or-

ganisational management are common among those micro projects where little attention has been given to the development of key professional skills ultimately limiting the sustainability of activities despite the fact that individuals are highly motivated. In many cases highly motivated individuals have good understanding of the changes the activities they want to undertake but they do not necessarily know how to do so. In those projects where attention has been given to developing professional skills micro projects are evolving in a more positive direction, contributing to the overall sustainability of processes of development.

5. Conclusion

It is the evaluators overall assessment that the support provided to social and health projects in North West Russia can be characterised as successful when measured on the evaluations criteria of *relevance*, *objectives*, *efficiency*, *quality of support*, *effectiveness* and *sustainability*.

The *relevance* of the support has been assessed both in relation to the needs of the stakeholders and alignment with the country strategy. In terms of the needs of the stakeholders, it is our assessment that the support for both sectors has been highly relevant. The health sector is facing serious epidemics and the social sector is in need of comprehensive development, including basic concepts and structures.

The support has by and large been in accordance with Sidas overall aims and objectives for development cooperation in the health and social sectors. Within the social sector support there is, however, some misalignment as the projects have mainly been focused on providing general knowledge and capacity building and only to a lesser extent have focused on creation of systems and structures.

The *objectives* of the projects have in general been clearly formulated and the projects have had a clear understanding of their "raison d'être". Many projects, especially within the health sector, are characterised by being measurable and formulated in results and impact terms. This is not always the case for projects within the social sector. In a number of these projects the objectives are vague, immeasurable and formulated in activity and output terms. This makes it difficult to evaluate these projects and more so, it makes it difficult to provide focused and effective support as most types of activities can be included in the projects as long as they provide the opportunity for some kind of knowledge about the issue and the sector to be transferred to participants.

We have assessed *efficiency* in relation to both the administrative costs and how cost-effective the projects have been. In many cases, it has been difficult to isolate the administrative costs from projects. The proportion of administrative costs of the total project budgets are therefore based on rough estimations. According to these estimations the administrative costs constitute 20 – 25 percent of budget expenditure. Seen in relation to the working conditions in Russia we find this an acceptable level. It is also our assessment that the activities have been carried out in a fairly cost-conscious manner. The unit prises for accommodation and travel appears to be reasonable. When it

comes to the cost-effective aspect of efficiency, the picture is less clear. A high proportion of the social sector projects have relied on study tours to Sweden as an essential project activity. Some have involved many tours for the same participants while others have included very large groups in study tours. The findings clearly suggest that the study tours have been useful and provided the participants with new knowledge, inspiration and attitudes towards social work. However, the evaluation has not been able to establish that the third or fourth visit, for participants for example, have had an impact which is comparable with the resources used. This is the same for projects where more than 120 participants spent almost two weeks in Sweden. The evaluators are very sceptical about the marginal impact of some of these study tours taking into account the resources could have been spent on other activities like support for micro projects or seminars and training in Russia. It is our conclusion that the considerable use of study tours to Sweden should be considered carefully in each project.

The findings of the evaluation indicate that the work carried out by the Swedish consultants has been of a good standard. The large majority of the Russian counterparts and projects participants have been very pleased with the experts they have worked with. The professional commitment and respect of the experts is often emphasised when project participants talk of their experiences of working with Swedish consultants. It is our assessment that most of the relationships established through projects have been based on mutual respect between the Swedish consultants and their Russian counterparts. Although mutual respect and commitment are important preconditions for achieving successful results and impacts this alone is not enough to ensure a good project. The consultants also need a combination of both professional sector related competencies and skills in project management and change management. Most Swedish consultants have the former while the former are lacking in many cases. The lack of project management and change management skills is mainly apparent for a couple of the large social works projects. Not necessarily because project manager in these projects is lacking these skills more than other project managers, but more because these projects demands more of these kind of skills as they focus on creating capacity and institutions within an area requiring substantial development.

The effectiveness in terms of achievement of objectives has in general been high. This is partly explained by the fact that the projects have been well organised and focused on subjects relevant for the participants. But, some of the high level of goal achievement is also due to the setting of less ambitious objectives. In some projects, the objectives have mainly been formulated in activity and output terms meaning that

the mere fact that they have delivered the promised activities is enough to ensure a high degree of effectiveness.

The question of sustainability is very difficult to address in an evaluation of mainly on-going projects. The conclusions are therefore both theoretically and empirically based. The findings show that the majority of developments achieved through project activities have the potential to be sustainable. These projects share some common characteristics. They work within the existing structural framework, involve key decision-makers, incorporate universities and focus on train-the-trainer elements. The probability of sustainability is also high for projects focusing on providing practical training that is quickly absorbed within institutions and where high quality training materials are maintained in some kind of knowledge bank.

The greatest challenge for the future sustainability of the support is within several of the larger social work projects. A lot of effort has been spent on creating the knowledge basis for the future development of systems and structures. However, this knowledge has in several cases not been fully incorporated into development activities. The idea was that this should happen as part of micro projects. However, findings in this evaluation indicate that several of these micro projects have not been given sufficient support allowing them to develop into sustainable units.

6. Lessons learned

In conclusion to the evaluation the following lessons learned should be highlighted. These lessons learned can be taken into consideration when planning and implementing projects in the future.

Lesson 1: Identification of committed cooperation partners:
The identification of committed cooperation partners is crucial not only to the implementation of the projects but also the sustainability of the activities started through the projects. It is important that a good mix of project participants is selected in terms of age, gender and occupation otherwise there is a risk that certain groups remain resistant to change. If key individuals remain reluctant to work together with Swedish consultants to implement process of change, or decision makers remain unsure of their ability to fund processes of change these activities, there is a high risk that these activities are will not be sustainable. Therefore, it is important that cooperation partners make commitments, to the best of their ability, to support project activities and where possible to give written assurance of their commitment to fund, for example, the renovation of buildings, rooms etc., which are essential to the project. Projects involving the financial commitment of cooperation partners are naturally high risk and therefore a comprehensive risk assessment of the project should be conducted prior to project funding being allocated.

Lesson 2: Use of LFA or other project managements tools:
Increased use of LFA as a project tool would help to improve project management in terms of setting objectives and targets, as well as internal monitoring and the assessment of progress being made. In order to improve the effectiveness of projects there needs to be an increased focus on developing objectives, which are more results and impacts orientated, rather than just output orientated. This also applies to micro projects. The use of LFA helps to structure internal monitoring and assessments, which gives both project managers and their supervisors a clearer idea of the progress being made and the problems being faced in the project, which in turn allows for the appropriate development of strategies and objectives for the remainder of the project. This is especially important in large scale complex projects.

Lesson 3: Increased focus on project and change management skills:

It is important that consultants deploy both project and change management skills as well as their sector expertise. It is clear to see that the Swedish consultants involved in the projects possess good sector expertise but in many cases they need to deploy other professional skills more actively, such as change management skills and project management skills (see above). It is not only the case that the consultants need in some cases to improve their own use of these skills but to help those that they are providing consulting services to. Some of the processes of change that are currently being supported through Sida financed technical assistance in North West Russia require decision makers and leaders at various levels to manage complex processes of change that they need support for, not just in terms of sector expertise but in terms of building up their professional skills and in particular team working skills-

Lesson 4: Increased use of "train-the-trainer" concept:

Training trainers is an effective way to achieve capacity building in relatively short periods of time at a reasonable cost. More than this, however, training trainers helps to ensure the long term sustainability of developments taking place within sectors at the regional level. By training trainers there is further potential to strengthen local capacity among health and social care professionals well beyond the scope of the project. Training trainers can also ensure that knowledge can be widely disseminated throughout a city or region.

Lesson 5: Establish knowledge banks:

It is essential that knowledge banks are established within institutions, especially newly established institutions, to help ensure the longer term sustainability of the project activities regardless of changes in staff. These knowledge banks may include, for example, curricula for training, details of models and methods that can be used both in written and other forms. The use of videos has the potential to be a very effective training material. If, however, Russian participants are making these videos they need to consider increasing production of them. This relies not only on the equipment being maintained and used for its designated purpose but also that the technology does not become the focus of activity. The videos can, even if not perfectly produced and mistakes in the way they are filmed are made, prove to be a valuable point of departure for discussions in group seminars, for example.

Lesson 6: More deliberate use of study tours:

The more deliberate use of study tours would help to increase their impact. There is no doubt that study tours provide Russian participants with valuable opportunities to get an insight into alternative ways of organising and delivering social and health care services. However, given that there is the potential for study tour participants to be overwhelmed by what they see in Sweden, both in terms of them feeling frustrated and almost having too many ideas at once, it is critical that the study tour programmes are focussed and offer the participants a way of thinking critically about what they have seen and done.

Lesson 7: Strengthening the links between grass roots work and the reform of institutional and legislative structures:

In order to ensure the sustainability of the work started through these projects it would be beneficial to focus attention on strengthening the links between grass roots work and the reform of institutional and legislative structures. It is clear that projects need to be rooted in structural processes of change if the combined impact of the projects is going to support the overall development of the health and social care systems in Russia. Given that there is now a good level of knowledge in those regions where, for example, Sida has supported the introduction of alternative and modern health and social work methods attention needs to be turned to linking these developments with the overall reforms to the social sector at the institutional and decision making level otherwise there is the danger that the direction of the work of social and health care professionals is not supported significantly enough at the decision making level. Work at the institutional and decision making level might include therefore, support to financing, budgeting and resource planning as well as legislative issues.

While there is a need to increase the focus of work on the vertical integration of processes and stakeholders, it has been important to maintain horizontal breadth in terms of the different social and health care professionals involved in projects from those working, for example, with early intervention to those working against the spread of STIs. On the basis of the twenty four projects evaluated it is the evaluators' opinion that the scope of projects funded by Sida has involved a good range of health and social work professionals. A key question that now needs to be considered is how to utilise the breadth of work being carried out in the social and health care sectors to help work towards improved vertical integration.

Terms of Reference for the Evaluation of Social Sector Projects in Russia

1 Background

The co-operation within the social sector in Russia started in 1995 and has since then increased substantially. During the period 1999–2001 decisions were made of a total of 158 mil SEK under the Swedish-Russian co-operation within the social sector. The co-operation includes among others support to the development of the individual and family oriented social services, mainly to improve the situation of the children. Additionally activities within the health- and social sector under which attention are given to system reform of healthcare. Special activities are implemented to hinder the spread of communicable diseases, especially TB and HIV.

The Swedish co-operation with Russia is implemented in principal as a collegial exchange of experiences. Swedish experts transfer know-how and working methods and exchange of experiences with their Russian counterparts. In principal the co-operation has focused on regional (oblast) level in Russia, which implies that responsible Russian co-operating partners most often are the oblast administration or equivalent.

The projects within the social sector address the following issues:

- Social service development.
- Children at risk.
- Rehabilitation of disabled.
- HIV and TB.
- Drug abuse.

2 Purpose and Scope of the Evaluation

The purpose of the evaluation is to examine the results of the co-operation in the social sector in Russia funded by Sida.

The evaluation should include two major aspects:

A process evaluation: how have the activities been formulated, conducted, reported and received by the project beneficiaries in the framework of the ongoing reform work within the social sector in Russia today.

An impact analyses: what is the impact of the projects in the various regions and the impact on policy formulation on oblast and/or federal level.

The findings from the evaluation should give recommendations for possible future co-operation and give recommendations to Sida concerning the approach, methodology and activities used within the social sector.

A total of 12 projects will be subject for evaluation and to be selected jointly by Sida and the Consultant. The projects should cover all sectors, and all regions involved.

3 The Assignment (Issues to be covered in the Evaluation)

Overall objectives: Are the overall objectives in accordance with the overall goals of Sida?

*Project objectives:*Are the project objectives in co-herence with the overall objectives? Have the project objectives been achieved?

Results: Have the expected results been achieved? Have relevant indicators been used for measuring the expected results?

Activities: Have the activities been conducted in such a way that the planned results have been achieved?

Target groups: Has the project reached the target groups? How has the project affected the target groups? Has the project affected men and women differently? Have other groups than the identified target groups been affected (positively/negatively) by the project?

Cost Efficiency: Have the resources (human, financial and material) been used cost-efficiently?

Consultants: Have the project consultants performed their assignments in a satisfactory manner? How has the selection of the consultants been conducted, what criteria and processes have been used?

Risk and external factors: Has the project had any negative side effects? Have any internal or external factors delayed or stopped the progress of the project implementation? If so, could this have been prevented?

4 Methodology, Evaluation Team and Time Schedule

The Consultant should gather information from the counterparts in Russia and Sweden through written documentation, interview, Sida decisions, reports, contracts, internal evaluations and questionnaires when found relevant. It is, when deemed possible, also gather views from participants in project activities such as seminars, training programmes and study tours.

The project should include the following phases:

- Inception phase

The consultants will produce a methodology paper describing the evaluation method to be used in this evaluation. This paper should include discussions on program/project evaluation, stakeholder analysis, performance and impact indicators and considerations for an optimal representative selection of projects to be evaluated. The results of this phase should be presented in an inception report to Sida before end of September 2003.

- Desk study and preliminary interviews in Sweden

The consultants will study all relevant material provided by Sida and the Swedish experts and interview relevant Swedish stakeholders selected jointly by Sida and the Consultant. This phase should be concluded before the first mission to Russia.

- Field trips to Russia

The Consultant is expected to make a minimum of four field trips to Russia to carry out interviews and data collection. A minimum of two regions should be visited during each field trip (i.e. Murmansk/Archagelsk/Karelian Republic and Novgorod/Leningrad). A Sida desk officer may take part in some of the field trips to Russia.

The field trips should be conducted during the period: end of August – early November.

- Analyses and reporting

The consultants will have the possibility to collect final data in Sweden through supplementary interviews and data-analyses during the fourth quarter of 2003. A drafted evaluation report shall be delivered to Sida before February 2003.

5 Reporting

The evaluation report shall be written in English and should not exceed 60 pages, excluding annexes. Format and outline of the report shall follow the guidelines in **Sida Evaluation Report – a Standardised Format** (see Annex 1). A drafted evaluation report shall be submitted to Sida electronically and in three hard copies (air-surface mailed or delivered) no later than December 31, 2003. Within four weeks after receiving Sida's comments on the drafted report, a final version shall be submitted to Sida, again electronically and in three hardcopies. The final evaluation report must be presented in a way that enables publication without further editing. Subject to decision by Sida, the report will be published in the series Sida Evaluations.

The evaluation assignment includes the completion of **Sida Evaluations Data Work Sheet** (Annex 2), including an *Evaluation Abstract* (final section, G) as defined and required by DAC. The completed Data Worksheet shall be submitted to Sida along with the final version of the report. Failing a completed Data Worksheet, the report cannot be processed.

Appendices

Annex 1: Evaluation criteria

The terms of references for this evaluation require the team to evaluate Sida support in the health and social sectors in Northwest Russia, the aim of which is to learn lessons that can be applied in the future by making value judgements on the following issues:

- Relevance
- Effectiveness
- Efficiency
- Sustainability

Relevance

The assessment of relevance will expose the connection between the objectives of the projects on one hand, and the needs of the sector and beneficiaries on the other hand.

The relevance of a project will be assessed via the following questions:

- *To what extent have the project objectives been set in line with the local stakeholders actual needs?*
- *How important are the objectives of the project in comparison with other needs?*
- *To what extent have the project objectives set, been in line with and coordinated with Sida's overall aims and objectives?*

Effectiveness

In this evaluation, the term *effectiveness* is defined as the realisation of expected objectives. Here effectiveness involves two separate concepts: the occurrence of expected results (objectives), as well as the fact that these results are attributable to the project under evaluation.

On paper, the question of effectiveness is straightforward. However, the reality is often more complex to assess. *First*, the objectives are often defined in an unclear and inconsistent manner. *Second*, the focus and objectives of a project may have changed during the lifetime of the project in response to changes in needs and/or experience gained during the implementation of a project. These changes will in some cases have

been reflected in the project plans made when the funding has been renewed. However, this will probably not always have been the case. It is therefore important to start the case study by updating the objectives – through reviews of documents and conducting interviews – which then will form the basis of assessing the objectives.

Effectiveness will be assessed via the following questions:

- *What measurable results have been achieved?*
- *To what extent have the expected (original and where appropriate adjusted) objectives been achieved in the projects?*
- *If not achieved fully: is it likely that the objectives will be achieved in the near future?*
- *If not achieved fully: what are the reasons for the low degree of achievement of the objectives?*
- *If (almost) achieved fully: what are the reasons for the high degree of achievement of the objectives?*
- *How effective have the different instruments (training, study tours etc.) been in achieving the objectives?*
- *Have any positive or negative unexpected results been achieved?*

Sustainability

The ambition of the evaluation team is to describe and explain the scale and scope of impacts achieved as far as possible. However, one also has to be realistic. The fact that most projects are ongoing means that it is difficult to trace lasting sustainable impacts. The evaluation team will therefore estimate the likely sustainable impacts based on existing outputs and results. The question of sustainability will be assessed through the following questions:

- *Which major factors may favour or prevent the fact that ultimate benefits will survive over the coming years?*
- *Is it likely that ultimate benefits will survive over the coming years?*

Efficiency

Efficiency is understood here to mean something has been achieved at a reasonable cost. Efficiency can be assessed in relation to output, results and impact. In this evaluation, efficiency will mainly be assessed in relation to output. As far as possible the evaluation will assess the unit costs for a number of common outputs for the majority of the projects. The main aim of the efficiency analysis is to assess the extent to which specific methods and approaches have demonstrated greater cost-efficiency in

comparison with other methods. The evaluation team, as far as they can, will also try to assess efficiency in relation to results.

Effectiveness will be assessed through the following question:

- Have the administrative costs been kept at an acceptable level?
- Could the objectives have been achieved at a lower cost or could more outputs, results and impacts have been achieved at the same cost?

Annex 2: Selection of cases

Definition of a case

In the framework of this evaluation, a "case" is a project with one or more phases successive funding and the involvement of the same project partners. Some cases contain only a few activities, e.g. training of a certain group of employees, while others are more complex involving a wide range of different types of sub-project and activities. If the case is very complex, the evaluation team will then have to narrow the focus to evaluating the most important objectives and results.

Case selection criteria

In selecting the cases, the following criteria have been taken into consideration:

- The evaluation should cover 12 social sector projects (managed by Sida) and 12 heath sector projects (projects managed by the East Europe Committee of the Swedish Health Care Community (SEEC);
- The need to cover different geographical areas of Northwest Russia;
- The need to cover different subjects and types of projects;
- An emphasis on the evaluation of large-scale projects, which in total represent a significant budget allocation, but also to look at projects with minor budgets;
- Main emphasis on ongoing projects as most of projects have this status. However, the analysis will also involve evaluation of completed projects.

It is worth mentioning that the case study technique does not need to be statistically representative; the robustness of process and impact assessment stems from deep analysis, diversity of contexts and the intelligent selection of cases.

Annex 3: Data collection activities

The data collection has been based on three activities:

- Desk research
- Interviews
- Observation

Desk research

The first step in the data collection process is a study of relevant documents. The following types of documents will mainly be of interest:

- Overall policy documents describing Sida's overall objectives in terms of offering development assistance;
- Documents describing objectives, strategies and plans for supporting social and health care sectors and institutions;
- Analysis of 'needs', e.g. appraisal reports;
- Project applications;
- Inception reports;
- Monitoring, assessment and evaluation reports.

Interviews

The main part of the data will be collected through interviews. Most of the interviews will be face-to-face interviews and will form an integral part of the project visits. The interviews will be semi-structured and based on a generic interview guide. The interviews will be organised in close co-operation with the project managers. Based on the desk research, the evaluation team will establish a list of persons, types of persons and institutions that we would like to interview. Based on this list, the Russian project managers / co-ordinators will be asked to set up appointments for interviews.

Observation

As part of the visits, the assessment teams will observe the context in which the projects have been implemented. Observations will be made on the following dimensions:

- Physical surroundings
- Administrative discipline
- Abilities to plan our visit and interviews
- The atmosphere among participants and beneficiaries
- The attitudes towards the evaluation
- Etc.

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
SE-105 25 Stockholm, Sweden
Tel: +46 (0)8-698 50 00. Fax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: http://www.sida.se